

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: December 15, 2016 **AUTHORIZATION:** Antonio Sousa, Interim Director
TITLE: Minimum Standards for First Responder Training in First Aid, Epinephrine Auto-Injector and Naloxone Use
SUPERSEDES: October 21, 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>	<i>1/2</i>	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	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
<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 (bag valve mask, or “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 by victims of: a) burns (degrees of severity), b) heat</p>

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		exhaustion, c) frostbite and exposure
<i>Head and Trunk Injuries</i>	2	Identify signs, symptoms of, and basic intervention needed by, victims of blunt and penetrating trauma of the: a) head: fractures, lacerations, b) face: fractures, lacerations, c) eye: foreign body, impaled object, d) chest: sucking chest wound, e) abdomen: crush injuries, evisceration
<i>Skeletal Injuries</i>	2	Identify signs and symptoms of possible skeletal injury including: a) fractures, b) dislocations, c) sprains-strains, d) spinal injury Demonstrate and practice with trainees, immobilization techniques for all of the above, including: a) manual traction to cervical spine, b) application of a commercial or improvised splint for upper and lower extremity bone and/or joint injury
<i>Examination</i>	1	Measure knowledge and skills proficiency of each first responder student through a written and practical examination of the material contained herein
TOTAL, Minimum Required First Aid First Responder Training	16	

II. Minimum Required First Aid Plus Basic Cardiac Life Support Health Care Professional Rescuer Course, as defined and required by 105 CMR 171.150: First Aid, 16 Hours, BLS CPR, 8 Hours. TOTAL: 24 HOURS

III. COURSE CURRICULUM: FIRST RESPONDER TRAINING IN USE OF EPINEPHRINE AUTO-INJECTORS and NALOXONE

A. EPINEPHRINE AUTO-INJECTORS: Minimum hours for entire course: 1 Hour

TOPIC	OBJECTIVE
<i>Medical Considerations in Anaphylaxis</i>	Identify and explain signs and symptoms of severe allergic reaction
<i>Dose Considerations</i>	Identify and explain appropriate dosing, and need for medical control contact, for different patient populations, as follows: a) Pediatric dose for patients <25kg, 55lbs, and b) Adult dose for all other patients, except c) Medical control contact required if patient <6 months or >65 years and d) Medical control contact required if second dose necessary for any pediatric patient
<i>Procedure for Administration</i>	Describe and explain to trainees the following steps, and demonstrate as appropriate:

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	<ul style="list-style-type: none"> a) Activate 9-1-1 and ensure ambulance response, b) Check “4-Rights” for medication administration: <ul style="list-style-type: none"> i. Right patient (does this patient need the medication?) Note: No contraindications to administration of Epinephrine auto-injector in true anaphylaxis; ii. Right medication (check to make sure it is auto-injector of Epinephrine), iii. Right date (check expiration, medication clarity) and iv. Right dose (appropriate for age/size); c) Site selection <ul style="list-style-type: none"> i. Outside thigh, avoiding site of possible injury ii. Hand placement, to avoid injury to first responder d) Follow manufacturer instructions for administration e) Handling and disposal <ul style="list-style-type: none"> i. Do not remove safety cap until ready to use ii. Dispose in appropriate sharps container as soon as possible f) Note time of administration to report to ambulance service EMS personnel g) Monitor patient until ambulance arrives
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B. NALOXONE: Minimum hours for entire course: 1 Hour

TOPIC	OBJECTIVE
<i>Medical Considerations in Narcotic/Opioid Overdose</i>	Identify and explain signs and symptoms of drug overdose, resulting in unresponsiveness. To be considered for naloxone administration, the victim should be unresponsive and have reduced respirations possibly attributable to an opioid overdose.
<i>Dose Considerations</i>	Identify and explain dosing per EMS Statewide Treatment Protocols. When using the multi-step Naloxone Hydrochloride 2 mg with nasal atomizer attachment, the standard dose is half of medication volume sprayed in each nostril; may repeat up to first dose 4 mg total. When using the single-step Naloxone Hydrochloride 4mg nasal spray device, the standard dose is one nasal spray in one nostril. When using Naloxone Hydrochloride 0.4mg auto-injector, the standard dose is one intramuscular injection (0.4mg).
<i>Procedure for Administration</i>	Describe and explain to trainees the following steps, and demonstrate as appropriate: <ul style="list-style-type: none"> a) Ensure the victim is unresponsive and has reduced respirations by calling out to the victim and performing a noxious stimulus. b) Activate 9-1-1 and ensure ambulance response, c) Start rescue breathing with a barrier device (e.g. bag valve mask, CPR mask, etc.). If the first responder does not have a barrier device, proceed to next step in this procedure, with a jaw thrust to open the airway, in case obstruction is occurring.

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- d) Check “4-Rights” for medication administration:
 - i. Right patient (does this patient need the medication?);
 - ii. Right medication (check to make sure it is Naloxone),
 - iii. Right date (check expiration, medication clarity) and
 - iv. Right dose (administer until return of spontaneous respirations, up to maximum dose allowed by applicable Statewide Treatment Protocols);
- e) Consider possible contraindications for intranasal administration of naloxone (e.g., facial trauma, nasal obstruction, bloody nose);
- f) Steps for intranasal administration when using multistep atomizer with a Naloxone Hydrochloride 2 mg pre-filled syringe with Mucosal Atomization Device
 - i. Assemble device
 - ii. Uncap the syringe (remove 2 caps) and uncap the glass naloxone cartridge (1 cap)
 - iii. Insert and gently twist the glass naloxone cartridge into the syringe/adaptor
 - iv. Twist the Mucosal Atomization Device onto the assembled naloxone hydrochloride pre-filled syringe.
 - v. Follow manufacturer instructions for administration
 - vi. Administer one half of dose in one nostril, and the other half up the other nostril.
 - vii. (May repeat up to first dose 4 mg total)
- g) Steps for intranasal administration when using single-step Naloxone Hydrochloride 4mg nasal spray
 - i. Remove the device from packaging
 - ii. Be sure to not depress the thumb button until tip placed in one nostril
 - iii. Place the rounded tip of the device into one nostril
 - iv. Depress the button with thumb to administer
- h) Steps for administration of Naloxone Hydrochloride 0.4mg auto-injector
 - i. Pull auto-injector from the outer case
 - ii. Pull off safety guard
 - iii. Place end of the auto-injector with medication firmly into the outer thigh (through clothing if needed). Press firmly and hold in place for 5 seconds.
 - iv. Needle should retract fully into its housing after administration.
- i) For all other devices, follow manufacturer instructions for administration.
- j) Return to rescue breathing with a barrier device (e.g. bag valve mask, CPR mask, etc.) until spontaneous respirations are restored.
- k) If spontaneous respirations do not return after 3-5 minutes give 2nd dose of naloxone according to the same procedure for either intranasal



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| | <p>administration or auto-injector.</p> <ul style="list-style-type: none"> l) When respirations are restored move the victim in the Recovery Position, on their side, to prevent aspiration in the event of vomiting. m) Handling and disposal <ul style="list-style-type: none"> i. For intranasal administration, do not assemble medication on atomizer until ready to use ii. For auto-injector, after use place the auto-injector back into its outer case. Do not replace the safety guard. iii. For either intranasal administration or auto-injector, dispose in appropriate sharps container as soon as possible n) Note time of administration to report to ambulance service EMS personnel o) Monitor patient until ambulance arrives <ul style="list-style-type: none"> i. Caution: Naloxone precipitated withdrawal symptoms, including watery nose and eyes, sneezing, yawning, muscle aches, nausea, vomiting, agitation, and combativeness is possible. ii. Work with other first responders to secure the scene and the victim to keep him or her safe. iii. Note that naloxone wears off in 30-90 minutes, the victim can return to unconsciousness after that period of time. Therefore, victims should be monitored after naloxone administration p) Ensure care is transferred to responding ambulance, for further evaluation and treatment by definitive care. q) Complete documentation as required by your agency or medical director. |
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