**FIRST AID DEFINED:**

1. First Aid is simply defined as the initial care provided at the time of an acute injury or illness. While this is an all-encompassing definition, the Occupational Safety and Health Administration defines and recognizes First Aid as one-time, short term treatment that requires little technology or training to administer. (United States Department of Labor, 2021)

2. First Aid is further defined by the International Consensus on First Aid Science as acting in the preservation of life, for the alleviation of suffering, and prevention of further injury, with the goal of promoting recovery. (Singletary, Eunice M.; Zideman, David A; et al, 2020) The application of first aid may be initiated by anyone, in any situation and encompasses treatments care ranging from the care and cleaning of minor cuts, scrapes or scratches to the application of torniquets to control major uncontrolled bleeding. (United States Department of Labor, 2021)

3. While First Aid is internationally recognized as the immediate care following an injury or illness, it is not the application of advanced lifesaving skills such as treatments, invasive procedures, independent medication administration, etc., that require medical oversight, protocols, procedures, and specialized training to perform. Advanced lifesaving skills are only performed by trained persons during the treatment of the acutely ill or injured while operating in their role as a licensed healthcare provider.

4. The application of first aid is generally quantified into two categories:

1. Basic First Aid, which can be rendered by anyone with training and does not require hospitalization, Emergency Medical Transport, or further treatment outside of the initial care provided.
2. Emergency First Aid, which can be rendered by anyone with training to stabilize the injured or ill person prior to the arrival of Emergency Medical Transport or the handoff to definitive care providers. In these cases, there may be higher levels of training required, i.e., Advanced First Aid, based on the situation, such as wilderness environments where EMS is not readily available.

**APPLICATION OF FIRST AID IN CIVIL AIR PATROL:**

5. Civil Air Patrol is not a provider of medical treatment, which is defined by OSHA as “*the management and care of a patient to combat disease or disorder”* (United States Department of Labor, 2021), nor does CAP act, in any capacity, as an agent of emergency medical care. It is understood that situations will arise where members may become ill or injured resulting from multiple factors. In these instances, it is an accepted national standard that first aid may be applied when reasonable, safe, and prudent to do so. Activities in Civil Air Patrol are quantified in to two categories, “Low Risk” and “High Risk” as they apply to possible need for first aid care.

**LOW RISK ACTIVITIES**

1. Most activities conducted by CAP occur in a low-risk environment, including Encampments, NCSA’s, Meetings etc. In these instances, significant planning has generally occurred with regard to the safety and welfare of our membership and the risk of significant illness or injury is mitigated by immediate access to healthcare.
2. The application of first aid in the context of low-risk activities is focused on conditions that do not require advanced medical care. In these situations, it is reasonable and prudent to utilize accepted national first aid standards in order to manage ill or injured members who do not require advanced medical care. This is done to prevent errant usage of Emergency Medical Services (EMS) and over taxation of the local healthcare system for non-emergent conditions that do not require treatment or evaluation by a physician.
3. In instances where an ill or injured member’s condition exceeds that of “Basic First Aid” then transport to a local healthcare facility is required. In these situations, members will provide only that care necessary to sustain life or prevent further injury, until EMS arrival.

**HIGH RISK ACTIVITIES**

1. While CAP takes profound measures to mitigate risk to its members, it is understood that some activities carry inherent high risk due to the remote nature of the location. This is primarily seen during Emergency Services missions or training, where immediate access to healthcare is delayed.

1. The application of first aid in this context is focused on both those conditions that do not require advanced care and those conditions in which prolonged stabilization may be required in order to bridge care for a seriously ill or injured person until Emergency Medical Support arrives. In these situations, it is reasonable and prudent to utilize nationally accepted first aid standards in the sustainment of life.
2. In instances where “Emergency First Aid” is required, CAP members, regardless of professional healthcare license or training, will provide only that care necessary to sustain life, prevent further injury or death, and shall not provide any “advanced lifesaving” care.

**TRAINING AND STANDARDS**

6. Training for First Aid, within CAP, will consist of instruction from a nationally accredited body that adheres to the International Liaison Committee on Resuscitation (ILCOR) and OSHA Standards, i.e., American Red Cross, American Heart Assoc., National Safety Council, Emergency Care Safety Institute, etc.

This training will include the successful passing of both written and practical testing for certification. As first aid is an evolving science, based on research and nationally accepted standards, all members who are required to have first aid for any qualification, will be required to renew their certification every two years. This is mandated by all certification bodies in order to ensure that persons providing first aid are up to date on changes in standards.

This training will consist of instruction in the following areas as defined by ILCOR and OSHA, with a clear note that the subject areas listed below do not constitute an exhaustive list. (United States Department of Labor, 2021)

1. Emphasis on personal safety, the recognition of emergencies, and emergency actions.
	1. Blood Born Pathogens and Exposure
2. Basic Assessment of an injured or ill person
3. Identification and Care Cardiac Emergencies and Choking
	1. Heart Attack and Sudden Cardiac Arrest
	2. Adult Cardiopulmonary Resuscitation and Automated External Defibrillators Usage
	3. Emergency Oxygen Device
4. Identification and Care of Sudden Illness to include:
	1. Recognition and Treatment Respiratory Illness, including asthma
	2. Recognition and Treatment Allergic Reactions, including anaphylaxis
	3. Recognition and Treatment Diabetic Emergencies
	4. Recognition and Treatment Seizures
	5. Recognition and Treatment Stroke
5. Identification and Care of Traumatic Injuries
	1. Bleeding Control and Tourniquet Usage
	2. Recognition and Treatment of Shock
	3. Recognition and Treatment of Musculoskeletal injuries
	4. Recognition and Treatment of Burns
6. Identification and Care of Environmental Emergencies
	1. Recognition and Treatment Exposure to Heat and Cold
	2. Recognition and Treatment Heat Stroke and Frostbite
	3. Recognition and Treatment of Dehydration
	4. Recognition and Treatment Environmental Poisoning from Stings, Bites, or Plants

**EMERGENCY DEVICES AND ADJUNCTS TO CARE**

7. In aligning with international standards and accepted care recommendations on first aid, it is recognized that many commercial use emergency devices and adjuncts have become available to the general public and lay responder. In all cases, these devices have been scientifically studied and proven to provide benefit to the saving of human life. Below are accepted devices and training requirements necessary which may be used during the delivery of first aid.

1. **Automated External Defibrillators (AED)** – used in sudden or suspected cardiac arrest by the lay responder and requires little training. These devices provide audible and visual prompts to the user.
2. **Tourniquets** – used in instances where profound bleeding cannot be controlled by direct pressure or other means, requires first aid level training to utilize.
3. **Emergency Use Oxygen** – used in instances where persons have been deprived of oxygen due to sudden illness or injury, and may only be applied by persons who have had specific training module. (See FDA Position Statement Below)

**MEMBER RESPONSIBILITY**

7. While Emergency Services is a critical component mission of the Civil Air Patrol, the application of first aid is limited to immediate need and will be provided in accordance with local, state, and federal laws. CAP does not provide healthcare services, nor is it a First Responder Organization (FRO) with regards to Emergency Medical Care. As such, Civil Air Patrol does not provide medical direction for any member, regardless of the professional certification of the treating member. All Members of CAP are limited to providing first aid as it is defined by ILCOR and OSHA, regardless of professional certification. Should any member, either as a licensed independent healthcare provider or as mandated by state law, provide care exceeding that as above defined, they will be doing so independently of CAP and are afforded no legal exemptions or protections through CAP.

In these instances, where members are required to act outside of these standards, commanders and activity directors should document the situation and actions, and submit the documentation to CAP/HS and CAP/DO at National.

**FDA POSITION STATEMENT ON THE USE OF EMERGENCY OXYGEN**

*Per the U.S. Food and Drug Administration (FDA), Title 21, Volume 41, Revised April 1, 2020 (21CFR201.161) only an emergency oxygen device, which is available without a prescription may be used for first aid when the person administering the oxygen is trained. Proper training and certification may be performed through a first aid training organization, such as “ARC, AHA, Health & Safety Institute/ASHI/Medic, National Safety Council and affiliated training agencies and local fire departments” for emergency oxygen administration in a first aid setting. An emergency oxygen device must deliver a flow rate of at least 6 lpm for at least 15 minutes and have a required label that contains the statement: "For emergency use only when administered by properly trained personnel for oxygen deficiency and resuscitation. For all other medical applications, Rx Only."  and may be acquired legally by lay persons. Examples of emergency oxygen devices includes “Rapid Oxygen”, however, the use of this company’s name does not equate to an endorsement.*

# Works Cited

Singletary, Eunice M.; Zideman, David A; et al. (2020). *2020 International Consensus on First Aid Science with Treatment Recommendations.* Dallas, TX: American Heart Association, Inc, International Liaison Committee on Resuscitation.

United States Department of Labor. (2021). *Medical and First Aid* . Retrieved from Occupational Safety and Health Administration : https://www.osha.gov/medical-first-aid/recognition