

2.12 - Injury Prevention Program (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe the impact your center's injury prevention program has had in its community. *[Text box]*
- *2. Upload the job description for relevant staff. *[Attachment]*
- *3. Upload graphs/tables highlighting recent injury mechanism trends in your center's trauma registry. *[Attachment]*
- *4. Upload the completed "Injury Prevention Activities Report" template. *[Attachment]*
- *5. Upload materials related to your trauma center's injury prevention initiatives (such as posters, flyers, and press releases). *[Attachment]*

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Complete the chart below for injury prevention activities implemented during the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review. Partnerships with community organizations can be noted in the "Participation Data" column.

Activity Name	Description of Activity/Objectives	Activity Date	Injury Trend Addressed	Participation Data	Evaluation of Outcomes
Stop the Bleed Course	Taught students how to recognize life-threatening bleeding and three techniques to control bleeding	8/9/2021	Penetrating Trauma	15 students from Fremd High School	100% of students passed a brief post-activity assessment