

M A S S A C H U S E T T S
OFFICE OF EMERGENCY MEDICAL SERVICES
 DEPARTMENT OF PUBLIC HEALTH

ADMINISTRATIVE REQUIREMENT MANUAL

EFFECTIVE DATE: October 21, 2014 **AUTHORIZATION:** D. Allwes, Bureau Director, BS, BSN, MPH

TITLE: Minimum Standards for First Responder Training in First Aid, Epinephrine Auto-Injector and Naloxone Use

SUPERSEDES: August 13, 2014

PURPOSE:

- I. To establish the minimum requirements for a first responder training course in first aid, which all first responders must take, in order to meet the requirements of M.G.L. c. 111, §201 and 105 CMR 171.130(A).
- II. To establish the minimum requirements for the first responder training required of those first responder agencies that choose the options of carrying and using Epinephrine Auto-Injector Devices or Naloxone.

PRIMARY INSTRUCTOR'S QUALIFICATIONS:

- (1) **All courses covered by this administrative requirement** shall be conducted by a qualified instructor who has primary responsibility for that training course. The primary instructor may utilize other experienced persons to teach individual segments of the course provided that the primary instructor maintains overall responsibility for the course.
- (2) The primary instructor shall:
 - (a) possess current, valid documentation of successful completion of any course in 105 CMR 171.130(A) or 171.130(B) and, for Epinephrine Auto-Injector Devices and Naloxone Administration, any course in 105 CMR 171.165 or its equivalent ; and
 - (b) have a minimum of one year of substantial experience providing direct patient care in an emergency setting, gained within three years prior to teaching the first responder course. For courses in Epinephrine Auto-Injector Device and Naloxone Administration, one year of substantial experience providing direct patient care in an emergency setting, familiar with the use of these medications, within the three years prior to the course . however, in cases of hardships this experience requirement may be waived by the Program Director, and
 - (c) be currently certified as an instructor by the American Heart Association, the American Red Cross, the Massachusetts Firefighting Academy, the Municipal Police Training Committee, the Massachusetts State Police, the Massachusetts Emergency Management Agency, approval as an Instructor/Coordinator from the Department, under 105 CMR 170.977, or possess documentation of satisfactory completion of an equivalent instructor training course approved by the Program Director.

I. COURSE CURRICULUM: INITIAL TRAINING IN FIRST AID

TOPIC	MINIMUM HOURS	OBJECTIVE
<i>Emergency Medical Services System</i>	1/2	Describe the EMS System, including: 1) role of the first responder; 2) role of the ambulance EMS personnel; 3) communications with, and relationships between, the first responders, ambulance EMS personnel and hospitals; 4) location and types of available emergency medical care, such as hospitals and first aid stations, and 5) Medical control, role in EMS system, methods of contact, requirements for approval for some

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		interventions, elements of report.
<i>Patient Assessment and Actions at the Scene</i>	1	<p>Describe and demonstrate the <u>primary</u> survey, addressing 1) level of consciousness/responsiveness; 2) airway, 3) breathing, 4) circulation</p> <p>Describe and demonstrate the <u>secondary</u> survey, addressing: a) recognition of common medical emergencies; b) mechanisms and causes of injury; c) signs of bleeding; d) signs of possible skeletal injury; e) differential assessment of medical conditions which may be obscure or insidious, <i>e.g.</i>, diabetic reactions, stroke, heart attack; f) medical identification, <i>e.g.</i>, MEDIC ALERT jewelry</p> <p>Establish criteria for determining triage and treatment priorities</p> <p>Outline indications for requesting ambulance response to the scene</p> <p>Outline the necessary data and information to be relayed to the ambulance service EMS personnel</p> <p>Identify appropriate interactions at the scene between first responders and ambulance service EMS personnel</p>
<i>Gaining Access and Emergency Rescue</i>	1.5	<p>Describe methods of safely gaining access to a trapped patient: a) use of access tools; b) water rescue techniques; c) patient transport techniques; d) determinants of need for support equipment, <i>e.g.</i>, traffic control, heavy rescue equipment.</p> <p>Demonstrate and practice with trainees: a) clothes drag maneuver for a person with a questionable spinal cord injury; b) traction blanket lift; c) log roll and straddle slide</p>
<i>Medical Emergencies</i>	2	<p>Identify the signs and symptoms, as well as the basic intervention needed, to support persons with conditions such as: a) heart attack, b) stroke, c) diabetic reactions, d) childbirth (emergency), e) allergic reactions, f) behavioral emergencies</p>
<i>Respiratory Emergencies</i>	2	<p>Describe the normal breathing process</p> <p>Identify criteria for recognizing respiratory distress</p>

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		<p>resulting from such causes as: a) airway obstruction (by tongue, food or foreign body), b) injury to mouth, neck or chest, c) facial burns and/or smoke inhalation, d) known respiratory illness (emphysema, bronchitis, asthma), e) poisons/overdoses, f) allergic reactions, g) electrical shock, h) drowning</p> <p>Describe, demonstrate and practice with trainees, methods of maintaining a clear and open airway, including: a) mouth -to-mouth breathing, b) positive pressure ventilation device (BVM)</p>
<i>Bleeding, Wounds and Shock</i>	2	<p>Describe the circulatory system</p> <p>Identify signs and symptoms of shock</p> <p>Identify shock-prone conditions and causes of traumatic and anaphylactic shock</p> <p>Identify shock-prevention measures</p> <p>Describe, demonstrate and practice with trainees, methods of bleeding control: a) direct pressure (emphasize, as most bleeding can be stopped this way), b) use of commercial and improvised dressings, c) tourniquets (stress dangers)</p>
<i>Alcohol/Drug Overdose/Toxicity</i>	1	<p>Identify assessment priorities for patients who have overdosed on drugs, alcohol, or have accidental poisoning, including responsiveness with noxious stimulus and assessing adequate respirations.</p> <p>Outline basic intervention needed to care for the above, including rescue breathing and possible administration of naloxone by community members or other first responders for opioid overdose.</p> <p>Identify Poison Information Center, its role and phone number, 1-800-222-1222.</p> <p>Differentiate the signs of alcohol intoxication from those of medical conditions which may mimic alcohol abuse, e.g., diabetes, stroke</p> <p>Describe relevant information to be conveyed to ambulance service EMS personnel and Poison Control.</p>
<i>Thermal Injuries</i>	1	<p>Identify signs, symptoms of basic intervention needed</p>