

Key Training Objectives:

1. EMS System Components:

Reporting: 9-1-1 dispatch initiates EMS.

Dispatch: Emergency personnel (EMS, firefighters, law enforcement) are notified.

First Response: Initial trained personnel arrive at the scene.

EMS Response: Emergency medical technicians arrive with medical equipment.

Hospital Care: Patients are treated by physicians in a medical facility.

2. Legal Considerations:

Unauthorized Practice of Medicine: Officers cannot exceed their training. Practicing medicine without a license is a misdemeanor in North Carolina.

Good Samaritan Law: Protects officers from liability when rendering aid unless gross negligence is proven.

Consent: Obtain actual consent from conscious individuals. If unconscious, use implied consent.

Abandonment: Do not leave a victim until relieved by someone with equal or greater training.

HIPAA Exemptions for Law Enforcement: Certain cases allow officers to share patient information, such as to prevent threats, comply with court orders, or identify missing persons.

3. Protecting Officers from Bloodborne and Airborne Pathogens:

Bloodborne Pathogen Standard: Issued by OSHA to protect employees from exposure to infectious materials, including officers.

Bloodborne Pathogens: These include Hepatitis B (HBV), Hepatitis C (HCV), and HIV.

Other Potentially Infectious Materials (OPIMs): These include semen, vaginal secretions, saliva, amniotic fluid, and other bodily fluids potentially containing blood.

Personal Protective Equipment (PPE): Use gloves, gowns, masks, and eye protection when exposure to blood or OPIMs is possible. Ensure proper disposal of used PPE.

4. Pathogen Transmission:

Contact Transmission:

Direct Contact: Spread through physical contact with an infected person (e.g., skin-to-skin).

Indirect Contact: Spread through contact with contaminated surfaces or objects.

Droplet Transmission: Pathogens spread via expelled droplets from coughing, sneezing, or talking, usually within six feet. Pathogens can be carried in blood or OPIMs.

Airborne Transmission: Involves small particles that stay suspended in the air and can travel long distances, infecting others without close contact.

5. Emergency Moves:

One-Rescuer Assist: Used for short distances.

Two-Rescuer Assist: Faster method using two rescuers.

Firefighter's Carry: Useful over rough terrain but can expose both parties to danger.

6. Initial Patient Assessment (AVPU Scale):

Alert, Verbal, Painful, Unresponsive

Airway Management: Ensure an open airway using the head-tilt, chin-lift or jaw-thrust maneuvers.

Check for Life Signs: Look for breathing, pulse, and external bleeding.

7. CPR and Airway Management:

Perform adult, child, and infant CPR and manage airway obstructions using certified methods.

Use CPR shields or barriers when administering breaths to protect against infection.

8. Bleeding Control:

Direct Pressure: Most common method for controlling bleeding.

Tourniquet: Used for life-threatening extremity hemorrhage when direct pressure fails.

9. Types of Shock and Care:

Hemorrhagic Shock: Caused by excessive blood loss.

Anaphylactic Shock: Severe allergic reaction requiring an epinephrine auto-injector.

Treatment: Lay the person down, maintain airway, control bleeding, prevent body heat loss, and elevate legs if safe.

10. Triage:

Assess and prioritize patients based on severity using the START method (Simple Triage and Rapid Treatment).

11. Emergency Treatment for Injuries:

Amputations/Avulsions: Control bleeding and preserve amputated parts.

Impaled Objects: Do not remove the object unless it blocks the airway.

Sucking Chest Wounds: Seal the wound with an occlusive dressing (three- or four-sided, depending on protocol).

Eviscerations: Cover exposed organs with a non-adhering dressing.