

STOP THE BLEED GEORGIA - SCHOOL RESPONSE PROGRAM PARTICIPATION AGREEMENT

PARTICIPATING SCHOOL: _____

MAILING ADDRESS: _____

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

NUMBER OF STUDENTS: _____ **AED ON CAMPUS:** YES NO

DESIGNATED POINT OF CONTACT: _____

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

EMAIL ADDRESS: _____

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

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

- a) Participant agrees to provide secure and adequate on-site storage space for the emergency supplies in consultation with the training provider on best placement options.
 - i. The Bleeding Control Kits should remain on-site and readily accessible to an individual recipient of STB-GA training.
- b) Participant agrees to designate a minimum of **ten (10)** willing staff members to receive training specific to STB-GA.
- c) Participant agrees to designate a point of contact for the STB-GA School Response Program.
- d) Participant agrees to provide future feedback as requested on strengths and weaknesses of the project and the self-efficacy of STB-GA training recipients. Feedback requests will be minimal and require less than 15 minutes of time to complete.
- e) Participant agrees to notify the Project Coordinator in the event a Bleeding Control Kit is utilized.
- e) Participant will notify the Project Coordinator of missing, lost, stolen, or misuse STB-GA components.
- h) Participant can terminate participation in STB-GA at any time, but agrees to notify the Project Coordinator of its termination of participation.

7. Contacts for STB-GA are noted below. Additional notices required by this Agreement shall be sent in writing to the contact person at the email noted below.

Billy Kunkle
 Trauma System Planner
 Georgia Trauma Commission
 410 Chickamauga Avenue
 Suite 332
 Rossville, Georgia 30741
 Main: 706-841-2800
 Cell: 678-604-4324
 Email: billy@gtcnc.org

RTAC/Project Coordinator
 Region
 Regional Trauma Advisory Council
 Address
 City, State, Zip
 Phone:
 Email:

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

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

Authorized Participant Signature: _____

Printed Name: _____

Title: _____ **Date:** _____