



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

EMS SUBCOMMITTEE ON TRAUMA

MEETING MINUTES

Thursday, 9 June 2016
Scheduled: 10:00 am – 3:00 pm
Georgia Public Safety Training Center: Classroom 219B
1000 Indian Springs Dr.
Forsyth, GA 31029

SUBCOMMITTEE MEMBERS PRESENT	SUBCOMMITTEE MEMBERS ABSENT
Courtney Terwilliger, Chair & GA Trauma Commission Vic Drawdy – GA Trauma Commission Dr. Jeffrey Nicholas – GA Trauma Commission Lana Duff – Region One Chad Black – Region Two (Conference Line) Pete Quinones - Region Three Paul Beamon – Region Four Lee Oliver – Region Five Blake Thompson – Region Six (Conference Line) Jimmy Carver – Region Seven Brandon Fletcher – Region Eight David Moore – Region Nine Huey Atkins – Region Ten (Conference Line)	

OTHERS	REPRESENTING
Dena Abston Kim Littleton Cathy White Tim Boone Gina Solomon Mahuvish Javed Russ McGee (Conference Line) Kelly Joiner Billy Watson Renee Morgan Gina Solomon Kristal Smith Billy Kunkle Mark Peters Jeff Moss Elton Poss Travis Oliver Bryan Taylor	Georgia Trauma Commission, Staff GAEMS GAEMS GTRI Gwinnett Medical Center Safe Kids Georgia OEMS Region 4 OEMS Region 5 OEMS Region 7 OEMS/T GCTE RTAC Region 5 RTAC Region 3 Gwinnett Fire & EMS City of Morrow City of Morrow Verizon Verizon

Leah Dieringer Chris Whitson (Conference line)	Verizon Verizon
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CALL TO ORDER

Mr. Courtney Terwilliger called the 09 June 2016 meeting of the EMS Subcommittee on Trauma to order and established quorum at the GPSTC in Forsyth, GA at 10:04 am.

12 April 2016 Minutes Approval:

The first order of business was the approval of the minutes from the 12 April 2016 EMS subcommittee meeting.

MOTION EMS Subcommittee 2016-06-01:

I make the motion to approve the minutes from the 12 April 2016 EMS Subcommittee meeting as written.

MOTION BY: JIMMY CARVER

SECOND BY: BRANDON FLETCHER

VOTING: All members present voted in favor of motion.

ACTION: The motion ***PASSED*** with no objections, nor abstentions.

Presentation from Verizon

Representatives from Verizon presented a mobile wifi/vehicle locating system product to the group. *(Product handout will be added to the minutes as ATTACHMENT A.)*

Discussion on AVLS

Mr. Tim Boone reported the following on the loss of GEMA support to the AVL system. Historically, GEMA had supported the GTRI portion of the AVL system, which paid for support of monitoring the system for data usage, compliance, and keeping track of ambulances across the state by pulling different reports to show action. Mr. Boone presented a Statement of Work for the Annual AVLS support, which included twelve categories of work. *(The SOW was provided as a handout and will be included as ATTACHMENT B to these minutes).* Basically, since GEMA will no longer be supporting this function that the Commission would have to pick up the contract if they wanted these efforts to continue. Ninety percent of the idea behind the AVLS to begin with was that GEMA wanted support for emergency management.

During the last EMS Subcommittee meeting, the AVLS Memorandum of Understandings (MOUs) were approved. We sought clarification from Moncia Sullivan at the Attorney Generals (AGs) Office to give guidance on if the AVL system would be subject to the Open Records Request Act. The Letter of Advice (LOA) stated the AVL system would be subject to the Open Records Request Act. Discussion ensued about a couple of changes that needed to be made to the MOUs before they could be sent out to the AGs office for approval. The group discussed deleting the paragraph that discussed the fourteen-day lag in the record of data for the AVL system.

LUNCH BREAK from 11:30 am – 12:27 pm

Awarding of Regional Grants

Discussion ensued about the amount of Regional Grants received. Mr. Terwilliger mentioned that Ms. Abston had put together a packet of all the grants with a spreadsheet detailing the amount of funds requested by each region or agency.

Mr. Terwilliger continued by stating there were a couple of requests received from individual agencies for either education or equipment. He stated that he would like to entertain a motion to remove those individual agency requests from the top.

MOTION EMS Subcommittee 2016-06-02:

I make the motion to remove the individual local agency requests from the Regional Grant discussion because the purpose of the grant was for regional activities.

MOTION BY: JIMMY CARVER

SECOND BY: DAVID MOORE

VOTING: All members present voted in favor of motion.

ACTION: The motion **PASSED** with no objections, nor abstentions.

Discussion: Which requests would that eliminate? This motion would remove the Banks County, City of Morrow and Jeff Davis County requests.

Each region was given the opportunity to present their regional grant request. All of the documents related to this discuss were given as handouts at the meeting. (Regional Grant Requests: ATTACHMENT C). The following presented their requests:

- Lana Duff presented for Region 1's request from Northwest Georgia EMS Systems, Inc. They requested funding in the amount of \$30,745.96 for TCCC course, 6 TECC courses, DART course and 4 EMS Safety courses.
- Billy Kunkle presented for Region 3's request from RTAC 3. They requested funding in the amount of \$76,180 for Car Seat Safety Coordinators for 10 individuals, 5 Fatal Vision Packages, 5 Rural Trauma Team Development Courses (RTTDC), and Car Seat Project by Safe Kids.
 - Mr. Kunkle wanted to request the City of Morrow requests for the 2 PHTLS courses and 2 TECC courses be considered. Morrow expects to provide training to at least 24 students per class or 96 students total. Brandon Fletcher believed from the FY 2015 Foundation deliverables for the PHTLS courses could be handled with residual funds.

MOTION EMS Subcommittee 2016-06-03:

I make the motion to add the TECC courses requested by the City of Morrow back to the total amount of Region 3's regional grant request.

MOTION BY: PAUL BEAMON

SECOND BY: JIMMY CARVER

VOTING: All members present voted in favor of motion.

ACTION: The motion **PASSED** with no objections, nor abstentions.

Discussion ensued that the PHTLS courses for City of Morrow requests for two courses would be honored by the FY 2015 Foundation contract funds, which was confirmed.

Ms. Abston asked why there was such a broad difference in the amount funds that are being requested for each TECC course? Region 1 request for a TECC course was for \$2,567 per course; Region 3 (City of Morrow) request for a TECC course was for \$7,200 per course; and GAEMS requests \$10,000 per course. GAEMS typically has to bring in instructors so they pay for that individuals time, lodging, etc. Region 1 typically does not have to end up paying an instructor fee associated with either class.

- Paul Beamon presented for Region 4's request of \$35,000. The funds requested would be intended to produce at least 6 TECC courses.
- Kristal Smith presented for Region 5's request of \$149,146.18. The funds requested would be intended to purchase 1,200 Mutual Aid Trauma (MAT) kits, replacement items, training equipment for Bleeding Control for the Injured (B-CON), and office supplies, administration, and disposables.
- Courtney Terwilliger presented for Region 6's request of \$29,891.37. The funds requested would be to conduct a B-CON course in each of our counties and to fund the Initial Response Kits for distribution for school buildings, churches, court houses, etc for immediate response.

- Billy Watson presented for Region 7's request of \$36,925. The fund requested would be to conduct seven Advanced EMT education programs to be offered in the following counties: Harris, Webster, Randolph, Macon, Taylor, Stewart, and Chattahoochee.
- No requests were received from Region 8.
- Vic Drawdy presented for Region 9's request of \$83,375. The funds requested would be to develop a DART program for Region 9 looking at flooding and coastal hazards with the help of David Foster and Randy Pierson from Region 1.
- Courtney Terwilliger presented on behalf of Region 10. They requested total funds of \$18,730.60 to conduct at least 30 BCON courses across the region with the idea that at least each county receives 2 courses and funds for one TECC course.

MOTION EMS Subcommittee 2016-06-04:

I make the motion to equally divide the total amount of grant funds (\$298,743.31) to each of the eight regions, which applied for the grant.

MOTION BY: PETE QUINONES

SECOND BY: LEE OLIVER

Discussion ensued Mr. Thompson asked if that would mean that each region that applied would receive \$37,342.91? Yes the motion is stated as such. Dr. Nicholas asked if there would be any consideration of population base? No. Mr. Quinones requested the requests be reviewed again with the FY 2017 funds. Mr. Quinones asked to remove the motion number 4 stated above.

MOTION EMS Subcommittee 2016-06-05:

I make the motion to review each request and anything under the threshold of \$37,342.91 per Region by funded completely. Look individually at each Regions request above the \$37,342.91 threshold.

Fund the following Regions at their requests: Region 1 (\$30,745.96), Region 4 (\$35,000), Region 6 (\$29,891.37), Region 7 (\$36,925), and Region 10 (\$18,730.60). And split remaining funds of \$147,450.38 between Regions 3, 5, and 9.

MOTION BY: DR. JEFFREY NICHOLAS

SECOND BY: PETE QUINONES

VOTING: All members present voted in favor of motion.

ACTION: The motion **PASSED** with no objections, nor abstentions.

Mr. Terwilliger asked for suggestions for dividing the remaining amount of funds? Suggestion was made to look at the 3 remaining proposals individually to figure funding per each remaining funds. To summarize the remaining proposals:

- Region 3: Funds provided to the Car Seat Safety Coordinators program, Fatal Vision Packages, RTTDC courses, Safe Kids car seat project and the 2 TECC courses. Region 3 representatives requested only the top 3 items of their original request be funded, which includes: Car Seat Safety Coordinators program @ \$4,930, Fatal Vision Packages @ \$31,250, and RTTDC courses @ \$15,000 for a total of \$51,180.
- Region 9: Funds provided to purchase 30 DART bags (half of the requested amount), conduct 2 training courses, and purchase books and supplies and remove the administrative fess for a total of \$42,500.
- Region 5: The amount left amount would be \$53,770.38 to be allocated to the Law Enforcement Mutual Aid Trauma Program.

MOTION EMS Subcommittee 2016-06-05:

I make the motion to fund Region 9's program at a cost of \$42,500 including 30 jump bags, 2 training courses and book and supply costs; fund Region 3's Car Seat Coordinators, 5 Fatal

Vision Packages, and 5 RTTDC courses for a total of \$51,180; and the balance of \$53,770.38 to fund the Region 5 Law Enforcement Mutual Aid Trauma Program.

MOTION BY: DR. JEFFREY NICHOLAS

SECOND BY: PETE QUINONES

VOTING: YES (TERWILLIGER; NICHOLAS; DUFF; QUINONES; OLIVER; THOMPSON; CARVER; MOORE; ATKINS); NO (DRAWDY & FLETCHER)

ACTION: The motion **PASSED** with 9 votes for and 2 votes against.

Mr. Oliver asked that the administrative fees on these programs to be streamlined by the Commission better to have us fund the programs fully instead of paying for these indirect costs. Ms. Abston mentioned that she is trying to do that and would be better equipped to hold more in house when she has a full staff. The final breakdown of the *approved Regional Grants will be ATTACHMENT D* to these minutes and sent out to the full EMS Subcommittee following the meeting.

GTC Update

Mr. Terwilliger report the Commission has voted to provided funds for RTAC coordinators for Regions 3, 6, and 9. These regions will begin as a pilot program in each of these regions with \$60,000 per region.

EVOC and Extrication

Mr. Fletcher presented a power point that showed the direction and initiative for the Extrication courses. The power point will be *ATTACHMENT E* to these minutes. Extrication Video Link: <https://youtu.be/511XfiDqj4>

Mr. Boone mentioned there has just recently been an airplane crash extrication event, which just took place not to long ago and that it was relatively cheap.

FY 2017 Funding Discussion

Mr. Terwilliger passed out the Vizitech System proposal (*ATTACHMENT F*). The idea would be to fund by a competitive grant to each Region to have one system. Mr. Terwilliger would like to get the FY 2017 EMS funding proposal to the Commission to approve by the August 18th meeting. He would like to look at the next meeting to review and discuss the FY 2017 budget in more detail, then provide placeholders for a couple of different categories have all the Regions look at it and meet again before the Commission meeting to discuss and approve the final FY 2017 budget to provide to full Commission on August 18th. There were no objections to that way of thinking.

GAEMS/Foundation Update

Ms. Littleton reported the FY 2017 contract extension request was made through February 2017. The PHTLS and TCCC courses have been completed with extra funds moving to 3 TECC courses with one already scheduled next week in Tifton. There have been 2 EVOC courses already conducted with the next course scheduled in late June 2016. The child seat safety courses have been scheduled with one already completed. The EMR courses are almost all completed. There will be funds remaining in that program area that will need to be redirected elsewhere and might need to think about where. The Trauma triage bags first set of 22,000 has been bought and to be delivered at the same time with the rapid response bags. There are 162 responses received from ambulances and licensed first responders.

For the FY 2015 contract, all the trauma equipment grant funding that ran with FY 2014 have been dispersed. Mr. Fletcher has requested that the residual amount of funds left be moved to purchase a trailer for the extrication courses and purchase conference audio equipment. Completed all modules of CY 2015 Leadership course and are currently into 2nd module of the CY 2016 Leadership course. There is a Doodle poll opened right now to schedule the next GEMSIS meeting. The telemedicine pilot project has been completed and money has been sent to Spalding Regional. FY 2015 EMR courses are almost completed.

MOTION EMS Subcommittee 2016-06-06:

I make the motion to approve using the residual trauma equipment grant funds from the FY 2015 funds of \$77,300 be used to purchase a trailer for the extrication courses for \$50,000 and to purchase conference audio equipment for \$20,000.

MOTION BY: VIC DRAWDY

SECOND BY: DAVID MOORE

VOTING: All members present voted in favor of motion.

ACTION: The motion **PASSED** with no objections, nor abstentions.

Dr. Nicholas would like to recognize that the amount of unique regional grant requests made should provide for opportunity for need when we start looking at the FY 2017 funding. Mr. Terwilliger would like for the Commission to see the FY 2017 funding by the August 18th.

Upcoming Items

29 June 2016: Next meeting will be held at GPSTC

MOTION EMS Subcommittee 2016-06-07:

I make the motion to adjourn the meeting.

MOTION BY: LEE OLIVER

SECOND BY: JIMMY CARVER

VOTING: All members present voted in favor of motion.

ACTION: The motion **PASSED** with no objections, nor abstentions.

Meeting was adjourned at 3:07 pm.

Minutes crafted by: Dena Abston

SOLUTION BRIEF

DRIVE BUSINESS RESULTS WITH FLEET TELEMATICS.

Track, monitor and manage service vehicles for more efficient use of resources and improved customer service.

While service vehicles comprise an important and visible connection with your customer, the challenges of running your fleet cannot be overlooked. You have to contend with:

- + Rising fuel costs.
- + Growing compliance issues with federal, state and local mandates.
- + Security and liability concerns.

However, if you can answer these challenges, you can transform the vehicle fleet into an opportunity. Instead of a business expense, it can become a competitive advantage. You can raise customer service levels and reduce vehicle downtime. And, at the same time, you can control your costs and satisfy regulatory mandates. The answer: Verizon Telematics.

Networkfleet®

Fleet telematics is part of the machine-to-machine (M2M) evolution helping businesses automate processes, simplify operations and get more done in less time.

The Networkfleet® telematics solution can help realize these benefits through a combination of in-vehicle hardware and a Web-based application to store, view and analyze data on individual vehicles and your overall fleet. Vehicles are equipped with a satellite-based automatic vehicle location (AVL) device that sends information to the Networkfleet data center over a secure wireless network.

Fleet operators access a secure Web site where they view information such as real-time location and route updates, and periodic engine performance updates. If configured, SMS alerts are sent when certain prelisted events occur. For proactive management, reports can be run to gain oversight of the fleet, and insight into performance.

Remote vehicle diagnostics improve vehicle performance.

Networkfleet can provide remote vehicle diagnostics, which allow fleet managers and business owners to proactively address vehicle problems before they create operational issues. This helps reduce fleet maintenance costs, improve longevity and boost reliability.

You can use the patented diagnostic technology to receive:

- + Alerts via email.
- + Scheduled maintenance reminders.
- + Recall information from National Highway Transportation and Safety Administration.

Roadside assistance—a driver's best friend

The best diagnostic and maintenance program is still subject to the occasional vehicle problem. That's why Networkfleet provides roadside assistance, including four complimentary calls per calendar year per vehicle. Assistance includes towing, locksmith service, battery boost, flat repair and fuel delivery.



Fleet telematics is part of the machine-to-machine (M2M) evolution helping businesses automate processes, simplify operations and get more done in less time.



New tools for better management

Networkfleet provides the tools to manage your fleet in near real time, so you can be sure your fleet vehicles and drivers are performing at a high level. Activity alerts can include notifications for:

- + Geofence violations
- + Extended idle time
- + Maintenance
- + Excessive speeding
- + Odd-hour usage

Measure what you manage.

Effective fleet management requires data, so you can see the big picture, and zero in on opportunities for controlling costs and generating revenue. To help with your management efforts, you can schedule reports on your whole fleet, individual vehicles, or groups of vehicles, including reports on:

- + Fleet location
- + Greenhouse emissions
- + Smog check
- + Fleet utilization
- + Landmark
- + Stop detail and idle time
- + Fuel usage and MPG
- + Odd hours
- + Geofence violation
- + Speed violations

Shift into overdrive.

Alerts are sent via email or text message to one or more specified recipients. Unlike many providers, we'll help you implement your telematics solution, so you get the most out of your new, more efficient capabilities. Because fleet telematics is about more than just installing devices; we can help you:

- + Create solid company policies.
- + Understand what data is being collected, and how to use it.
- + Understand the functionality in the product, and how to best utilize it.

We have experienced direct sales and customer service teams, dedicated to ensuring that you are supported when buying and implementing Networkfleet.

Networkfleet is more than a machine-to-machine implementation, it's a business solution. As you gain insight into your fleet, you can use the data to generate management decisions and solutions affecting your entire company. Ready to start your M2M evolution? We're ready to help. Contact your Verizon account representative, or visit us online at verizonenterprise.com.

WHY NETWORKFLEET?

- + **Vehicle diagnostics and roadside assistance.** Diagnostics help you boost fleet performance and customer service; roadside assistance helps foster driver acceptance.
- + **Ease of use.** Intuitive Web-based tools help organizations to generate insight in order to drive cost savings and safety improvements.
- + **Implementation support and customer service.** The ability to realize full benefits of the solution ensures that organizations get the best out of their investment, and so get a return on that investment.
- + **Data analytics.** New information can be used for continuous business management improvement.

Statement of Work for Annual AVLS Support

	Annual Hours
<p>Georgia Trauma Care Network Commission (GTCNC) purchased Phase 1 equipment for EMS Regions 5 and 6. Georgia Emergency Management Agency/Homeland Security (GEMA/HS) paid for the InMotion AVL systems for Phase 2-7 and their installation using DHS grant funding since 2010. GTCNC has paid and continues to pay for Cellular airtime for the Wi-Fi Hotspots that are in each ambulance as part of the system. They also pay an annual maintenance/service fee to InMotion to support the AVLS equipment. Beginning again in 2016 GTCNC is funding acquisition of new and replacement equipment. Approximately 80% of the state's geography and population is covered by the 1115 ambulances in the program and another approximately 130 ambulances that feed data into the GA AVLS Database from their own purchased InMotion AVLS equipment.</p> <p>The purpose for the system is to aid in trauma care and to assist in mutual aid coordination during mass casualty events such as hurricanes or explosions anywhere in the state. Some of the provider agencies are large, well-funded and have sophisticated technical capabilities however many EMS providers in the state are small and have little or no technical capability in house. Personnel turnover among EMS providers is very high and organizational knowledge about the AVLS systems is lost every 2-3 years on average. Without leadership and support from the state it is highly likely that the system will gradually shrink and most of the small agencies across the state will no longer be in the system. This has the potential to degrade mutual aid. Additionally, the systems provide Wi-Fi hotspots in each of the ambulances which allows the use of telemedicine technology such as video, 12 lead EKG, portable sonography and direct connection to Medical Direction as well as use of peripheral systems such as Patient Tracking and EMS reporting. Based on the last 15 months' experience, the following tasks are required to be accomplished in order to maintain a viable AVLS in GA</p>	
<p>1. Troubleshooting agency problems with their equipment & connectivity - 2hrs/wk. x 50</p>	100
<p>Receive calls from provider agencies who often do not have technical competence and need help trying to figure out why their AVLS is not working and who they should contact. Take them through a problem identification process to specify the exact problem and then determine whether, their local communications shop, Sierra Wireless or Verizon Wireless are their best probability for getting the system operational.</p>	
<p>2. Referring agencies to Sierra Wireless Sales, Tech Support or Verizon Tech support or to Trauma Commission based on the issues they need help with - 1hrs/wk. x 50</p>	50
<p>Based on the troubleshooting done above call or email the appropriate people at the vendor agencies to set up contact between the end user and them to get the problem solved. This extra step of service has been important because in many cases the people who initially brought the units into their agency are gone and the new people know absolutely nothing about the AVLS program nor the equipment. Since support has been in a purely reactive mode the state is often not aware of these changes that have occurred until equipment fails and we notice it missing on the system.</p>	

Statement of Work for Annual AVLS Support

3. Monitoring Unit usage on a monthly basis -- 4 hrs. per month	44
<p>The number of hours since the last heartbeat was received by the system from each of the ~1245 units can be viewed on the system A report can be run and analyzed to determine if there are providers who should be called to find out why their units have been offline over 90 day or 180 days. This help maintain utilization rates on the system, identifies problems that need solving and allows for turning Verizon airtime off and saving \$30+ per month until the units can be brought back on line.</p>	
4. Monitoring cellular airtime usage on a monthly basis -- 4 hours per month	44
<p>The amount of airtime used by each unit is monitored by the system and a report can be viewed that shows every device that has been connected by Wi-Fi to the unit, how long it was connected, how often it was connected and how much time was spent downloading vs. uploading data. Significant time downloading may mean the unit is being used in unauthorized ways and is brought to the attention of the provider agency management.</p>	
5. Helping new replacement EMS leaders understand their AVLS systems and how to get help when they have problems	72
<p>Personnel turnover among EMS providers is very high and organizational knowledge about the AVLS systems is lost every 2-3 years on average. New leaders/owners take over and need help understanding the purpose, value and operation of the AVLS system and it's required maintenance. Without GTRI assistance the systems go down and people no longer actively participate. This will degrade the system and has potential consequences in a mass casualty event.</p>	
6. Helping agencies find replacement AirCards -- 2 hours/month	22
<p>Some 300 units which were among the first purchased in 2009-2011 are dependent on 3G PC770 or 4G Pantech uml290 AirCards for cellular connectivity. As these AirCards wear out there is a dilemma caused by the fact that the original AirCards are no longer manufactured and are nearly impossible to find except on eBay and Amazon. Typically, it requires talking the provider through a test to insure that the AirCard currently used is the problem and then directing them to a place on the internet where they can buy a replacement. GTCNC is in the process of replacing these units with new units that have internal radios. This will require 2-3 years to complete.</p>	
7. Helping agencies get quotes for new or replacement equipment form Sierra Wireless -- 2 hours/month	24
<p>When small agencies want to add one or two units because they are adding or replacing ambulances, they call and we explain the funding situation and either put them in the queue for a new machine at GTCNC expense in the future or help them negotiate a GA price with Sierra Wireless to get the new machines. We also notify Verizon and activate new SIM cards for the units and then ship the SIM cards and installation instructions to the provider for insertion into the new machine when it arrives.</p>	
8. Preparing reports for GTCNC & GEMA -- 8 hours /month	96

Statement of Work for Annual AVLS Support

<p>Monthly reports of activity and system status must be submitted to sponsors and to GTCNC who is funding airtime and new equipment</p>	
<p>9. Planning and facilitating AVLS Working Group Meetings - 2 meetings and prep/coordination</p>	28
<p>The Automatic Vehicle Locating System (AVLS) Working Group was founded by invitation from Georgia Emergency management Agency/Homeland Security (Ralph Reichert) in November 2010. The role of the group is to aid in implementation planning and execution for the AVLS. The Georgia Trauma Care Network Commission (GTCNC) had just completed funding and implementation of Phase 1 (192 vehicles) of what ultimately became 7 Phases (1115 vehicles) of AVLS Implementation. GEMA/HS was able to get DHS grant funding for Phases 2-7, to put AVLS in as many ambulances as possible (1115 to Date) in GA. The AVLS provides a way visualize ambulances on a map in real time and to facilitate coordination of mutual aid in the event of large scale Mass Casualty Incidents (MCI) that overwhelm local mutual aid capabilities.</p> <p>The members of the AVLS Working Group are: Ernie Doss Huey Atkins J. Patrick O'Neal MD Dena Abston Karen Waters Keith Wages Lee Oliver Micah Hamrick Peki Prince Terwilliger, Courtney Joe McKinney William Kunkle</p>	
<p>10. Storing and preparing new machines for training and sign out to agencies. -- 4-8 hours</p>	8
<p>When new equipment purchased by GTCNC or GEMA/HS is shipped to GA from the manufacture it is consolidated at GTRI and the distribution training and meetings are held at the GTRI conference center as a means of reducing costs to the state. The equipment has to be inspected and sorted into "kits" for distribution and installation by the provider agencies. This requires finding temporary storage space and delivery as well as coordinating installation of Verizon SIMS cards.</p>	
	72

Statement of Work for Annual AVLS Support

Coordination of training facilities and dates as well as communication/notification/ invitations to all associated parties is required. Acquiring and confirming appropriate meeting space must be done as well as preparing supplies for the participants and coordinating lunch for all involved. Two days of training are conducted. One for new users and one for experienced users.	
12. Following up service requests to Sierra Wireless and Verizon Wireless to ensure that agencies get the technical and sales support that they need and supported through state funds. 1 hour per week	50
It has proven important to the effectiveness of the system to follow up on services request and other communication between agencies and vendors in order to reduce delays in service and user response. This is typically done with a conference call between GTRI, Sierra Wireless and Verizon Wireless.	
Estimated Total Annual Labor Hours	610

Requester: Joe McKinney

Name of Program: Automatic Vehicle Location System for 911 contract ambulances

Number of participants: 1145 ambulances, 144 Provider Agencies

Proposed dates: FY 2017

Location: Atlanta

Charged to DO 58 FY14 Planning and DO 62 FY15 Planning

Category	Direct Cost	Indirect Cost	Total
1. Troubleshooting agency problems with their equipment & connectivity	\$6,348	\$9,500	\$15,848
2. Referring agencies to Sierra Wireless Sales, Tech Support or Verizon Tech support or to Trauma Commission based on the issues they need help with	\$3,174	\$4,751	\$7,925
3. Monitoring Unit usage on a monthly basis	\$1,737	\$2,599	\$4,336
4. Monitoring cellular airtime usage on a monthly basis	\$1,737	\$2,599	\$4,336
5. Helping new replacement EMS leaders understand their	\$4,254	\$6,366	\$10,620

Statement of Work for Annual AVLS Support

AVLS systems and how to get help when they have problems			
6. Helping agencies find replacement AirCards	\$868	\$1,300	\$2,168
7. Helping agencies get quotes for new or replacement equipment form Sierra Wireless	\$1,524	\$2,280	\$3,804
8. Preparing reports for GTCNC & GEMA	\$3,876	\$5,801	\$9,677
9. Planning and facilitating AVLS Working Group Meetings - 2 meetings and prep/ coordination	\$1,672	\$2, 502	\$4,174
10. Storing and preparing new machines for training and sign out to agencies	\$402	\$602	\$1,004
11. Coordinating and assisting in Training for agencies and delivering new units to them -- 40 hours prep of equipment and coordination of the 4 training days	\$3,515	\$5,259	\$8,774
12. Following up service requests to Sierra Wireless and Verizon Wireless to ensure that agencies get the technical and sales support that they need and supported through state funds	\$2,646	\$3,960	\$6,606
TOTAL	\$31,753	\$47,520	\$79,273

***Direct Costs for labor now include:**

Salary and
Compensated Absences (CA)

***Indirect costs for labor include items such as:**

Statement of Work for Annual AVLS Support

Fringe Benefits (FB)
Overhead (OH)
Gen and Admin (G&A)
Labor Cost of Money
G&A Cost of Money



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

Georgia EMS Trauma Regional System Improvement Grants

June 9, 2016

Summary of Requests	Page: 1
Region 1: Northwest Georgia EMS Systems, Inc.	Pages: 2-7
Region 2: Banks County Fire & EMS	Pages: 8-14
Region 3: RTAC III; Safe Kids; City of Morrow	Pages: 15-39
Region 4: Wellstar Spalding Regional Hospital	Pages: 40-47
Region 5: Law Enforcement Mutual Aid Trauma Program	Pages: 48-60
Region 6: RTAC VI	Pages: 61-65
Region 7: West Central Georgia Region 7 EMS Council	Pages: 66-69
Region 9: Region 9 EMS Council	Pages: 70-75
Region 9: Jeff Davis County EMS	Pages: 76-85
Region 10: NE GA EMS Region 10 & Athens Technical College	Pages: 86-91

GA EMS Trauma Regional System Improvement Grants Request Summary						
Grant Total	10%	Region	Requestor	Request		Difference
\$298,743.31	\$29,874.33	1	Regional Request	\$30,745.96		(\$871.63)
		2	Banks County	\$147,244.15		(\$117,369.82)
		3	Regional Request	\$76,180.00		(\$46,305.67)
		3	Morrow Fire	\$9,900.00		
		3	Morrow Fire	\$4,500.00		
		3	Morrow Fire	\$14,400.00		
		3	Morrow Fire	\$11,000.00		
		3	Morrow Fire Total		\$39,800.00	(\$9,925.67)
		Total for Region 3			\$115,980.00	(\$86,105.67)
		4	Regional Request	\$35,000.00		(\$5,125.67)
		5	Regional Request	\$149,146.18		(\$119,271.85)
		6	Regional Request	\$29,891.37		(\$17.04)
		7	Regional Request	\$36,925.00		(\$7,050.67)
		9	Regional Request	\$83,375.00		(\$53,500.67)
		9	Jeff Davis County	\$5,879.80		\$23,994.53
		Total for Region 9			\$89,254.80	(\$59,380.47)
		10	Regional Request	\$18,730.60		\$11,143.73
				\$652,918.06		

Northwest Georgia EMS Systems, Inc

500 Riverside Parkway, Rome, GA. 30161

To: Georgia Trauma Commission

From: Randall E. Pierson, President

Northwest Georgia EMS Systems Inc.

Ref: Regional System Improvement Grant

On behalf of Northwest Georgia EMS Systems Inc., the Region 1 EMS Council, and the Region 1 RTAC, we are requesting funding from the Trauma Commission through the EMS Subcommittee. To meet the requirement of "Attachment A" I am providing the Notarized Affidavit below.

Northwest Georgia EMS Systems Inc.,

1. agrees to utilize these grant dollars for trauma related services and/or equipment with the 911 region described in the application for the grant.
2. agrees that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. agrees that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. agrees that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. agrees that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.
4. agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.


5. Applying organization agrees (if applicable) it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance. Not Applicable

6. agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).



Randall E. Pierson, President

Northwest Georgia EMS Systems Inc.


4/29/14



**GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT
 APPLICATION FORM**

Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program

Applying Organization Legal Name: Northwest Georgia EMS Systems Inc.

Doing Business As "DBA" (if differs from Legal Name):

Physical Address (No PO Box): 500 Riverside Parkway

City: Rome	State: GA	ZIP Code: 30161	County: Floyd
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Phone: (470) 505-4987	Fax:	E-mail: repierson@cherokeega.com
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Federal Tax ID Number: 46-1948559

GA EMS Provider License Number:	N/A
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DIRECTOR OF APPLYING ORGANIZATION

Name/Title: Randall E. Pierson

Physical Address (No PO Box): 144 Carl Barrett Dr.

City: Canton	State: GA	ZIP Code: 30161
--------------	-----------	-----------------

Phone:	E-mail: randy.pierson@comcast.net
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FISCAL OFFICER OF APPLYING ORGANIZATION

Name/Title: David Loftin

Physical Address (No PO Box): 8 Susan Wayne Circle SW

City: Rome	State: GA	ZIP Code: 30161
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Phone: (706)237-7195	E-mail:
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OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)

Name: Same as Applying Organization

Physical Address (No PO Box):

City:	State:	ZIP Code:
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Phone:	E-Mail:
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Federal Tax ID Number:

CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)

Name/Title: Same as Director

Physical Address (No PO Box):

City:	State:	ZIP Code:
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Phone:	E-mail:
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GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)

Name/Title: Same as contact person

Physical Address (No PO Box):

City:	State:	ZIP Code:
--------------	---------------	------------------

Phone:	E-mail:
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Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	NWGEMSS is a 501 (c)(3) formed to support Region 1 EMS Council and the RTAC. The Board of Directors is comprised of members of the council and RTAC as well as EMS Stakeholders.
Please list the EMS region that this grant will be used in.	Region 1
Please list the trauma center(s) and EMS agencies that will be involved in this work.	All EMS Services in Region1
Please list any other individuals and/or agencies that will be responsible for management of this project.	None
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	Yes
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes " or "No" in the answer field.	Yes

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE: 	TITLE: PRESIDENT	DATE: APRIL 28, 2016
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TCC Course

Cards for Class of 25	25	@ 15/ea	375.00
Instructors/class	6	@150/day	1,800.00
Break Materials			100.00

CAT Tourniquets for classes	25	@25.55/ea	638.75
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6 TECC Course (25/class)

Books (for TECC course)	25	@ 70/ea	1750.00
Cards for students	150	@15/ea	2250.00
Instructors/class	6	@150/day	10,800.00
Break Materials	6	@ 100/course	600.00

DART Course (4th)

instructional man hours	36	@75/hr	2700.00
DART Handout Books	100	@10/ea	1000.00
DART Shirt for attendees	100	@15/ea	1500.00
3.5" DART Decals for attendees	100	@ .88/ea	88.00
Break Materials			100.00

4 EMS Safety Courses

25 Student cards/course	100	@10/each	1000.00
EMS Safety Textbooks	34	@22/each	750.00
Instructors/class	2	@200/day	1600.00
Break Materials	4	@ 100/course	400.00

Total funding for courses **27,451.75**

12% Admin Fee **3,294.12**

Total Grant Request **30,745.96**

To: Dr. Dennis W. Ashley, Commission Chair
Courtney Terwilliger, EMS Subcommittee Chair
Dena Abston, Interim Executive Director

From: Randy Pierson, President
Northwest Georgia EMS Systems Inc.

Date: February 18, 2016

Good afternoon,

On February 12, 2016 I sent a letter outlining our desire to amend the current contract, having met the original deliverables of that contract. As an organization comprised of members and representative stakeholders of the Region 1 EMS Council, Region 1 RTAC, and providers throughout northwest Georgia, we are now seeking additional funding from the FY 2015 budget.

At the last EMS Subcommittee on Trauma meeting on January 11, 2016 the subcommittee voted to send the proposed FY 2015 budget to the Commission. In this budget is \$298,743.31 in the line item "Regional System Improvement Grants". There was no discussion at that time as to what these funds would be spent on.

Northwest Georgia EMS Systems Inc. requests to enter into a contract to receive grant funding for the attached proposal. We feel we have done an outstanding job managing the current contract and look forward to building on that opportunity as we move forward. The proposal would continue DART training and then add a Tactical Combat Casualty Care course (TCCC) and several Tactical Emergency Casualty Care courses (TECC). We have the ability to offer the training within our region. In addition, we would conduct 4 EMS Safety courses throughout the region to focus on provider safety and injury prevention. We feel we can do a much better and more efficient job of meeting our needs and managing our resources regionally.

Northwest Georgia EMS Systems Inc. thanks you for your previous support of Region 1 and for your consideration of our future projects.

Randy Pierson




Georgia Trauma Commission
Right Patient, Right Hospital, Right Time, Right Means

GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM			
Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program			
Applying Organization Legal Name: Banks County Board of Commissioners			
Doing Business As "DBA" (if differs from Legal Name): Banks County Fire & EMS			
Physical Address (No PO Box): 155 Yonah Homer Rd.			
City: Homer	State: GA	ZIP Code: 30547	County: Banks
Phone: 706-677-1812	Fax: 706-677-5114	E-mail: rwilkinsbcfd@gmail.com	
Federal Tax ID Number: 58-1048752			
GA EMS Provider License Number:		006-02	
DIRECTOR OF APPLYING ORGANIZATION			
Name/Title: Robert Wilkins, Fire Chief			
Physical Address (No PO Box): 155 Yonah Homer Rd			
City: Homer	State: GA	ZIP Code: 30547	
Phone: 706-677-1812	E-mail: rwilkinsbcfd@gmail.com or rlwilkins@co.banks.ga.us		
FISCAL OFFICER OF APPLYING ORGANIZATION			
Name/Title: Randy Failyer, Finance Officer			
Physical Address (No PO Box): 150 Hudson Ridge, Suite 1			
City: Homer	State: GA	ZIP Code: 30547	
Phone: 706-677-6800	E-mail: rfailyer@co.banks.ga.us		
OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)			
Name: Banks County Fire & EMS			
Physical Address (No PO Box): 155 Yonah Homer Rd			
City: Homer	State: GA	ZIP Code: 30547	
Phone: 706-677-1812	E-Mail: rwilkinsbcfd@gmail.com or rlwilkins@co.banks.ga.us		
Federal Tax ID Number: 58-1048752			
CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)			
Name/Title:			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-mail:		

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.



Georgia Trauma Commission
Right Patient, Right Hospital, Right Time, Right Means

GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM		
CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)		
Name/Title:		
Physical Address (No PO Box):		
City:	State:	ZIP Code:
Phone:	E-mail:	
Please answer each question:		
QUESTION	ANSWER FIELD	
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	See attached narrative	
Please list the EMS region that this grant will be used in.	EMS Region 2	
Please list the trauma center(s) and EMS agencies that will be involved in this work.	Northeast GA Medical Center, Athens Regional, Banks Co Fire & EMS	
Please list any other individuals and/or agencies that will be responsible for management of this project.	N/A	
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	Yes	
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes " or "No" in the answer field.	Yes	
I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.		
SIGNATURE: 	TITLE: FIRE CHIEF + EMS Director	DATE: 25 MAY 2016

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.



Banks County

Department of Fire and Emergency Services

155 Yonah Homer Rd.
Homer, GA 30547
706.677.1812 fax 706.677.5114

Robert Wilkins, Chief & Fire Marshall
Jeremy Williams, Deputy Chief

May 16, 2016

To Whom It Concerns:

On behalf of Banks County Fire & EMS, we agree to the following requirements should we be fortunate enough to receive funding from Georgia Trauma Care Commission grant:

- We agree to utilize these dollars for trauma related services and/or equipment.
- We agree the equipment will not be used as collateral for any loans beyond the amount of the local contribution.
- We agree the equipment purchased will remain titled to the original grantee unless permission is granted from the Georgia Trauma Commission to reallocate this equipment to another 911 agency/provider.
- We agree the equipment will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.
- We agree to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY2016, We agree to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
- We agree to be compliant with the Department of Public Health State Office of EMS data submission requirements.
- We agree to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

Thank you for your consideration for the Georgia Trauma Care Commission grant. If you need any further information, please feel free to contact our office.

Sincerely,

Robert L. Wilkins
Fire Chief / Fire Marshall
Banks County Fire & EMS

April H James
exp: 9/29/18



Department of Fire and Emergency Services

155 Yonah Homer Rd.
Homer, GA 30547
706.677.1812 fax 706.677.5114

Robert Wilkins, Chief
Jeremy Williams, Deputy Fire Chief

The Banks County Fire and EMS Department serves an area consisting of approximately 234 square miles with a population of 18,300 citizens. Our current staffing consists of 10 full time employees per shift staffing 3 ALS ambulances, 3 one man engine companies, and one shift supervisor. All other assistance comes from volunteer members.

Inside Banks County, we have several miles of I-85 and Highway 441 which splits our county from North to South resulting in our department responding to many high speed and traumatic vehicle crashes. Also, being a very rural community, we see a wide variety of trauma calls ranging from farm related accidents to transportation related accidents. Banks County Fire and EMS responds to an average of 3000-3200 calls for service per year.

Banks County does not have a hospital inside our county with the nearest trauma center being more than 25 miles away. We stride in minimizing our on scene to transport time to better serve our citizens. We, as responders, seek every advantage available to gain minutes and seconds. With that being said, we are seeking the funding to replace our current inventory of underpowered and outdated extrication tools. As part of the grant funding through Georgia Trauma Commission, we have secured pricing for the new Hurst E-Draulic systems as well as three complete days of training from a factory representative on use and care. We believe proper training with better equipment equals lives saved. As professionals, we have adopted the theory that the minimum requirement will not become the maximum expectation.

Banks County Fire & EMS has a great working relationship with our department director serving on the Region 2 EMS Board of Directors, sitting council member of region EMS-C. Chief Wilkins is an active member with RTAC, GEMA, and serves as Banks County's only active SWAT Medic.

Thank you for your consideration and providing our responders the means to protect and provide a high level of care to the citizens of Banks County.



Department of Fire and Emergency Services

155 Yonah Homer Rd.
Homer, GA 30547
706.677.1812 fax 706.677.5114

Robert Wilkins, Chief
Jeremy Williams, Deputy Fire Chief

Banks County

As a way to improve our service, we have secured the attached pricing for new and much more efficient hydraulic extrication tools by Hurst. In the most ideal setting we would like to equip each of our 5 staffed units with a new set of extrication tools at a cost of \$147,244.15, however in a time of need any and all help financially is of great benefit so we have also secured pricing to purchase single sets of tools at a cost of \$30,271.74 per set if the funding is only available for one or two sets. Our department and vendor are willing to work with any amount of funding we may receive.

APPROVED 5/9/2016



MUNICIPAL EMERGENCY SERVICES

6701-C Northpark Blvd
Charlotte, NC 28216

Quote

RECEIVED 5/26/2016

Date 5/5/2016
 Quote # QT1021233
 Expires 6/4/2016
 Sales Rep Durie, Raymond K
 PO # TBD
 Shipping Method

Bill To

Asst. Chief Jeremy Williams
 Banks County Fire and EMS
 155 Yonah Homer Road
 Homer GA 30547

Ship To

Asst. Chief Jeremy Williams
 Banks County Fire and EMS
 155 Yonah Homer Road
 Homer GA 30547

Item	Alt. Item #	Units	Description	QTY	Unit Sales Price	Amount
272085000			Hurst S700E2 w/EXL Batts&Chgr	1	9,497.20	9,497.20
271085000			Hurst SP310E2 w/EXLBatts&Chgr	1	10,419.26	10,419.26
274085000			Hurst R421E2 w/EXL Batts&Chgr	1	7,418.38	7,418.38
272085412			Hurst 110v E2 Pwr Supply w/Plg	1	695.00	695.00
272080910			Hurst eDRAULIC Bank Charger DC	1	1,466.91	1,466.91
RWC-2			RHYNO 2 Windshield Cutter Soft Carry Bag Kit	1	774.99	774.99

*THIS IS PRICE
FOR ONE SET*

Includes Set up and Warranty Registration

GPO Contract Pricing

Subtotal 30,271.74
Tax Total 2,119.02
Total \$32,390.76

This Quotation is subject to any applicable sales tax and shipping & handling charges that may apply. Tax and shipping charges are considered estimated and will be recalculated at the time of shipment to ensure they take into account the most current local tax information.

All returns must be processed within 30 days of receipt and require a return authorization number and are subject to a restocking fee.

Custom orders are not returnable. Effective tax rate will be applicable at the time of invoice.



QT1021233

APPROVED 8/9/2016

RECEIVED 5/26/2016

Quote

Date 5/5/2016
 Quote # QT1021305
 Expires 6/4/2016
 Sales Rep Durie, Raymond K
 PO # TBD
 Shipping Method



Bill To

Asst. Chief Jeremy Williams
 Banks County Fire and EMS
 155 Yonah Homer Road
 Homer GA 30547

Ship To

Asst. Chief Jeremy Williams
 Banks County Fire and EMS
 155 Yonah Homer Road
 Homer GA 30547

Item	Alt. Item #	Units	Description	QTY	Unit Sales Price	Amount
272085000			Hurst S700E2 w/EXL Batts&Chrgr	5	9,225.85	46,129.25
271085000			Hurst SP310E2 w/EXLBatts&Chrgr	5	10,121.57	50,607.85
274085000			Hurst R421E2 w/EXL Batts&Chrgr	5	7,206.42	36,032.10
272080910			Hurst eDRAULIC Bank Charger DC	5	1,425.00	7,125.00
272085412			Hurst 110v E2 Pwr Supply w/Plg	5	695.00	3,475.00
RWC-2			RHYNO 2 Windshield Cutter Soft Carry Bag Kit	5	774.99	3,874.95

*This is price for
 FIVE SETS*

Free Set up and Warranty Registration as well as free training classes for use and operation of the new tools.

Subtotal 147,244.15
Tax Total 10,307.09
Total \$157,551.24

This Quotation is subject to any applicable sales tax and shipping & handling charges that may apply. Tax and shipping charges are considered estimated and will be recalculated at the time of shipment to ensure they take into account the most current local tax information.

All returns must be processed within 30 days of receipt and require a return authorization number and are subject to a restocking fee.

Custom orders are not returnable. Effective tax rate will be applicable at the time of invoice.



QT1021305

Subject: Region III RTAC

Date: Tuesday, May 31, 2016 at 11:41:12 AM Eastern Daylight Time

From: Kunkle, Bill

To: gtcbusinessops@gtcnc.org

I am sending three separate emails to just not overload the system with attachments. There are a total of 8 grant proposals as noted below. Let me know if you have any questions. Thank you.

Agency Requesting	Proposal	Amount
Region III RTAC-GCTE	Train Car Seat Safety Coordinators	\$4,930
Region III RTAC-Adult Trauma Centers	5 Fatal Vision Packages	\$31,250
Region III RTAC-Trauma Centers	RTDC Course Taught at ND Facilities	\$15,000
Safe Kids	Car Seat Project	\$25,000
Morrow Fire Department & EMS	3 Toughbook computers	\$9,900
Morrow Fire Department & EMS	3 video laryngoscope kits	\$4,500
Morrow Fire Department & EMS	2 Tactical Emergency Casualty Care Courses	\$14,400
Morrow Fire Department & EMS	2PHTLS Classes	\$11,000
	Total Requests	\$115,980

"Surround yourself with great people; delegate authority; get out of the way" *Ronald Reagan*

Billy Kunkle

Clinical Base Lead

Airlife 10, Thomson GA

678-776-1205

APPROVED 8/9/2016

RECEIVED
5/31/2016



Georgia Trauma Commission
State of Georgia Department of Health

**GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT
APPLICATION FORM**

Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program

Applying Organization Legal Name: Children's Healthcare of Atlanta

Doing Business As "DBA" (if differs from Legal Name):

Region 3 EMS Regional Trauma Advisory Committee

Physical Address (No PO Box): 1645 Tullie Circle

City: Atlanta

State: GA

ZIP Code: 30329 County: Dekalb

Phone: 678-776-1205

Fax: 770-357-8839

E-mail: William.kunkle@choa.org

Federal Tax ID Number: 58-057-2468

GA EMS Provider License Number:

DIRECTOR OF APPLYING ORGANIZATION

Name/Title: Billy Kunkle

Physical Address (No PO Box): 1645 Tullie Circle

City: Atlanta

State: GA

ZIP Code: 30329

Phone: 678-312-3245

E-mail: William.kunkle@choa.org

FISCAL OFFICER OF APPLYING ORGANIZATION

Name/Title: Greg Pereira, Region 3 RTAC Treasurer

Physical Address (No PO Box): 1645 Tullie Circle

City: Atlanta

State: GA

ZIP Code: 30329

Phone: 404-785-6530

E-mail: greg.pereria@choa.org

OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)

Name: Children's Healthcare of Atlanta

Physical Address (No PO Box): 1645 Tullie Circle

City: Atlanta

State: GA

ZIP Code: 30329

Phone: 404-785-6530

E-Mail: greg.pereria@choa.org

Federal Tax ID Number: 58-057-2468

CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)

Name/Title:

Physical Address (No PO Box):

City:

State:

ZIP Code:

Phone:

E-mail:

CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED. 1



GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

Name/Title: Laura Garlow, MHA, BSN, RN, TCRN

Physical Address (No PO Box): 55 Witcher Street

City: Marietta

State: GA

ZIP Code: 30060

Phone: 770-793-5770

E-mail: laura.garlow@wellstar.org

Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	CHOA as the fiscal organization for the Region III RTAC.
Please list the EMS region that this grant will be used in.	Region III
Please list the trauma center(s) and EMS agencies that will be involved in this work.	EMS: Grady, Puckett, MAAS, National, Newton, Douglas, Clayton, Gwinnett, Fulton counties Others: Shepherd Center Trauma Centers: Grady, AMC, CHOA, Kennestone, North Fulton, Gwinnett,
Please list any other individuals and/or agencies that will be responsible for management of this project.	
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes" or "No" in the answer field.	Yes
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes" or "No" in the answer field.	Yes

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE:

WILLIAM "BILLY" KUNKLE

TITLE:

RTAC COORDINATOR

DATE:

5-30-2016



Region III Trauma Advisory Committee

1645 Tullie Circle Atlanta GA 30329

1. The Region III Regional Trauma Advisory Committee (RTAC) agrees to use these grant funds as described in the proposal and for trauma related services and or equipment.
2. The Region III RTAC agrees that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. The Region III RTAC agrees that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. The Region III RTAC agrees that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. The Region III RTAC agrees that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.
4. The Region III RTAC agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. The Region III RTAC agrees organization agrees (if applicable) it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.
6. The Region III RTAC agrees organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

William "Billy" Kunkle
Region III RTAC Coordinator



John ...
5131114

GTC Regional System Improvements Grant Proposal

Purpose: To train 10 individuals as Car Seat Safety Coordinators and to increase collaboration within the Region 3 RTAC community with regards to injury prevention activities.

Current State: There are few Car Seat Safety Coordinators in Region 3. Some trauma centers provide CarFit events for senior drivers.

Proposal: By training members of the Region 3 RTAC members as Car Seat Safety Coordinators, Region 3 RTAC seeks to combine resources to host community injury prevention events that combine CarFit and Car Seat Safety. This will reduce injuries in both the elderly and pediatric populations. The course is a 3-day course held in various regions across the state.

Cost: The cost for each participant will include the course registration fee, mileage based on the current IRS mileage rate not to exceed 100 miles, as well as lodging and meals at the maximum allowable state rate. Total cost request is \$4930.00.

Course Registration	\$ 85.00
Mileage*	\$ 54.00
Lodging**	\$ 270.00
Per Diem Meals***	\$ 84.00
TOTAL	\$ 4,930.00

*\$.54/mile max 100 miles
**Max \$135/day
***\$28/day

GTC Regional System Improvements Grant Proposal

Purpose: To purchase simulation aides for Region 3 RTAC community injury prevention events.

Current State: Motor vehicle crashes continue to be one of the leading causes of traumatic injury in Georgia. Alcohol and distracted driving are the leading causes of these crashes.

Proposal: Purchase 5 Fatal Vision® Community Event Packages for the Region 3 RTAC. The Fatal Vision® Community Event Pack is a complete assortment of our alcohol awareness building and prevention education tools. This package has tools to help us deliver engaging and hands-on demonstrations to address issues related to the misuse and abuse of alcohol, especially impaired driving. Community injury prevention events will be cohosted by the Region 3 RTAC members. These events may include; local festivals and fairs, public safety days, holiday events, and community gatherings and smaller classroom presentations at schools, churches, colleges, and the workplace, The trauma centers who are active members of the Region 3 RTAC have agreed to store and maintain the equipment and will work with EMS agencies to coordinate use throughout the region.

Fatal Vision® Community Event Package Includes: 6 Fatal Vision® Goggles, each simulating a different BAC level with carrying case, 2 Cleaning Cloths, 2 Germicidal Wipes, 6 Rolls of "Walk-the-Line" Tape, Line Detector®, TVL® Lens Pack Combo, Fatal Vision® Evidence-Based Program, Smash Match® Impairment Challenge, SUM-IT-CUP® Complete, intoxiclock® Version 4.0 with Touch Board, Printer, and Pocket Guide Combo, DIES® Alcohol Impairment Mat, DIES® Alcohol Awareness Party Mat, "You Call The Shots" Retractable Banner, Flash Cards and Poster, "Pick Your Poison" Retractable Banner and Poster, "Dying High 2: Real Stories of Drugged Driving" DVD, Fatal Vision® Concussion Goggle Complete Kit.

Cost: The cost of each Fatal Vision® Community Event Package is \$6250.00. We are requesting 5 complete kits for a total of \$31,250.00.

GTC Regional System Improvements Grant Proposal

Purpose: To provide non-trauma acute care hospitals with education and support to provide life-sustaining trauma care for patients in need in the event of a mass-casualty event within in Region 3.

Current State: Evidence shows that in mass casualty incidents, patients will often self-transport to the nearest hospital, regardless of trauma center status. This is particularly true in urban and suburban areas where traffic conditions are self-limiting. These hospitals are forced to provide the initial care of the trauma patients in what could be considered austere environments.

Proposal: Strategically select 5 acute-care hospitals inside the perimeter (3 near the northern perimeter, 1 near the airport, and 1 to the west) to pilot the American College of Surgeons (ACS) Rural Trauma Team Development Course (RTTDC). This course was designed to “train rural hospital and clinic personnel in a team approach to the initial assessment and resuscitation of the injured patient”, and to facilitate the rapid transport to definitive care. The education will also help develop the awareness of mass casualty incidents in the Metro-Atlanta region, and foster relationships acute care non-trauma designated hospitals and the Region 3 RTAC community. Several RTTDCs have been presented throughout Georgia but none in urban areas. The American College of Surgeons (Dr Sidwell and Mr Scruggs) has approved the “off-label” use of the RTTDC course for this pilot.

Cost: The cost of each course is \$3000. We are requesting 5 courses for a total of \$15,000.

RECEIVED
5/31/2016



Georgia Trauma Commission
Eight Counties, One Hospital, 24/7 Help, High Merit

GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM			
Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program			
Applying Organization Legal Name:			
Doing Business As "DBA" (if differs from Legal Name):			
Physical Address (No PO Box): 1500 MORROW ROAD			
City: Morrow	State: GA	ZIP Code: 30260	County: CLAYTON
Phone: 770-961-4008	Fax: 770-960-1631	E-mail: JMoss@CITYOFMORROW.COM	
Federal Tax ID Number:			
GA EMS Provider License Number:			
DIRECTOR OF APPLYING ORGANIZATION			
Name/Title: CAPTAIN JEFF MOSS			
Physical Address (No PO Box): 1500 MORROW ROAD			
City: Morrow	State: GA	ZIP Code: 30260	
Phone: 770-961-4008	E-mail: JMoss@CITYOFMORROW.COM		
FISCAL OFFICER OF APPLYING ORGANIZATION			
Name/Title:			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-mail:		
OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)			
Name:			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-Mail:		
Federal Tax ID Number:			
CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)			
Name/Title: CAPTAIN JEFF MOSS			
Physical Address (No PO Box): 1500 MORROW ROAD			
City: Morrow	State: GA	ZIP Code: 30260	
Phone: 770-961-4008	E-mail: JMoss@CITYOFMORROW.COM		

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.



**GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT
 APPLICATION FORM**

CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)

Name/Title:

Physical Address (No PO Box):

City:

State:

ZIP Code:

Phone:

E-mail:

Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	MORROW FIRE DEPARTMENT IS A 911 ZONE PROVIDER IN REGION III AND REPORTS TO SUCH
Please list the EMS region that this grant will be used in.	REGION III
Please list the trauma center(s) and EMS agencies that will be involved in this work.	CITY OF MORROW FIRE & EMS
Please list any other individuals and/or agencies that will be responsible for management of this project.	CHIEF ELTON POSS
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	YES
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes " or "No" in the answer field.	YES

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE:

TITLE:

CAPTAIN

DATE:

5-31-16

City of Morrow

FIRE DEPARTMENT

1500 MORROW ROAD, MORROW, GA 30260-1654
PHONE: (770) 961-4008 • FAX: (770) 960-1631
www.cityofmorrow.com



Fire Chief

In consideration of the Georgia Trauma Care Network Commission's "Regional System Improvement Grants", the City of Morrow Fire Department does hereby agree to utilize any grant dollars for trauma related services and/or equipment with the 911 region described.

City of Morrow Fire Department agrees that if equipment purchased is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is effected. The equipment will not be used as collateral for a loan beyond the amount of local contribution and will remain titled to the City of Morrow unless permission is obtained from the Georgia Trauma Commission to reallocate the equipment to another 911 provider.

City of Morrow Fire Department agrees that the grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.

City of Morrow Fire Department agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY2016, City of Morrow Fire Department agrees to participate in the respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.

City of Morrow Fire Department agrees to remain compliant with the Department of Public Health State Office of EMS data submission requirements.

City of Morrow Fire Department agrees to provide all data to the Georgia Trauma Commission as requested for this grant program.

[Signature] 5-31-16

Captain Jeff Moss

EMS Director

City of Morrow Fire Department

State of Georgia, County of Clayton
On this day the 31st day of May 2016 before me a notary
appeared Jeff Moss.
In witness hereof, I hereunto set my hand and



The Morrow Fire Department appreciates the opportunity to request funds from the Georgia Trauma Care Network Commission EMS Sub-Committee for the use of trauma related equipment and training. The city hosts one of the largest commerce areas in South-Metro Atlanta offering retail, wholesale, and manufacturing facilities. This area offers visitors and employees safe, clean and affordable places for lodging, world-class shopping, dining, and entertainment venues as well as being convenient to nearby Hartsfield - Jackson International Airport and the cosmopolitan amenities of Atlanta. Morrow has 3 miles of Interstate I-75 running through the heart of the city from east to west. Also the city has 3 miles of Railroad running north to south. Both of these transportation routes are crucial for commerce and raw goods transportation. Also centered in the city are the National and State Archives which house important documents, art and books that are historical to the United States and the State of Georgia.

The fire department employees 33 career and 6 part-time firefighter / paramedics working three 10 person 24 hour shifts. The department operates 2 ALS engines, 1 reserve engine, 105 foot aerial and 2 ALS ambulances and 1 reserve ambulance. On average we run approximately 2,000 calls per year. Because of the vast roadways running through Morrow, we see our fair share of trauma. As a group we have defined two areas where funding from this grant opportunity would greatly enhance the departments response to trauma type calls. The areas are in equipment and training.

Our budget request for these two areas are as follows:

3 "ToughBook" Laptop Computers @ \$3,300 each	\$ 9,900
3 Video Laryngoscope Kits @ \$1,500 each	\$ 4,500
2 Tactical Emergency Casualty Care(TECC) Classes @ \$7,200 each	\$14,400
2 Pre-Hospital Trauma Life Support(PHTLS) Classes @ \$5,500 each	\$11,000
Total request =	\$39,800

Proposal # 1

Reporting of EMS calls is a primary responsibility of all agencies. The data generated is important to justify numbers and cost on local, state and Federal levels. ToughBook computers will allow us to continue our part but will allow us a lot more. Computers are a part of every day life and the more technology that is developed, the better chances a trauma patient or even a medical patient has of survival. These computers will allow us to link to our cardiac monitors and import vital signs into reports. Applications on the computer will allow for touch of a button critical information such as drug administration times and amounts. When was the traction splint applied? Touch of a button. No more sitting in the back of an ambulance after the call and having to figure out the sequence of when a procedure was done. Because these are ToughBooks, they can be used in the inclement weather. Through WiFi, the information, videos and pictures of the scene and of the patient can be transmitted to the ER and awaiting Trauma teams so that they know the facts, have the operating room ready and the equipment needed on standby before the patient ever arrives.

The other things that will make these computers more useful are for applications that can be stored to retrieve, at a moments notice; information such as protocols, drug references, extrication apps, Emergency Response Guides, and much more.

Proposal #2

The second defined need in equipment addresses intubations. Over the years we have seen the American Heart Association change their guidelines to a point of only allowing one attempt to intubate a patient. This is because intubation attempts deprive the patient of oxygen and chest compressions. Add the affect of trauma to the head, neck or airway of a patient and it makes intubation that much more complicated. The use of Video Laryngoscopes assist the Paramedic in the field because they are adaptable to the situation. A scene is not always textbook or clean and perfect like an ER setting. These laryngoscopes make it quicker, easier and less likely to do further harm to a patient that is in full C-spine immobilization; can be used in dim lighting and inaccessible locations; and reduces the number of attempts to intubate. With improved success of intubations, it increases the chances of a patient's survival.

The equipment purchased would be placed on the city's primary ALS ambulances and engine.

Proposal for Training:

Keeping up to date on skills is a vital part of every responders success. Times change and so does the training. To assist our medics and medics in Region 3, the City of Morrow request funds for the purpose of conducting 2 classes; Pre-Hospital Trauma Life Support (PHTLS) and Tactical Emergency Casualty Care (TECC).

Proposal #3

TECC classes teach civilian tactical EMS which is needed for any mass casualty incident or active shooter event. This 16 hour course covers topics designed to decrease preventable deaths in a tactical situation which include but are not limited to hemorrhage control, needle decompression and treating wounded EMS responders in threatening environments.

Proposal #4

PHTLS courses improve the quality of trauma care in your area and decrease mortality. The program is based on a pre-hospital trauma care philosophy, stressing the treatment of the multi-system trauma patient as a unique entity with specific needs. This may require an approach to the trauma patient that varies from traditional treatment modalities. PHTLS promotes critical thinking as the foundation for providing quality care.

Both of these classes would be taught at the Morrow Center, a conference venue in the heart of the city. There will be two of each class offered over the next year and will be open to 24 students per class. These classes will be made available to any paramedic in the Region 3 area, if the number of slots are not filled then the class would be opened to other regions. There will be no charge to the students or their departments.

The Grant funding we are requesting shall be used to better the services of our responders. It will give responders equipment and training that will make them more confident and allow them to possibly save more lives through being able to communicate with trauma teams more efficiently, have the knowledge and training needed, and lastly by giving the patients a better chance at survival.

The Morrow Fire Department believes that these grants can be used to maximize the positive outcomes of patients as it is written in its entirety, therefore we request they be funded 100 percent. However, if the GTCNC EMS Sub-committee believes that any of this request is not beneficial, we ask that you would at least fund the portions that would be. We wish to thank you for your time and consideration of this grant proposal.



GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM				
Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program				
Applying Organization Legal Name:: Safe Kids Georgia				
Doing Business As "DBA" (if differs from Legal Name):				
Physical Address (No PO Box): 1577 Northeast Expressway, NE				
City: Atlanta	State: Georgia	ZIP Code: 30329	County: DeKalb	
Phone: 404-785-7436	Fax: 404-785-7243	E-mail: Beverly.Losman@choa.org		
Federal Tax ID Number:		58-1710601		
GA EMS Provider License Number:				
DIRECTOR OF APPLYING ORGANIZATION				
Name/Title: Beverly Losman				
Physical Address (No PO Box): 1577 Northeast Expressway, NE				
City: Atlanta	State: Georgia	ZIP Code: 30329		
Phone: 404-785-7436	E-mail: Beverly.Losman@choa.org			
FISCAL OFFICER OF APPLYING ORGANIZATION				
Name/Title: Beverly Losman				
Physical Address (No PO Box): 1577 Northeast Expressway, NE				
City: Atlanta	State: Georgia	ZIP Code: 30329		
Phone: 404-785-7436	E-mail: Beverly.Losman@choa.org			
OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)				
Name:				
Physical Address (No PO Box):				
City:	State:	ZIP Code:		
Phone:	E-Mail:			
Federal Tax ID Number:				
CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)				
Name/Title:				
Physical Address (No PO Box):				
City:	State:	ZIP Code:		
Phone:	E-mail:			

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED. 1



**GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT
 APPLICATION FORM**

CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)

Name/Title:

Physical Address (No PO Box):

City:	State:	ZIP Code:
--------------	---------------	------------------

Phone:	E-mail:
---------------	----------------

Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	Safe Kids Georgia is a 501(c)(3) non-profit organization dedicated to leading a statewide network, since 1991, in order to prevent unintentional injury. Under the umbrella of Safe Kids Georgia, there are currently 33 coalitions that were adopted by various lead organizations that serve a specific geographical area. In 2015, this dedicated group of coalitions reached 72 counties, held 2,224 events and reached over 250,000 people.
Please list the EMS region that this grant will be used in.	EMS Region III Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, Rockdale Counties
Please list the trauma center(s) and EMS agencies that will be involved in this work.	Children's Healthcare of Atlanta Egleston Scottish Rite, DeKalb County Fire-Rescue, Gwinnett County Department of Fire and Emergency Services, Roswell Fire Department
Please list any other individuals and/or agencies that will be responsible for management of this project.	Safe Kids Clayton, Safe Kids Cobb, Safe Kids DeKalb, Safe Kids Douglas, Safe Kids Fulton, Safe Kids Gwinnett, Safe Kids North Fulton, Wellstar Health Systems, Department of Public Health for Cobb, Douglas, Fulton, and Clayton Counties
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	Yes
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes " or "No" in the answer field.	Yes

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.


SIGNATURE:	TITLE: Director, Safe Kids Georgia	DATE: 05/23/2016
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1577 Northeast Expressway NE
Atlanta, GA 30329

The Region 3 Regional Trauma Advisory Committee affirms the following in regards to the School Response Program funding request:

1. The Region 3 Regional Trauma Advisory Committee agrees to utilize these grant dollars for trauma related services and/or equipment with the 911 region described in the application for the grant.
2. The Region 3 Regional Trauma Advisory Committee agrees that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. The Region 3 Regional Trauma Advisory Committee agrees that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. The Region 3 Regional Trauma Advisory Committee agrees that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. The Region 3 Regional Trauma Advisory Committee agrees that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.
4. The Region 3 Regional Trauma Advisory Committee agrees Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. The Region 3 Regional Trauma Advisory Committee agrees it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.
6. The Region 3 Regional Trauma Advisory Committee agrees to provide all data to the Georgia Trauma Commission as requested for this grant program.



Greg Pereira, RN, MBA
Director of Trauma and Transport
Children's Healthcare of Atlanta
Safe Kids Lead Organization



Donna Stringfellow
NOTARY PUBLIC
Gwinnett County, GEORGIA
My Comm. Expires 7/01/2019

Georgia Trauma Commission Grant 2016

PROBLEM IDENTIFICATION

Injuries sustained from motor vehicle collisions are the leading cause of death among children 19 years of age and under in the United States. Many of the deaths could have been prevented through the proper use of restraints. Placing children in appropriate child passenger safety restraints based on their age and size greatly reduce the severity of injuries and fatalities

- Car seat use reduces the risk for death in infants (aged <1 year) by 71%; and for toddlers (aged 1–4 years) by 54% in passenger vehicles.
- Booster seat use reduces the risk for serious injury by 45% for children aged 4–8 years when compared with seat belt use alone.
- For older children and adults, seat belt use reduces the risk for death and serious injury by approximately half (National Highway Traffic Safety Administration (NHTSA), 2013 & 2015).

Over the past several years, safety advocates in Georgia have made a concerted effort to promote the proper usage of child safety seats and seat belts through public education, support of strong legislation, and strict enforcement of traffic safety laws. However, despite excellent progress, in 2014, according to the Georgia Department of Public Health, Motor Vehicle Crashes were the second leading cause of death for children 1-9 years of age.

Georgia has a total population of 10,097,343; of that population 14% are 0-9 years of age (OASIS, 2014). According to the Georgia Department of Public Health, 1,057 children ages 0-9 years of age were injured and 195 children were killed as a result of a motor vehicle crash over a period of four years ending in 2014. The prevalence of this statistic clearly shows that there is still a need for education on appropriate car seat usage based on the child's age, weight, height, and level of maturity. Due to the high cost of child restraints, resources are needed to ensure that each child has a safe car seat. Individuals who cannot afford a new car seat generally use a car seat with an unknown history that may have been involved in a previous accident. Additionally, caregivers unknowingly have used them past the expiration date or even worse, no seat at all.

**Table 1
Traffic Fatality Rates in Georgia & the U.S.**

Year	Region	Fatalities	Fatality Rate (Per 100,000 Population)
2010	Georgia	1,247	12.84
	US	32,999	10.69
2011	Georgia	1,226	10.42
	US	32,479	11.05
2012	Georgia	1,192	12.02
	US	33,561	10.69
2013	Georgia	1,180	11.81
	US	32,894	10.39
2014	Georgia	1,164	11.53
	US	32,675	10.25

Data Source: FARS 2010 - 2014, NHTSA

Many of these fatalities and injuries could have been prevented. According to Safe Kids Worldwide, children placed in a booster seat in the back seat of the car are 45% less likely to be injured in a crash than children using a seat belt alone. Other sources say that the lack of usage is up to 59%. The purpose of a booster seat is to raise the child so that the lap-and-shoulder belt fit correctly. It helps keep the belt off the neck and face, positioning the lap portion properly low over their hips. Most children are removed from a booster seat too soon because of the perception that baby seats are for small children instead of lifesaving devices. Until a child is 4 feet, 9 inches and can properly fit in a vehicle seat, booster seat usage could be a life or death decision.

Table 2
Georgia Passenger Vehicle Occupant Fatalities for Ages 4 and under

Year	Total	Restrained	Unrestrained	Unknown Restraint Use	Percent Known Restrained*	Estimated Lives Saved at Current Child Safety Seat/Belt Use
2010	14	11	3	0	79	15
2011	12	8	1	3	89	15
2012	13	10	3	0	77	15
2013	14	6	4	4	60	16
2014	7	6	1	0	86	9

*Percent based only where restraint use was known, Data Source: FARS 2010 - 2014, NHTSA

Table 3
Georgia Passenger Vehicle Occupant Fatalities for Ages 5 and Above

Year	Total	Restrained	Unrestrained	Unknown Restraint Use	Percent Known Restrained*	Estimated Lives Saved at Current Belt Use	Estimated Potential Additional Lives Savable at 100% Correct Usage
2010	870	370	424	76	47	472	114
2011	864	381	419	64	48	497	90
2012	815	384	365	66	51	491	80
2013	796	344	372	80	48	454	38
2014	787	370	361	56	51	455	30

*Percent Based Only Where Restraint Use Was Known Data Source: FARS 2010 - 2014, NHTSA

All children who have outgrown child safety seats should be properly restrained in booster seats until they are at least 8 years old with the exception of being less than 4 feet, 9 inches tall. Children in just seatbelts are four times more likely to suffer brain/head injuries as compared to children properly restrained in child safety seats and booster seats (NHTSA, 2015)

Georgia law states that a child needs to be in a car seat until age 8, the American Academy of Pediatrics and NHTSA agree that a child needs to be 4 feet, 9 inches tall which usually occurs around 10-12 years of age.

PROGRAM ASSESSMENT

Safe Kids Georgia serves as the injury prevention community outreach arm for the Trauma Services Department with Children's Healthcare of Atlanta. Since 1991, Safe Kids Georgia has led the statewide network to prevent unintentional injury for children ages 19 years and younger. Under the umbrella of Safe Kids Georgia, there are currently 33 coalitions that were adopted by various local lead organizations that serve a specific geographical area. These agencies consist of law enforcement, fire departments, emergency services, health departments, and hospitals. In 2015, this group of dedicated coalitions reached 72 counties, held 2,224 events; distributed 153,000 educational materials, 22,000 pieces of safety equipment, and reached a total of 250,000 children and adults.

The State Office provides county specific "Community Needs Assessments" that convey morbidity and mortality rates that demonstrate injury risk areas. Safe Kids Georgia's role is to assist the coalitions to tailor their prevention efforts that are indigenous to their community needs; aid in curriculum development, marketing materials and communication plans, business development, advocacy, and the ability to use a 501(c)(3) for grant opportunities.

PROPOSAL

Car seat distribution combined with educational efforts is considered a proven strategy for increasing usage rates and is strongly recommended by the Centers for Disease Control and Prevention (Wallace, 2002).

Safe Kids Georgia will benefit greatly from a Georgia Trauma Commission Grant supporting local coalitions in EMS Region III, including Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale Counties. This grant will be used for prevention outreach for education and distribution of appropriate child restraints for children whose caregiver cannot purchase one without assistance. A target population for this grant will be low-income families in these 8 counties.

The table below gives a breakdown of the population from 0-9 years of age, deaths as well as injuries by motor vehicle crashes, in the EMS Region III counties in 2014.

Table 4
EMS Region III Counties Data for Motor Vehicle Crashes (MVC) Mortality and Morbidity

Region III Counties	Population 0-9 Years of Age	Deaths MVC 0-9 Years of Age	Discharges MVC 0-9 Years of Age
Clayton	42,814	24	7
Cobb	98,775	54	13
DeKalb	101,710	1	12
Douglas	19,598	1	2
Fulton	129,064	3	10
Gwinnett	130,003	2	8
Newton	14,887	0	3
Rockdale	11,594	0	1

(OASIS, 2014)

Safe Kids Georgia's current child passenger safety efforts include education for both the communities and professionals. The coalitions host car seat checks as well as present programs to a wide range of ages by going into the schools to educate children on child passenger safety and distracted driving. They also present car seat classes for parents, caregivers, schools, and community groups. In addition, the coalitions also hold Child Passenger Safety Technician trainings to certify new technicians to do safety checks.

SAFE KIDS GEORGIA DATA/ STATISTICS

The data shows that in 2015, Safe Kids Coalitions in Fulton, Gwinnett Clayton, Cobb, DeKalb, and Douglas educated 23,492 children under 19 years of age and 23,568 adults. The coalitions held a total of 672 events that included car seat safety checks and distribution. A total of 68,799 educational materials were disseminated, 1,315 car seats were checked and 3,296 car seats were distributed.

**Table 5
Data for Coalitions for 2015**

Counties	Children Reached	Adults Reached	Events Held	Educational Material Distributed	Hours of Education	Equipment Distributed	Car Seats Checked
Clayton	796	1134	74	1409	105.65	69	46
Cobb	4079	5457	169	18692	713	2589	730
DeKalb	626	210	12	102	13	0	0
Douglas	427	977	90	2691	166	267	237
Fulton	648	1291	82	3305	555.5	201	188
Gwinnett	16916	14499	245	42600	470.5	170	114
Total	23492	23568	672	68799	2024	3296	1315

(Safe Kids Georgia, 2015)

OBJECTIVE

If awarded the Georgia Trauma Commission Grant, Safe Kids Georgia will contribute to the specific counties by doing the following:

1. Increase the number of parents and caregivers attending car seat safety programs by a minimum of 10%.
2. Provide child safety seats to families with an identified financial need.
3. Reinforce the importance of the proper use of child safety seats, booster seats, and seat belts by increasing car seat events by a minimum of 10% within Region III.
4. Provide statistical outcomes following the program implementation.

Child Safety Seat Distribution Guidelines

Safe Kids Coalitions will use the following guidelines while distributing the car seats funded by the Georgia Trauma Commission Grant:

1. All seats will be distributed in conjunction with an education based on NHTSA and the American Academy of Pediatrics recommendations, although a statement of the current Georgia laws will also be explained. Seats will only be distributed after the education and with installation assistance. No seats will just be “handed out” to parents or caregivers.

2. Child must be present to receive a child safety seat or if seat is needed by an unborn child, the primary caregiver can provide proof of pregnancy and receive a seat after the 32nd week of pregnancy.
3. If the child already has a child safety seat, a replacement with a grant funded child safety seat cannot be offered unless the child's current seat is deemed inappropriate or unsafe for the child.
4. Child safety seats must be distributed to parents or the primary caregiver who otherwise could not afford a seat. Standard protocol for determining eligibility will be the receipt of WIC, Medicaid (for child), Peach Care, or other demonstration of need to coalition.
5. Only one seat will be given per child. If the child travels in more than one vehicle, caregivers will be given instructions on how to install in the various vehicles.

EVALUATION

The goal of the program is to eliminate or reduce the severity of preventable injuries and deaths to children due to lack of education, incorrect installation, or the ability to purchase an appropriate car seat.

Safe Kids Georgia will be able to measure the impact of the program by:

- Performing pre- and post-observational studies of car seat use
- Tracking the mortality and morbidity data for the EMS Region III to determine if efforts to strengthen the Child Passenger Safety programs of the region have been impactful.

MEDIA AND PUBLIC AWARENESS

Individual coalitions will utilize local resources and contacts to promote events, provide education and child passenger safety messaging to various media outlets and social media networks. Local media outreach will include (but not limited to) local print news, local TV and radio, billboards and existing community partnerships.

Additionally, Safe Kids Georgia will disseminate event and safety information on a statewide level via social media, blog, media contacts and e-newsletters.

ESTIMATED BUDGET FOR THE GEORGIA TRAUMA COMMISSION GRANT

The full estimated budget for this project is \$25,000. Please see below for a breakdown of the costs:

**Table 6
Estimated Grant Budget**

Type of Car Seat	Price Per Car seat	Quantity	Total
Convertible seat (Size4Me)	\$179.99	39	\$7,019.61
Combination seat (Nautilus models)	\$149.99	80	\$11,999.20
High back booster (TurboBooster)	\$49.99	36	\$1,799.64
Subtotal		155	\$20,818.45
		Shipping Estimated 20%	\$4,163.69
Total			\$24,982.14

For budgeting purposes the seats that were chosen have a wider weight and height range, increasing the ability to serve more children with an appropriate car seat. No infant only seats will be purchased because an infant can safely leave the hospital in a convertible car seat.

Safe Kids Georgia collaborates with government organizations, corporations, and philanthropic communities as well as with agencies such as fire, emergency services, law enforcement, public health departments, hospitals, and school systems. These partners include, but are not limited to: the Governor’s Office of Highway Safety, Emory Center for Injury Control, Safe Routes to School, Centers for Disease Control and Prevention, Georgia Office of Child Fatality Review, and Georgia Department of Early Care and Learning.

It is our fervent hope that the Georgia Trauma Commission will recognize our existing program outreach within Region III and enable us to strengthen our efforts to educate more families and children about child passenger safety and assist in providing appropriate car seats to those unable

to purchase their own. The goal of which is to eliminate or reduce the severity of injuries sustained in motor vehicle accidents.



Georgia Trauma Commission
 Right Patient, Right Hospital, Right Time, Right Means

GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM			
Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program			
Applying Organization Legal Name: Wellstar Spalding Regional Hospital- Wellstar Foundation			
Doing Business As "DBA" (if differs from Legal Name):			
Physical Address (No PO Box): 601 South 8th St			
City: Griffin	State: GA	ZIP Code: 30224	County: Spalding
Phone: 770-229-8327	Fax: 770-229-1942	E-mail: paul.beamon@wellstar.org	
Federal Tax ID Number:		81-0864789	
GA EMS Provider License Number:		126-04	
DIRECTOR OF APPLYING ORGANIZATION			
Name/Title: Paul Beamon			
Physical Address (No PO Box): 601 South 8th St.			
City: Griffin	State: GA	ZIP Code: 30224	
Phone: 770-412-8253	E-mail: paul.beamon@wellstar.com		
FISCAL OFFICER OF APPLYING ORGANIZATION			
Name/Title:			
Physical Address (No PO Box): 601 South 8th St.			
City: Griffin	State: GA	ZIP Code: 30224	
Phone: 770-229-8253	E-mail:		
OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)			
Name: Same			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-Mail:		
Federal Tax ID Number:			
CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)			
Name/Title: Same			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-mail:		

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.



Georgia Trauma Commission
 Right Patient. Right Hospital. Right Time. Right Means

**GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT
 APPLICATION FORM**

CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)

Name/Title: Paul Beamon

Physical Address (No PO Box):

City:	State:	ZIP Code:
Phone:	E-mail:	

Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	Please See Attached
Please list the EMS region that this grant will be used in.	Region 4
Please list the trauma center(s) and EMS agencies that will be involved in this work.	None are extant in the region
Please list any other individuals and/or agencies that will be responsible for management of this project.	Steven Folden - Fayette County Fire
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	Yes
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes " or "No" in the answer field.	Yes

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE: 	TITLE: Division Chief	DATE: 5/31/16
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This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.



793 Sawyer Road
Marietta, GA 30062

I am writing as Chair, and on behalf of, the Region IV Trauma Advisory Council (RTAC) and the Region IV EMS Council to request the support and endorsement of the Region IV EMS Council for a grant that we are requesting from the Georgia Trauma Commission.

We at the Region IV EMS Council are applying for grant funding from the Georgia Trauma Commission for \$35,000.00. The purpose of this grant is to provide educational funding for a self-sustaining program that will teach EMTs and Paramedics in our region the NAEMT Tactical Emergency Casualty Care Course.

This grant would cover the expenses for the training of 155 personnel, region-wide as a part of six (6) classes held in various locations within the Region IV EMS area. Additionally, the funds will be used to certify 30 instructors and a cache of textbooks to sustain the program in the future.

Conditional to the application for the grant is documentation of primary financial support for the requested amount that is reimbursed by the Georgia Trauma Commission upon completion of the grant deliverables.

Per receipt of the grant from the Georgia Trauma Commission, we affirm the following:

1. Agree to utilize these grant dollars for trauma related services and/or equipment with the 911 region described in the application for the grant.
2. Agree that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is affected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.




793 Sawyer Road
Marietta, GA 30062

- 4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
- 5. Applying organization agrees (if applicable) it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.
- 6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

Let the signatures presented below represent the required support from WellStar as the supporting Trauma Center for the pursuit of the educational grant funding for Region IV in accordance with the above mentioned guidelines as well as for application for, receipt of and distribution of GA Trauma Care Network Commission grant funds.

We understand that as part of the terms of this agreement that the Region IV EMS Council will provide WellStar with all receipts and documentation demonstrating the deliverables in order for WellStar reimbursement by the Georgia Trauma Commission.


 Freda Lyon, VP System Emergency Services, WellStar _____
 Date 5/27/16


 Paul Beamon, Chair Region IV Trauma Advisory Council _____
 Date 5/27/16



793 Sawyer Road
Marietta, GA 30062

Grant Proposal

The region 4 EMS Council, through the WellStar Corporation and WellStar Spalding Regional Hospital, are proposing an educational grant opportunity for consideration by the Georgia Trauma Commission. The initial cost for this proposal will be underwritten by WellStar Spalding Regional Hospital and will be managed by Mr. Paul Beamon, Director of Spalding Regional Emergency Medical Services.

Background:

The Region 4 EMS coverage area consists of 12 counties in western Georgia and encompasses approximately 4000 square miles and serves over 820,000 residents and many more travelers and guests on our roadways. Within Region 4, 14 zoned 911 providers are tasked with response, treatment and transport. Within Region 4, there is no trauma center necessitating long out of service times while units transport to other regions for care.

With events of traumatic injuries involving multiple casualties on the rise in our work and educational environments, the Region 4 Council has identified an educational gap in the treatment of these injuries in a tactical and semi-tactical situation. The region has identified a course offering from the National Association of EMTs (NAEMT) that meets this objective.

Proposal:

The region 4 EMS Council, in concert with WellStar Spalding Regional Hospital, would propose a grant-funded and self-sustaining program to teach EMTs and Paramedics the NAEMT Tactical Emergency Casualty Care Course. This grant would cover the expenses for the training of 155 personnel, region-wide as a part of 6 classes held in differing locations. Additionally, the funds will be used to certify 30 instructors and a cache of textbooks to sustain the program in the future. From the NAEMT:

This 16-hour course covers topics designed to decrease preventable death in the tactical situation. Topics include: Hemorrhage control; surgical airway control and needle decompression; strategies for treating wounded responders in threatening environments; caring for pediatric patients; and techniques for dragging and carrying victims to safety.

TECC focuses on the medicine during these phases of care and provides guidelines for managing trauma in the civilian tactical or hazardous environment. While TECC has a tactical slant, it takes an all-hazards approach to providing care outside the normal operating conditions of most EMS agencies, such as responding to a mass casualty or active shooter event.



793 Sawyer Road
Marietta, GA 30062

For this grant, Region 4 has proposed the following budget:

- 155 Persons @ \$200 per for course instruction - \$31,000
- 30 Cached Textbooks from NAEMT - \$2,250
- Instructor Certification for 30 persons - \$1,350
- Advertising, handouts, administrative consumables - \$400

Total Grant Request - \$35,000

Methodology and Deliverables

The course provision would be undertaken by certified NAEMT instructors employed by HERO Training in Barnesville, GA (which is located within Region 4) and overseen programmatically by the Region 4 EMS education committee. Invoices for each class would be vetted by the committee chair and passed to Mr. Beamon for remittance.

Additionally, the attendees who are NAEMT instructor candidates will receive a voucher for the NAEMT instructor Course, which is undertaken in an online format. This instructor cadre would reflect a representation from the broad base of the region and allow the course to move forward from all areas. To meet the deliverables, the region would require successful completion of this instructor course within 3 months of issuance of the voucher. In total, the deliverables would be reached within 12 months of the date of award.

Successful completion of this program will build a broad base of providers and instructors covering all counties and services within the region and will foster the programs sustainability in all areas. Given the ever-changing dynamics of emergency scenes and the emergence of new and differing threats in our schools and work place, the leadership of the Region 4 EMS Council supports the need for this program of instruction.

A handwritten signature in black ink that reads "Paul Beamon". To the right of the signature is the date "5/27/16".

5/27/16

Region 4 EMS Regional System Improvement Grant Proposal

The region 4 EMS Council, through the Wellstar Foundation and Wellstar Spalding Regional Hospital, are proposing an educational grant opportunity for consideration by the Georgia Trauma Commission. The initial cost for this proposal will be underwritten by Wellstar Spalding Regional Hospital and will be managed by Mr. Paul Beamon, Director of Spalding Regional Emergency Medical Services.

Background:

The Region 4 EMS coverage area consists of 12 counties in western Georgia and encompasses approximately 4000 square miles and serves over 820,000 residents and many more travelers and guests on our roadways. Within Region 4, 14 zoned 911 providers are tasked with response, treatment and transport. Within Region 4, there is no trauma center necessitating long out of service times while units transport to other regions for care.

With events of traumatic injuries involving multiple casualties on the rise in our work and educational environments, the Region 4 Council has identified an educational gap in the treatment of these injuries in a tactical and semi-tactical situation. The region has identified a course offering from the National Association of EMTs (NAEMT) that meets this objective.

Proposal:

The region 4 EMS Council, In concert with Wellstar Spalding Regional Hospital, would propose a grant-funded and self-sustaining program to teach EMTs and Paramedics the NAEMT Tactical Emergency Casualty Care Course. This grant would cover the expenses for the training of 155 personnel, region-wide as a part of 6 classes held in differing locations. Additionally, the funds will be used to certify 30 instructors and a cache of textbooks to sustain the program in the future. From the NAEMT:

This 16-hour course covers topics designed to decrease preventable death in the tactical situation. Topics include: Hemorrhage control; surgical airway control and needle decompression; strategies for treating wounded responders in threatening environments; caring for pediatric patients; and techniques for dragging and carrying victims to safety.

TECC focuses on the medicine during these phases of care and provides guidelines for managing trauma in the civilian tactical or hazardous environment. While TECC has a tactical slant, it takes an all-hazards approach to providing care outside the normal operating conditions of most EMS agencies, such as responding to a mass casualty or active shooter event.

For this grant, Region 4 has proposed the following budget:

- 155 Persons @ \$200 per for course instruction - \$31,000
- 30 Cached Textbooks from NAEMT - \$2,250
- Instructor Certification for 30 persons - \$1,350
- Advertising, handouts, administrative consumables - \$400

Total Grant Request - \$35,000

Methodology and Deliverables

The course provision would be undertaken by certified NAEMT instructors employed by HERO Training in Barnesville, GA (which is located within Region 4) and overseen programmatically by the Region 4 EMS education committee. Invoices for each class would be vetted by the committee chair and passed to Mr. Beamon for remittance.

Additionally, the attendees who are NAEMT instructor candidates will receive a voucher for the NAEMT instructor Course, which is undertaken in an online format. This instructor cadre would reflect a representation from the broad base of the region and allow the course to move forward from all areas. To meet the deliverables, the region would require successful completion of this instructor course within 3 months of issuance of the voucher. In total, the deliverables would be reached within 12 months of the date of award.

Successful completion of this program will build a broad base of providers and instructors covering all counties and services within the region and will foster the programs sustainability in all areas. Given the ever-changing dynamics of emergency scenes and the emergence of new and differing threats in our schools and work place, the leadership of the Region 4 EMS Council supports the need for this program of instruction.

EMS REGION 5

REGIONAL SYSTEM IMPROVEMENT GRANT PROPOSAL

LAW ENFORCEMENT MUTUAL AID TRAUMA PROGRAM

Submitted May 13, 2016



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GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program

Applying Organization Legal Name:

Medical Center of Central Georgia, Inc

Doing Business As "DBA" (if differs from Legal Name):

Medical Center Navicent Health

Physical Address (No PO Box): 777 Hemlock St. MSC 103

City: Macon	State: GA	ZIP Code: 31201	County: Bibb
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Phone: 478-633-1199	Fax: 478-633-6195	E-mail: 478-633-6195
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Federal Tax ID Number: 58-2149128

GA EMS Provider License Number: N/A

DIRECTOR OF APPLYING ORGANIZATION

Name/Title:

Dennis Ashley, Director of Trauma and Critical Care

Physical Address (No PO Box): 777 Hemlock Street, MSC 103

City: Macon	State: GA	ZIP Code: 31201
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Phone: 478-633-1199	E-mail: ashley.dennis@navicenthealth.org
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FISCAL OFFICER OF APPLYING ORGANIZATION

Name/Title:

Rhonda Perry, Executive Vice President and Chief Financial Officer

Physical Address (No PO Box): 777 Hemlock Street, MSC 105

City: Macon	State: GA	ZIP Code: 31201
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Phone: 478-633-1452	E-mail: Perry.Rhonda@navicenthealth.org
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OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)

Name:

Trauma Services Navicent Health (on behalf of the Region 5 EMS Council and the Region 5 RTAC)

Physical Address (No PO Box): 777 Hemlock Street, MSC 103

City: Macon	State: GA	ZIP Code: 31201
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Phone: 478-633-1199	E-mail: smith.kristal@navicenthealth.org
----------------------------	---

Federal Tax ID Number: 58-2149128

CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)

Name/Title: Kristal Claxton Smith, Trauma Services Outreach and Injury Prevention Coordinator

Physical Address (No PO Box): 777 Hemlock Street, MSC 103

City: Macon	State: GA	ZIP Code: 31201
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Phone: 478-633-1530	E-mail: smith.kristal@navicenthealth.org
----------------------------	---


**GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT
APPLICATION FORM**
CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)
Name/Title:

Kristal Claxton Smith, Trauma Services Outreach and Injury Prevention Coordinator

Physical Address (No PO Box): 777 Hemlock Street, MSC 103**City:** Macon**State:** GA**ZIP Code:** 31201**Phone:** 478-633-1530**E-mail:** smith.kristal@navicenthealth.org
Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	Trauma Services at Navicent Health is the only level I trauma center in Region 5 and serves as the coordinating facility for RTAC projects.
Please list the EMS region that this grant will be used in.	Region 5
Please list the trauma center(s) and EMS agencies that will be involved in this work.	Region 5 EMS Council, Region 5 RTAC, Fairview Park Hospital, participating EMS and law enforcement organizations.
Please list any other individuals and/or agencies that will be responsible for management of this project.	Kristal Smith will serve as project coordinator.
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	Yes
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes " or "No" in the answer field.	Yes

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE:
TITLE:
 TRAUMA SERVICES INJURY
 PREVENTION AND OUTREACH
 COORDINATOR
DATE:

05-27-16



Region 5 EMS

Regional Trauma Advisory Committee

777 Hemlock Street, MSC 103

Macon, Georgia 31201

Phone: (478) 633-1530 ◇ Fax: (478) 633-6195

Proposal:

The Region 5 Emergency Medical Services (EMS) Advisory Council and the Region 5 Regional Trauma Advisory Committee (RTAC) are committed to expanding access and improving outcomes for all patients experiencing trauma. The project proposed by the Region 5 RTAC would decrease the interval between time of injury and the provision of care by enabling those who might bridge the gap between the injurious moment and traditional health system response. With appropriate training and supplies, our existing partners within the law enforcement community would be able to provide initial care at the scene of injury. While we continue to promote recruiting and ongoing trauma training programs for Emergency Medical Responders (EMR) and licensed EMS providers, significant shortages of both volunteer and professional responders in the pre-hospital sector of the regional trauma system remain. Implementing this initiative would complement our ongoing work to improve the trauma system. This program would provide us with an opportunity to build upon our efforts to train Emergency Medical Responders (EMR) by increasing the number of personnel able to provide immediate care. Specifically, we propose a region-wide effort to distribute Mutual Aid Trauma Kits (MAT Kits) and provide Bleeding Control for the Injured (B-Con) training to local police officers and deputies. Training and equipping law enforcement responders in the initial management of airway compromise and serious bleeding would enable us to work toward providing a seamless, integrated response to the victims of intentional trauma.

Background:

In accordance with our Regional Trauma Plan, we strive to reduce the number of preventable deaths, improve outcomes from traumatic injury, and reduce medical costs through appropriate use of resources. In collaboration with participating agencies and partnering organizations, we work to assure the provision of programs that seek to heighten public awareness, prevent injury, and educate healthcare professionals as we realize that these activities are integral to lessening the impact of trauma. Despite our efforts to assure that educational programs and other resources are accessible to our region's hospital and pre-hospital care providers, we continue to struggle to touch the patient at the point of initial need.

Consider a deputy who faces an arterial bleed either personally or at the scene of an automobile crash. The response time of an EMS unit in the rural community may commonly exceed 15 minutes in which time the victim can bleed to death or to a point that is unrecoverable despite the best trauma care. Or perhaps the same deputy is advised by 9-1-1 dispatchers that he is awaiting a mutual aid ambulance from a neighboring county as call volumes often necessitate reliance on adjoining counties to share resources. Without the early provision of timely, effective point of wounding care, the resulting delay is likely to result in the victim's death.

When a patient is severely injured, time is considered an essential determinant in the patient's outcome. Regardless of the cause of injury, airway compromise and serious bleeding must be addressed quickly in order to save a victim's life. With response times ranging between 3 to 45 minutes, those issues may not be addressed quickly enough to prevent permanent disability or death. With appropriate training and supplies, the deputy above would have an opportunity to change the victim's outcome.

The overarching vision of Georgia's Trauma System Plan is to ensure all Georgians are afforded a safe and secure environment enhanced and facilitated by a functional, integrated, and continuously improving trauma system. Efforts to reduce trauma care and resource disparities and ensure all Georgian's have access to timely definitive care, while important, have primarily strengthened and enhanced the existing trauma system infrastructure. Much has been done to improve upon traditional response strategies and ensure trauma patients reach definitive care within the "golden hour." However, for many victims of trauma, the first few minutes following injury is their time of greatest need. Without immediate intervention, they will die or reach a point in which survival is impossible despite the efforts of the greatest in trauma care.

Implementation:

The goal of this initiative is to increase the capacity of the regional community to provide timely trauma care. In doing so, the Region 5 RTAC hopes to reduce the number of preventable deaths, improve patient outcomes, and reduce the financial burden of injury through the best use of resources. The creation of partnerships truly capable of integrating the response of newly enabled and equipped responders into current systems of care will require the active participation of the entire regional trauma system. Therefore, the Regional EMS Council and the Region 5 RTAC will oversee the program's implementation. Additionally, medical oversight of the project will be the shared responsibility of the Regional EMS Medical Director and the Medical Center, Navicent Health Trauma Medical Director.

While this initiative is not intended to meet the required needs of a previous program, this project dovetails well with several other Trauma Commission funded initiatives such as the School Response Program, Emergency Medical Responder program, Pre-Hospital Trauma Life Support (PHTLS) training, and Tactical Emergency Care Courses (TCCC). In fact, partnerships and infrastructure instrumental to the success of earlier programs will help to ensure the success of this initiative. This is especially true in regards to medical direction and the provision of education. For instance, in just over one year, 50 School Response Program volunteers and trainers distributed 56 School Response Bags and over 700 kits for classroom use in more than 23 counties. Additionally, they facilitated training for nearly 800 school staff members. Utilizing the same methodology, the RTAC will be able to distribute medical equipment and train large numbers of personnel quickly and efficiently while keeping instructional cost minimal.

Bleeding Control for the Injured (B-Con)

As with the School Response Program, this project will rely primarily on local personnel resources to coordinate the prescribed training while utilizing the growing pool of trainers from partnering agencies and neighboring communities to assist with course delivery when needed. The National Association of EMT's (NAEMT) Bleeding Control for the Injured (B-Con) course teaches participants basic life-saving medical interventions, including bleeding control with a tourniquet, bleeding control with gauze packs or topical hemostatic agents, etc. The curriculum is available free of charge, and the criteria for instructors has been expanded so that EMS providers who aren't currently NAEMT instructors can now teach the program once they have taken the course.

The B-con course is approximately 3 hours in length and Trauma Services has already attained approval for Police Officer's Standards and Training (POST) credits for the offering. Currently, there are more than 40 active trainers living and/or working in the region. They will be able to initiate provider courses even as other trainers are being trained. Training equipment, along with a schedule of courses, will be maintained by the two regional coordinating hospitals and, together they will assure delivery of training equipment and resources to be distributed to the course site. MAT Kits utilized by that program will be distributed to course attendees upon course completion.

Mutual Aid Trauma (MAT) Kit

The MAT Kit was developed in cooperation with Colorado Front Range Law Enforcement Departments. It was designed with the law enforcement responder in mind as essential components can be applied quickly and utilizing just one hand when necessary. When placed on a vehicle headrest, it is readily available to any responding officer or first responder. It can be removed from the vehicle as needed to provide aid. Additionally, the MOLLE system on the back of the kit allows attachment to tactical packs or vests. These kits are currently being utilized by the Colorado State Patrol, Denver Police Department, Colorado Police Department and Wyoming State Patrol. Each kit with the headrest mount will cost \$106.67. Kit components follow the Committee on Tactical Combat Casualty Care (CoTCCC) and the Committee on Tactical Emergency Casualty Care's (C-TECC) equipment recommendations for tactical emergency medical response. The headrest mount allows the kit to be carried in a high visibility location. (See Attachment A.)

The MAT Kit components will include:

- | | | |
|--------------------------------|-------------------------------|----------------------------------|
| 1 C.A.T. Tourniquet | 1 5" x 9" Trauma Pad | 1 CPR Face Shield |
| 1 Celox Rapid Hemostatic Gauze | 1 Compressed Gauze | 1 Mini Sharpie |
| 1 Emergency Trauma Dressing 4" | 2 Pairs Nitrile Gloves, Large | 1 M.A.R.C.H Card |
| 1 Hyfin Chest Seal Twin Pack | 1 Pair 5.5" EMT Shears | 1 Kit Component Instruction Card |

The RTAC proposes the purchase of 50 MAT Kits for each county in the region. While we realize there are a number of counties within the region who have fewer than 50 patrolling officers, there are others that have many more. Once all participating counties have received their initial distribution of kits, any remaining kits could then be distributed to the larger agencies. 50 additional kits are requested for distribution to Georgia State Patrol personnel. Additionally, the intended supplier of the MAT Kits to be provided has agreed to replace any items utilized from those kits. However, obtaining the replacement items will take some time. Maintaining a small stock of each of these items in each county so that we can immediately provide replacement items to officers using their MAT Kit, will allow the kit to remain in service while we await the replacement device. That will also enable us to track the items being used.

Funding Requested:

As demonstrated in the Needs Assessment that follows, our region bears a disproportionately higher level of risk for traumatic injury death. Therefore, the amount requested represents the funding needed to implement this program in each of the region's 23 counties. However, we understand that the funds being provided by the Regional System Improvement Grant program are limited and, there are a number of worthy projects under consideration. If there isn't adequate funding to fully implement this project throughout the region, we request that the EMS Subcommittee of the Trauma Commission give consideration to providing partial funding for this initiative. Partial funding would allow the program to be initiated on a smaller scale and then evaluated by the RTAC and Regional EMS Council. While we are seeking funding for a region-wide initiative, we believe that the project's success on a smaller scale might assist the Region in obtaining additional funding for broader implementation. If partial funding is provided, the RTAC and Regional Council will developed a mechanism to determine how best to distribute the MAT Kits within the Region.

Description:	Amt Requested:
1200 MAT Kits (24 x 50 @ \$106.67 each)	\$ 127,884.00
Replacement Items	\$ 4,669.25
Training Equipment	\$9,592.93
Office Supplies, Administration, Disposables	\$ 7,000
Total Request:	\$149,146.18

A detailed budget is provided as an attachment (Attachment B).

Needs Assessment:

The Hartford Consensus documents represent the deliberations of the Joint Committee to Create a National Policy to Enhance Survivability from Active Shooter and Intentional Mass Casualty Events. One of the fundamental concepts of the Hartford Consensus is that care of victims is a shared responsibility between law enforcement, fire/rescue, and EMS. As both the EMS and law enforcement communities grow increasingly aware of the need for integrated response strategies that optimize the management of life-threatening injuries during an active shooter or blast event, many area law enforcement agencies are seeking to incorporate the basics in trauma patient management into the core skill set of their personnel. Likewise, a number of area EMS agencies have already begun to partner with their law enforcement counterparts to assist in these efforts. In doing so, they are only beginning to imagine how the concepts championed by the Hartford Consensus might also serve to help optimize patient care for all victims of trauma.

While we believe the quality of pre-hospital care within the region has never been better, our region bears a disproportionately high level of risk for traumatic injury death. The Georgia Department of Public Health (DPH) Online Analytical Statistical Information System (OASIS) indicates that a total of 1,722 residents of the Central Georgia community died traumatic injury deaths between 2010 and 2014. The death rate [Number of Deaths / Population * 100,000] from traumatic injuries during that period was 50.8 which exceeded the Georgia death rate of 41.8 during that same period. In fact, we exceeded the Georgia death rate for MVCs, Intentional Trauma and Falls. Additionally, 19 of our 23 counties are classified as rural and research has demonstrated that nearly 60% of all trauma deaths occur in rural areas despite the fact that only 20% of the nation's population lives in these areas. Rural victims of trauma remain more likely to die of survivable injuries as care of the injured is complicated by a number of delays that are inherent to rural trauma including: increased time from injury to discovery, delayed responder mobilization and response, prolonged scene time due to extrication and disentanglement, and distance to definitive care. Meanwhile, more populous communities within the region are plagued by higher call volumes and personnel shortages. These factors also result in periodic response delays and the utilization of mutual aid resources. Because it is well established that likelihood of survival is greatest when care is received within a short period of time after a severe injury, any delay in receiving treatment can have devastating consequences. This project seeks to decrease the interval between time of injury and the provision of care. This is especially important in patients experiencing a compromised airway or severe bleeding as death will occur quickly (less than three minutes in some cases) without rapid intervention.

Knowing that each community is unique in regards to its challenges and available resources, Trauma Services Navicent Health contacted and briefly surveyed the leadership of a number of our EMS and law enforcement partners to determine the availability of resources and anticipated needs of each of the target communities. When surveyed, partnering 911 EMS providers reported frequently encountering response times greater than ten minutes. All services surveyed recalled some responses in excess of 25 minutes. Most lengthy response times were attributed to distance traveled. However, several respondents reported recent incidents in which lack of ambulance availability, due to call volume, necessitated an ambulance response from a neighboring county. Many communities reported that police officers and/or deputies are frequently on scene prior to the ambulance for injurious events. Some counties indicated that law enforcement personnel preceded ambulances to MVCs 85-100% of the time. Too, current response tactics necessitates that police officers and/or deputies precede EMS providers to known or probable intentional trauma which accounts for more than one third of injury deaths within the region.

Responses regarding law enforcement personnel having essential trauma training or equipment were variable, suggesting there is currently little standardization in these areas. Currently, few law enforcement agencies reported actively training their personnel on the use of such items. In fact, most individuals currently trained have military or tactical experience. Only one agency surveyed indicated that a large percentage of its patrol personnel

were trained and equipped to utilize tourniquets. All respondents indicated that they would be interested in receiving training on the use of tourniquets and hemorrhage control techniques, and many recalled recent incidents in which having basic medical training and equipment would have proven helpful.

Summary:

We realize that there may be some resistance to utilizing funds that could be directed to more traditional systems of care for a law enforcement initiative. However, it is our belief that this project would provide a number of benefits to the regional trauma system. Training and equipping law enforcement responders would enable us to work toward providing a seamless, integrated response to the victims of intentional trauma. The provision of a robust kit whose contents easily lend to one-handed self application, would add another degree of protection to an increasingly high risk population as line of duty deaths (LODD) of law enforcement personnel secondary to penetrating trauma are up 129% since the beginning of 2016. This initiative would complement our ongoing efforts to improve the trauma system. It would also improve the interface between EMS and law enforcement responders so that communities would be able to implement the concepts taught in Commission funded TCCC and TECC course more quickly. The standardization of equipment and training will assure interoperability during mutual aid responses. Most importantly, this project would decrease the interval between time of injury and the provision of care for the seriously injured.

The “injury clock” begins the instant a victim is injured. Most Georgians generally believe that when they or their loved ones are in need of trauma care, the health care system will respond at the right time with the right resources. However, when injuries occur, care is often delayed and resources limited. This project seeks to improve the outcome of trauma patients by enabling those who would be first-care providers so that immediate threats to life are addressed immediately.

RESCUE ESSENTIALS

www.Rescue-Essentials.com

Mutual Aid Trauma (MAT) Kit

"When Seconds Count"



Designed to reduce time to treatment through a standardized trauma kit that is readily visible and accessible to any responding officer or first responder.

Trauma kit contents optimized for severe hemorrhage control from GSW or other penetrating trauma per TCCC and TEMS guidelines.

Optional head rest quick release mount keeps trauma kit highly visible to all responders and standardizes location for immediate accessibility. No searching for kits or confusion as to the contents.

Currently being deployed with the Colorado State Patrol, Denver Police Department, Colorado Police Department and Wyoming State Patrol.

CONTENTS INCLUDE:

- * CAT Tourniquet
- * Celox Rapid
- * Hyfin Chest Seal
- * March Card
- * 4" Trauma Dressing
- * EMT Shears
- * 5" x 9" ABD Pad
- * Nitrile Gloves, 2pr



Rescue Essentials 312 F Street * PO Box 987
Salida CO 81201 (719) 539-4843

EMS REGION 5
REGIONAL SYSTEM IMPROVEMENT GRANT PROPOSAL
PROPOSED BUDGET

CATEGORY	DESCRIPTION	AMOUNT
LE Response Equipment	1200 MAT Kits (24 x 50 @ \$106.67ea)	\$127,884.00
Replacement Items	50 - CPR Face Shields @ \$3.00ea	\$150.00
Replacement Items	50 - HyFin Compact C. Seal Twin Pack @ \$11.99ea	\$599.50
Replacement Items	50 - Celox Rapid @ \$29.99ea	\$1,499.50
Replacement Items	50 - NAR Compressed Guaze @ \$2.50ea	\$125.00
Replacement Items	50 - NAR Responder 4" ETD @3.99ea	\$199.50
Replacement Items	50 - CAT Gen 7 Orange - @ 29.99	\$1,499.50
Replacement Items	25 - High Vis Rolled Gloves (10 pairs) - Medium @ \$7.95	\$198.75
Replacement Items	25 - High Vis Rolled Gloves (10 pairs) - Large @ \$7.95	\$198.75
Replacement Items	25 - High Vis Rolled Gloves (10 pairs) - X-Large @ \$7.95	\$198.75
Training Equipment	60 - Hyfin Trainers - @ 11.99 ea	\$719.40
Training Equipment	6 - Rolling Duffles (Training Bags) @69.99ea	\$419.94
Training Equipment	60 - CAT Gen 7 Trainers	\$29.99
Training Equipment	60 - MAT Kit Trainers @ \$106.67ea	\$6,400.20
Training Equipment	60 - USB Drives @ 5.19 each	\$311.40
Training Equipment	12 - 1 liter Simulated Blood @ 16.50	\$198.50
Training Equipment	3 - Wound Packing Trainers @ 400.00ec	\$1,200.00
Training Equipment	30 - SWAT-T - @ 10.45	\$313.50
Administration	Office Supplies, Administration, Disposables	\$ 7,000
Total Funding Requested:		\$149,146.18



**Region 5 EMS
Regional Trauma Advisory Committee**

777 Hemlock Street, MSC 103
Macon, Georgia 31201

Phone: (478) 633-1530 ♦ Fax: (478) 633-6195

May 27, 2016

This affidavit hereby affirms that the Region 5 Regional Trauma Advisory Committee (RTAC) -

1. Agrees to utilize the Regional System Improvement Grant dollars for trauma related services and/or equipment with the 911 region described in the application for the grant.
2. Agrees that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is affected.
 - a. Agrees that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agrees that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. Agrees that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.
4. Agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. Is compliant with the Department of Public Health State Office of EMS data submission requirements.
6. Agrees to provide all data to the Georgia Trauma Commission as requested for this grant program.



 Kristal Smith, BS, NREMT-P
 Program Coordinator





Trauma Services

NavicentHealth

777 Hemlock Street
Hospital Box # 103
Macon, Georgia 31201

phone: 478-633-1199
fax: 478-633-6195

May 27, 2016

This affidavit hereby affirms that Trauma Services Navicent Health -

1. Agrees to utilize the Regional System Improvement Grant dollars for trauma related services and/or equipment with the 911 region described in the application for the grant.
2. Agrees that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is affected.
 - a. Agrees that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agrees that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. Agrees that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.
4. Agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. Is compliant with the Department of Public Health State Office of EMS data submission requirements.
6. Agrees to provide all data to the Georgia Trauma Commission as requested for this grant program.

Kristal Smith, Injury Prevention and Outreach Coordinator
Trauma Services
The Medical Center, Navicent Health



Memorandum:

To: Georgia Trauma Commission EMS Subcommittee
From: Courtney Terwilliger, member Region 6 RTAC
Subject: Request for Regional grant funding
Date: May 31, 2016



Attached please find:

- The completed application
- A spreadsheet documenting proposed expenditure
- Documentation agreeing to all requirements listed in appendix A

Region VI would like to develop a region wide B-con training program. Our plan is to begin by conducting B-con courses at each of the zoned, licensed ambulance services in the region and at the Licensed Medical First Responder Agencies in the region.

Each of these agencies, which agree to participate, will be given supplies and equipment to conduct this training. The agencies will be required to teach the courses in their respective counties.

We will also purchase a number of initial responder kits to be provided to agencies that participate in the training and facilities that might be considered "at risk".

I appreciate your review of this information and will be happy to provide additional information at the subcommittee meeting.



Georgia Trauma Commission
Right Patient, Right Hospital, Right Time, Right Means

GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM			
Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program			
Applying Organization Legal Name: Augusta University			
Doing Business As "DBA" (if differs from Legal Name):			
Physical Address (No PO Box): 1120 15th Street			
City: Augusta	State: GA	ZIP Code: 30912	County: Richmond
Phone (706) 721-3153	Fax: 706-721-3239	E-mail: RMEDEIRO@augusta.edu	
Federal Tax ID Number: On File			
GA EMS Provider License Number:		N/A	
DIRECTOR OF APPLYING ORGANIZATION			
Name/Title: Colville Ferdinand – RTAC Chair			
Physical Address (No PO Box): 1120 15th Street			
City: Augusta	State: GA	ZIP Code: 30912	
Phone: 706-721-3153	E-mail: cferdinand@augusta.edu		
FISCAL OFFICER OF APPLYING ORGANIZATION			
Name/Title: Wendy Stephens			
Physical Address (No PO Box): 1120 15th Street			
City: Augusta	State: GA	ZIP Code: 30912	
Phone: 706-721-9670	E-mail: wstephens@augusta.edu		
OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)			
Name:			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-Mail:		
Federal Tax ID Number:			
CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)			
Name/Title: Regina Medeiros			
Physical Address (No PO Box): 1120 15th Street			
City: Augusta	State: GA	ZIP Code: 30912	
Phone: (706) 721-3153	E-mail: RMEDEIRO@augusta.edu		

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.



Georgia Trauma Commission
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GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)

Name/Title: Courtney Terwilliger

Physical Address (No PO Box): 117 Kite Road

City: Swainsboro

State: Georgia

ZIP Code: 30401

Phone: (912) 494-4512

E-mail: cterwilliger@emanuelmedical.org

Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	Augusta University is the level 1 Trauma Center in Region 6. Dr. Ferdinand is the Trauma Director and the Chair of the RTAC of the Region 6 Advisory Council
Please list the EMS region that this grant will be used in.	Region 6
Please list the trauma center(s) and EMS agencies that will be involved in this work.	Augusta University – Level 1 Center – All Zoned EMS providers and Licensed Medical First Responder Agencies
Please list any other individuals and/or agencies that will be responsible for management of this project.	RTAC and Training Committee of Region 6 Council
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	Yes
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes " or "No" in the answer field.	Yes

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE:

TITLE:

Member Region VI
RTAC

DATE:

5-31-16

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.

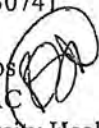
Region VI RTAC FY 2016 Funding Request

ITEM	Company	Part#	Qty	Cost	Qty Total
NAEMT B-Con Course	NAEMT	B-Con	0	\$0.00	\$0.00
Instructor Time	2.5 hours per course * \$25 per hour * 14 sites		14	\$62.50	\$875.00
White Paper	Staples	case	1	\$48.99	\$48.99
Ziploc Bags Gallon	Walmart	50/box	1	\$6.88	\$6.88
Initial Response Kit		One per site for training	14	\$39.90	\$558.60
CAT Tourniquet Trainer		NA30-0033	14	\$37.72	\$528.08
GSW In a box	store:techlinetechnologiesinc.com	PTT.B01	14	\$225.00	\$3,150.00
4x4 Gauze (200pad/pack)	Seequip	D5435/packs	14	\$3.83	\$53.62
3" Rolled Gauze (12rolls/pack)	Seequip	D5402	28	\$3.62	\$101.36
Medium Gloves (100/box)	Seequip	MXN192	14	\$9.50	\$133.00
Large Gloves (100/box)	Seequip	MXN194	14	\$9.50	\$133.00
51/2" Shears	Seequip	A4514	14	\$1.31	\$18.34
Laerdal Face Shields (10/box)***	Boundtree	L460000	2	\$20.00	\$40.00
Manikin Left Leg	AED Superstore	1364L	14	\$93.00	\$1,302.00
Initial Response Kits for Distribution			575	\$39.90	\$22,942.50
					\$29,891.37



AUGUSTA
UNIVERSITY

TO: Dena Abston, Executive Director
Georgia Trauma Care Network Commission
410 Chickamauga Ave, Suite 332
Rossville, GA 30741

From: Regina Medeiros 
Region VI RTAC
Augusta University Health

Date: May 31, 2016

RE: Georgia EMS Trauma Regional System Improvement Grant Application
Dear Dena,

The Region VI RTAC and Augusta University agree to the following six requirements:

1. Agree to utilize these grant dollars for trauma related services and/or equipment with the 911 region described in the application for the grant.
2. Agree that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. Applying organization agrees (if applicable) it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

DEPARTMENT OF SURGERY
Section of Trauma/Surgical Critical Care/Acute Care Surgery



Notary Public, Columbia County, Georgia
My Commission Expires October 23, 2017.

Mailing Address:
1120 15th Street
Augusta, Georgia 30912

T (706) 721-3153

F (706) 721-3239

augusta.edu

May 16, 2016

Dena Abston, Executive Director
Georgia Trauma Care Network Commission
410 Chickamauga Avenue, Suite 332
Rossville, Georgia 30741

Dear Ms. Abston

The West Central Georgia Region 7 EMS Council is requesting \$36925.00 to support the Regional Trauma Care Improvement project for this region.

The purpose of this grant request is to conduct seven Advanced EMT education programs in our rural counties. The West Central Georgia Region 7 area consists of 13 counties, twelve of which have been designated as rural. EMS is the only medical resource for some of these counties, with the nearest Trauma Center located in Columbus Georgia, at Columbus Regional Medical Center. The average transport time to this facility is 45 minutes to an hour.

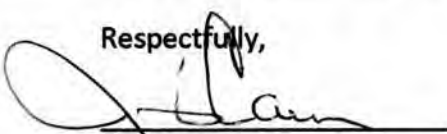
It is our intent to utilize these funds to improve the level of EMS provider training at seven locations. We will provide the educational opportunity for current EMTs and EMT-Is to progress to the Advanced EMT level. By doing this, we believe that we will improve patient outcomes for those needing trauma care in these counties, thus reducing morbidity and mortality rates. This request is also a continuum of the six EMT programs we began with trauma funding in January of 2016. From those six programs, we have 112 EMT students that will test at the national EMT level within the next two weeks.

If this grant request is approved, the locations for the Advanced EMT training will be: Harris County, Webster County, Randolph County, Macon County, Taylor County, Stewart County and Chattahoochee County. In return these counties and those contiguous within Region 7 have agreed to support the programs by providing the meeting space and supplies for the programs.

If approved, the West Central Georgia Region 7 Council is prepared to receive these funds through the 501(c)(3) account known as the Scott McDaniel EMS Education Fund. A memorandum of understanding will be developed for each Advanced EMT program receiving these funds. Attached is a budget for these funds.

Your consideration of this request is greatly appreciated.

Respectfully,



Jimmy Carver, Chairman
Region 7 EMS

Region 7 Advanced EMT Education Budget
(Based on a maximum of 25 students in each program)

80 hours of instructional classroom and clinical training at \$30.00 per hour = \$ 2400.00

Instructor travel and other expenses = \$1000.00

25 Advanced EMT books from Brady at \$60.00 each = \$1500.00

Copying and other supplies \$15.00 x 25 students = \$375.00

Total per program = \$5275.00

Number of Programs 7

Total amount requested = \$36,925.00



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM			
Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program			
Applying Organization Legal Name: West Central Georgia Regional EMS Council			
Doing Business As "DBA" (if differs from Legal Name): Scott McDaniel Education Fund			
Physical Address (No PO Box): 9907 Hwy 116			
City: Hamilton	State: Georgia	ZIP Code: 31811	County: Harris
Phone: 706-573-7840	Fax:	E-mail: jcarver@harriscountyga.gov	
Federal Tax ID Number: 501C3			
GA EMS Provider License Number:		Regional Project N/A	
DIRECTOR OF APPLYING ORGANIZATION			
Name/Title: Jimmy Carver, Chairman West Central Georgia Regional Council			
Physical Address (No PO Box): 9907 Hwy 116			
City: Hamilton	State: Georgia	ZIP Code: 31811	
Phone: 706-573-7840	E-mail: jcarver@harriscountyga.gov		
FISCAL OFFICER OF APPLYING ORGANIZATION			
Name/Title: Same as above			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-mail:		
OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)			
Name: Same as above			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-Mail:		
Federal Tax ID Number:			
CONTACT PERSON FOR OPERATING ORGANIZATION (if Different from Applying Organization Director)			
Name/Title: Same as above			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-mail:		
CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (if Different from Contact Person for Operating Organization)			

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.



Georgia Trauma Commission

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GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

Name/Title:
Billy Watson, Georgia Department of Public Health Region 7 EMS Director

Physical Address (No PO Box): 2100 Comer Ave

City: Columbus **State:** Georgia **ZIP Code:** 31904

Phone: 706-594-3555 **E-mail:** billy.watson@dph.ga.gov

Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	The RTAC is a subcommittee of the regional council.
Please list the EMS region that this grant will be used in.	7
Please list the trauma center(s) and EMS agencies that will be involved in this work.	Columbus Regional Medical Center
Please list any other individuals and/or agencies that will be responsible for management of this project.	Billy Watson, Region 7 EMS Director
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	N/A
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes " or "No" in the answer field.	N/A

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE: 	TITLE: Chair Region 7 EMS Council	DATE: 05-19-16
-----------------------	--	--------------------------



GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program

Applying Organization Legal Name: Region Nine EMS Council

Doing Business As "DBA" (if differs from Legal Name):

Physical Address (No PO Box): 150 Scranton Connector

City: Brunswick State: GA ZIP Code: 31525 County: Glynn

Phone: 912-262-3035 Fax: 912-262-3331 E-mail: rlshad@dhr.state.ga.us

Federal Tax ID Number: N/A

GA EMS Provider License Number: N/A - Regional Application

DIRECTOR OF APPLYING ORGANIZATION

Name/Title: Robert L. Shad / Lee Eckles, Council Chair

Physical Address (No PO Box): 150 Scranton Connector

City: Brunswick State: GA ZIP Code: 31525

Phone: 706-99-6177 E-mail: rlshad@dhr.state.ga.us

FISCAL OFFICER OF APPLYING ORGANIZATION

Name/Title: Brandon Fletcher

Physical Address (No PO Box): PO Box 187

City: Fitzgerald State: GA ZIP Code: 31750

Phone: (229) 423-3376 E-mail: srmhs01@gmail.com

OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)

Name:

Physical Address (No PO Box):

City: State: ZIP Code:

Phone: E-Mail:

Federal Tax ID Number:

CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)

Name/Title: Bradley Taylor

Physical Address (No PO Box): PO Box 2004

City: Alma State: GA ZIP Code: 31510

Phone: (912) 548-5752 E-mail: btaylor@baconcounty.org



GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)

Name/Title: Jeannie Newton-Riner

Physical Address (No PO Box): 6707B Forest Park Drive

City: Savannah **State:** GA **ZIP Code:** 31406

Phone: (912) 531-6101 **E-mail:** jriner@coastalems.net

Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	The EMS Preparedness Foundation will manage the actual funds but all expenditures will be approved by the subcommittee for the DART project.
Please list the EMS region that this grant will be used in.	Region 9 EMS
Please list the trauma center(s) and EMS agencies that will be involved in this work.	All licensed EMS services and trauma centers in Region 9
Please list any other individuals and/or agencies that will be responsible for management of this project.	Region 9 Council subcommittee for the DART project
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	Yes/Yes
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes " or "No" in the answer field.	Yes/Yes

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE:
Bradley Taylor

TITLE:
Bacon County EMS Director
Region 9 EMS Council Chair

DATE:
5-20-16

Georgia Department of Public Health Southeast Georgia Emergency Medical Services Region IX Council



May 23, 2016

Georgia Trauma Care Network Commission
Attention: Dena Abston, Interim Executive Director
410 Chickamauga Ave, Suite 332
Rossville GA 30741
dena@gtcnc.org

Dear Ms. Abston,
This is a statement of commitment to affirm all six (6) conditions detailed in Attachment A in regard to our Georgia EMS Trauma Regional System Improvement Grant Application.



Lee Eckles, Chairman Elect
Region 9 EMS Council

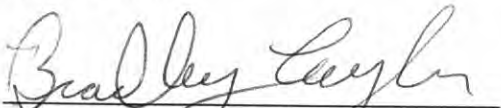
5/25/16
Date

Affix Seal Here



Kelly Baird
Notary Public

7/15/17
Expiration Date



Bradley Taylor, Council Member
Region 9 EMS Council

5/23/2016
Date

Affix Seal Here



June Medders
Notary Public

7-9-14
Expiration Date





Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

Attachment A:

Provide a notarized affidavit on applying organization's letterhead that affirms the following:

1. Agree to utilize these grant dollars for trauma related services and/or equipment with the 911 region described in the application for the grant.
2. Agree that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. Applying organization agrees (if applicable) it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

Region 9 Trauma Regional System Improvement Grants - Budget Request

*60 Bags @ \$1000.00/bag	\$60,000.00
2 Training Courses @ \$5000.00/course	\$10,000.00
Book Cost/Printing Fees	\$2,500.00
Subtotal	<u>\$72,500.00</u>
Grant Administrative Costs to Foundation @ 15% =	\$10,875.00
Total Request of Grant	\$83,375.00

*30 Response Units with 2 DART Bags per unit for 60 Bags total (See next sheet)

APPROVED 8/9/2016

Equipment for EMS-D.A.R.T. Field Bags

We will place three to four EMS-D.A.R.T. Field Bags on each designated EMS R.R.S.T. unit. The equipment will be sufficient to address any initial treatment to found victims and provider injuries until we get an ALS ambulance to them. The following is the equipment each gear bag will have: EMS-D.A.R.T. Field Bag (Three on each EMS-RRST designated unit)

- USAR/Caving Helmet Eye/Ear protection
- Trauma Shears/Scissors
- Stethoscope
- Thermometer - oral, electronic
- Thermometer - oral, hypothermic
- N95n Masks
- Respirator
- Airways - NPA, OPA
- Small pocket mask,
- Collapsible BVM
- Suction, portable with tonsillar tip
- Eye Patches, (cotton individually wrapped)
- Alcohol wipes (box 100-200 individually wrapped)
- Swabs, cotton sterile long wrapped pair
- Jelly, Lubricant, single use packets
- Tongue depressors, sterile, individually wrapped, box
- Elastic Bandages - 3" -4 and 6" -4 (ace wrap type)
- Triangular bandages (4)
- 4" roll gauze, (6) individually wrapped
- heavy duty 2" tape (2) (e.g. compression type tape)
- Moldable Splints - SAM type (2)
- Multi-Trauma Dressing 12x30 (2)
- Trauma Dressing - 5x9 or equivalent (4)
- Sponges, Sterile, 4x4 (2) 25 pack
- Tape 1" silk (4)
- Tape 2" Cloth (2)
- Blister Dressing - 4x3 Mole Skin (3 packs)
- Vaseline Gauze, (6) individually wrapped
- Hemostatic dressing - (6) Quik Clot gauze or equivalent
- Assorted band aids
- 2 tourniquets (CAT or equivalent)
- Chest decompression kit
- 2-3 open chest seal - (occlusive Dressing or HALO)
- Glucometer and strips (1 box/bottle)
- Mini-Pulse Ox
- Blanket, Mylar Survival Blankets (2)
- Chemlight stick (4)
- Hand sanitizer
- Headlamp (1) (helmet Mountable)
- Clipboard, Metal
- Patient Contact Forms
- Markers, Felt tip, black permanent
- 5.11 EMS Blue Field Deployment Back Pack



Georgia Trauma Commission

Right Patient. Right Hospital. Right Time. Right Means

GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM			
Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program			
Applying Organization Legal Name: Board of County Commissioners			
Doing Business As "DBA" (if differs from Legal Name): Jeff Davis County EMS			
Physical Address (No PO Box): 14 Public Safety Drive			
City: Hazlehurst	State: GA	ZIP Code: 31539	County: Jeff Davis
Phone: (912) 375-6677	Fax: (912) 375-6676	E-mail: jeffdavisems@bellsouth.net	
Federal Tax ID Number:		58-6011374	
GA EMS Provider License Number:		080-01	
DIRECTOR OF APPLYING ORGANIZATION			
Name/Title: Ronnie Jowers, EMS Director			
Physical Address (No PO Box): 14 Public Safety Drive			
City: Hazlehurst	State: GA	ZIP Code: 31539	
Phone: (912) 375-6677	E-mail: jeffdavisems@bellsouth.net		
FISCAL OFFICER OF APPLYING ORGANIZATION			
Name/Title: Gary Faulk, County Administrator			
Physical Address (No PO Box): 14 Jeff Davis Street, Suite 101			
City: Hazlehurst	State: GA	ZIP Code: 31539	
Phone: (912) 375-6611	E-mail: jdcboc@bellsouth.net		
OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)			
Name:			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-Mail:		
Federal Tax ID Number:			
CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)			
Name/Title:			
Physical Address (No PO Box):			
City:	State:	ZIP Code:	
Phone:	E-mail:		

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED. 1



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Money

GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)

Name/Title:

Physical Address (No PO Box):


City: State: ZIP Code:

Phone: E-mail:

Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	Jeff Davis County Board of Commissioners owns and operates Jeff Davis County EMS - the county's ambulance service.
Please list the EMS region that this grant will be used in.	Region IX
Please list the trauma center(s) and EMS agencies that will be involved in this work.	Memorial Health University Jeff Davis County EMS
Please list any other individuals and/or agencies that will be responsible for management of this project.	
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes" or "No" in the answer field.	Yes
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes" or "No" in the answer field.	Yes

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE:  Ronnie Jowers	TITLE: EMS Director	DATE: May 27, 2016
---	-------------------------------	------------------------------

Ambulance EMS - Ronnie Jowers	FY 2015	FY 2016	2017 Bdgt
	Actual	Budget	Proposed
	\$690,429	\$743,249	\$708,952
100-3-610-5 SALARIES	\$436,353	\$458,150	\$450,000
100-3-610-5 PART-TIME LABOR	\$41,459	\$43,000	\$23,688
100-3-610-5 RETIREMENT - CONTRIBUTIONS	\$30,132	\$31,500	\$38,848
100-3-610-5 COMPENSATED ABSENCE-EMS	\$0	\$0	\$0
100-3-610-5 PAYROLL TAXES	\$35,274	\$37,000	\$34,110
100-3-610-5 LICENSING	\$9,500	\$9,500	\$7,675
100-3-610-5 INSURANCE AND BONDS	\$3,300	\$0	\$0
100-3-610-5 INSURANCE - MEDICAL & LIFE	\$48,806	\$59,445	\$64,430
100-3-610-5 COMPUTER SUP. & SUPPLIES	\$3,941	\$4,000	\$5,685
100-3-610-5 GAS AND OIL	\$21,669	\$27,000	\$18,950
100-3-610-5 TIRES	\$1,420	\$2,000	\$2,843
100-3-610-5 DUES & SUBSCRIPTIONS		\$0	\$0
100-3-610-5 REPAIRS-MAINTENANCE,BLDG	\$1,460	\$1,800	\$1,895
100-3-610-5 REPAIR & MAINT. - EQUIP.	\$713	\$1,000	\$1,895
100-3-610-5 REPAIR & MAINT./AMBULANCE	\$3,785	\$4,000	\$5,685
100-3-610-5 TRAVEL	\$2,889	\$2,700	\$3,032
100-3-610-5 EMT REVIEW COURSES	-\$625	\$1,500	\$1,421
100-3-610-5 SUPPLIES - GENERAL	\$175	\$500	\$1,421
100-3-610-5 SUPPLIES - JANITORIAL	\$390	\$3,000	\$948
100-3-610-5 SUPPLIES - MEDICAL	\$21,142	\$30,000	\$28,425
100-3-610-5 SUPPLIES - OFFICE	\$1,499	\$2,100	\$2,843
100-3-610-5 REIMBURSEMENT TO PATIENT	\$387	\$0	\$0
100-3-610-5 REIMBURSEMENT TO MEDICARE	\$874	\$0	\$0
100-3-610-5 REIMBURSEMENT TO MEDICAID	\$256	\$0	\$0
100-3-610-5 REIMBURSEMENT TO INS. CO.	\$2,710	\$0	\$0
100-3-610-5 TELEPHONE	\$2,433	\$2,700	\$1,895
100-3-610-5 UNIFORMS	\$2,948	\$4,000	\$3,790
100-3-610-5 UTILITIES	\$9,019	\$9,000	\$8,528
100-3-610-5 POSTAGE	\$1,007	\$1,600	\$948
100-3-610-5 MISCELLANEOUS	\$1,194	\$1,154	\$0
100-3-610-5 GRANTS	\$625	\$1,600	\$0
100-3-610-5 CAPITAL OUTLAY	\$5,697	\$5,000	\$0
100-3-610-5 DEPRECIATION EXP-EMS		\$0	\$0

Jeff Davis County
EMERGENCY MEDICAL SERVICES
14 Public Safety Drive, POB 609
Hazlehurst, Georgia 31539
(912) 375-6677 (Operations)
(912) 375-6655 (Billing & Records)

Affidavit

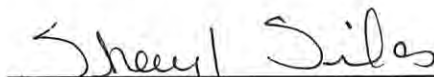
This is a written, notarized affidavit that Jeff Davis County EMS affirms the following:

1. Agree to utilize these grant dollars for trauma related services and/or equipment with the 911 region described in the application for the grant.
2. Agree that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local Regional EMS Response system.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. Applying organization agrees (if applicable) it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

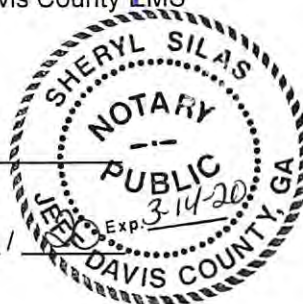


Ronnie Jowers, EMS Director
Jeff Davis County EMS

5 / 27 / 2016


Notary Public

My commission expires: 03 / 14 /



APPROVED 5/9/2016

RECEIVED 5/27/2016

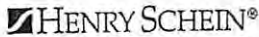
**Jeff Davis County
EMERGENCY MEDICAL SERVICES
14 Public Safety Drive, POB 609
Hazlehurst, Georgia 31539
(912) 375-6677 (Operations)
(912) 375-6655 (Billing & Records)**

May 31, 2016

GRANT REQUEST

TO: Dena Abston
FROM: Ronnie Jowers, EMS Director, Jeff Davis County EMS
RE: 2016 Georgia Trauma Care Network Commission Grant Application / Request

Following is a list of supplies for trauma patients, and the cost of each. The total is \$5,879.80 -----.
Please accept this as my grant request for supplies required in the treatment and transport of
trauma patients.



Matrx Medical

135 DURYEA ROAD
MELVILLE, NY 11747

SHIP TO:

Jeff Davis Cty EMS
14 Public Safety Drive
David Lee Turfler
Hazlehurst GA 315396212

Order Confirmation

BILL TO:

Jeff Davis Cty Bd Of Comm.
PO Box 609
Hazlehurst, GA 31539-0609

Jeff Davis Cty Bd Of Comm.
PO Box 609
Hazlehurst GA 315390609

ACCOUNT #	TOTAL AMOUNT
1201167	
ORDER NUMBER	ORDER DATE
37754854 SO	
PAGE #	
1	

LINE NO	ITEM CODE	UNIT SIZE DRUG CLASS	DESCRIPTION & STRENGTH	QTY. ORD SHIPPED	SHIPPING DETAILS CUSTOMER P.O.#	UNIT PRICE	EXTENSION
			jeffdavisems@bellsouth.net	4	SHIPPING		
				4			
2	6981246	Ea	QuickTrach Emer Cricothro Ster Sngl Us	5	SHIPPING	169.00	845.00
				5			
3	2037034	Ea	Sta-Blok Head Immobilizer	2	SHIPPING	127.50	255.00
				2			
4	4990833	Ea	Collar Stifneck Baby No N Cervical	20	SHIPPING	5.00	100.00
				20			
5	9859681	Ea	Collar Xtric Perfit Plstc Size 2 Ped	20	SHIPPING	4.00	80.00
				20			
6	9857405	Ea	Collar Xtric Perfit Plstc Sz 3 No Neck	50	SHIPPING	4.00	200.00
				50			
7	4992562	Ea	Flex-All Splint	25	SHIPPING	5.00	125.00
				25			
8	2200328	Ea	Strap Nylon 5' Speed Clip Orange	30	PARTIAL SHIP	12.00	168.00
				14			
9	4990618	Ea	Buckle Plastic 2pc 5' Black	6	SHIPPING	9.00	54.00
				6			
10	5650694	100/Bx	Diamond Grip Glove PF Lat Medium	30	SHIPPING	9.99	299.70
				30			

ACCOUNT #	TOTAL AMOUNT
1201167	
ORDER NUMBER	ORDER DATE
37754854 SO	
PAGE #	
1	

HENRY SCHEIN®
Matrx Medical
 135 DURYEA ROAD
 MELVILLE, NY 11747

Order Confirmation

Jeff Davis Cty Bd Of Comm.
 PO Box 609
 Hazlehurst, GA 31539-0609

SHIP TO:

Jeff Davis Cty EMS
 14 Public Safety Drive
 David Lee Turfler
 Hazlehurst GA 315396212

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 Hazlehurst GA 315390609

ACCOUNT #	TOTAL AMOUNT
1201167	
ORDER NUMBER	ORDER DATE
37754854 SO	
PAGE #	
2	

LINE NO	ITEM CODE	UNIT SIZE / DRUG CLASS	DESCRIPTION & STRENGTH	QTY. ORD	SHIPPING DETAILS	UNIT PRICE	EXTENSION
11	5651061	100/Bx	Diamond Grip Glove PF Lat Large 11.000	30	SHIPPING	9.99	299.70
12	5651329	100/Bx	Diamond Grip Glove PF Lat X-Large 12.000	10	SHIPPING	9.99	99.90
13	1070501	100/Bx	Purple PF Nitrile Glove N Small 13.000	10	SHIPPING	7.50	75.00
14	3155452	Ea	Surflo IV Catheter Gray 16Gx1-1/4" 14.000	50	SHIPPING	1.10	55.00
15	3155131	Ea	Surflo IV Catheter 18gx1.25" 15.000	150	SHIPPING	1.10	165.00
16	3159704	Ea	Surflo IV Cath 20g 1-1/4" 16.000	150	SHIPPING	1.10	165.00
17	3159675	Ea	Surflo IV Catheter Blue 22Gx1" 17.000	150	SHIPPING	1.10	165.00
18	4990504	Ea	10 Drop Basic Set Lowery Lav 18.000	4	SHIPPING	83.00	332.00
19	8798581	30/Pk	Medi-Trace Snap Foam Elec 530ECG 19.000	4	SHIPPING	90.00	360.00
20	6430099	Ea	Physio-Control Direct Pad Adult 20.000	20	SHIPPING	18.90	378.00

ACCOUNT #	TOTAL AMOUNT
1201167	
ORDER NUMBER	ORDER DATE
37754854 SO	
PAGE #	
2	



Matrix Medical

135 DURYEA ROAD
MELVILLE, NY 11747

Order Confirmation

Jeff Davis Cty Bd Of Comm.
PO Box 609
Hazlehurst, GA 31539-0609

SHIP TO:

Jeff Davis Cty EMS
14 Public Safety Drive
David Lee Turfler
Hazlehurst GA 315396212

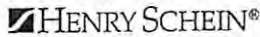
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ACCOUNT #	TOTAL AMOUNT
1201167	
ORDER NUMBER	ORDER DATE
37754854 SO	
PAGE #	
3	

LINE NO.	ITEM CODE	UNIT SIZE DRUG CLASS	DESCRIPTION & STRENGTH	QTY. ORD SHIPPED	SHIPPING DETAILS CUSTOMER P.O.#	UNIT PRICE	EXTENSION
21	6436213	1/Pr	Physio Control Direct Pad [REDACTED] 21.000	10 10	SHIPPING	18.90	189.00
22	4252520	6/St	Splint Vinyl Orange [REDACTED] 22.000	4 4	SHIPPING	36.00	144.00
23	4995318	Ea	Airway Device King LTS-D Size 3 [REDACTED] 23.000	4 4	SHIPPING	30.00	120.00
24	4995319	Ea	Airway Device King LTS-D Size 4 [REDACTED] 24.000	4 4	SHIPPING	30.00	120.00
25	4995320	Ea	Airway Device King LTS-D Size 5 [REDACTED] 25.000	4 4	SHIPPING	30.00	120.00
26	1200947	Ea	Lifesaver Emergency Kit [REDACTED] 26.000	4 4	SHIPPING	30.00	120.00
27	4997721	Ea PU	Needle Decompression 14gx3.25 [REDACTED] 27.000	10 10	SHIPPING	8.00	80.00
28	4997719	Ea	[REDACTED] 28.000	10 10	DROP SHIP		
29	8906868	3/Pk	Lifepak 12 Paper EKG [REDACTED] 29.000	8 8	SHIPPING	12.00	96.00
30	1137648	Ea	[REDACTED] Large 30.000	4 4	SHIPPING		

ACCOUNT #	TOTAL AMOUNT
1201167	
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PAGE #	
3	



Matrx Medical

135 DURVEA ROAD
MELVILLE, NY 11747

SHIP TO:

Jeff Davis Cty EMS
14 Public Safety Drive
David Lee Turfler
Hazlehurst GA 315396212

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Jeff Davis Cty Bd Of Comm.
PO Box 609
Hazlehurst, GA 31539-0609

Jeff Davis Cty Bd Of Comm.
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ACCOUNT #	TOTAL AMOUNT
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ORDER NUMBER	ORDER DATE
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PAGE #	
4	

LINE NO	ITEM CODE	UNIT SIZE DRUG CLASS	DESCRIPTION & STRENGTH	QTY. ORD SHIPPED	SHIPPING DETAILS CUSTOMER P.O.#	UNIT PRICE	EXTENSION
31	4992550	Ea	EMS Shears Black 01/29/16 31.000	20 20	SHIPPING	1.00	20.00
32	8901241	12/Bx	Curasilk Cloth Tape Hypoa 1"x10yd 01/29/16 32.000	4	CANCELLED	.00	
33	8900170	12/Bx	ITEM NO LONGER AVAILABLE. Tape Silk Hypoallergenic 1"x10Yd 01/29/16 32.001	4 4	SHIPPING	12.00	48.00
34	8903179	6/Bx	Curasilk Cloth Tape 2"x10yd 01/29/16 33.000	4	CANCELLED	.00	
35	8900150	6/Bx	ITEM NO LONGER AVAILABLE. CURASILK Cloth Tape 2"X10YD 01/29/16 33.001	4 4	SHIPPING	12.00	48.00
36	1047563	10/Pk	Elastic Bandages Latex Fr 2x4.5Yds 01/29/16 34.000	3	CANCELLED	.00	
37	9004677	10/Bx	ITEM NO LONGER AVAILABLE. Elastic Bandage LF 2" N/S 2"x4.5yds 01/29/16 35.000	3 3	SHIPPING	4.50	13.50
38	1047565	10/Pk	Elastic Bandages Latex Fr 3x4.5Yds 01/29/16 36.000	4	CANCELLED	.00	
39	9004678	10/Bx	ITEM NO LONGER AVAILABLE. Elastic Bandage LF 3" N/S 3"x4.5yds 01/29/16 37.000	4 4	SHIPPING	6.00	24.00

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Matrx Medical

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BILL TO:

Jeff Davis Cty Bd Of Comm.
PO Box 609
Hazlehurst, GA 31539-0609

Jeff Davis Cty Bd Of Comm.
PO Box 609
Hazlehurst GA 315390609

ACCOUNT #	TOTAL AMOUNT
1201167	7,984.80
ORDER NUMBER	ORDER DATE
37754854 SO	
PAGE #	
5	

LINE NO	ITEM CODE	UNIT SIZE DRUG CLASS	DESCRIPTION & STRENGTH	QTY. ORD SHIPPED	SHIPPING DETAILS CUSTOMER P.O.#	UNIT PRICE	EXTENSION
40	1047575	10/Pk	Elastic Bandages Latex Fr 4x4.5Yds 01/29/16 38.000	4	CANCELLED	.00	
			ITEM NO LONGER AVAILABLE.				
41	9004679	10/Bx	Elastic Bandage LF 4" N/S 4"x4.5yds 01/29/16 39.000	4	SHIPPING	7.00	28.00
42	8310402	10/Bx	Elastic Bandage SureWrap 6"x5yds 01/29/16 40.000	4	SHIPPING	7.00	28.00
43	8906582	200/Pk	Curity Non-Woven Sponge 3 4"x4" 01/29/16 41.000	10	SHIPPING	4.00	40.00
			Lactated Ringers	4			100.00
			Normal saline	4			120.00
							\$ 5879.80

ACCOUNT #	TOTAL AMOUNT
1201167	7,984.80
ORDER NUMBER	ORDER DATE
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PAGE #	
5	



GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

Name of Grant: FY 2016 Georgia EMS Trauma Regional System Improvement Grant Program

Applying Organization Legal Name: NATIONAL EMS

Doing Business As "DBA" (if differs from Legal Name): 1380 MONTICELLO Hwy.

Physical Address (No PO Box): ~~1060 CULPEPPER DR~~ 30650

City: MADISON **State:** GA **ZIP Code:** 30650 **County:** MORGAN

Phone: 706-342-1458 **Fax:** 770-483-3759 **E-mail:** natkins@nationalems.com

Federal Tax ID Number: 501282570

GA EMS Provider License Number: 122-04

DIRECTOR OF APPLYING ORGANIZATION

Name/Title: HENRY ATKINS

Physical Address (No PO Box): 1060 CULPEPPER DR

City: CONYERS **State:** GA **ZIP Code:** 30094

Phone: 770-922-9578 **E-mail:** natkins@nationalems.com

FISCAL OFFICER OF APPLYING ORGANIZATION

Name/Title: GLEN HENRY, DEAN

Physical Address (No PO Box): 1130 CALS CREEK DR

City: WATKINSVILLE **State:** GA **ZIP Code:** 30677

Phone: 706-207-0338 **E-mail:**

OPERATING ORGANIZATION (entity that would receive award. If different from Applying Organization, if not different leave blank.)

Name: ATHENS TECHNICAL COLLEGE

Physical Address (No PO Box): 800 U.S. Hwy 29 N

City: ATHENS **State:** GA **ZIP Code:** 30606

Phone: 706-355-5033 **E-Mail:** ghenry@athens-tech.edu

Federal Tax ID Number:

CONTACT PERSON FOR OPERATING ORGANIZATION (If Different from Applying Organization Director)

Name/Title: GLEN HENRY, DEAN

Physical Address (No PO Box): S/A

City: **State:** **ZIP Code:**

Phone: 706-355-5033 **E-mail:**

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED. 1



GEORGIA EMS TRAUMA REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM

CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)

Name/Title: Henry Atkins

Physical Address (No PO Box): 1060 CULPEPPER DRIVE

City: CONYERS State: GA ZIP Code: 30094

Phone: 770-922-9578 E-mail: h[atkins]@national[ems].com

Please answer each question:

QUESTION	ANSWER FIELD
Please give a brief description of the organization that will be fiscally responsible for this grant. Describe the relationship of this organization to the Regional EMS Council and/or the RTAC.	<u>ATHENS TECHNICAL COLLEGE</u> <u>GLEN HENRY</u>
Please list the EMS region that this grant will be used in.	<u>TEN</u>
Please list the trauma center(s) and EMS agencies that will be involved in this work.	<u>ATHENS REGIONAL MEDICAL CENTER</u> <u>ATHENS TECHNICAL COLLEGE</u>
Please list any other individuals and/or agencies that will be responsible for management of this project.	<u>GLEN HENRY</u>
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment A and on Applying Organization's letterhead included in this completed application? Enter "Yes" or "No" in the answer field.	<u>YES</u>
Does the Applying Organization understand and agree to comply with the eligible equipment (if applicable) parameters detailed in Attachment D of the grant documents? Enter "Yes" or "No" in the answer field.	<u>YES</u>

I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.

SIGNATURE: [Signature] TITLE: DIRECTOR DATE: 5/31/2016

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED. 2



AFFIDAVIT

As a current member and representative of the Northeast Georgia Region Ten Emergency Services Council, I affirm the following:

1. Agree to utilize these grant dollars for trauma related services and/or equipment with the 911 region described in the application for the grant.
2. Agree that if there is equipment purchased with the grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is affected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911 provider.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies t the local Regional EMS Response system.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for FY 2016, the organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. Applying organization agrees (if applicable) it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

Huey Atkins

Region Ten Emergency Services Council



Introduction

The EMS Subcommittee on Trauma voted to send a proposed budget to the Trauma Commission that included \$298,743.31 in the line items "Regional System Improvement Grants". NE GA EMS Region 10 and Athens Technical College would like to request funding through a grant to conduct trauma related training in Region 10.

The **Tactical Emergency Casualty Care (TECC)** program is based on the principles of Tactical Combat Casualty Care (TCCC) and meets the guidelines established by the Committee on Tactical Emergency Casualty Care (Co-TECC). The course teaches civilian tactical EMS; any EMS practitioner called upon to respond to a mass casualty or active shooter event.

This 16-hour course covers topics designed to decrease preventable death in the tactical situation. Topics include: Hemorrhage control; surgical airway control and needle decompression; strategies for treating wounded responders in threatening environments; caring for pediatric patients; and techniques for dragging and carrying victims to safety.

At the core of the TECC program are three distinct phases that have been well-proven by TCCC-trained personnel in the war against terrorism in Iraq and Afghanistan. The phases are as follows:

- **Direct Threat Care** -Care that is rendered while under attack or in adverse conditions.
- **Indirect Threat Care** - Care that is rendered while the threat has been suppressed.
- **Evacuation** - Care that is rendered while the casualty is being evacuated from the incident site.

TECC focuses on the medicine during these phases of care and provides guidelines for managing trauma in the civilian tactical or hazardous environment. While TECC has a tactical slant, it takes an all-hazards approach to providing care outside the normal operating conditions of most EMS agencies, such as responding to a mass casualty or active shooter event.

The **Bleeding control for the injured (BCON)** course was developed by the NAEMT's PHTLS committee. The course was developed in response to efforts by the U.S. Department of Homeland Security and Health and Human Services to increase collaboration between law enforcement, the fire service, and EMS in responding to active shooter/IED/mass casualty events. BCON is consistent with the recommendations of the Hartford Consensus (Attachment #1) on improving survival from active shooter events. The Hartford Consensus recommends this response include the critical actions contained in the acronym **THREAT**:

1. Threat
2. Hemorrhage control
3. Rapid Extrication to safety
4. Assessment by medical providers
5. Transport to definitive care

The 2 ½ hour BCON course teaches students the basic life saving medical interventions that include: bleeding control with a tourniquet, bleeding control with gauze packs and hemostatic agents, wound packing, sealing chest wounds, pressure dressings, opening a patient's airway, and shock management.

The course consists of lectures using PPT but then hands on skill stations where students practice all aspects of bleeding control using wound models, airway trainers, and tourniquet trainers.

The most significant preventable cause of death in the prehospital setting is external hemorrhage. As demonstrated by guidelines enacted by the military, widespread bleeding control is critical to saving lives. The Hartford consensus directs that all responders have the education and necessary equipment for hemorrhage control.

Region 10 Description

Northeast Georgia EMS Region 10 consists of ten counties that include: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, and Walton counties. In Region 10 there are multiple local, state (GBI and GSP), and federal (FBI) law enforcement agencies, both paid and volunteer fire services, and EMR providers as well as a dedicated 911 EMS services in each of the ten counties.

Proposal

The Northeast Georgia Region 10 EMS Council in conjunction with Athens Technical College proposes to conduct 30 free 2 ½ hour **Bleeding Control (BCON)** courses in Region 10 over the 2016 fiscal year. Each BCON course will have a maximum of 24 participants meaning that approximately 720 law enforcement, fire, and EMS personnel in our area will be trained in BCON. A minimum of two **BCON** courses will be conducted in each county for a total of 20 courses and the other 10 courses will be conducted in areas of identified need and audience.

Each course will have a minimum of three certified **BCON** instructors in attendance with the necessary audiovisual, training equipment, and disposable supplies. Equipment will include adult airway trainers, nasal airways, tourniquet trainers, pressure dressings, hemostatic agents, chest seals, gauze, and wound packing trainers.

As part of the proposal we will seek approval to award continuing education credits for law enforcement through POST, fire personnel through Georgia Firefighters Standards and Training, and EMS through the State Office of EMS and Trauma.

The **TECC** course will be limited to 24 paramedics. Each county will be able to send two paramedics to the course and the other four slots will be allocated to potential **TECC** instructor candidates. This will enhance each county's ability to respond to tactical situations with two trained **TECC** medics while potentially giving the region more **TECC** instructor candidates. By conducting a course in our region it also allows for monitoring of current **TECC** instructor candidates to finalize their instructor credentials and expand our ability to seek local funding to conduct more **TECC** courses in Region 10.

The Region 10 EMS council is asking for a total of \$18,730.60 in funding from the Georgia Trauma Commission from funds earmarked for regional improvement grants. The funding would cover the entire cost of equipment, supplies, instruction, and coordination (Attachment #1).

Item	Quantity	Price Each	Total
Adult Airway Trainer	1	\$2,170.00	\$2,170.00
Wound Packing Trainer	3	\$450.00	\$1,350.00
Nasal Airways	10	\$3.00	\$30.00
3" kling	720 rolls	\$0.14	\$98.00
Quick Clot Dressings	10 boxes	\$43.00	\$430.00
Asherman Chest Seals	20	\$12.80	\$256.00
Isreali Dressings	30	\$7.38	\$147.60
Instruction Costs	300	\$25.00/hr	\$7,000.00
Coordination	40 hours	\$2500/hr	\$1,000.00
Z fold gauze	100	\$3.99	\$399.00
Printing		\$250.00	\$250.00
Travel	30 hours	\$25.00	\$750.00
Tourniquet Trainers	10	\$25.00	\$250.00
	Total	BCON	<u>\$14,130.60</u>
TECC Textbooks	24	\$70.00 each	\$1,680.00
TECC Student Cards	24	\$15.00 Each	\$360.00
Instructional Cost	6	\$200/Inst/day	\$1,920.00
Coordination		\$500.00	\$500.00
Materials/Printing		\$140.00	\$140.00
			<u>\$4,600.00</u>
		BCON	\$14,130.60
		TECC	<u>\$4,600.00</u>
		Total	<u>\$18,730.60</u>

APPROVED 8/9/2016

Grant	10% Region	Requestor	Request	Difference	Approved	
298,743.31	29874.331	1 Regional Request	30,745.96	-871.63	30,745.96	
		2 Banks County				
		3 Regional Request	76,180.00	-46,305.67	51,180.00	
		3 Morrow Fire				
		3 Morrow Fire				
		3 Morrow Fire				
		3 Morrow Fire				
		3 Morrow Fire Total	14,400.00			
		4 Regional Request	35,000.00	-5,125.67	35,000.00	
		5 Regional Request	149,146.18	-119,271.85	53,770.38	
		6 Regional Request	29,891.37	-17.04	29,891.37	
		7 Regional Request	36,925.00	-7,050.67	36,925.00	
		9 Regional Request	83,375.00	-53,500.67	42,500.00	
		9 Jeff Davis County				
		10 Regional Request	18,730.60	11,143.73	18,730.60	
			474,394.11		298,743.31	
		Difference	175,650.80			Remaining 0.00

APPROVED 8/9/2016

VEHICLE EXTRICATION PROJECT UPDATE

JUNE 2016

CLASS GOALS

- ▣ PATIENT CARE CENTERED EXTRICATION
- ▣ TRAIN THE TRAINER FORMAT
- ▣ COVER THE STATE
- ▣ YEARLY INSTRUCTOR UPDATES
- ▣ LOGISTICALLY SUPPORT INSTRUCTORS

CORPORATE SUPPORT

- ▣ TNT
- ▣ GENESIS
- ▣ HURST
- ▣ AMKUS
- ▣ PARATECH
- ▣ HI LIFT
- ▣ TECH GEN
- ▣ HEXARMOR
- ▣ PMI
- ▣ STREAMLIGHT

CLASSES

- ▣ OPERATIONS LEVEL INSTRUCTOR
- ▣ TECHNICIAN LEVEL INSTRUCTOR
- ▣ PROVIDER LEVEL
- ▣ ADVANCED

APPROVED 8/9/2016

OPERATIONS LEVEL INSTRUCTOR CLASSES

HALL COUNTY - 2015	REGION 2
BIBB COUNTY - 2015	REGION 5
TIFT COUNTY - 2015	REGION 8

WILKES COUNTY - 2016	REGION 6
MACON COUNTY - 2016	REGION 7

OPERATIONS LEVEL INSTRUCTOR

THREE DAY FORMAT

- DAY - 1 CLASSROOM
- DAY - 2 CLASSROOM
- DAY - 3 HANDS ON

VEHICLE RESCUE AND EXTRICATION
INSTRUCTOR (NFPA COMPLIANT)

ELECTRIC/HYBRID VEHICLE SAFETY
TRAINING FOR EMERGENCY RESPONDERS

SOEMS/T INSTRUCTOR OR PROVIDER CEUs

INSTRUCTOR RESOURCES

TRAFFIC INCIDENT MANAGEMENT SHRP-2

OPERATIONS LEVEL INSTRUCTOR

DAY -1 CLASSROOM

- VEHICLE CONSTRUCTION
- INSTRUCTOR RESOURCES
- EMERGENCY RESPONSE TO ELECTRIC VEHICLES
- EXTRICATION INVOLVING ALTERNATIVELY FUELED VEHICLES
- BASIC AND ADVANCED TECHNIQUES
- HIGHWAY SAFETY

OPERATIONS LEVEL INSTRUCTOR

DAY - 2 CLASSROOM

- PROCEDURES FOR AIRBAG EQUIPPED VEHICLES
- EMERGENCY PROCEDURES FOR HYBRID AND FULLY ELECTRIC VEHICLES
- PATIENT CARE
- EXTRICATION WITH VEHICLES INVOLVING ADVANCED STEELS
- **TRAFFIC INCIDENT MANAGEMENT**

OPERATIONS LEVEL INSTRUCTOR

DAY - 3 HANDS ON EXTRICATION

- **BASIC AND ADVANCED SCERNARIOS USING VARIOUS TOOLS (HAND AND HYDRAULIC)**
- **DIFFERENT STABILIZATION TECHNIQUES**
- **HOW TO DEPLOY AIRBAGS**
- **HOW TO GET THE MOST OUT OF AVAILABLE VEHICLES**
- **WHAT CREATES FAILURE DURING THE EXTRICATION**

APPROVED 8/9/2016

TECHNICIAN LEVEL CLASSES

- ▣ **WILKES COUNTY - 2016**

TECHNICIAN LEVEL INSTRUCTOR

- ▣ **PREQUISITE - OPERATIONS CLASS**
- ▣ **THREE DAY FORMAT**
 - **DAY - 1 CLASSROOM**
 - **DAY - 2 HANDS ON**
 - **DAY - 3 HANDS ON**
- ▣ **VEHICLE RESCUE AND EXTRICATION INSTRUCTOR (NFPA COMPLIANT)**
- ▣ **SOEMS/T INSTRUCTOR OR PROVIDER CEUs**
- ▣ **INSTRUCTOR RESOURCES**
- ▣ **TRAFFIC INCIDENT MANAGEMENT SHRP-2**

TECHNICIAN LEVEL INSTRUCTOR

DAY - 1 CLASSROOM

- HEAVY VEHICLE CONSTRUCTION
- ADVANCED STABILIZATION
- ADVANCED TECHNIQUES
- EXTRICATION DURING MCI
- TRAFFIC INCIDENT MANAGEMENT

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TECHNICIAN LEVEL INSTRUCTOR

DAY - 2 HANDS ON

- **HEAVY VEHICLE ADVANCED STABILIZATION**
- **HEAVY VEHICLE ADVANCED LIFTING**
- **HOW TO GET THE MOST OUT OF AVAILABLE VEHICLES**

TECHNICIAN LEVEL INSTRUCTOR

DAY - 3 HANDS ON

- BASIC AND ADVANCED SCENARIOS USING VARIOUS TOOLS (HAND AND POWER)
- WHAT CREATES FAILURE DURING THE EXTRICATION

PROVIDER LEVEL CLASS

FOUR DAY FORMAT

- **TWO DAYS OF CLASSROOM**
- **TWO DAYS OF HANDS ON**

NFPA COMPLIANT

- **OPERATIONS LEVEL PROVIDER**
- **ELECTRIC/HYBRID VEHICLE SAFETY TRAINING FOR EMERGENCY RESPONDERS**
- **SOEMS/T CEUs**
- **TRAFFIC INCIDENT MANAGEMENT SHRP-2**

PROVIDER LEVEL CLASS

DAY - 1 CLASSROOM

- **IN DEPTH VEHICLE CONSTRUCTION**
- **EXTRICATION WITH ADVANCED STEEL**
- **EMERGENCY PROCEDURES FOR PROPER VEHICLE SHUT DOWN**
- **AIR BAG SAFETY AND AVOIDANCE**

PROVIDER LEVEL CLASS

DAY - 2 CLASSROOM

- BASIC AND ADVANCED TECHNIQUES
- PATIENT CARE DURING EXTRICATION
- EMERGENCY RESPONSE TO FULLY ELECTRIC VEHICLES
- EXTRICATION INVOLVING ALTERNATIVELY FUELED VEHICLES
- HIGHWAY SAFETY
- TRAFFIC INCIDENT MANAGEMENT

PROVIDER LEVEL CLASS

DAY 3 HANDS ON

- TOOL ORIENTATION
- TOOL SAFETY
- SAFETY DURING ACTIVE OPERATIONS
- HAND TOOLS
- POWER TOOLS
- BASIC STABILIZATION

PROVIDER LEVEL CLASS

DAY - 4 HANDS ON

- EXTRICATION TECHNIQUES
- WHAT CREATES FAILURE DURING EXTRICATION

ADVANCED CLASSES

EXTREME EXTRICATION

- ▣ ONE DAY FORMAT**
 - ▣ DAY AND NIGHT OPERATIONS**
 - ▣ LECTURES AND DEMONSTRATIONS COVERING RESCUE STANDARDS FOR EFFICIENT AND AGGRESSIVE EXTRICATION**
 - ▣ SMALL WORKING GROUPS**
 - ▣ BASIC AND ADVANCED SKILL STATIONS**
 - ▣ SCENARIO BASED**

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EXTREME EXTRICATION

<https://youtu.be/-511XfIDqj4>

WHO WE'VE TRAINED

381 REQUEST TO ATTEND CLASSES

73 DEPARTMENTS REPRESENTED

TRAINED TO DATE

- **178 OPS INSTRUCTORS**
- **34 TECH INSTRUCTORS**

- **NEXT 6 MONTHS**

 - 4 OPS INSTRUCTOR CLASS REQUEST**

 - 3 TECH INSTRUCTOR CLASS REQUEST**

 - 3 PROVIDER CLASS REQUEST**

 - 1 ADVANCED CLASS**

Where We're Going

- ▣ OPERATION LEVEL INSTRUCTOR IN EACH EMS REGION
- ▣ TECHNICIAN LEVEL INSTRUCTOR UPGRADE IN EACH EMS REGION
- ▣ PROVIDER LEVEL CLASSES IN EACH EMS REGION
- ▣ ADVANCED CLASS PER DEMAND
- ▣ LOGISTICALLY SUPPORT INSTRUCTORS
- ▣ **AGRICULTURAL RESCUE**
- ▣ **SMALL AIRCRAFT RESCUE**

APPROVED 8/9/2016

THOUGHTS AND COMMENTS

VIZITECH USA QUOTE

Customer:
 Contact: Courtney Terwilliger
 Address: cterwilliger@emanuelmedical.org
 Date: Thursday, May 12, 2016
 Phone/Fax:
 Representative: Richard Boyer



HARDWARE and SOFTWARE			
Quantity	Title	Price	Total
10	zSpace 300	\$ 2,995	\$29,950.00
10	zView Camera Kit - Hardware for zSpace 300	\$ 199	\$1,990.00
10	Supplemental Accessories Kit	\$ 650	\$6,500.00
0	zSpace Physical Science (Newton's and Franklin's)	\$ 500	\$0.00
10	Cyber Science 3D	\$ 500	\$21,000.00
10	VZT EKG Program	\$ 1,500	\$15,000.00
0	Corinth Classroom - Site License	\$ 1,250	\$0.00
0	Eureka.in - 3D Content for Science and Math	\$ 400	\$0.00
20	Follower Eyewear	\$ 10	\$200.00
	<u>Shipping and Handling on Hardware and Software (2%)</u>		\$1,492.80
	TOTAL FOR HARDWARE AND SOFTWARE		\$76,132.80
PROFESSIONAL DEVELOPMENT and INSTALLATION			
10	zSpace Installation (per unit)	\$ 375	\$3,750.00
2	Professional Development	\$ 2,500	\$5,000.00
	TOTAL FOR PROFESSIONAL DEVELOPMENT AND INSTALLATION		\$8,750.00
	QUOTE TOTAL		\$84,882.80

*Pricing 1.20.2016. Quotes are good for up to 90 days from date on quote.

Point of Contact for Quote: Stewart Rodeheaver
 103 East Sumter Street
 Eatonton, Georgia 31024
 706.749.8099
csr@vizitechusa.com

**PLEASE FAX ALL
 ORDERS TO
 706.749.8227.**



Vizitech USA creates experientially rich and visually rich Virtual Learning Environments (VLE's) through a distinct fusion of stereoscopic HD-3D video and 3D stereoscopic Computer Graphics Imagery (CGI). The type of 3D Computer Graphics Imagery designed by Vizitech contains cutting edge 3D imagery capable of kinesthetically engaging learners through the use of accurate physics, kinetics, and environmental mechanics to effectively enable your



training objectives. Through CGI, our team spends time with your experts to bring their wisdom and knowledge into a form that engages and immerses your audience within your subject matter. By designing a unique User Experience Design (UXD) infrastructure

for each specific client, our 3D training products provide a rapid return on investment. Our highly experienced 3D video team examines your training objectives and translates them into unique user-based 3D experiences. We capture the reality in HD-3D video which brings forth not only a new dimension in reality, but a new dimension in comprehension. By contextually merging key areas of 3D video with 3D CGI, our 3D video products catalyze literal, fundamental, and theoretical elements into measurably rich learning moments. University and government testing reveal a unique advantage in learning outcomes when our 3D learning products are employed.

This Blunt Force Trauma (BFT) module is designed to allow EMS care providers to better understand elements of Blunt Force Trauma. Blunt force trauma injuries are caused by energies and forces acting upon the human body. This module will focus on situations that are customarily associated with injuries sustained in the passenger compartment of conventional vehicles. It will explore multiple examples of Mechanisms of Injury (MOI) as related to five types of motor vehicle accidents (MVA). The system will allow care givers to explore the major components of trauma patient assessment as well as specific assessment factors related to injuries of the head, neck, throat, chest, and abdomen. This system will, for different types of MVAs, allow care givers to explore the convergence of MOIs, patient reported pain profiles, and primary and secondary assessment procedures to properly diagnose example traumas. This system will explore known elements of specific MVA examples to map an index of suspicion.





Rather than penetrating trauma, this system will focus primarily on blunt force trauma as generally related to motor vehicle accidents. This system will provide users with a multitude



of scenarios of different types of Motor Vehicle Accidents containing various traumatic injuries. This system will also employ the use of conventional industry trauma scoring tools such as the Glasgow Coma Scale (GCS) and the Revised Trauma Score (RTS). Learners will also be faced with trauma events that include injury to more than one body system - commonly referred to as multisystem trauma cases. This experiential VLE will place learners into trauma evaluation

situations requiring situational awareness and active critical thinking. The learner will be exposed to the five traditionally classified crashes known as 1) frontal (head-on), 2) rear-end, 3) lateral (T-bone), 4) roll-over, and 5) rotational (spins). By seeing each type of MVA learners will be able to actively refine their index of suspicion to possible associations such as; frontal crash > head injury windshield strike, rear-end crash > whiplash, T-bone crash > lateral whiplash, roll-over crash > ejection from vehicle or spinal injury, and spin crash > lateral impact.

The learner will be required to employ proper patient assessment protocols to successfully navigate this blunt trauma simulator. For various scenes and scenarios, the learner will be required to properly navigate and understand scene size-up, primary assessment, history taking, secondary assessment, and reassessment procedures. The learner will have to identify and contend with various injuries to the head, neck and throat, chest, and abdomen. The three "typical collisions" of a Motor Vehicle Accident are 1) collision of the car against another object, 2) collision of the body against the car interior, and 3) collision of the body's organs against the solid structures of the body. This simulator will show examples of typical "third collision" type injuries to internal organs and animated internal blood perfusion resulting therefrom. Visualizing these three collisions will help the learner better understand the method of injury (MOI). The learner will be required to identify the signs, symptoms and prescribed emergency medical care for internal bleeding related specifically to blunt trauma injury.





This system will present to the learner various motor vehicle accidents with a number of variables. Examples of these variables can be various injuries and indicators of trauma in one or many areas of the trauma victim. The learner will employ assessment and care procedures depending on their understanding of the trauma scenario in which they face. The system will progress through allowing the learner identify and respond with proper emergency care procedures depending on the diagnosis of the learner. The system will allow learners to properly, and improperly, progress through a multitude of trauma scenarios and inform the learner at the conclusion of each scenario as to their level of proper identification and application of emergency medical care. The system will also have timeline based elements to inform the learner of time-critical milestone events during the progression of each learning scenario.



This BFT simulator will run on the zSpace single person simulator and assessment station. It will allow the learner to explore trauma situations in a stereoscopic manner with an ability to haptically interact with each learning scenario with an electronic stylus. The system will allow learners to choose random accidents, each with various outcomes, and practice their knowledge and skills. The system will provide a report card at the conclusion of

each scenario to inform the learner on their Blunt Force Trauma knowledge and emergency care proficiency.

Price and Availability

This Blunt Force Trauma module for the zSpace workstation is scheduled to be available in Q4 2016 and will have an early order price of ~~\$3,750~~ **\$2,995** for installation on your current zSpace workstation, or for ~~\$9,250~~ **\$8,495** installed on a new zSpace workstation.

Please contact Stewart Rodeheaver 404.725.5104 (csr@vizitechusa.com) at Vizitech USA for details and availability.