

**\*\*\*Approved 8/9/18**



**EMS Subcommittee on Trauma**  
**Monday, June 4, 2018**  
**Georgia Public Safety Training Center**  
**Classroom 215**  
**Forsyth, Georgia**

<b>SUBCOMMITTEE MEMBERS PRESENT</b>	<b>SUBCOMMITTEE MEMBERS ABSENT</b>
Courtney Terwilliger, Chair EMS & GA Trauma Commission Vic Drawdy, GA Trauma Commission Regina Medeiros – GA Trauma Commission Carlton Firestone – Region One Chad Black – Region Two ( <i>Conference Line</i> ) Pete Quinones - Region Three Steve Folden- Region Four Lee Oliver – Region Five Blake Thompson – Region Six ( <i>Conference Line</i> ) Jimmy Carver-Region Seven Huey Atkins – Region Ten	David Edwards- Region Eight

OTHERS	REPRESENTING
Dena Abston Billy Kunkle Erin Bolinger Katie Hamilton Tim Boone Jekerry Weaver Russ Mcgee Kelly Joiner Renee Morgan David Newton Ernie Doss Patricia Newsome Kim Littleton	Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff AVLS Gwinnett Fire OEMS/T Region Four OEMS/T Region Five OEMS/T OEMS/T OEMS/T OEMS/T Augusta University GAEMS

**CALL TO ORDER**

Mr. Terwilliger called the 4th of June 2018 meeting of the EMS Subcommittee on Trauma to order and established quorum with 11 of 12 members present or by conference line at Georgia Public Safety Training Center, Classroom 215 in Forsyth, Georgia at 11:01 AM P.M.

**MOTION EMS Subcommittee 2018-06-01:**

**I make the motion to approve the minutes from the previous meeting held March 28, 2018.**

**MOTION BY:** Jimmy Carver

**SECOND BY:** Vic Drawdy

**VOTING:** All members present voted in favor of the motion.

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

**AVLS Report**

**By: Tim Boone**

Mr. Boone’s AVLS report is attached to the end of the minutes (**item A**). There are some new participating areas. Discussion of several moving to First Net/AT&T and it was reported that those that have made the move are happy with the service. Brandon with AT & T was present. Mr. Oliver asked if we intended to transition state wide to First Net. Mr. Boone confirmed this is the plan as the service becomes available, but it is also your choice. Mr. Boone discussed that many recent replacements were good because 3G is going away and all are being upgraded with PC 770 or 290. These were mostly phase one and two AVLS install trucks. So, they are our oldest running AVLS systems out there. Mr. Boone mentioned there are several hundred more that need replacement and he reviewed the yearly replacement plan up until 2021. What is being installed now are compatible with both AT&T and Verizon and the evolving technology. Mr. Boone reiterates that this yearly plan is just his recommendation for chipping away at the needs of an aging system. Mr. Terwilliger says Emanuel County is all First Net. Mr. Oliver asked if he had seen any noticeable difference in services. Mr. Terwilliger explained that unless the medics complain he has not seen any difference. Mr. Terwilliger switched his county to First Net not because of service issues was because he wanted to use First Net with AT&T. Mr. Terwilliger says there were two spots in his County that he had

phones drop on his old service but nothing major. Mr. Boone reported that what he has heard from the service usage so far is that it is great.

Brandon with AT&T spoke about First Net and advised the committee that his team can talk to individual counties and briefly discussed the First Net technology capabilities. He explains that a lot of current issues stem from congestion on the network and that First Net is a network in its' own. There is a priority encryption difference with First Net. Mr. Terwilliger advised the committee to go back to their regions and look at your options. Mr. Oliver asked if there were devices that could not support First Net. Mr. Boone advised that the equipment must be H-15 serial series from Sierra Wireless. Mr. Boone also request going back to your regions and discuss the AVLS both the non-users and users. There are a ton more capabilities in utilizing the Sierra Wireless system. Island Tech has agreed if we wanted to run a trial, we could begin with Emanuel County since you are transitioned to First Net they can install, and we can gain some on the ground learning and see what we can do with the technology. MR. Terwilliger has concerns about the drugs in his drug box and their temperature and that is his concern mostly and keeping the trucks cool and running. He is still interested in being a part of that but wants to see the inside temperature in his trucks prior to deciding.

Mr. Kunkle asked the group what we are trying to do with AVLS in the long run. Mr. Kunkle asked what the benefits are of the long-term use of AVLS. Mr. Terwilliger says as a member of a Trauma Commission he does not request any certain benefits out of the AVLS system except that they provide better trauma care. That is what he wants out of the AVLS program. Mr. Terwilliger discussed that he likes its location service and the ability to confirm his trucks battery is in good shape, these are advantages to him. Mr. Kunkle says he agrees with that but that this is a project and w a project typically has goals and measurable outcomes. He is requesting measurable goals for the AVLS system so that we can say yes as a Committee and that the system is doing good things. Mr. Terwilliger says one day he would like every ambulance that runs 911 trucks to have the AVLS device on them. Mr. Terwilliger also would like to see our trust level to allow data collection and look at productivity, incoming call tracking, and closest ambulance tracking. Mr. Terwilliger would like to one day erase these imaginary EMS borders and get our resources compiled and to where we need them. Part of this would be looking at what is a real ambulance called vs what is out there killing us. Mr. Kunkle agrees and just wants to confirm if the million we spend yearly out of the budget is a valued and measurable tool for us. Mr. Terwilliger says when he goes back to Region six they do tell him they like the AVLS system. Mr. Boone made notes of the discussion and will draft some measurable for the AVLS system and outcomes in terms of better patient care and report back to us. Telemedicine, Geography, Patient Care are items Mr., Boone mentioned he will look in to.

Mr. Thompson asked if GEMA as an EOC can still monitor all trucks in the state at this time. That was confirmed to be accurate. Mr. Terwilliger says Region 5 ad Region 6 were originally funded with trauma commission dollars and then GEMA funded for several years. Mr. Atkins says in his mind one of the things this program does is prepare us for the future evolution of healthcare and the role of telemedicine. He believes the AVLS format is what we will use for this and asks AT & T if First Net is HIPAA compliant. Are the data transmission HIPAA compliant? Within the AT & T network they have their own dedicated data core and is secure. Mr. Thompson asked if the AVLS funds could come off the top of the Commissions budget. MR. Terwilliger says it might be a great idea, but this would not happen. Mr. Oliver asked if any of the Commission members had any goals for the AVLS system. Mr. Drawdy says he believes they are coming up with the goals of AVLS but sees the systems being beneficial for telemedicine and truck monitoring. Mr. Drawdy wished that all 911 call ambulance and really all ambulance in the state have these systems. There are several counties that are hesitant to use our AVLS system for various reasons. Ms. Medeiros does agree with the measurable goals and outcomes of the program and believes the system can be very beneficial to patient care. Mr. Oliver asked if anyone was using the system for voice over IP to send messages to the hospital. Mr. Boone said yes some are using this function. Mr. Oliver says this is greatly positive for the ER and perhaps we should question our users

as to what they are using the system for. Telemedicine is a broad topic, so we should drill down on what it is actually used for.

## **FY18 EMS Equipment Grant Update and 2018 Supplemental Budget Discussion**

**By: Dena Abston**

Ms. Abston gave the AFY18 EMS equipment grant update there was \$29,304.00 not applied for and included just a couple agencies that we did not receive applications from. After reaching out we still have these funds available. \$155,266 that includes the \$ 29 and the cadaver lab savings of \$ 50,000 and the AVLS that was slightly over budgeted for a total of \$ 155,266.00 that we as a committee need to look into doing something with today. There is a good possibility that Ms. Abston can look into doing the Savannah cadaver lab encumbered but would rather the Committee to discuss what to do with the \$155,000 required to be spent by June 30<sup>th</sup>. Mr. Terwilliger sways the bottom line is we need to execute a contract to spend this within 30 days. Mr. Oliver asked if we could use these funds for AVLS boxes. Ms. Abston says that would be the easiest option and the contract is already in place. Mr. Terwilliger told the group \$ 55,256.00 on the table that has to be spent or encumbered by the end of the month. Ms. Abston told the committee about the turnover in DPH and the need to abide by the guidelines and if we are to need a new contract we have to turn that contract in tomorrow. Ms. Abston explained we can amend any existing contracts, but new contracts require to be completed by tomorrow.

Ms. Littleton of GAEMS has a couple items to discuss, the leadership program is in its 7<sup>th</sup> year and this year we have completed 2 modules. WE have not made substantial equipment purchases since the program began and a few minor equipment purchases over the year that were funded by the trauma Commission. We are starting to run into some audiovisual issues and we are needing to redirect some of the leadership program funds of \$ 3,500. Mr. Terwilliger says let's hold off on this until we finished the \$155,000. Ms. Littleton reported on the AMLS courses, within the curriculum there is a geriatric component and a prevention section, and a lot of times trauma exacerbates a lot of the problems that geriatric patients have going on. Those courses run the same cost wise as PHTLS courses like \$ 5,000.00 a course for 24 students. Ms. Littleton included this within the correspondence sent to the group. This used to be funded under the ASPR funding. Ms. Littleton's request would be for a class in each region at the cost of \$ 5,000.00. Mr. Drawdy asked opinions on AMLS courses. Mr. Drawdy believes the course has trauma components but wants to know if the group has heartburn about it is the course is an Advanced Medical Life Support class with trauma care components. Ms. Littleton says this course addresses geriatric p fall prevention and many topics that the department of public health stands by. Ms. Abston asks if these courses can be completed by the contract end date of January 2019. She advised we only do as many courses as we can truly handle within the next 5 to 6 months. Ms. Abston reminded the group that FY19 funding begins July 1<sup>st</sup> as well.

Mr. Terwilliger advised that we will be reviewing a FY19 budget and have the ability to go back to our regions and discuss our intent and finalize that budget at our August meeting. This report is attached to end of the minutes (**item B**).

### **MOTION EMS Subcommittee 2018-06-02:**

**I make the motion to approve 5 AMLS classes to be held by GAEMS.**

**MOTION BY:** Vic Drawdy

**SECOND BY:** Jimmy Carver

**VOTING:** All members present voted in favor of the motion.

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

Mr. Drawdy recently took a Special Medical Operations and Tactics course. Mr. Drawdy presented the committee with an overview of the course (**item C**) and is attached to the end of the minutes. Mr. Drawdy asked if this course could be held instead of TECC courses in some areas. His suggestion was to have 2 of these courses next year to see thoughts and benefits. Mr. Terwilligers only concern is that he believes in some kind of consistency and he has folks in his region that want to teach different courses like TECC and EECC and he wants each training to be statewide and for the same consistent training to occur. Mr. Drawdy just wanted to present to the committee to gather thoughts. Mr. Drawdy says the courses are similar in cost to the TECC courses and teach the same number of students. Ms. Littleton says there may be a change with the foundation contract but in our deliverable of the TECC courses there is a component about supplying the course instructors, so she is not sure but believes this course could be held with the TECC course funds.

**MOTION EMS Subcommittee 2018-06-03:**

**I make the motion to accept a SMOT course as we would accept and teach a TECC course.**

**MOTION BY:** Vic Drawdy

**SECOND BY:** Blake Thomspson

**VOTING:** All members present voted in favor of the motion.

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

**MOTION EMS Subcommittee 2018-06-04:**

**I make the motion to spend the remaining \$ 130,266.00 on AVLS equipment.**

**MOTION BY:** Blake Thompson

**SECOND BY:** Vic Drawdy

**VOTING:** All members present voted in favor of the motion.

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

*Lunch Break 12:19 PM to 1:00 PM*

## **Regional Improvement Grants**

**By: Courtney Terwilliger**

Region 7 did not apply for a grant so there is \$47,000.00 out there that Mr. Terwilliger would like to move those funds to the AVL project. This will be easy and clean and without issues.

### **MOTION EMS Subcommittee 2018-06-05:**

**I make the motion to move the unapplied for Regional System Improvement grant funds of \$ 52,146.21 for Region 7 to the AVLS project.**

**MOTION BY:** Jimmy Carver

**SECOND BY:** Blake Thompson

**VOTING:** All members present voted in favor of the motion.

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

Mr. Oliver asked if we could give the unused funds to regions that applied for a little more than the grant was allotted for. Mr. Terwilliger would prefer to not do this if we gave a grant for \$ 47,000 and they requested \$ 60,000 that he thinks they should abide by the grant rules. ( **item D** attached to end of minutes)

### **MOTION EMS Subcommittee 2018-03-06:**

**I make the motion to approve the Region 1 Systems Improvement Grant and will utilize the funds for several courses, stop the bleed kits, training equipment, and EMS administrative fees.**

**MOTION BY:** Vic Drawdy

**SECOND BY:** Lee Oliver

**VOTING:** 10 members present voted in favor of the motion. 1-member present voted not in favor of the motion.

**ACTION:** The motion PASSED.

**MOTION EMS Subcommittee 2018-03-07:**

**I make the motion to approve the Region 2 Systems Improvement Grant and will utilize the funds for pilot program involving the patient tracking and hospital diversion system.**

**MOTION BY:** Vic Drawdy

**SECOND BY:** Jimmy Carver

**VOTING:** All members present voted in favor of the motion

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

**MOTION EMS Subcommittee 2018-03-08:**

**I make the motion to approve the Region 3 Systems Improvement Grant and will utilize the funds for 6 TECC courses.**

**MOTION BY:** Vic Drawdy

**SECOND BY:** Huey Atkins

**VOTING:** All members present voted in favor of the motion

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

**MOTION EMS Subcommittee 2018-03-09:**

**I make the motion to approve the Region 4 Systems Improvement Grant and will utilize the funds to purchase bleeding control kits.**

**MOTION BY:** Blake Thompson

**SECOND BY:** Jimmy Carver

**VOTING:** All members present voted in favor of the motion

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

**MOTION EMS Subcommittee 2018-03-10:**

**I make the motion to approve the Region 5 Systems Improvement Grant and will utilize the funds to purchase 2 motorcycle trailers, 200 bleeding control kits, RTF bags, SMART Triage Pac, TECC courses and additional EMS equipment.**

**MOTION BY:** Blake Thompson

**SECOND BY:** Vic Drawdy

**VOTING:** All members present voted in favor of the motion

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

**MOTION EMS Subcommittee 2018-03-11:**

**I make the motion to approve the Region 6 Systems Improvement Grant and will utilize the funds to host TECC courses and bleeding control kits.**

**MOTION BY:** Vic Drawdy

**SECOND BY:** Steve Folden

**VOTING:** All members present voted in favor of the motion

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

**MOTION EMS Subcommittee 2018-03-12:**

**I make the motion to approve the Region 8 Systems Improvement Grant and will utilize the funds to provide FARMEDIC training courses.**

**MOTION BY:** Huey Atkins

**SECOND BY:** Vic Drawdy

**VOTING:** All members present voted in favor of the motion

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

**MOTION EMS Subcommittee 2018-03-13:**

**I make the motion to approve the Region 9 Systems Improvement Grant and will utilize the funds to provide TECC courses, DART jump bag funding, and equipment**

**MOTION BY:** Blake Thompson

**SECOND BY:** Jimmy Carver

**VOTING:** All members present voted in favor of the motion

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

**MOTION EMS Subcommittee 2018-03-14:**

**I make the motion to approve the Region 10 Systems Improvement Grant and will utilize the funds to provide TECC courses and instructor training courses.**

**MOTION BY:** jimmy Carver

**SECOND BY:** Vic Drawdy

**VOTING:** All members present voted in favor of the motion

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



Mr. Atkins would like for us to consider going forward in regional grants that if we have unapplied for funds or funds left over that we give them to other regions. An example for this would be Region 3 and downtown Atlanta and apply those additional funds towards those that may apply for more than the allotted grant amounts per region. Mr. Terwilliger believes that we should probably going forward Region 7 will have their plan together to be able to take advantage of the grant funds.

### **2019 Budget Discussion**

**By: Courtney Terwilliger**

Mr. Terwilliger reviewed FY19 EMS stakeholder distribution spreadsheet. Today he would like to review the leadership course. Mr. Carver confirmed we were in year 7 of the leadership course. Mr. Terwilliger asks if there is anything you feel strong about we will put a placeholder there and go from there. In the past after we have applied the budget the remaining funds have gone to equipment grants. Mr. Terwilliger reviewed the list. He requests someone come up with a budget for EMR/EMT courses. Mr. Oliver says with the changes within the rules lately would the group consider those EMR/EMT funded courses into EMTA courses. Mr. Terwilliger reviewed column by column and requested the group think about these items and add comments where they deemed fit. Ms. Littleton will gather information on the triage system and the costs of the separate bags and tags. Cadaver Labs it is reported that there are 3 requests at this time and Ms. Abston believes 4 to 5 can be done in a fiscal year. Savannah's cadaver lab will be a little costlier but for the other we would lie this committee to determine the locations of these. Ms. Abston only used \$ 70,000 of allotted \$ 120,000 for the 2 she has hosted recently. Mr. Terwilliger asked Ms. Abston for a cadaver lab budget estimate. Ms. Abston made mention of the trainers being sent to Texas, but we have been discussing bringing the trainer here to train. MS. Littleton explained that the reason they go to Texas to train is because it is his lab. Ms. Abston would like to know what we can supply here in a training lab. Mr. Nick Adams is in talks with them on this. Mr. Drawdy is guessing it may cost less to send our folks to Texas. Ms. Abston believes if we intend to continue cadaver labs that we should consider purchasing our own equipment. Recent cadaver labs the equipment came with the cadavers. Mr. Terwilliger advised the group to get together and discuss. Mr. Atkins requests we stop providing the meals. Ms. Abston and Mr. Terwilliger say the meals are a way of keeping our medics in the building to continue education on time. Ms. Abston also made mention of the last cadaver labs had meal sponsors by our vendors. Mr. Terwilliger asked the group after reviewing the lists for any recommendations the group might have for trauma care. Mr. Atkins says he asks his council at every meeting this question. Mr. Terwilliger says to keep asking the councils. Mr. Terwilliger intends that we complete our budget at our upcoming August meeting. This gives everyone a month of opportunity to go back to their regions and ask questions.

### **RTAC Structure Discussion**

**By: Courtney Terwilliger**

Mr. Terwilliger says every region is different. And in the beginning, he pushed for every RTAC to be a subcommittee of its regional council. As we know recently regional councils have changed and he had always considered them an arm of state government and now it appears that they are not that. Regional councils are local coordinating entities and their only relationship to the state is for zoning purposes. Mr. Terwilliger says some of the councils are setting up 501C3's to do what he is not exactly sure as he is uncertain for the makeup of the councils anymore. He is a member of the regional commission and they are talking of setting up a 501c3 as well. His biggest concern is that all 3 of these entities are designed to do the same thing which is to facilitate emergency medical care of citizens. When we talk about this at our Commission meeting is the fiscal accountability and getting the work done. Every region is different. We have sent through hospitals and that hasn't always been easy, or we have sent funds via different entities. He is trying to find some consistency in this and there was a long discussion at the recent Commission meeting. The biggest recent push is the Stop the Bleed program. It is his guess that his program will be played out within a year from now and that entities like the American Red Cross are expanding their training and adding tourniquet training to their play book. At the meeting we approved for 3 coordinators and an

additional 1 for Region 1. As a trauma Commission member Mr. Terwilliger would like consistency to get the work done and fiscal accountability to get the job done. He asked the group their thoughts. Mr. Atkins says if the Commission is going to be funding the positions than the Commission should handle the accountability. All regions are different, but the Commission needs to have uniformed guidelines for the position and then we know each region will have some differences. Mr. Atkins asked if we had a plan for our RTAC's and the liability of these groups and asked if the RTAC members were protected through the Commission. Mr. Doss explained that the Region 6 situation was about the legal structure of council and this is the question we asked through the AG's office that we are seeking the answer to. Mr. Doss has been working with councils o changing by laws and said they could be independent but when it comes to zoning there is a lace for them. The upset came when Gold Cross sued the regional council and its chair and had to do with the meeting being an open meeting. The council is a recommended body, and no one can stop anyone from suing. The only person that can be sued and there is no suit it would be an appeal of a decision would be the department as they have the say so in zoning.

Mr. Terwilliger has been doing some study on S.B 60 which established the trauma Commission. Specifically, he speaks on equipment grants. Telfair County has 3 ambulances and have a turnaround time to a hospital of 5 hours. The long story short is he is looking for how we can provide extra funding to these very rural counties and agencies. He asks the group to think about this and discuss. He wants to be as fair and equitable as possible. How do we fix the rural Georgia and the 'corridor of death' and looking at Grady that was going to shut down their trauma center and MCCG and Memorial Health were threatening to close their trauma centers. So, we spent a lot of money in the last 10 years on the system and we have done some great work, but he is trying to figure out the rural Georgia issue. Mr. Atkins says we should look if we are funding per patient or per ambulance. Mr. Terwilliger says we currently fund per ambulance, but these rural areas have very limited funds'. Mr. Oliver says there is no magical equipment and we must look at tie and frequency and perhaps staffing issues. Mr. Quinones suggests we make the hospitals in rural Georgia level 3 Trauma Centers and the intent was to make them trauma centers. There is no hospital commitment and some of this is due to political or financial resources Mr. Terwilliger suggests more training in rural Georgia. Mr. Atkins believes that our \$2 million budget will not touch this problem. This falls back on the Commission and the need to put additional funding down there for a Trauma center. Mr. Terwilliger asks the subcommittee to think about this and let's further this discussion. The group agrees we need more education and training in these areas too.

*Meeting was adjourned at 2:55 P.M*

Minutes Crafted By: Erin Bolinger

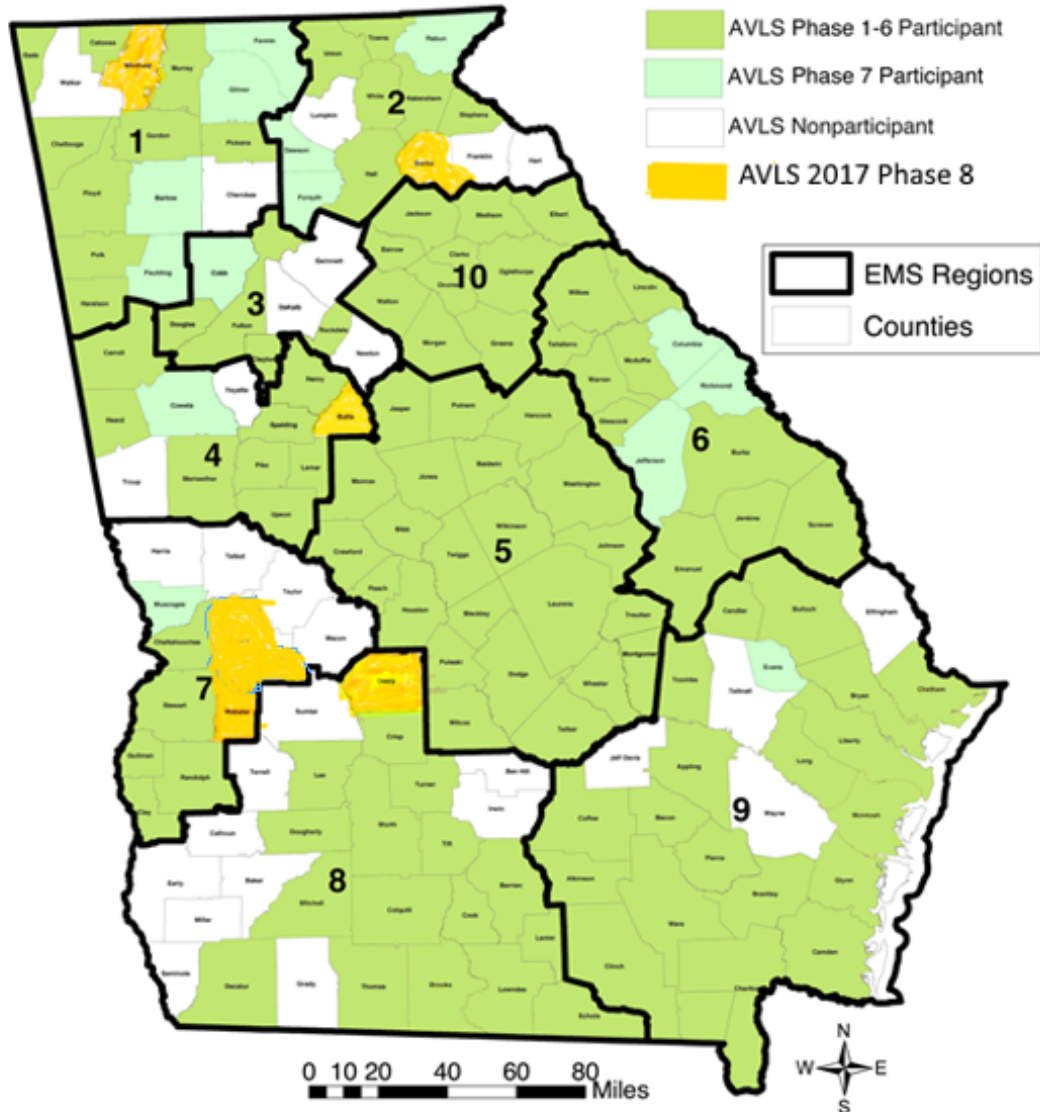


ATTACHMENT A

# **GEORGIA AUTOMATIC VEHICLE LOCATION SYSTEM (AVLS)**

Status Report 4 June 2018

# Georgia EMS AVLS Program Participants Phases 1 – 7



Updated: 20 Aug 2014

Region	# UNITS
1	116/71
2	86/49
3	285/228
4	75/49
5	150/73
6	109/85
7	14/8
8	91/66
9	163/94
10	90/75
Grady	118/92
Mid GA	106/66
<b>Total</b>	<b>1403/886</b>

# AVLS UNITS WITH AIRTIME PAID BY GTCNC

- This week ~ **934 Verizon**
- This date ~ **60 AT&T FirstNet**

Ambucare Inc	6
Colquitt Regional Medical Center	1
Dodge County EMS	4
Emanuel County EMS	5
Heartland EMS	20
Laurens County EMS (Georgia)	10
Lee County EMS	8
Remond Regional Medical Center	6
<b>TOTAL</b>	<b>60</b>

# AVLS UNITS WITH SIERRA WIRELESS/ITS MAINTAINENCE PAID BY GTCNC

- This week ~ **1075**

# NUMBER OF UNITS on GA Database

- This week ~ **1403**

# CURRENT EVENTS FOR GEORGIA AVLS

- FirstNet Adoption Underway
- MG90 transition underway
  - 96 of UML290 and PC770 units replaced in April/May(479 uml290 and PC770 remaining)
  - Propose to order 82 replacement units in June 2018 (\$124,000)
  - 397 (\$590,000) remaining UML290/PC770 Thru 2012 to replace in 2019
  - 170 (\$249,900) 2013 units to replace in 2020
  - 159 (\$233,730)2014 units to replace in 2021/2022
- All First Level annual maintenance transfers to ITS 1 July 2018

# **STRATEGIC DIRECTION RE. AVLS/WIFI**

- Regions assist with getting agencies on board
- IoT for Ambulances test with ITS





# SPECIAL MEDICAL OPERATIONS AND TACTICS

This course is designed for Public Safety individuals. Students will gain an increased knowledge in safety by providing the tactical medical skills necessary to survive in the unconventional environment. This course includes firearms familiarization and for qualified individuals live fire exercises.

## Special Medical Operator 1

Our curriculum remains aggressive and includes topics such as;

TEMS Operations

Medical and Tactical Equipment

Trauma care with live tissue training

TCCC: Care Under Fire

Tactical Field Care

Casualty Evacuation

K-9 Care with live tissue training

Night operations with sensory overload

Room clearing with simunition

Gas mask training

Live fire weapons training

Officer down drills and PT.

This course is 50 hours.

## Instructors:

**Dr. Timothy Smith** - Co-Owner of Special Medical Operations and Tactics, LLC; Lead SMO/Active Shooter/Defensive Tactics Instructor; Board Certified American Board of Family Medicine; Emergency Department Physician (27 years); Assistant Professor of Emergency Medicine Campbell University; Formal Battalion Regimental Surgeon; 1st Battalion 2nd Marines; Current SWAT Team Tactical Physician; N.C. Certified/Sworn Deputy Sheriff

**Nestor Rico Rivera** - Co-Owner of Special Medical Operations and Tactics, LLC; Lead SMO/Active Shooter Instructor; 14 years Emergency Medical Services; N.C. EMT-Paramedic; N.C. Level 1 Instructor; N.C. BLET Graduate; Basic and Advanced SWAT School certified; Current SWAT Team Tactical Medic; N.C. Certified/Sworn Police Officer

**Hubert aka Jungle** - Tactics/Weapons/Defense Tactics Instructor for Special Medical Operations and Tactics, LLC; N.C. Certified/Sworn Police Officer; N.C. BLET/Firearms/SCAT Instructor; Narcotics Detective; Basic and Advanced SWAT School certified; Tactical Man Tracker; 8 years of Service, U.S. Army Airborne; Current SWAT Assistant Team Leader/Sniper





GEORGIA TRAUMA  
COMMISSION

GEORGIA TRAUMA COMMISSION EMS TRAUMA RELATED EQUIPMENT GRANT APPLICATION FORM			
Name of Grant: AFY 2018 GTC EMS Trauma Related Equipment Grant Program			
Applying Organization Legal Name: Northwest GA EMS systems Inc			
Doing Business As "DBA" (if differs from Legal Name):			
Mailing Address: 500 Riverside Drive			
City: Rome	State: GA	ZIP Code: 30161	County: Floyd
Phone: (470) 505-4987	Fax:	E-mail: repierson@cherokeega.com	
Federal Tax ID Number:		46-1948559	
GA EMS Provider License Number:		N/A	
EMS DIRECTOR OF APPLYING ORGANIZATION			
Name/Title: Randy Pierson, Chairman			
Phone: (470) 505-4987		E-mail: repierson@cherokeega.com	
CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person(s) listed above)			
Name/Title:			
Phone:		E-mail:	
Please answer each question:			
QUESTION		ANSWER FIELD	
Is the original signed and notarized affidavit listing and affirming all seven (7) conditions detailed in Attachment B 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 parameters detailed in Attachment B of the grant documents? Enter "Yes " or "No" in the answer field.		YES	
Which county or counties is the Applying Organization requesting funds for?		Bartow, Catoosa, Chattooga, Cherokee, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pa	
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: Chairman	DATE: 05/04/18

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

Northwest Georgia EMS Systems Inc.

500 Riverside Parkway, Rome Georgia 30161

**Attachment B:**

Notarized affidavit affirming the following:

1. Agree to utilize these grant dollars for trauma related services with the 911 zone(s) 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 elsewhere.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the applying organization.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. The applying organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. Applying organization 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 (if applicable).
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

Randall E Pierson Date: 5/4/18  
Signature of Affiant

State of Georgia  
County of Cherokee  
Signed and sworn to (or affirmed) before me on 5/4/18  
Date  
by Randall Pierson  
Printed name(s) of individual(s) making statement  
who proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.  
 Personally Known  
or  
 Produced Identification  
Type of ID \_\_\_\_\_

Laura H. King  
Signature of notary public  
Laura H. King  
(Name of notary, typed, stamped or printed)

Notary Public State of Georgia  
My commission expires: 1-23-2019



**Northwest Georgia EMS Systems Inc.**  
**Request and Proposal for 2018 EMS Subcommittee Regional System**  
**Improvement Grant Funding**  
**April 2018**

To:

Dena Abston and Billy Kunkle  
Georgia Trauma Care Network

From:

Randy Pierson; Chair  
David Loftin; Secretary/Treasurer  
Carlton Firestone; Region 1 Council Chair

RE: EMS Subcommittee Regional System Improvement Grant

Region 1 EMS, is respectfully requesting the consideration of the proposed EMS Subcommittee Regional System Improvement funds for the following proposed projects.

The proposed funding would be applied to the following projects:

- 2 - Advanced Burn Life Support (ABLS) courses of a maximum of 20 students each open to EMS and Hospital Nursing personnel working in Region 1 counties. These courses will increase the knowledge and capabilities of injuries from burns and explosives by increasing their knowledge of the available resources in Georgia, and neighboring states for the providers in the region on burn care.
- 1 - Trauma Combat Casualty Course (TCCC) of approximately 16 students open to EMS and Hospital Nursing personnel working in Region 1 counties. These students should have some previous military/SWAT/DART/Law Enforcement, etc. backgrounds and would be willing to become an instructor for future TCCC or TECC courses held in the region.
- 1 - Trauma Emergency Casualty Care (TECC) courses of approximately 16 students open to EMS and Hospital Nursing personnel working in Region 1 counties so as to increase the knowledge and capabilities of injuries for the providers in the region on mass casualty assault related trauma care.
- 1 - Pre-Trauma Trauma Life Support (PHTLS) courses of approximately 16-20 students open to EMS and Hospital Nursing personnel working in Region 1 counties so as to increase the knowledge and capabilities of injuries for the providers in the region on field trauma care.
- 2 - Geriatric Emergency Medical Service (GEMS) courses of approximately 20 students open to EMS and Hospital Nursing personnel working in Region 1 counties so as to increase the knowledge of injuries and illness related to our aging population.
- 1 - Annual DART Course for to continue to meet the needs of new personnel who have joined a Region 1 EMS DART service since the last class was offered. This

course is also open to any MFR services personnel in Region 1 as well as hospital personnel who wish to service as part of our Disaster Response resources.

- 70 plus - Stop the Bleed kits, plus pre-packaged Chest Needle Decompression kit and 2 Chest Seal and 1 Quikclot to be added as a Quick Response Tactical Kit to each DART Bag assigned to DART Services. This will allow the medic to quickly remove one kit when deploying into a hazardous environment requiring rapid bleeding control, with them having to break the seals on three (3) separate DART Bag compartment to acquire the needed supplies for a Hot Zone deployment.
- Training supplies for TCCC/TECC/Etc. Supplies currently running low are Chest Seals, CAT's, training arms, Drag/Slings, Junctional Tourniquets and expendable soft supplies.
- Funding for Injury Prevention and EMS-C & RTAC sub-committees to develop and disseminate information to the general public, community partners, healthcare partners and other stakeholders. Education and outreach to increase awareness would include prevention of injuries and management of injuries until the arrival of EMS. Funding would provide for inactive training, meetings, and development/implementation of PSAs to share with community, media, social media, billboards, newspapers, etc.
  - *Region 1 current BIS Assessment benchmarks for improvement that would be addressed are as follows:*
    - *(207.2) The trauma system leaders (lead agency, advisory committees, and others) informs and educates constituencies and policy makers through community development activities, targeted media messaging, and active collaborations aimed at injury prevention and trauma system development. and*
    - *(105.2) Cases that document the societal benefits are reported on so that the community sees and hears the benefit of the trauma system to society.*
- 2 - TNCC Classes for Nurses working in Region 1 TC's and other Hospitals ED's. These courses would be available to nursing personnel in Region 1 to increase the knowledge and enhance skills needed to deliver optimal care to trauma patients.

Requested Budget Funding for above:

➤ ABLs (2 @ 20 Students)	\$5000 ea	\$10,000
➤ TCCC (1)	\$1500 ea	\$1500
➤ TECC (1)	\$1500 ea	\$1500
➤ PHTLS (1)	\$1500 ea	\$1500
➤ GEMS (2)	\$1500 ea	\$3000
➤ DART Course (1)	\$3500 ea	\$3500
➤ STB + Kits for DART Bags ( 70+)	\$ 70 ea	\$5000
○ (STB Kit plus Chest Decompression Needle, Chest Seal and Quikclot)		
➤ Injury Prevention Projects &PSA's??	\$5000	\$5000
➤ Training Equipment for TCCC/TECC/PHTLS/TNCC	\$2463	\$2463
➤ NWGA EMS System Admin fee 10%	\$4607	\$4607
➤ TNCC (2)	\$4000 ea	\$8,000
	▪ Total	\$46,070.00

Since Region 1 EMS has their own 501-C-3 organization, *Northwest Georgia EMS Systems Inc*, and they have been a good steward for managing other TC Grants, we request said funding be supplied through this entity to allow us great accountability of Trauma funds received via this funding source.

Respectfully,

Randy Pierson, NW GA EMS Systems Inc, Chairman

Carlton Firestone, Region 1 EMS Council Chair

David Loftin; Region 1 EMS Council/ NW GA EMS Systems Inc, Secretary/Treasurer



RECEIVED  
5/22/18

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

Name of Grant: FY 2018 GTCNC EMS Subcommittee Regional System Improvement Grant Program

Applying Organization Legal Name:

Region 2 Regional Trauma Advisory Committee

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

Mailing Address: 743 Spring Street

City: Gainesville State: Georgia ZIP Code: 30501 County: Hall

Phone: 770-530-4365 Fax: 705-754-5378 E-mail: cblack@habershamga.com

Federal Tax ID Number:

GA EMS Provider License Number (if applicable):

**DIRECTOR OF APPLYING ORGANIZATION**

Name/Title:

Chad Black (RTAC Chair for Region 2)

Phone: E-mail:

**CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person(s) listed above)**

Name/Title:


Chad Black

Phone: 770-530-4365 E-mail: cblack@habershamga.com

**Please answer each question:**

QUESTION	ANSWER FIELD
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment B 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 grant parameters detailed in Attachment B 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: Chair-Region 2 R.T.A.C.	DATE: 05/15/2018
---	-----------------------------------	---------------------

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



**GEORGIA TRAUMA  
COMMISSION**

**Attachment B:**

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

1. Agree to utilize these grant dollars for trauma related services with the 911 zone(s) 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 elsewhere.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the applying organization.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. The applying organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. Applying organization 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 (if applicable).
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

*C. C. T. E. D.* Date: 5/16/18  
 Signature of Affiant

State of Georgia  
 County of Hall  
 Signed and sworn to (or affirmed) before me on 5/16/18  
 Date  
 by Mack Ashley  
 Printed name(s) of individual(s) making statement  
 who proved to me on the basis of satisfactory evidence to be the person(s)  
 who appeared before me.  
 Personally Known  
 or

Produced Identification  
 Type of ID  
Mack Ashley  
 Signature of notary public  
Mack Ashley  
 (Name of notary, typed, stamped or printed)  
 Notary Public State of Georgia  
 My commission expires: 8-30-19



Stamp/Seal



**NEGA Regional**  
**TRAUMA SYSTEM**  
*Right Patient, Right Hospital, Right Time, Right Means*

Development of Trauma App for Smart Devices      \$40,000

We have applied for the \$10,000 Trauma Foundation Grant for further development of the Trauma App for Smart Devices. We will start testing the internet based site in June, which we will trial/test for Six Months. This software/site currently will show Hospital Diversion Status, etc. based on the same software the state uses for Patient Tracking. To develop this into an actual App will cost an estimated \$50,000, single time, and would allow usage across the state. The additional \$10,000 if approved will be used to include Single Button for Early Notification/Activation of our Level II Trauma Center and Team. Early Notification lets them know we are responding to a call/incident with potential of requiring services of a Trauma Center. Once on scene, or confirmation of Trauma Center services required you can simply hit "activate" button to confirm and active the Level I, II or III Activation for our center. The transporting crew will of course still provide a patient radio report, but this will give the Trauma Team time to prepare and be ready upon their arrival. This App, once developed can also be used for other specialty services (STEMI Team Activation, Stroke Team Activation, etc.) and keep other information on hand, such as Trauma Centers Levels of Activation, Inclusion Criteria, etc.



## HC Standard® Alert Tracking Documentation

---

The Global Emergency Response (GER) Alert Tracking module is a software as a service, commercial off the shelf system that provides a real-time electronic means of collecting and displaying hospital diversion statuses and county alerts. This system is a webpage that can be accessed by EMS, fire, dispatch centers, and hospitals to display up-to-date hospital diversion and county alert statuses. GER has the option of providing public facing web pages that display hospital and county alert status as well as providing report capabilities. The system displays hospital diversion status through many visual means including mapping.

Hospitals can change their diversion statuses electronically (eliminating the need to call into dispatch centers or EMS providers to provide alerts) and allows jurisdictional EMS/dispatch personnel to place hospitals on and off re-route status and an EMS jurisdiction on and off blue alert status. (A re-route occurs when an ALS/BLS unit is being held in the emergency department of a hospital due to lack of an available bed. A blue alert is called when an EMS jurisdictional system is temporarily taxed to its limits in providing prehospital care and ambulance transportation due to extraordinary situations such as snow, icing, flooding, or other circumstances that contribute to high demand for ambulance service.)

The new system would greatly decrease the burden of numerous phone calls and radio communications previously required to manage these situations, permitting alert information to be processed accurately and timely.

The system is currently being used by the State of Maryland, within the Maryland Institute for Emergency Medical Services Systems (MIEMSS).

GER holds a contract with the Georgia Hospital Association to provide other modules of their software to the state of Georgia. These modules include the HC Standard Patient Tracking System and the HC Standard Patient Placement System. The costs to provide the Alert Tracking module to the state of Georgia is \$40,000 a year.

GER will provide the Northeast Georgia Region with a 30-day no cost trial of the Alert Tracking module.

For an additional \$10,000, GER will:

- Create a mobile optimized webpage for the module, which will allow a user to create an App badge on their device for quick access to the site via mobile.
- Create pre-defined triggered notifications for users, such as an automated notification to a group of users for just Yellow Alerts, or Red Alerts. These notifications would be sent via SMS text and email. Up to 6 triggered notifications may be defined.
  - The mobile optimized page and triggered notifications would be delivered in September 2018 assuming the project starts in July 2018.
- Provide access to Northeast Georgia to use the system for 6-months.

After the 6-month trial, GER can provide a quote to create a dedicated native mobile application for alert tracking which would include push notifications.



# Alert Tracking System

## Northeast Georgia Alert Tracking Facility

Ongoing Alerts (148) | Current | Recent

Northeast Georgia

Alert Tracking Facility	Reports	HOSPITAL	YELLOW ALERT	RED ALERT	MINI DISASTER	REROUTE	TRAUMA BYPASS	CAPACITY
<input checked="" type="checkbox"/>	Athens Regional Medical Center		<span style="color: yellow;">●</span> 26h:10m					
<input checked="" type="checkbox"/>	Greenville Hospital							
<input checked="" type="checkbox"/>	Gwinnett Medical Center							
<input checked="" type="checkbox"/>	Northeast Georgia Medical Center			<span style="color: red;">●</span> 21h:2m				

View Alert Descriptions ^

Updates: LIVE



### Yellow Alert

The emergency department temporarily requests that it receive absolutely no patients in need of urgent medical care. Yellow alert is initiated because the Emergency dept is experiencing a temporary overwhelming overload such that priority II and III patients may not be managed safely. Prior to diverting pediatric patients, medical consultation is advised for pediatric patient transports when emergency departments are on yellow alert.



### Red Alert

The hospital has no ECG monitored beds available. These ECG monitored beds will include all in-patient critical care areas and telemetry beds. Ongoing



### ReRoute

An ALS/BLS unit is being held in the emergency department of a hospital due to lack of an available bed. (This does not replace Yellow Alert.)



### Mini Disaster

The emergency department reports that their facility has, in effect, suspended operation and can receive absolutely no patients due to a situation such as a power-outage, fire, gas leak, bomb scare, etc.



### Capacity

The hospital's capacity has been exceeded.



### Trauma ByPass

The hospital's ability to function as a trauma center has been exceeded. (This decision is at the discretion of the facility.)

ertracking

igs | GoTo! HCS

**Yellow Alert - Sudden influx of patients**

Yellow Alert - Multiple critical patients being evaluated

Yellow Alert - Multiple patients awaiting admission

Yellow Alert - Resources maximized

Red Alert - All inpatient ECG monitored beds are occupied

Mini Disaster - Essential services failure (water)

Mini Disaster - Essential services failure (electricity)

Mini Disaster - Essential services failure (sewage)

Mini Disaster - Essential services failure (radiology)

Mini Disaster - Essential services failure (laboratory)

Mini Disaster - Essential services failure (phone)

Mini Disaster - Essential services failure (oxygen)

Mini Disaster - Essential services failure (suction)

Mini Disaster - Essential services failure (Other)

Mini Disaster - Contaminated or Hazardous material

Mini Disaster - Flooding impacting ED

Yellow Alert - Sudden influx of patient: ▼

**Request For:**

**Request:**

**Reason:**

**Submit** **Close**

**YELLOW ALERT**

**Request For: Greenville Hospital**

**Request:** Turn ON Yellow Alert

**Reason:** Turn ON Yellow Alert

Turn ON Red Alert

Turn ON Mini Disaster

Turn ON ReRoute

Turn ON Trauma ByPass

**Submit**

OVERVIEW

ANNOUNCEMENTS

CHARTS

FILES

LINKS

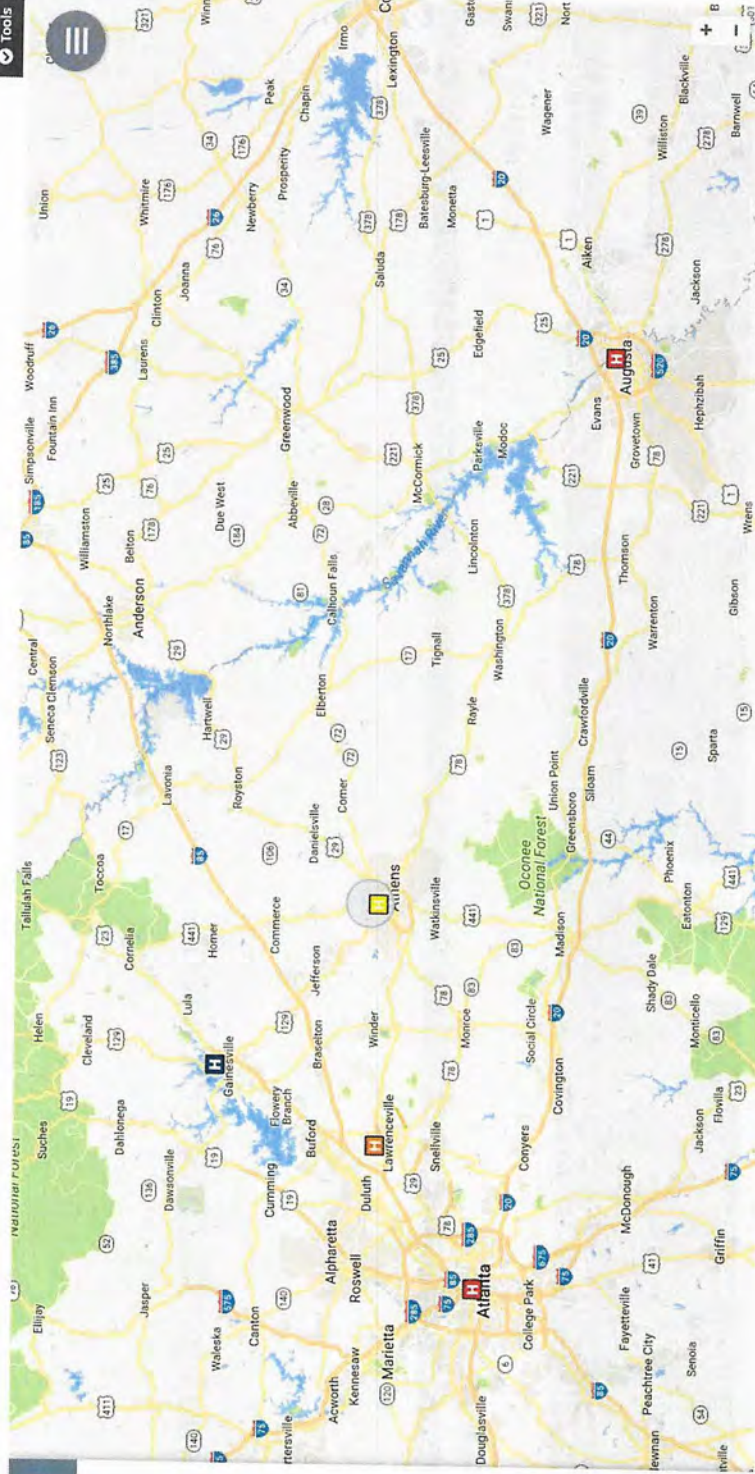
MATRICES

MAPS

### GEORGIA ALERTS


#### Athens Regional Me...

- Hospital:** Athens Regional Medical Center
- Region:** Region II
- Yellow Alert:** On
- Red Alert:** Off
- Mini Disaster:** Off
- ReRoute:** Off
- Trauma Bypass:** Off
- Capacity:** Off
- Latitude:** 33.960980
- Longitude:** -83.398369



ACKNOWLEDGE

**Trauma Bypass**  
 02.01.2018 | 10:39 AM  
 Northeast Georgia Medical Center is on Trauma Bypass as of 02/01/2018 10:38 AM

 Reply
  Reply All
  Forward

Thu 2/1/2018 10:39 AM


**HS** HC Standard (hcsdemo3.ger911.com) <HC\_Stanc  
 Trauma Bypass

To Colby Farrow

Northeast Georgia Medical Center is on Trauma Bypass as of 02/01/2018 10:38 AM



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

Name of Grant: FY 2018 GTCNC EMS Subcommittee Regional System Improvement Grant Program

Applying Organization Legal Name:

Region III Trauma Advisory Council

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

Mailing Address: 631 Professional Dr Suite 120

City: Lawrenceville

State: GA

ZIP Code: 30046 County: US

Phone: 678-312-3742

Fax: 678 N/A

E-mail: N/A

Federal Tax ID Number: N/A

GA EMS Provider License Number (if applicable):

N/A

**DIRECTOR OF APPLYING ORGANIZATION**

Name/Title: Jeff Nicholas

Phone: 404-376-5046

E-mail: jnicholas@gwinnetmedicalgroup.com

**CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person(s) listed above)**

Name/Title: Gina Solomon

Phone: 678-410-1010

E-mail: gsolomon@gwinnetmedicalcenter.org

Please answer each question:

**QUESTION**

**ANSWER FIELD**

Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment B 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 grant parameters detailed in Attachment B 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:**

Region III RTAC  
Director

**DATE:**

5/30/18

May 31,  
2018

## RTAC Region 3 EMS Grant

**Request:** Southeastern Tactical to teach 6 TECC classes to EMS practitioners in Region 3, to be completed by 12/31/2019.

**What:** Tactical Emergency Casualty Care (TECC) teaches EMS practitioners how to respond to and care for patients in a civilian tactical environment. It is designed to decrease preventable deaths in a tactical situation. The course presents the three phases of tactical care:

- Direct Threat Care that is rendered while under attack or in adverse conditions.
- Indirect Threat Care that is rendered while the threat has been suppressed, but may resurface at any point.
- Evacuation Care that is rendered while the casualty is being evacuated from the incident site.

The 16-hour classroom course covers the following topics:

- Haemorrhage 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.

Each class consist of 24 students, 20 enrolled under RTAC grant, 4 enrolled by facility location

**Contact:** [JGuck@southeasterntac.com](mailto:JGuck@southeasterntac.com)

**Why:** Mass Casualty events are unfortunately becoming more and more common place. Region III is a large urban area with numerous structures housing large numbers of people placing it at high risk for potential targets of violence. It is imperative our pre-hospital providers have training to deal with such scenarios to potentially decrease loss of life. TECC provides this type of training.

Quantity	Description	Unit Price	Total
6 Classes	Tactical Emergency Casualty Care	8,250.00	49,500.00
<b>Total Due</b>		<b>49,500.00</b>	<b>49,500.00</b>

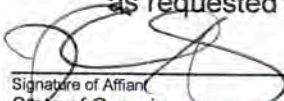
**Please note:** If the total amount is not available we would take a lowered amount and decrease the number of classes. In converse, if there are additional funds we would ultimately like to do a course for every county in Region III which would total 8 at a cost of \$66,000.





The Region III RTAC:

1. Agree to utilize these grant dollars for trauma related services with the 911 zone(s) 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 elsewhere.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the applying organization.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. The applying organization agrees to participate in its respective EMS Region trauma system plan development and all Regional Trauma Advisory Committee meetings.
5. Applying organization 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 (if applicable).
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

 Date: 5/30/2018  
Signature of Affiant  
State of Georgia  
County of Gwinnett  
Signed and sworn to (or affirmed) before me on 5/30/2018  
Date  
by Lisa J. Cauthen  
Printed name(s) of individual(s) making statement  
who proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.  
 Personally Known  
or  
 Produced Identification  
Type of ID  
Lisa J. Cauthen  
Signature of notary public  
LISA J. CAUTHEN  
(Name of notary, typed, stamped or printed)  
notary expires 3/15/2022



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

**Name of Grant:** FY 2018 GTCNC EMS Subcommittee Regional System Improvement Grant Program

**Applying Organization Legal Name:** Region 4 EMS Council

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

**Mailing Address:** 140 Stonewall Ave W. Ste 214

**City:** Fayetteville      **State:** Georgia      **ZIP Code:** 30214      **County:** Fayette

**Phone:** 770-305-5173      **Fax:** 770-305-5190      **E-mail:** stevef@fayettecountyga.gov

**Federal Tax ID Number:**

**GA EMS Provider License Number (if applicable):**

**DIRECTOR OF APPLYING ORGANIZATION**

**Name/Title:** Brad Johnson - Region 4 Council President

**Phone:**      **E-mail:** bjohnson@co.henry.ga.us

**CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person(s) listed above)**

**Name/Title:** Steven Folden

**Phone:** 770-305-5173      **E-mail:** stevef@fayettecountyga.gov

**Please answer each question:**

QUESTION	ANSWER FIELD
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment B 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 grant parameters detailed in Attachment B 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.*

<b>SIGNATURE:</b> 	<b>TITLE:</b> RTAC Chair Region 4	<b>DATE:</b> 05/22/18
--	--------------------------------------	-----------------------

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



GEORGIA TRAUMA COMMISSION

Attachment B:

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

- 1. Agree to utilize these grant dollars for trauma related services with the 911 zone(s) 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 elsewhere.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the applying organization.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities.
5. Applying organization agrees it is compliant with the Department of Public Health State Office of EMS data submission requirements.
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

Signature of Affiant: [Handwritten Signature] Date: 5/22/18

State of Georgia
County of Fayette
Signed and sworn to (or affirmed) before me on May 22, 2018
Date
by Steven Folden
Printed name(s) of individual(s) making statement
who proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.
[ ] Personally Known
or
[ ] Produced Identification
Type of ID
Signature of notary public Amy L. Gordineer
Notary Public State of Georgia
My commission expires: 11/7/19



# Region 4 EMS Regional System Improvement Grant Proposal

## May, 2018

The region 4 EMS Council, is proposing an educational and equipment grant opportunity for consideration by the Georgia Trauma Commission. The purpose of the program will be to distribute bleeding control training and equipment to be used in predominately mobile assets in each county of Region 4. The project would be overseen by the Region 4 Regional Trauma Advisory Council

### **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 transport times while units transport to other regions for care.

With events of traumatic injuries involving controllable hemorrhage on the rise in our work, social, and educational environments, the Region 4 Council has identified an equipment and educational opportunity in the treatment of these injuries by lay responders in a mobile situation. The region has identified an equipment offering from North American Rescue that meets this objective.

### **Proposal:**

The region 4 EMS Council would propose a grant-funded program to teach non-medical responders the "Stop the Bleed" curriculum and provide 100 "Stop the Bleed" kits to each County in Region 4 to be distributed as mobile assets within those counties. This grant would cover the expenses for the kits at a total cost of \$47,976.00.

### **Budget:**

100 kits x 12 counties x \$39.98 per kit = \$47,976.00 – Total Grant Request

### **Methodology and Deliverables**

The education component would be undertaken by volunteer instructors in each of the 12 counties. All instructional materials are freely available on the web, and the training booklets that accompany the course are in the region in bulk.

Successful completion of this program will build a broader base of providers and equipment covering all counties within the region. The mobility of the devices will be another asset to the program and may allow the equipment and services to be provided much faster in a time of need. Given the ever-changing dynamics of emergency scenes and the emergence of new and differing traumatic events in our work place, the leadership of the Region 4 EMS Council supports the need for this program.

# EMS REGION 5

## REGIONAL SYSTEM IMPROVEMENT GRANT PROPOSAL

---

*Submitted May 30, 2018*



**EMS REGION 5**  
**REGIONAL SYSTEM IMPROVEMENT GRANT PROPOSAL**

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<b>Attachment C</b>	<b>Trauma Services Affidavit</b>	<b>page 9</b>



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

**Name of Grant: FY 2018 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

<b>City:</b> Macon	<b>State:</b> GA	<b>ZIP Code:</b> 31201	<b>County:</b> Bibb
--------------------	------------------	------------------------	---------------------

<b>Phone:</b> 478-633-1199	<b>Fax:</b> 478-633-6195	<b>E-mail:</b> smith.kristal@navicenthealth.org
----------------------------	--------------------------	---

**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

<b>City:</b> Macon	<b>State:</b> GA	<b>ZIP Code:</b> 31201
--------------------	------------------	------------------------

<b>Phone:</b> 478-633-1199	<b>E-mail:</b> ashley.dennis@navicenthealth.org
----------------------------	---

**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

<b>City:</b> Macon	<b>State:</b> GA	<b>ZIP Code:</b> 31201
--------------------	------------------	------------------------

<b>Phone:</b> 478-633-1452	<b>E-mail:</b> Perry.Rhonda@navicenthealth.org
----------------------------	--

**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

<b>City:</b> Macon	<b>State:</b> GA	<b>ZIP Code:</b> 31201
--------------------	------------------	------------------------

<b>Phone:</b> 478-288-0708	<b>E-mail:</b> region5rtac@gmail.com
----------------------------	--------------------------------------

**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

<b>City:</b> Macon	<b>State:</b> GA	<b>ZIP Code:</b> 31201
--------------------	------------------	------------------------

<b>Phone:</b> 478-288-0708	<b>E-mail:</b> smith.kristal@navicenthealth.org or region5rtac@gmail.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:**

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:** 478-288-0708

**E-mail:** smith.kristal@navicenthealth.org or region5rtac@gmail.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.

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:**

05-30-18

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



## Region 5 EMS Regional Trauma Advisory Committee

777 Hemlock Street, MSC 103

Macon, Georgia 31201

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

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The Region 5 Regional Trauma Advisory Committee (RTAC) with the approval of the Region 5 Emergency Medical Services (EMS) Advisory Council would like to petition the Georgia Trauma Care Network Commission (GTCNC) and the GTCNC EMS Subcommittee to consider the following proposal for the Regional Trauma System Improvement Grant.

### **Proposal:**

The project proposed by the Region 5 RTAC is designed to educate and enable EMS responders to decrease the interval between time of injury and the provision of care in the event of a mass casualty incident. As with previous regional RTAC initiatives, the objective is to increase the capacity of the regional community to provide timely and appropriate 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.

To that end, Region 5 RTAC with the approval of the Region 5 EMS Advisory Council would like to petition the GTCNC and the EMS Subcommittee for grant funding in the amount of **\$43,260**.

This funding would provide for:

- Two small yet mobile cache of bleeding control kits, disposable litters, and trauma triage bags that can be placed at large events where the potential for a high number of casualties exists.
- Two Tactical Emergency Casualty Care (TECC) Courses within our region.
- Two regional caches of training equipment to support the provision of TECC courses, Rescue Task Force education, SALT Triage training, mass-casualty exercises within the region.

We continue to see in the news the impact of acts of violence across our country. While we realize that no amount of education will fully prepare you for the horrors you might face if one of these attacks comes to your home, we can strive to equip our responders with the best evidenced-based training and onsite equipment possible.

The foundation of all our training and outreach has been the proper utilization of tools that stop life-threatening bleeding. No amount of training could have helped the wounded at past events if the right tools weren't in place when they were attacked. While we can't predict where or when another mass casualty will occur, we can be forward thinking and place the necessary equipment within reach of responders. The RTAC would like to create two small yet mobile caches of bleeding control kits, disposable litters, and trauma triage bags that can be placed at large events where the potential for a high number of casualties exists would enable the rapid deployment of life-saving equipment. For local entities having a large gathering, these small, nondescript trailers and their life saving equipment could be prepositioned for rapid deployment in the event of an attack (or a nonviolent but life endangering incident). The RTAC does not envision a cache of equipment that is "flashy" or overly complicated. The sole purpose of this proposal is to provide basic tools to quickly deploy and stop as much bleeding and treat as many life-threatening injuries as possible. We merely want to provide an option for a local entity to quietly plan for a mass casualty event.

In addition to the provision of the aforementioned mobile equipment caches, the Region 5 RTAC seeks to bolster new and on-going regional training initiatives with the development of two regional training equipment caches capable of supporting Tactical Emergency Casualty Care (TECC) courses, Rescue Task Force education, SALT Triage training, and mass-casualty exercises within the region. Maximizing survival during mass-casualty events requires updated and integrated systems of care. While the recommendations championed by the Hartford Consensus and the Committee for Tactical Emergency Casualty Care (C-TECC) encourages the use of existing emergency medical techniques and equipment, validated by over a decade of well-documented military and clinical experience, they nonetheless represent a paradigm shift for many EMS responders. Increasing the availability, frequency, and fidelity of training specific to disaster response is essential to increasing participants' knowledge of updated response strategies and improving overall competence and confidence. The proposed training equipment caches would contain items designed to mirror tools being provide in the mobile equipment caches and would enable the RTAC and regional EMS agencies to provide disaster training specific to their operational needs.

While this initiative is not intended to replace or meet the required needs of a previous program, this project dovetails well with several other Trauma Commission funded initiatives. In fact, partnerships and infrastructure instrumental to the success of earlier programs will help to ensure the success of this initiative.

## EMS REGION 5

### REGIONAL SYSTEM IMPROVEMENT GRANT PROPOSAL

### PROPOSED BUDGET

Category	Description	Cost	Qty	Total Price
Regional Equipment Caches	6x10 Motorcycle Trailers	\$4000 each	2	\$8,000.00
Regional Equipment Caches	200 Bleeding Control Kits	\$50 each	200	\$10,000.00
Regional Equipment Caches	RTF Bags (GAEMS Configuration)	\$250 each	4	\$1,000.00
Regional Equipment Caches	SMART Triage Pac	\$250 each	6	\$1,500.00
Regional Equipment Caches	Storage Bags for Kits	\$100 each	20	\$2,000.00
Regional Equipment Caches	Triage Tarps	\$200 set	2	\$400.00
TECC Courses	TECC Class	\$3500 class	2	\$7,000.00
Regional Training Caches	Bleeding Control Trainer Kit	\$54 each	50	\$2,700.00
Regional Training Caches	Thomas MCI Man	\$72 each	30	\$2,160.00
Regional Training Caches	Thomas MCI Ped	\$55 each	12	\$660.00
Regional Training Caches	RTF Trainer Bags (GAEMS)	\$250 each	4	\$1,000.00
Regional Training Caches	Disposables	\$1,000	1	\$1,000.00
Regional Training Caches	Moulage Kits (Basic)	\$150 each	2	\$450.00
Regional Training Caches	CAT MCI Kit (50 CAT Tourniquets)	1100 each	2	\$2,200.00
Regional Training Caches	Peds Victim Cards	\$42 each	2	\$84.00
Regional Training Caches	Adult Victim Cards	\$42 each	2	\$84.00
Regional Training Caches	Active Shooter Victim Cards	\$42 each	2	\$84.00
Regional Training Caches	SMART Triage Trainer Pac	\$200 each	2	\$400.00
Regional Training Caches	Triage Tarps (Training)	\$200 set	2	\$400.00
Regional Training Caches	Drag Tarps (Litters)	\$22 each	4	\$88.00
Regional Training Caches	TCCC/ TECC Extraction Training Module	\$1000 each	2	\$2,000.00
Regional Training Caches	40 Gal. Wheeled Industrial Tote	\$25 each	2	\$50.00
<b>Total Funding Requested:</b>				<b>\$43,260.00</b>



# Region 5 EMS Regional Trauma Advisory Committee

777 Hemlock Street, MSC 103  
Macon, Georgia 31201

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

May 29, 2018

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

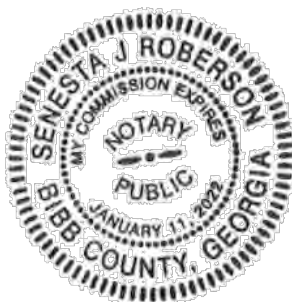
1. Agrees to utilize the Regional System Improvement Grant dollars for trauma related services and/or equipment with the 911 zones described in the application for the grant.
2. Agrees that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the 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 elsewhere.
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. 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 it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance (if applicable).
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

*Kristal Smith*  
 Kristal Smith, Injury Prevention and Outreach Coordinator  
 Program Coordinator

*Kristal Smith* 5-29-18  
 Signature of Affiant

State of Georgia  
 County of Bibb  
 Signed and sworn to (or affirmed) before me on 5-29-18  
 by Kristal Smith  
 Presence of witnesses is required  
 who proved to me on the basis of satisfactory evidence to be the person(s)  
 who appeared before me:  
 Personally Known  
 or  
 Produced Identification  
 Type of ID \_\_\_\_\_

*Senesta J. Roberson*  
 Notary Public State of Georgia  
 My commission expires 11, 2022



*Senesta J. Roberson*



# Trauma Services

Navicent Health

777 Hemlock Street  
Hospital Box # 103  
Macon, Georgia 31201

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

May 29, 2018

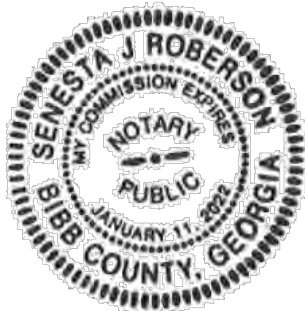
This affidavit hereby affirms that Trauma Services Navicent Health -

1. Agrees to utilize the Regional System Improvement Grant dollars for trauma-related services and/or equipment with the 911 zones 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 elsewhere.
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. 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 it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance (if applicable).
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

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

*Kristal Smith* 5-29-18  
 \_\_\_\_\_  
 Signature of Affiant

State of Georgia  
 County of Bibb  
 Signed and sworn to (or attested) before me on 5-29-18  
 by Kristal Smith  
 who proved to me on the basis of satisfactory evidence to be the person(s)  
 who appeared before me.  
 Personally Known  
 or  
 Produced Identification  
 Type of ID Notary Public  
Senesta J. Roberson  
 Senesta J. Roberson  
 (Name of notary. Must always be printed)  
 Notary Public State of Georgia  
 My commission expires Jan 11, 2022



**Region 6 RTAC Regional Improvement Grant**

Item #	Total Grant	Description	Cost Each	Number	Total Cost	Grant Amount remaining
	\$47,000.00					
1		TECC Courses	\$7,000.00	5	35,000.00	12,000.00
2		Public Access Bleeding Control Kits	\$374.98	26	9,749.48	2,250.52
3		TECC Instructor Certification	\$2,250.00	1	2,250.00	0.52
Total Funds					46,999.48	



Attachment B:

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

- 1. Agree to utilize these grant dollars for trauma related services with the 911 zone(s) 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 elsewhere.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the applying organization.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities.
5. Applying organization agrees it is compliant with the Department of Public Health State Office of EMS data submission requirements.
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).


Signature of Affiant [Handwritten Signature] Date 5/30/2018

State of Georgia
County of Crisp
Signed and sworn to (or affirmed) before me on May 30, 2018
Date by Stacey H Tabor
Printed name(s) of individual(s) making statement
who proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.
[checked] Personally Known
or
Produced Identification
Type of ID
Signature of notary public
Stacey H. Tabor
(Name of notary, typed, stamped or printed)
Notary Public State of Georgia
My commission expires: 4/20/2020







GEORGIA TRAUMA COMMISSION EMS SUBCOMMITTEE REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM		
<b>Name of Grant:</b> FY 2018 GTCNC EMS Subcommittee Regional System Improvement Grant Program		
<b>Applying Organization Legal Name:</b> Crisp Regional Hospital		
<b>Doing Business As "DBA" (if differs from Legal Name):</b> Crisp Regional Hospital		
<b>Mailing Address:</b> 902 7th St North		
<b>City:</b> Cordele	<b>State:</b> Ga	<b>ZIP Code:</b> 31015 <b>County:</b> Crisp
<b>Phone:</b> 229-276-3100	<b>Fax:</b>	<b>E-mail:</b> jcarter@crispregonal.org
<b>Federal Tax ID Number:</b> 58-2175978		
<b>GA EMS Provider License Number (if applicable):</b>		
<b>DIRECTOR OF APPLYING ORGANIZATION</b>		
<b>Name/Title:</b> David Edwards, Crisp Co EMS Director; Region 8 RTAC Committee Chairman		
<b>Phone:</b> 229-322-9199	<b>E-mail:</b> dedwards@crispregonal.org	
<b>CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person(s) listed above)</b>		
<b>Name/Title:</b> Janann Dunnivant, Trauma Registrar Crisp Regional Hospital; RTAC Region 8 Secretary		
<b>Phone:</b> 229-276-3712	<b>E-mail:</b> jdunnivant@crispregonal.org	
<b>Please answer each question:</b>		
QUESTION	ANSWER FIELD	
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment B 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 grant parameters detailed in Attachment B of the grant documents? Enter "Yes " or "No" in the answer field.	Yes	
<i>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.</i>		
<b>SIGNATURE:</b> 	<b>TITLE:</b> EMT Director	<b>DATE:</b> 5/30/18

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

# GEORGIA EMS REGION 8 REGIONAL TRAUMA ADVISORY COMMITTEE

## APPLICATION FOR COMPETITIVE GRANT DOLLARS

Reimbursement grant payable on or about 30 days from receipt of actual documented costs/proofs of purchase provided to the Georgia Trauma Commission

Georgia EMS Region 8 Regional Trauma Advisory Committee is pleased to submit this application for grant dollars identified as "Regional System Improvement Grants". This Advisory Committee recognizes the importance of continued education of trauma care in the rural environment and is following the recommendation to provide instructional and interactive education to First Responders of this region.

To support Region 8 in achieving its goals for sustaining and improving rural trauma services in southeast Georgia, the committee would like to propose the following educational opportunity:

The National Farmmedic Training Program, owned and operated by McNeil & Co developed by Cornell University. Agriculture is one of the most dangerous industries in America which is concerning for emergency medical providers in rural Georgia. The changing nature of farm equipment, chemicals and farm structure require responders continue training to learn improved rescue techniques. The expected result of appropriate training in farm/rural rescue results in better patient outcomes and reduces the likelihood of rescuer injury or death.

Cost of 1<sup>st</sup> & 4 subsequent class(s): \$7700.00 each class  
payable to FARMEDIC  
24 participants per class

Cost of location requirement: \$ 0.00

Cost of class requirements/equipment/materials: \$ included

\*1<sup>st</sup> class will include "train the trainer" participants

\*meals/refreshment will *not* be provided

\*class cost information provided by: Kim Littleton, Executive Director of Georgia EMS Association via Allen Owens, Owner of Hope EMS

(The timeline for execution of the above listed class was not specified in the request of application and not set forth by the committee at the time of this application.)

*Please allocate the unused balance to fund the DART Medic Trailer Kit program.*

We look forward to working with Georgia Trauma Care Network Commission and supporting your efforts to improve trauma care in Georgia EMS Region 8. We are confident that we can meet the challenges ahead and stand ready to partner with you in delivering an effective opportunity for EMS.

If you have questions, please contact David Edwards by email at [dedwards@crisregional.org](mailto:dedwards@crisregional.org) or phone at 1-229-322-9199.

Thank you for your consideration,

David Edwards  
Georgia EMS Region 8 RTAC Chair



GEORGIA TRAUMA COMMISSION

Attachment B:

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

- 1. Agree to utilize these grant dollars for trauma related services with the 911 zone(s) 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.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the applying organization.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities.
5. Applying organization agrees it is compliant with the Department of Public Health State Office of EMS data submission requirements.
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

Signature of Affiant: [Handwritten Signature] Date: 5/31/18

State of Georgia Bulloch
County of
Signed and sworn to (or affirmed) before me on 05/31/18
Date
by Kelly C. Barnard
Printed name(s) of individual(s) making statement
who proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.
[ ] Personally Known
or
Produced Identification
Type of ID
Signature of notary public
Kelly C. Barnard
(Name of notary, typed, stamped or printed)
Notary Public State of Georgia
My commission expires:

Stamp/Seal

My Commission Expires July 15, 2021



GEORGIA TRAUMA COMMISSION EMS SUBCOMMITTEE REGIONAL SYSTEM IMPROVEMENT GRANT APPLICATION FORM			
Name of Grant: FY 2018 GTCNC EMS Subcommittee Regional System Improvement Grant Program			
Applying Organization Legal Name:			
Doing Business As "DBA" (if differs from Legal Name):			
Mailing Address:			
City:	State:	ZIP Code:	County:
Phone:	Fax:	E-mail:	
Federal Tax ID Number:			
GA EMS Provider License Number (if applicable):			
DIRECTOR OF APPLYING ORGANIZATION			
Name/Title:			
Phone:		E-mail:	
CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person(s) listed above)			
Name/Title: <i>Lee Eckles Chairman Region IX EMS Council</i>			
Phone: <i>912 682 9103</i>		E-mail: <i>leekles@bullcohema.com</i>	
Please answer each question:			
QUESTION		ANSWER FIELD	
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment B and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.		<i>YES</i>	
Does the Applying Organization understand and agree to comply with the eligible grant parameters detailed in Attachment B of the grant documents? Enter "Yes " or "No" in the answer field.		<i>YES</i>	
<i>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.</i>			
SIGNATURE: <i>[Signature]</i>		TITLE: <i>Chairman Region IX EMS Council</i>	DATE: <i>5/31/18</i>

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

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

**Name of Grant: FY 2018 GTCNC EMS Subcommittee Regional System Improvement Grant Program**

**Applying Organization Legal Name:  
Region 10 Regional Trauma Advisory Committee**

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

**Mailing Address: UGA Health Sciences Campus 105 F Rhodes Hall 105 Spear Rd**

**City: Athens State: GA ZIP Code: 30602 County: Clarke**

**Phone: 706-542-3648 Fax: E-mail: ninac64@uga.edu**

**Federal Tax ID Number:**

**GA EMS Provider License Number (if applicable):**

**DIRECTOR OF APPLYING ORGANIZATION**

**Name/Title:  
Dr. Kurt Horst**

**Phone: E-mail: Kurt.Horst@GEMS-ED.NET**

**CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person(s) listed above)**

**Name/Title: Nina Cleveland, PhD Region 10 RTAC Treasurer**

**Phone: 706-542-3648 E-mail: ninac64@uga.edu**

**Please answer each question:**

<b>QUESTION</b>	<b>ANSWER FIELD</b>
Is the original signed and notarized affidavit listing and affirming all six (6) conditions detailed in Attachment B 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 grant parameters detailed in Attachment B 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.*

<b>SIGNATURE:</b>	<b>TITLE:</b>	<b>DATE:</b>
-------------------	---------------	--------------

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



GEORGIA TRAUMA COMMISSION

Attachment B:

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

- 1. Agree to utilize these grant dollars for trauma related services with the 911 zone(s) 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 elsewhere.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the applying organization.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities.
5. Applying organization agrees it is compliant with the Department of Public Health State Office of EMS data submission requirements.
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).

Signature of Affiant: Eva Ninette Cleveland Date: 5/31/2018
Region 10 RTAC Treasurer

State of Georgia
County of Clarke
Signed and sworn to (or affirmed) before me on 05/31/18
Date by EVA Ninette Cleveland Region 10 RTAC
Printed name(s) of individual(s) making statement
who proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.
Personally Known
Produced Identification
Type of ID GA Driver's License
Signature of Notary Public Anita Holmes
(Name of notary, typed, stamped or printed)
Notary Public State of Georgia
My commission expires: 9/23/2019

