



PUBLIC SAFETY FIRST AID PROVIDERS SCOPE OF PRACTICE AND OPTIONAL SKILLS

Effective: February 12, 2019
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I. Purpose

The purpose of this policy is to define the scope of practice for Firefighters, Peace Officers, and Lifeguards trained under requirements established in California Code of Regulations, Title 22, Division 9, Chapter 1.5 in Santa Clara County, and to describe the criteria for program approval of optional skills.

II. Policy

- A. Public safety personnel shall adhere to the Santa Clara County Public Safety First Aid scope of practice while functioning with a Santa Clara County public safety agency, unless a different scope of practice is allowed due to EMT or paramedic training and employment.
- B. The scope of practice of public safety first aid personnel shall not exceed those activities authorized in California Code of Regulations, Title 22, Division 9, Chapter 1.5, and by Santa Clara County EMS policy.
- C. Only those individuals with public safety first aid training may function under this policy as part of the Santa Clara County EMS system.

III. Authorized Skills for Public Safety First Aid Providers

- A. As authorized by Section 100018 of California Code of Regulations, Title 22, Division 9, Chapter 1.5, Public Safety First Aid Providers must complete their training and demonstrate competency for each of the skills in this section through an approved local or state Public Safety First Aid Training Program. Upon completion Public Safety First Aid Providers are authorized to perform medical care while at the scene of an emergency including, but not limited to, CPR and AED and may do any of the following:
 - 1. Evaluate the ill and injured
 - 2. Provide treatment for shock
 - 3. Use the following techniques to support airway and breathing:
 - a. Manual airway opening methods, including head-tilt chin-lift and/or jaw thrust;
 - b. Manual methods to remove an airway obstruction in adults, children, and infants
 - 4. Use of the recovery position

5. Perform the following during emergency care:
 - a. Spinal immobilization;
 - b. Splinting of extremities;
 - c. Emergency eye irrigation using water or normal saline;
 - d. Assist with administration of oral glucose;
 - e. Assist patients with administration of physician-prescribed epinephrine devices and naloxone;
 - f. Assist in emergency childbirth;
 - g. Hemorrhage control using direct pressure, pressure bandages, principles of pressure points, and tourniquets. Hemostatic dressings may be used from the list approved by the State EMS Authority;
 - h. Chest seals and dressings;
 - i. Simple decontamination techniques and use of decontamination equipment;
 - j. Care for amputated body parts;
 - k. Provide basic wound care.
6. The authorized skills of a public safety first aid provider shall not exceed those activities authorized in this policy.

IV. Optional Skills for Public Safety First Aid Providers

- A. In addition to the activities authorized by Section 100018 of California Code of Regulations, Title 22, Division 9, Chapter 1.5, public safety personnel, of an authorized agency, may perform the following optional skills when the public safety first aid provider has been trained and tested to demonstrate competence following initial instruction and when authorized by the Medical Director of the local EMS agency (LEMSA):
 1. Supplemental oxygen therapy using a nasal cannula, non-rebreather face mask, or bag valve mask
 2. Administration of naloxone for suspected narcotic overdose
 3. Use of oropharyngeal airways and nasopharyngeal airways

V. Program Approval for Optional Skills

- A. A public safety department that intends to authorize any of the above optional skills, shall submit their program proposal for approval by the Santa Clara County EMS Agency.

- B. The program proposal shall include the department policy regarding the administration of naloxone and/or oxygen and any policy related to the deployment or supply ordering of naloxone and/or oxygen.
- C. The program proposal shall identify all aspects of initial training requirements, on-going training requirements, including hands on manipulation of the intended devices that will be deployed.
- D. All training shall emphasis the importance of proper AED and CPR procedures with any unconscious unresponsive patient, prior to the deployment of naloxone and/or oxygen.
- E. The program proposal shall identify on scene communication to the responding prehospital providers if naloxone and/or oxygen is administered.
- F. The program proposal shall identify the means of communication to the EMS Agency, if naloxone is administered.
- G. The program proposal shall contain a continuous quality improvement plan that requires public safety first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by the EMS quality improvement program (EMSQIP).