

CHAPTER 9
PUBLIC SAFETY FIRST AID
ADMINISTRATIVE ROLES AND RESPONSIBILITIES

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CHAPTER 9

PUBLIC SAFETY FIRST AID ADMINISTRATIVE ROLES AND RESPONSIBILITIES

1. DIVISION COMMANDER. Ensures all uniformed personnel within the Division who are identified as a Public Safety First Aid (PSFA) are recertified biennially.

2. AREA/SECTION COMMANDER.
 - a. Ensures each uniformed employee identified as a PSFA receives recertification biennially.
 - b. Ensures Area Training Officers enter completed training records into the Employee Training Records System.
 - c. Ensures each uniformed employee who has been identified as requiring PSFA recertification, who is transferring prior to receiving training, has a comment included on their CHP 137A, Personnel Transfer Checklist, indicating the need for this training.
 - d. Ensures any employee unable to attend assigned PSFA training due to 4800.5 time, sick leave, military leave, etc., is scheduled for the first class available after returning to duty.

3. ACADEMY.
 - a. Provides overall program review.

4. ACADEMY COMMANDER.
 - a. Program management.
 - b. Maintains record status for each identified uniformed employee required to maintain PSFA certification.

5. DEPARTMENT MEDICAL DIRECTOR.
 - a. Serves as the PSFA Clinical Coordinator.
 - b. Ensures the medical content of the PSFA program meets accepted medical standards.

6. ACADEMY, EMERGENCY MEDICAL SERVICES UNIT, SUPERVISOR.

- a. Ensures the Department's PSFA course with cardiopulmonary resuscitation and automated external defibrillator (AED) training is authorized by the Commission on Peace Officer Standards and Training and approved by the Emergency Medical Services Authority (EMSA). A written request for program approval shall be submitted to the EMSA every three years.
- b. Approves the proficiency testing process.
- c. Approves all lesson plans, as well as written and skills examinations.

7. REPORTING.

- a. Area commanders shall ensure a CHP 330, Emergency Medical Report, is used to document all contacts with ill or injured persons by any employee certified as a PSFA by the Department. The CHP 330 shall be completed for all emergency medical service incidents.
- b. One CHP 330 shall be completed for each individual assessed, and/or treated, whether this is performed on or off duty.
- c. On the CHP 330, there is a "Release From Medical Responsibilities" signature section. In the event a competent, oriented adult patient refuses treatment, medically trained personnel shall explain to the patient there is an apparent need for medical attention. If the patient refuses treatment (despite complaint of pain only, apparent need for treatment, obvious injury, or a severe mechanism of injury [e.g., high-speed vehicle crash with major damage to the vehicle]), medically trained personnel shall attempt to obtain a signature from the patient indicating the patient acknowledges they are refusing medical care. The patient should be advised to seek medical attention even if they refuse immediate care. If the patient refuses to sign the waiver, actions taken should be thoroughly documented, and names of witnesses obtained, if available. All CHP 330s completed for patients refusing medical treatment shall, at a minimum, include the following information prior to requesting their signature:
 - (1) Time of incident.
 - (2) Date.
 - (3) Location of incident.
 - (4) Patient's name, gender, date of birth, and address.

- (5) Emergency care administered—Assessment only.
 - (6) Officer's name and ID number.
- d. If a parent or legal guardian of a minor (under 18) refuses consent to treat the minor, an attempt should be made to obtain a signature from the parent or legal guardian in the Release from Medical Responsibilities field on the CHP 330.
- e. The CHP 330 includes necessary fields to record information related to the use of an AED. The shaded areas, at a minimum, shall be completed in the event an AED is applied to a patient.
- f. When patient health care is relinquished to professional emergency medical personnel, the CHP 330 should be completed to the point at which care provided by CHP personnel was terminated. Indicate the reason for the incomplete report in the comments section (e.g., paramedics assumed patient care).
- g. The **original** CHP 330 shall be reviewed by a supervisor and kept on file at the command office for a period of three years. The CHP 330 includes confidential patient medical information; as such, the CHP 330 will be filed separately and not with other CHP reports (e.g., CHP 556, Narrative/Supplemental; CHP 202, Driving Under the Influence Arrest – Investigation Report). Completion of the CHP 330 will satisfy requirements of Title 22 of the California Code of Regulations. If a CHP 330 is completed on a computer, a hard copy printout will be submitted as required. After a supervisor has reviewed and signed the CHP 330, the computer file with the CHP 330 data shall be deleted to ensure patient confidentiality.
- h. Copies of CHP 330s shall be forwarded to the Academy by the fifth working day of each month. The Academy, Emergency Medical Services (EMS) Unit, will review and electronically file each report in a secure EMS Unit file.

NOTE: Refer to Chapter 13, Automated External Defibrillator, of this manual, for instructions for forwarding the CHP 330 when an AED has been utilized.

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