

Section 1.6 Student Injuries of the *POST Guidelines for Student Safety in Certified Courses 2007* provides direction for handling student injuries. Section 1.6.2 states, "Presenters are encouraged to collect appropriate statistics regarding injury trends or experiences and exchange this information with other presenters and POST."

Pursuant to POST Regulation 1052 Requirements for Course Certification Section (a)(9)(D)(d), "The POST Regional Consultant shall be notified in writing within 5 business days when an injury requiring more than basic first aid occurs during training."

Within 5 business days of a training-related injury requiring more than basic first aid, the presenter shall utilize the online reporting form, "Regulation 1052 Injury Report Form" located on the POST website to make notification to POST. When completing the "Regulation 1052 Injury Report Form, the presenter **SHALL** include the following information:

- Course Information, to include:
 - Presenter name
 - Course type
 - Regular Basic Course (Includes Modules I, II, & III, and PC 832)
 - In-Service
 - Dispatch
 - Course name
 - Course control number
 - Course instructor name
 - POST Region where the course took place
- Course Coordinator Contact Information, to include:
 - Name
 - E-mail
 - Contact number
- Incident Information, to include:
 - Date and time of incident
 - Address of the location where the injury occurred
(Pursuant to POST Regulation 1052 Requirements for Course Certification Section (b)(5)(D) and Section (f)(2)(E)(D), the address of the training site is required to be included in the Safety Policy)
 - Extent of the injury
 - Description of how the injury occurred
- Gender of Injured Party (Injured party may refuse to have this information disclosed)

When making notification of a training-related injury to POST, the presenter **SHALL NOT** include any identifying information of the injured party, except for gender, if the injured party agrees to disclose this information. The following information **SHALL NOT** be included when making notification to POST of a training-related injury:

- Name of injured party
- POST ID number
- Social Security number
- Name of treating physician and hospital

Questions regarding this policy and procedures may be directed to Michelle Weiler, Commission on POST, 860 Stillwater Road, Suite 100, West Sacramento, CA 95605-1630, by phone at (916) 227-4870.

DRAFT