## **EMERGENCY MEDICAL CARE TRAINING DOCUMENT**

## Prerequisite For Entry into Firefighter I & II, NFPA 1010 Course

Applicant's Name (please print or type)	
Applicant's Social Security Number or Student ID#	
Fire Department Represented (Sponsoring)	
Firefighter I & II, NFPA 1010 Class Date Assigned or Applied For:	
n addition to having a current CPR card, the said a	oplicant has received Emergency Medical
raining that, at a minimum, addressed the following objectives adopted by the Mississippi Fire	
Personnel Minimum Standards and Certification Bo	pard (MSCB):
<ol> <li>Define the principles of infection control and for public safety workers by the Centers for I</li> </ol>	universal blood and body fluid precautions as prescribed Disease Control.
<ol><li>Demonstrate the use, decontamination, disi used for protection from infection.</li></ol>	nfection, and disposal of personal protective equipment
3. Demonstrate a primary survey for life-threatening injuries.	
4. Identify three (3) types of external bleeding	and characteristics of each type.
5. Demonstrate three (3) procedures for controlling external bleeding.	
<ol><li>Identify characteristics and emergency me severity.</li></ol>	dical care for thermal burns according to degree and
7. Identify the emergency medical care for che	mical burns, including chemical burns to the eyes.
8. Identify the symptoms and demonstrate emergency medical care of traumatic shock.	
<ol><li>Identify the symptoms and demonstrate e overdoses.</li></ol>	mergency medical care for ingested poisons and drug
10. Identify the method of contacting the poison	n control center serving the region.
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Signature of Applicant/Date	Signature of Fire Chief or Training Officer/Date