

STOP THE BLEED GEORGIA
PROGRAM PARTICIPATION AGREEMENT AND CONFIRMATION OF
BLEEDING CONTROL KIT AND TRAINING RECEIPT

PARTICIPATING ORGANIZATION: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ **COUNTY:** _____

NUMBER OF TRAINED STAFF: _____ **AED ON PREMISES:** ☐ YES ☐ NO

DESIGNATED POINT OF CONTACT: _____

TITLE/POSITION: _____ **PHONE:** _____

EMAIL ADDRESS: _____

PARTICIPATING IN: ☐ **ONE-TIME KIT ALLOTTMENT**
☐ **STOP THE BLEED TRAINING**

Participating Organization ("Participant") noted above agrees to participate voluntarily in the Stop the Bleed-Georgia ("STB-GA") Program and understands and agrees to all of the following as conditions to its participation:

1. STB-GA is an emergency preparedness initiative being funded by the Georgia Trauma Commission (GTC) and administered through the Regional Trauma Advisory Committees (RTAC) with a commitment to:
 - a) provide emergency medical supplies for a healthcare crisis in which traumatic injuries may need to be stabilized by available staff members while waiting for emergency services;
 - b) implement a training program to enable staff members to render immediate, potentially life-saving medical aid to injured citizens or staff while they await the arrival of professional responders.
2. The RTAC will designate a Project Coordinator to work with the RTAC and the organization to facilitate the initial implementation of and general communication regarding the STB-GA.
3. A training course specific to the program was developed to ensure that program participants are able to utilize the medical supplies issued and render aid to injured staff. It is designed to address a major cause of preventable death in trauma –uncontrolled bleeding.
4. The GTC will provide to the RTAC with emergency supplies to accompany the training.
5. The RTAC will coordinate with local EMS, Hospitals, EMA, EMS and other groups applicable to ensure planning is communicated and not in conflict with local planning and needs.
6. During its participation in the STB-GA, Participant understands and agrees to the following

Participant agrees to provide secure and adequate on-site storage space for the emergency supplies in consultation with the training provider on best placement options.

- i. The Bleeding Control Kits should remain on-site and readily accessible to an individual recipient of STB-GA training.
- ii. It is the responsibility of the participating organization to track allotted kits. The Georgia Trauma Commission will not supply replacement bleeding control kits.

- b) Participant agrees to designate a minimum of **ten (10)** willing staff members to receive training specific to STB-GA.
- c) Participant understands this is a **one-time allotment** kits per facility. The Georgia Trauma Commission has approved the maximum number of kit allotments per organization. Any additional kits can be purchased through our kit vendor.
- d) Participant agrees to designate a point of contact for the STB-GA Program.
- e) Participant agrees to provide future feedback as requested on strengths and weaknesses of the project and the self-efficacy of STB-GA training recipients. Feedback requests will be minimal and require less than 15 minutes of time to complete.
- f) Participant agrees to notify the Project Coordinator in the event a Bleeding Control Kit is utilized.
- e) Participant will notify the Project Coordinator of missing, lost, stolen, or misuse STB-GA components.
- h) Participant can terminate participation in STB-GA at any time, but agrees to notify the Project Coordinator of its termination of participation.

7. Contacts for STB-GA are noted below. Additional notices required by this Agreement shall be sent in writing to your regional RTAC Coordinator and:

Elizabeth Atkins

Executive Director

Georgia Trauma Commission

248 W. Jefferson St.

Madison, Georgia 30650

Main: 706-841-2800

Email: gtcbusinessops@gtc.ga.gov

8. If any provision in this Agreement is found to be unenforceable or against public policy, Participant agrees that the rest of the Agreement obligations and requirements should remain in full force and effect.

CONFIRMATION OF KIT AND/OR TRAINING RECEIPT

Please provide the kit and training details below. Please input **N/A** if you did not participate in one of the following.

Number of Kits Received		Date of Receipt:	
Number of Staff Trained		Date(s) of Training:	

Who distributed your kits or conducted your training? _____

I have read and understand the obligations of the STB-GA Program and agree for Participant to participate in STB-GA Program.

Authorized Participant Signature: _____

Printed Name: _____

Title: _____

Date: _____