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SAN RAFAEL POLICE DEPARTMENT

PROFESSIONAL STANDARDS UNIT

MEMORANDUM

DATE: December 6, 2018

TO: Roy Leon, Lieutenant
Support Services Bureau

FROM: Scott Ingels, Sergeant
Professional Standards Unit

RE: Medical Phase Training 2018 - Final Phase Report
First Aid / CPR / Bloodborne Pathogens

During October and November 2018 Officers from the San Rafael Police Department completed 8 hours of training relating to First Aid / CPR / Narcan and Bloodborne Pathogens. This phase also included the yearly mandated gas mask fit testing.

The SRPD contracted with Survival CPR & First Aid through the owner Eric Thomson. The SRPD has used Survival CPR & First Aid in recent years for ongoing updated training. Survival CPR & First Aid is based out of Santa Rosa and specializes in Law Enforcement training. Survival CPR & First Aid provided an expanded course outline to the SRPD and the course was certified through POST. The POST control number is 3160-21798-18.

Survival CPR & First Aid is constantly updating their information and presentation. The class consisted of a mix of PowerPoint, instructional videos and hands on exercises. The hands on exercises included practical application in wound care, CPR and tourniquet use.

The training was held at the San Rafael Police Department briefing room with one corporal completing a makeup day at the Survival CPR & First Aid office in Santa Rosa.

A total of 57 sworn personnel were trained from SRPD.

SAFETY ISSUES:

None

REMEDIAL TRAINING:

None.

EQUIPMENT ISSUES:

The staff at Survival CPR recommended two equipment items for consideration. The first was the addition of protective suits to the existing medical equipment kept in the patrol cars. Tyvex suits, already available and used at times by the CSI team, were recommended. Additional suits were purchased by the Police Cadets and will be added to the patrol cars.

The second item for consideration was the use of blood clotting powder or gauze similar to QuickClot brand items. Time permitting this piece of equipment will be vetted for future use. The SRPD currently uses a device in the first aid bags for use on extreme bleeding on a victim or patient.

The gas mask fit testing was conducted using the PortaCount machine purchased in coordination with the San Rafael Fire Department. The machine was easy to use and exceeded expectations. During gas mask fit testing it was discovered several officers were using gas masks which were too large. One Sergeant had a mask which would not pass the fit testing. Smaller gas masks are currently on order and will be distributed once they are received.

PHASE TRAINING MAKE-UP:

Command Staff is excused from training per POST standards. Captain McElderry, Lt. Leon, Lt. Eberle and Lt. Piombo attended this phase as part of the Perishable Skills Program mandated hours.

Corporal Piombo was unable to make his assigned training date due to other department training. He completed a make-up day on December 5, 2018.

P.O.S.T. CERTIFICATION:

Each attending sworn personnel received a total of 8 hours POST training credit.

The SRPD holds the P.O.S.T. certification for the course (3160-21798-18).

CONCLUSION:

A total of 57 San Rafael PD Officers were trained during this medical update training day. The training re-enforced and tested Officer's skills and responses to medical related calls. A copy of the course outline and each roster was placed into SRPD's training folder for reference.

**EXPANDED COURSE OUTLINE
UPDATE TRAINING
FIRST AID / CPR UPDATE (POST # 21798)**

- I. Role of the public safety first aid provider to include:
 - A. Integration with EMS personnel to include active shooter incidents
 - 1. Understanding the needs of EMS responders
 - 2. Unified command
 - 3. Staging
 - 4. Hot, Warm, Cold zones
 - a. Escorting EMS / Rescue Task Force
 - 5. Examples of major incidents with LE and EMS
 - 6. Hartford Consensus
 - a. Surviving mass casualty incidents
 - B. Minimum equipment and first aid kits
 - 1. Penal Code Section 13518.1 (pocket mask)
 - 2. Recommended equipment
 - a. Bleeding and shock control
 - b. Cardiac and other medical emergencies
 - c. Personal Protective Equipment (PPE)
 - 3. Trunk of vehicle vs officer carry
 - 4. EMSA Recommendations
- II. Orientation to the EMS system, including
 - A. 9-1-1 access
 - 1. Enhanced 9-1-1
 - 2. Local alternatives
 - B. Interaction with EMS personnel
 - 1. Jurisdictional disagreements
 - 2. Public expectation
 - 3. Pre-event planning and familiarization
 - C. Identification of local EMS and trauma systems
 - 1. Local EMS resources and expectations
 - 2. Local trauma protocols
- III. Legal issues
 - A. Identify conditions under which a peace officer is protected from liability when providing emergency medical services
 - 1. 1799.102 H&S
 - a. Act within scope of their employment
 - b. Act in good faith
 - c. Provide a standard of care that is within the scope of their training and agency policy
 - 2. Consent
 - a. Expressed Consent
 - b. Implied Consent
 - 3. Refusal of care
 - a. DNR (Do Not Resuscitate)
 - B. Identify conditions under which a peace officer may NOT be protected from liability when providing emergency medical services
 - 1. Negligence

- a. Act beyond scope
- b. Grossly negligent manner

IV. Safety protocols

- A. Identify the links of the chain of transmission of infectious pathogens
 - 1. Being present
 - 2. Entry site
 - 3. Quantity and/or susceptibility
 - 4. When exposure occurs
 - a. Reporting
 - b. Actions (department policies and plans)
- B. Recognize precautions peace officers should take to ensure their own personal safety when responding to a medical emergency
 - 1. Responding to the scene
 - 2. Scene safety
 - 3. Universal precautions
 - a. All fluids are contaminated
 - b. Decontamination considerations
 - 4. Personal Protective Equipment (PPE)
 - a. Gloves
 - b. Eye protection
 - c. Masks / gowns
 - 5. Blood borne pathogens
 - a. Awareness
 - b. Precautions
 - 1. Cover open wounds
 - c. Reporting
- C. Airborne Transmissible Diseases
 - a. Awareness
 - b. Precautions
 - 1. Respiratory protection equipment
 - c. Reporting
- D. Decontamination considerations
 - a. Removal of contaminated gloves
 - b. Equipment, uniforms and shoes

V. Heart Attack and sudden cardiac arrest to include:

- A. Sudden cardiac arrest and early defibrillation
 - 1. Heart attack
 - a. Minor to severe
 - b. Blockage of blood/lack of oxygen
 - c. Coronary artery disease
 - d. Signs/Symptoms
 - 1. Chest pain
 - 2. Radiating pain
 - 3. Vital signs
 - 4. Mental status
 - e. Treatment
 - 1. Position of comfort
 - 2. Access EMS
 - 2. Sudden cardiac arrest

- a. American Heart Association science updates 2015
 - 1. Focus on immediate compressions
 - 2. Delivery of shock from AED within 3 minutes
 - B. Chain of survival (Out-of-hospital)
 - 1. Recognition and early activation of EMS
 - 2. Immediate high-quality CPR
 - 3. Rapid defibrillation
 - 4. Basic and advanced EMS
 - 5. Advanced life support and post-arrest care
- VI. CPR and AED for adults, children, and infants, following current AHA Guidelines (C-A-B)
 - A. Rescue breathing
 - 1. Mouth-to-Mouth
 - 2. Mouth-to-Mask
 - 3. Bag-valve-mask (BVM)
 - B. Chest compressions and CPR/AED
 - 1. Basic AED operation
 - 2. Using the AED
 - 3. Troubleshooting and other considerations
 - C. Recovery position
 - 1. Spinal injury considerations
 - 2. Place victim in side-recumbent position with injured side down
 - 3. Keep airway open – prevent asphyxiation
- VII. Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies
 - A. Performing a primary assessment
 - 1. Responsiveness
 - 2. (CAB) Circulation, Airway, Breathing
 - 3. Shock and major bleeding
 - 4. C-Spine considerations
 - B. Performing a secondary assessment
 - 1. Vital signs
 - 2. Head-to-toe check for injuries
 - C. Obtaining a patient history
 - 1. Information about the patient and the incident
- VIII. Medical emergencies
 - A. Breathing difficulties, including asthma and COPD
 - 1. Choking
 - a. Adult and children
 - 1. Abdominal thrusts
 - 2. Chest thrusts
 - 3. CPR
 - b. Infant
 - 1. Back blows
 - 2. Chest thrusts
 - 3. CPR
 - c. Pregnant or obese patients
 - 1. Chest thrusts

2. CPR
 2. Difficulty breathing
 - a. Position of comfort
 - b. Patient medications (inhalers)
- B. Allergic reaction and anaphylaxis
 1. Assisted epinephrine administration
 - a. Assist victim with own medication
 - b. Administering Epi is EMSA "optional" skill
 - c. Accessing EMS
- C. Altered mental status
 1. Physiological or psychological
 2. Officer and patient safety considerations
 3. Activation of EMS
- D. Diabetic emergencies
 1. Administration of oral glucose
 2. Low blood sugar (hypoglycemia)
 - a. Officer safety / use of force
 3. High blood sugar (hyperglycemia)
- E. Alcohol and drug emergencies
 1. Assisted naloxone administration and accessing EMS
 - a. Naloxone
 1. Counteracts symptoms of opioid overdose
 - a. Breathing problems
 - b. responsiveness
 2. Administered IM or nasal spray
 - b. Protocols
 1. Assist victim with own medication
 2. Administering naloxone is EMSA "optional" skill
 3. Looks for signs of overdose
 - c. Officer safety
 1. Transdermal exposure (mixed drugs)
 2. Combative patient
 3. Sharps and scene hazards
 2. Overdose and withdrawal considerations
 - a. Activation of EMS
 - b. Aspiration concerns-recovery position
 1. Place victim in side-recumbent position
 2. Keep airway open – prevent asphyxiation
 - c. Continue to monitor detainees

IX. Facial injuries

- A. Objects in the eye
 1. Immobilize both eyes and protect
- B. Chemical in the eye
 1. Rinse and evaluate
 2. Poison control
- C. Nosebleed
 1. Lean forward
 2. Pressure / do not pack
- D. Dental emergencies
 1. Airway concerns

2. Collect teeth in patient saliva or milk
3. Hold tooth by crown, not root

X. Environmental emergencies

A. Drowning

1. Rescuer safety
2. Cold water immersion
3. CPR or rescue breathing

B. Temperature related emergencies

1. Mild hypothermia

a. Indicators

1. Shivering
2. Fatigue
3. Confusion
4. Rapid breathing and pulse

b. Treatment

1. Move to warm environment
2. Remove wet clothing
3. Do not give alcohol or caffeine
4. Keep victim moving

2. Severe hypothermia

a. Indicators

1. Lack of shivering
2. Rigid muscles and joints
3. Slow, shallow breathing
4. Irregular, weak or slow pulse
5. Decreased level of consciousness
6. Unwilling or unable to do simple activities
7. Slurred speech

b. Treatment

1. Move to warm environment
2. Remove wet clothing
3. Do not give alcohol or caffeine
4. Monitor vital signs and perform CPR if necessary
5. Immobilize and protect frostnip/frostbite
6. Wrap each digit individually and loosely
7. Re-warm slowly

3. Heat cramps

a. Indicators

1. Painful muscle spasms
2. Lightheadedness
3. Weakness

b. Treatment

1. Remove victim from heat
2. Massage cramped muscles
3. Provide water in small amounts
4. Do not give alcohol or caffeine

4. Heat exhaustion

a. Indicators

1. Profuse sweating
2. Dizziness

3. Headache
4. Pale, clammy skin
5. Rapid pulse
6. Weakness
7. Nausea, vomiting
- b. Treatment
 1. Remove victim from heat
 2. Massage cramped muscles
 3. Provide water in small amounts
 4. Do not give alcohol or caffeine
5. Heat stroke
 - a. Indicators
 1. Red, hot, dry skin
 2. Rapid irregular pulse
 3. Shallow breathing
 4. Confusion
 5. Weakness
 6. Possible seizures or unconsciousness
 - b. Treatment
 1. Activate EMS
 2. Remove from heat
 3. Loosen clothing
 4. Cool victim's body rapidly
 - a. Douse with cool water
 - b. Wrap in wet sheet or blanket
 - c. Place ice pack in groin, neck, arm pits

XI. Bites and stings

- A. Insect bites and stings
 1. Officer safety
 2. Usual reactions
 - a. Local swelling
 - b. Minor pain
 - c. Itching
 3. Allergic reaction
 - a. Itching
 - b. Burning
 - c. Hives
 - d. Swollen lips and tongue
 - e. Difficulty breathing
 - f. Respiratory failure
 4. Treatment
 - a. Remove stinger by scraping
 - b. Wash with soap
 - c. Apply ice to reduce swelling and rate of spread
 - d. Apply heat to marine life stings
 - e. Assist victim in taking epinephrine
 - f. Monitor for shock
 - g. Consider activation of EMS
- B. Animal and human bites
 1. Officer safety

2. Criminal considerations
3. Treatment protocols
- C. Assisted administration of epinephrine auto-injector
 1. Accessing EMS
 2. Epinephrine prescriptions
 - a. First and second dosing timeline
 3. Legal issues
 - a. Local protocols

XII. Poisoning

- A. Exposure to chemical, biological, radiological or nuclear (CBRN) substances
 1. Recognition of exposure
 2. Unified command with Fire/EMS
 3. Scene safety
 - a. Upwind, upstream, uphill
 - b. Perimeter control
 - c. decontamination
- B. Poison control system
 1. Coordination with EMS
 2. 24/7 toll free number (800 222-1222)

XIII. Identify signs and symptoms of psychological emergencies

- A. Early recognition
 1. Accessing EMS
 2. Appropriate LE response
 - a. Officer safety
 - b. Reduce symptoms
 1. Calm, direct approach
 - c. Develop a plan
 3. Considerations
 - a. Shock
 - b. Cardiac arrest

XIV. Patient movement

- A. Emergency movement of patients
 1. When to move
 - a. Unable to treat
 - b. Scene unsafe
 2. Shoulder drag
 - a. Use hands and grasp the victim under the armpits
 - b. Stabilize the victim's head and neck to reduce the risk of injury
 - c. Carefully lift the victim, keeping the head and shoulders as close to the ground as possible
 - d. Drag the victim so that the head, torso, and legs remain in a straight line
 - e. Do not pull sideways
 - f. Gently place the victim in the new location
 - g. Assess the victim's condition

- B. Lifts and carries which may include: using soft litters and manual extraction including fore/aft, side-by-side, shoulder/belt
 - 1. Movement
 - a. Commercial / improvised soft litters
 - b. Goals
 - 1. Life-saving
 - 2. Shoulder drag

XV. Tactical and rescue first aid principles applied to violent circumstances

- A. Principles of tactical casualty care
 - 1. Mindset- Officer stays engaged
 - 2. Voice commands
 - a. Directions to officers / victims
 - b. Take cover. Get off the "X"
 - 3. Prevent further victims
 - 4. Reducing delay of life-saving measures
 - a. Tourniquet / chest seal victim and move
 - 5. Rescue teams simultaneous with LE response
- B. Determining treatment priorities
 - 1. Triage and victim staging
 - a. Hemorrhage control
 - b. Open chest wound protocol
 - c. Self-care / buddy care
 - d. Consider disarming injured officer (altered LOC)

XVI. Trauma emergencies

- A. Soft tissue injuries and wounds
 - 1. Review of basic treatment
 - 2. Dressings and Bandages
 - 3. Bleeding control and treat for shock
- B. Amputations and impaled objects
 - 1. Review of basic treatment
 - 2. Bleeding control and treat for shock
- C. Chest and abdominal injuries
 - 1. Review of basic treatment for chest wall injuries
 - 2. Application of chest seals
 - 3. Immobilize penetrating objects
 - 4. Continue to monitor vitals
 - 5. Position injured side down (consider C-spine injuries)
- D. Head, neck or back injury
 - 1. Indicators
 - a. Mechanism of injury
 - 1. Striking vehicle windshield
 - 2. Blow to the head
 - 3. falls
 - b. Altered Mental status
 - 1. Agitated, confused, combative
 - 2. Appears intoxicated
 - 3. Decreased level of consciousness
 - 4. Loss of short term memory
 - 5. Loss of consciousness

- c. Vital signs
 - 1. Abnormal breathing patterns
 - 2. Decreased pulse
 - 3. General deterioration of vital signs
 - d. Visible injury
 - 1. Deformity of the head or skull
 - 2. Visible bone fragments
 - e. Appearance
 - 1. Clear or bloody fluid from the ears or nose
 - 2. Unequal pupils
 - 3. Bruising behind ears
 - 4. Discoloration around eyes
 - 5. Paralysis
 - 6. Priapism
 - 2. Treatment
 - a. Do not move victim's head
 - b. Activate EMS
 - c. Control bleeding
 - d. Check for cerebrospinal fluid in ears/nose and bandage loosely
 - e. Be prepared for projectile vomiting
 - f. Treat for shock
- E. Spinal immobilization
 - 1. Manual stabilization
 - 2. Awareness of EMS techniques and equipment
- F. Musculoskeletal trauma and splinting
 - 1. Expose injury site
 - 2. Assess for fractures
 - 3. Control excessive bleeding
 - 4. Treat for shock
 - 5. Apply dressing and bandages to immobilize injury
 - a. Immobilize bones above and below the joint
 - b. Do not attempt to manipulate or straighten limbs
 - c. Leave fingers and toes exposed unless affected
 - d. Check for circulation below injury site
 - 6. Bleeding / shock control
 - 7. Improvisational splinting
- G. Internal bleeding
 - 1. Indicators
 - a. Rapid pulse / respirations
 - b. General decline in vitals
 - 2. Bleeding control and treat for shock
- H. Control of bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings
 - 1. Training in the use of hemostatic dressing shall result in competency in the application of hemostatic dressing. Included in the training shall be the following topics and skills:
 - a. Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressing and wound packing
 - b. Tourniquets

1. Types and uses
2. Application
 - a. High placement
 - b. For life-threatening bleeding
- c. Hemostatic dressings
 1. Compliments direct pressure
 2. For non-natural body cavities
 3. Pack towards bleeding (torso)
 4. EMSA Approved
 - a. Quick Clot®, Z-Medica®
 1. Quick Clot®, Combat Gauze® LE
 2. Quick Clot®, EMS Rolled Gauze, 4x4 Dressing, TraumaPad®
 - b. Celox®
 1. Celox® Gauze, Z-Fold Hemostatic Gauze
 2. Celox® Rapid, Hemostatic Z-Fold Gauze
 - c. HemCon, ChitoFlex PRO dressing
 - d. Hemostatic Celox Granules, or granules delivered in an applicator, are not authorized.
- e. Chest seals
 1. Types and uses
 2. Venting and exit wound considerations

XVII.

Written, oral and/or demonstration assessment (in each topic area)

- A. A learning activity that requires the student to conduct a primary assessment and triage on victims of trauma or medical emergency during/following violent circumstances (i.e. active shooter). The primary assessment shall minimally include:
 1. Check for responsiveness
 2. Check circulation
 3. Check airway
 4. Check breathing
 5. Look for serious bleeding
- B. A learning activity that requires the student to demonstrate the following first aid techniques for controlling bleeding of a limb:
 1. Direct pressure
 2. Tourniquet
 3. Hemostatic dressing
- C. A learning activity that requires the student to demonstrate the following first aid technique for controlling bleeding of the chest or abdomen:
 1. Chest seals
- D. A learning activity that requires the student to demonstrate the following basic life support techniques:
 1. Clearing an obstructed airway on conscious and unconscious victims
 - a. Adult or child
 - b. Infant
 - c. Obese or pregnant

2. Rescue breathing
 - a. Adult
 - b. Child
 - c. Infant
3. CPR (alone and as part of a rescue team)
 - a. Adult
 - b. Child
 - c. Infant

E. Written exam

HOURLY TIMELINE
UPDATE TRAINING
FIRST AID / CPR UPDATE (POST # 21798)

START	END	SUBJECT
0800	0815	Role of the public safety first aid provider
0815	0830	Orientation to the EMS system
0830	0845	Legal issues
0845	0900	Safety protocols
0900	0930	Heart Attack and sudden cardiac arrest
0930	1200	CPR and AED for adults, children, and infants, following current AHA Guidelines (C-A-B)
1200	1300	LUNCH
1300	1320	Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies
1320	1350	Medical emergencies
1350	1400	Facial injuries
1400	1415	Environmental emergencies
1415	1430	Bites and stings
1430	1445	Poisoning
1445	1500	Identify signs and symptoms of psychological emergencies
1500	1520	Patient movement
1520	1540	Tactical and rescue first aid principles applied to violent circumstances
1540	1630	Trauma emergencies
1630	1700	Written test

**POST – NEW COURSE CERTIFICATION
TRAINING NEEDS ASSESSMENT**

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[Reset Form](#)[Print Form](#)Commission on
Peace Officer Standards and Training (POST)
860 Stillwater Road, Suite 100
West Sacramento, CA 95605-1630

This form must be submitted to your POST Regional Consultant the required minimum **60 days in advance** of desired course presentation date(s). Please complete ALL portions. This does not constitute for presentation of a course until POST review is final and approval is granted.

A. COURSE INFORMATION

PROPOSED COURSE TITLE

First Aid / CPR Update

DATE SUBMITTED (MM/DD/YY)

08/22/18

SUBMITTING PRESENTER

Scott Ingels

COURSE PRESENTATION DATE(S) – Use commas to separate dates (MM/DD/YY)

10/17/18, 10/19/18, 10/24-26/18, 10/29/18

Are you affiliated with: ☒ A law enforcement agency ☐ A Regional Training Center/Institute/Consortium ☐ A College
☐ A 501 (c) (3) or (4) Non-Profit Organization ☐ A LLC, S-Corp, etc.

B. CONSULTATION

1. Did you consult with your regional POST Consultant prior to developing this proposed course?..... ☒ Y ☐ N
a. IF YES, provide Consultant's Name: Eddie Freyer Date: 08/22/18
b. IF NO, please give reason: _____

C. DEMONSTRATED NEED

1. Is there a demonstrated **unmet need** expressed by a survey of agencies/associations?..... ☒ Y ☐ N
IF YES:
a. Did you survey the County Chiefs & Sheriff's Association? ☐ Y ☒ N
Association Name: _____
b. Did you survey the training managers association and/or training association group? ☒ Y ☐ N
Association Name(s): 1) North Bay LETMA
2) _____
c. Did you survey other advisory groups (e.g., Community College Advisory Council)? ☐ Y ☒ N
Council Name(s): 1) _____
2) _____
2. Are there **existing courses** available locally, or that can be imported into the area, to meet the need?..... ☐ Y ☒ N
a. Did you survey existing courses for performance and viability? ☐ Y ☒ N
b. Result findings: Attendance numbers: _____
Projected presentation numbers: _____

3. Is the course an **expressed priority** by legislation/POST Commission? If YES, Statute or POST Regulation, _____ ☒ Y ☐ N
4. Is there required **POST standardized curriculum**? ☐ Y ☒ N
a. IF YES, did you request a copy of the curriculum from your POST Consultant? ☐ Y ☐ N

D. DEMONSTRATED CAPABILITIES

1. Did you identify **instructional expertise/capability** to instruct this course? ☒ Y ☐ N
a. Does the instructor require specialized training (e.g., AICC, Regulation 1070)? ☒ Y ☐ N
2. Do you have **adequate and safe curriculum** training facilities to hold this type of course instruction?..... ☒ Y ☐ N
a. Will this course be presented at multiple locations? ☐ Y ☒ N
b. If applicable, will this course require a written **safety policy**? ☐ Y ☒ N
3. If applicable, has this proposal been **reviewed and approved** by your agency/college chief executive, director, training administrator and training manager (or equivalent curriculum manager)?..... ☒ Y ☐ N
Name(s): 1) Roy Leon Title(s): Lieutenant - Professional Standards
2) _____
3) _____

NEW COURSE CERTIFICATION TRAINING NEEDS ASSESSMENT

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D. DEMONSTRATED CAPABILITIES *continued*

4. Have you or your agency's training manager and/or administrator attended the POST-certified *Training Administrator's Course* and/or *Training Managers Course*? ☒ Y ☐ N

Date: 04/12/18

Location: Windsor, CA

E. ASSESSMENT

1. Type of Course

☐ Basic ☒ In-Service ☐ Technical ☐ Supervisory ☐ Management ☐ Executive

2. Requirement(s) (check all that apply)

☒ Legislative mandate ☒ Commission regulation ☒ Local agency need ☐ Regional agencies need

3. Types of Students

☐ Affiliated ☐ Non-affiliated ☐ New hires ☐ Incumbent ☒ Peace Officer ☐ Dispatcher ☐ NPO/Non-Dispatcher

4. Schedule/Attendance

- a. Number of presentations per year: 6
b. Anticipated number of trainees attending per fiscal year: 120
c. Maximum number of enrollees per class presentation: 20

5. Have you completed a budget for this course? ☐ Y ☒ N

- a. Are there subventions (i.e., FTEs, Grant, Contract, Tuition)? ☐ Y ☒ N

IF YES, what are they: _____

Estimated Tuition Fee per Student: \$ _____

F. ADDITIONAL COMMENTS

Please provide written comments to further justify training need and to identify the unmet training need.

We are contracting with Survival CPR out of Santa Rosa, California to complete this training. The outline and course content were created by Survival CPR.

We are using a small SRPD briefing room for the training. The room holds no more than 20 students and anticipate filling the entire class

G. AUTHORIZATION

PRESENTER NO:

SIGNATURE OF INDIVIDUAL REQUESTING/AUTHORIZING COURSE CERTIFICATION (REQUIRED)

PRINT FULL NAME

Scott Ingels

TITLE

Sergeant

DATE

8-22-18

CONTACT NUMBER

(415) 485-3039

EMAIL ADDRESS

524@srrpd.org

PROPOSED PRESENTER

Survival CPR

FOR POST
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