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EMERGENCY MEDICAL SERVICES POLICIES and PROCEDURES

Public Safety First Aid (PSFA) – Treatment Protocols

Basic Primary Assessment

- Primary Survey–Assessment of A-B-Cs will be modified to C-A-B during instances of cardiac arrest or major arterial bleeding.
 - Airway
 - Open airway as needed, maintaining inline cervical stabilization if trauma is suspected
 - Breathing
 - Assess rate, depth, and quality of respirations
 - Circulation
 - Assess skin color, temperature, and condition
 - Check distal/central pulses, including capillary refill time
 - Control major bleeding (Consider application of tourniquet)
 - Initiate shock management as indicated
- Contact Dispatch for medical resource(s).

Cardiac Pulmonary Recitation (CPR)

Contact dispatch for medical resource(s)

Initial Management

- The primary goal in resuscitation of cardiac arrest patients is to establish circulation via high-quality, uninterrupted, chest compressions.
- High-performance CPR begins immediately.

Chest Compressions/AED Placement

- Rate: 100-120 compressions per minute. Allow full chest recoil.

Adult: 2-2.5 inches deep with

Pediatric: 1/3 to 1/2 chest depth.

- Child (age 1-14 years): Use 1 or 2 hands;
- Infant (Birth - 1 year): Use 2 fingers

- Attach defibrillator (AED) during compressions. Follow instructions of AED. Defibrillation should be attempted as soon as possible.
- Rotate compressors every 2 minutes during each rhythm check.
- If shock indicated: Complete 30 compressions during the charge cycle of the defibrillator.

Airway

- Open the airway after 30 compressions.
- Use the head-tilt, chin-lift maneuver, or jaw thrust.

Breathing

- Breathe for the person. Complete 30 compressions and then provide 2 rescue breaths.
- Rescue Breathing:
 - Open the airway (using the head-tilt, chin-lift maneuver), pinch the nostrils shut, and cover the person's mouth with yours, making a seal. Rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened.
- For **Infants**, cover the baby's mouth and nose with your mouth. Use the strength of your cheeks to deliver gentle puffs of air (instead of deep breaths from your lungs) to slowly breathe into the baby's mouth one time, taking one second for the breath.

Note:

- Continue CPR until there are signs of movement or emergency medical personnel take over.

APPROVAL:

SIGNATURE ON FILE

Nicholas Clay, EMS Agency Director

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Daniel Shepherd, MD, EMS Agency Medical Director

SANTA BARBARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

Public Safety First Aid – Treatment Protocol

Suspected Opiate Overdose -Only Approved Optional Skills Personnel-	
Contact dispatch for medical resource(s).	
<p><i>Suspected Opiate Overdose <u>Without</u> Breathing</i></p> <ul style="list-style-type: none"> • Begin CPR • Apply AED and follow instructions <p><i>Suspected Opiate Overdose <u>With</u> Breathing < 12/min</i></p> <ul style="list-style-type: none"> • Assist ventilations appropriately • Narcan <ul style="list-style-type: none"> ◦ Intranasal - 4mg via pre-filled nasal spray ◦ May repeat x1 in 3 mins to maintain breathing > 12/min ◦ Total max 8mg (maximum of two applications) 	
Treatment of Shock	
Contact dispatch for medical resource(s).	
<ul style="list-style-type: none"> • Hemorrhage Control, if indicated. <ul style="list-style-type: none"> ◦ Consider application of tourniquet. 	

I. Documentation

A. Patient Care Report

1. A Public Safety First Aid (PFSA) provider, after providing and transferring care, shall complete a Patient Care Report.
2. Patient Care Reports are available online by linking to the following QR Code:

