

2020 BROWARD COUNTY EMS GRANT APPLICATION
"Funding to improve or expand prehospital EMS Systems"

Section I

1. **Project Title:** iSTOP: Improving Survival with Targeted Community Outreach and Pre-Hospital Care
- Is this a pilot project? Yes No
2. **Project Cost \$:** 25,000
3. **Agency Name:** North Broward Hospital District d/b/a Broward Health for Broward Health Medical Center
- Address: 1600 S Andrews Avenue, Fort Lauderdale, FL 33316
- Telephone: 954-468-8935 Fax: 954-468-5270
4. **Project Manager:** The individual with direct knowledge of project and responsible for project implementation.
- Name: Wayland Morrison, RN, BS, NREMT
- Telephone: 954-468-8935 Email: wmmorrison@browardhealth.org
5. **Authorized Signatory:** The individual authorized to sign the application on behalf of the agency or entity.
- Name of Signatory: Gino Santorio
- Title of Signatory: President/CEO
6. **Projects Impacting Direct Services to Emergency Victims:** This may include, but is not limited to: vehicles, medical and rescue equipment, communications, dispatch, navigation, and other equipment that impacts on-site treatment. (Countywide projects must offer participation to all licensed EMS providers, based upon levels of service.) Attach Form A.
- Countywide: Yes No
- Multiple Agencies: Yes No How Many? _____
- Single Agency: Yes No
7. **Projects Impacting Indirect Services:** Training of all types (public, first responders, law enforcement personnel, EMS personnel and other healthcare staff), research, and documentation. (Countywide projects must offer participation to all licensed EMS providers.) Attach Form A.
- Countywide: Yes No
- Multiple Agencies: Yes No How Many? _____
- Single Agency: Yes No

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8. Problem/Unmet Need Description: Provide a narrative of the problem or need and the population affected by describing the present situation and management (if any) and the potential adverse consequences if not addressed.

Gunshot wounds, both intentional and unintentional, are a common occurrence in emergency rooms and trauma centers in the United States (US), especially as mass shootings are on the rise (Blair & Sweit, 2014), with Florida ranking 26th in the US for population-adjusted rate of firearm deaths (2018). In 2018, Broward Health’s Trauma Service (BHTS) saw 395 penetrating injuries, the majority of which were gunshot wounds; 31 of those firearm injuries resulted in death (FL Charts, 2018). Broward County also experienced two mass shooting events in 2017 and 2018, creating a sudden influx of penetrating traumas to Broward Health’s Trauma departments.

In the immediate aftermath of a shooting or penetrating trauma event, the main goal of emergency medical services (EMS) is preservation of life via care in the pre-hospital setting. To do this, the literature recommends focusing on hemorrhage control, airway management, and pneumothorax decompression. Implementation of this protocol, known as Tactical Combat Casualty Care (TCCC), as it was designed for use in battle by the 75th Ranger Regiment of the United States Army, lead to a significantly greater proportion of wounded troops making it to definitive medical care (Eastridge et al, 2012; Kotwal, 2011; Fisher, 2015; Shapiro, 2017). While more military personnel were able to make it to definitive medical care by using the TCCC approach, it was noted that the vast majority of fatalities happened during transport, and that 90% of medical interventions performed in the pre-hospital setting were for the treatment of extremity hemorrhage (Kotwal, 2011; Fisher, 2015).

These findings have had a significant influence on the evolution of civilian efforts to provide pre-hospital care for shooting victims, and eventually produced the “Stop the Bleed” (STB) campaign, training civilians in the use of pressure bandages and tourniquets to provide potentially lifesaving hemorrhage control in the time prior to the arrival of EMS (15). While great strides have been made in both the training of civilian responders using STB and the science of treating these victims, there remains a significant gap in necessary care between the shooting event and the initiation of treatment by EMS.

In 2018, the BHTS hosted 105 STB trainings throughout Broward County. However, it was unknown if information was being effectively disseminated to the community. Upon analyzing heat maps created with Geographic Information Systems (GIS), highlighting the highest concentration of penetrating injuries both with and without a local civilian mass shooting in Broward County, it was found that only 16 of the 105 BHTS-hosted STB interventions fell within designated penetrating trauma “hotspots.” This analysis has shown that there is an unmet need for the targeted training of civilian bystanders in penetrating trauma hotspots. The overall goal for the proposed iSTOP program is to identify the communities and areas of greatest need for STB trainings within Broward County, whose community members may benefit most, and provide extensive civilian bystander training using the STB protocol.

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9. EMS Improvement and Expansion to Resolve Problem or Address Needs:

Describe proposed solutions to the problem and/or need (question #8 – problem description). State the improvements that are reasonably foreseeable and measurable. Use data, scientific, or anecdotal information to support the agency's request. Explain how the project will improve and/or expand prehospital EMS in Broward County. Be specific.

To better serve the community and both improve and expand pre-hospital care in Broward County, the Broward Health Trauma Service (BHTS) proposes a two-part approach through the iSTOP program.

1) Through the use of Geographic Information System (GIS) software BHTS will map out the areas where gun violence occurs in Broward County, allowing the team to statistically analyze the county for “hotspots” of gun violence. These areas can then be mapped against previous and ongoing STB campaign initiatives to see how well BHTS is targeting the areas of greatest need. It is hypothesized that there will be significant areas of gun violence throughout the county that have not received any STB interventions or materials, such as pressure bandages and/or tourniquets. This in-depth analysis will not only identify area and neighborhood “hotspots” as possible targets for STB training, but will work to target exact addresses, street corners, and centers of the communities in which gun violence frequently occurs. This analysis will take place at least quarterly, throughout the life cycle of the grant funding period, allowing the BHTS team to modify target neighborhoods as “hotspots” change.

2) Using information gathered from the GIS analysis, the BHTS will target and implement STB training in “hotspot” communities. The iSTOP team aims to use approximately 60% of requested funds to host STB trainings in “hotspot” communities, or those of greatest need as identified using the GIS software, including the cities of Lauderhill, Oakland Park, Fort Lauderdale, Pompano Beach, Deerfield Beach, and Margate. Approximately 30% of funds will be used to host STB trainings in the surrounding neighborhoods, or those considered “at-risk” of violence, as defined on the GIS map as “medium” heat zones. Remaining funding, approximately 10%, will be used to target the remaining Broward County communities.

iSTOP is a unique and innovative approach to traditional STB/civilian-first-responder training, as it aims to train lay community members at greatest risk to having a front row seat to gun violence, rather than those community members who are interested in first-reponder or medical training, or those who feel the need to serve their communities. iSTOP will work with community leaders, police, fire, and EMS units to reach out to at-risk community members. Relationships will be built with lay community members, including gas station and convenience store owners and attendants, religious congregations, restaurant and bar owners, delivery drivers, home owners, apartment managers, etc. The BHTS team will work with these community members to locate iSTOP training locations and provide STB training. The BHTS team will also ensure iSTOP participants and locations have the pressure dressings and tourniquets needed to provide assistance in the aftermath of a penetrating trauma through the installation of wall mounts holding STB materials. iSTOP will also include a community marketing campaign. By forming strong relationships and providing STB training to these communities, iSTOP aims to improve and expand pre-hospital care in Broward County.

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10. Measurable Outcomes: Outcomes should be viewed from the perspective of the project and provide for: improved conditions/service - for patients as well as EMS personnel; expanded services; new knowledge; or improved knowledge. Outcomes must be measurable and attainable. (Attach additional pages, as needed.)	
A. Project	Analyze Broward County for “hot spots” of gun violence.
B. Activities	BHTS will work with Broward County GIS software to identify the areas within Broward County that are most affected by gun violence quarterly.
C. Outcomes	Four times per year, BHTS will identify “hot, medium, and cool” zones of gun violence using heat mapping technology within GIS software. Zones will be identified and target iSTOP intervention locations will be mapped.
D. Indicators	Heat mapping zones as identified through GIS software. Zones will be divided into hot, medium, and cool zones for gun violence.
E. Data Source	GIS mapping software.
F. Data Collection Method	GIS heat map analysis.

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A. Project	BHTS will involve community stakeholders in iSTOP through extensive community outreach, identifying community members, businesses, places of worship, etc who would be interested in either hosting an iSTOP STB intervention, or who would be willing to promote iSTOP throughout their community.
B. Activities	iSTOP and BHTS staff will work to locate potential STB training locations and vital community members who may assist in the promotion of iSTOP. At least 39 community partners will agree to participate in the iSTOP project.
C. Outcomes	At least 39 iSTOP locations will be identified through community outreach. Additionally, the BHTS will make contact with and work with at least 50 community members, working to promote iSTOP throughout Broward County.
D. Indicators	BHTS will have made face-to-face contact with 50 community members and located 39 potential locations for iSTOP/STB trainings throughout Broward County.
E. Data Source	All identified community partners will be logged and contact information recorded.
F. Data Collection Method	Community partners will verbally agree to participate and/or provide a letter of support upon agreeing to participate in iSTOP.

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10. Measurable Outcomes: Outcomes should be viewed from the perspective of the project and provide for: improved conditions/service - for patients as well as EMS personnel; expanded services; new knowledge; or improved knowledge. Outcomes must be measurable and attainable. (Attach additional pages, as needed.)	
A. Project	Begin iSTOP by initiating STB training at identified community locations.
B. Activities	Provide STB training at identified community locations. It is estimated that 60% of requested funds will be used to host 23 STB trainings in "hotspot" communities, or those of greatest need as identified using the GIS software, including the cities of Lauderhill, Oakland Park, Fort Lauderdale, Pompano Beach, Deerfield Beach, and Margate. It is estimated that 460 community members will be served in these locations. Approximately 30% of funds will be used to host 11 STB trainings in the surrounding neighborhoods, or those considered "at-risk" of violence, as defined on the GIS map as "medium" heat zones. It is estimated that 220 community members will be served at these locations. Remaining funding, approximately 10%, will be used to target the remaining Broward County communities, hosting 5 trainings and serving 100 community members. Each identified locations will be provided with STB materials and a wall mounting kit to store STB materials.
C. Outcomes	At least 780 people total will be trained using the STB protocol in the target communities. 100% of those who participate will demonstrate proficiency in performing the STB intervention. Additionally, 90% of community businesses and/or locations will install STB kits. STB kits will be installed in locations of greatest need as identified by GIS mapping.
D. Indicators	At least 780 people will attend and take part in the iSTOP program and participate in STB training. Community members who participate in the iSTOP intervention will demonstrate proficiency in the STB protocol, measured through a post-training evaluation. STB kits will be installed in community locations of need.
E. Data Source	Observation and attendance logs at iSTOP events; iSTOP participant post-training evaluations; observation by iSTOP staff and/or community member report of STB kit installation in community location.
F. Data Collection Method	Observation and/or self-report by community members.

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A. Project	Create a comprehensive iSTOP marketing plan.
B. Activities	Work with Broward Health marketing department to create a marketing plan that reaches out into the community through both print and social media. Additionally, the plan will create sticker or decals for each STB trained business/community location to display, identifying that location as a place where victims may come for help and/or where civilian bystanders can come for help in the aftermath of a shooting event, as they have participating in the iSTOP project. Place stickers/markers/identifiers in prominent places, in the view of the general public and/or the patrons who frequent the location.
C. Outcomes	100% of community members or locations who take part in the iSTOP program will display sticker/decals indicating their location as an iSTOP participant.
D. Indicators	iSTOP sticker/decals is located in public/patron view.
E. Data Source	Observation of displayed iSTOP stickers/decals in participant locations.
F. Data Collection Method	BHTS will observe and record which participants have displayed their sticker/decals.

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11. Project Schedule: Please complete the table below. Insert additional rows if needed.

Months after Grant is Executed	Activity
	Please see Attachment C for full Project Schedule

12. Supporting Research or Literature? Yes (Attachment A) No
 (Required if this is a Pilot Project.)

13. Letters of Support or Reference? Yes (Attachment B) No

14. Budget: Do not use brand names when listing items. Use only generic names. Round up/down to the nearest dollar. Please use the table below. Insert additional rows if needed. Do not include extended warranties.

Item	Unit Cost	Quantity	Total
Polycarbonate wall case/public access bleeding control station with 5-pack vacuum-sealed basic blood control kit	\$510	39	\$20,000
Marketing costs, including palm cards, stickers/decals, and other print and social media (hours of work)	\$24	208	\$5,000
Delivery charges, if any			\$0
Total			\$25,000

15. Future Expenses: Estimate the maintenance or other required recurring expenses per unit after the first grant year (if applicable). Note: No funding will be provided for these expenses under this grant program and must be absorbed by the grant recipient(s). Discuss this issue with your agency as it may affect its budget.

Items	Cost
N/A	

Grant monies cannot be used to replace existing equipment.



Initials of authorized signatory acknowledging the individual understands this statement.

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16. **Medical Director Approval:** For all projects requiring approval from the agency's Medical Director in accordance with Chapter 401, Florida Statutes, or Chapter 64J-1, Florida Administrative Code.

The undersigned, as Medical Director for this agency, supports and approves this project.

Signature: _____ Date: _____

Printed Name: _____

17. **Partial Funding:** Will the agency accept partial funding?
(Note: If the agency is awarded partial funding, an amendment to the outcomes and budget forms must be submitted).

Yes, the agency will accept partial funding

No, the agency will not accept partial funding

Signature: 
(Authorized Signatory)

Printed Name: Gino Santorio, President/CEO

AGENCY NAME: North Broward Hospital District d/b/a Broward Health for Broward Health Medica Center

AUTHORIZED SIGNATORY: 

DATE: 9/26/19

PRINT AUTHORIZED SIGNATORY NAME: Gino Santorio

TITLE: President/CEO

PROJECT MANAGER'S SIGNATURE: 

PRINT PROJECT MANAGER'S NAME: Wayland Morrison, RN, BS, NREMT

TITLE: Trauma Outreach/EMS Coordinator, Trauma Services

TELEPHONE: 954-468-8935

EMAIL: wmmorrison@browardhealth.org

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If this is a Single Agency Project, this is the last page of the application.

If this is a Multiple Agency/Countywide Project (excluding Countywide training projects), please continue by completing the Participating Agency Summary Sheet (Form A) and Section II for each Participating Agency.

Grant Application Submission Deadline:

TBD

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2020 BROWARD COUNTY EMS GRANT APPLICATION
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SECTION II
(Complete for ALL "Multiple Agencies" or "Countywide" Projects,
EXCLUDING Countywide Training Projects)

Does your agency desire to participate in the grant project?

If No, ignore the remaining questions and return the form to the Project Manager (GRANTEE).

Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Wayland Morrison, RN, BS, NREMT

The undersigned Participating Agency Broward Sheriff Fire Rescue
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the
North Broward Hospital District d/b/a Broward Health for Broward Health Medical Center (GRANTEE) on a Project Application for

(Project Title and Summary) iSTOP: Improving Survival with Targeted Community Outreach and Pre-Hospital Care

iSTOP will use GIS mapping software to locate and target areas of Broward County with high concentrations of penetrating injuries.

Upon identifying the areas of highest need, Broward Health's Trauma Services Team will implement a "Stop the Bleed" educational campaign, targeting laypersons, community organizations, business owners, and neighbors in the targeted locations.

as part of the BROWARD COUNTY EMS GRANT FUNDING. The Participating Agency acknowledges that, to be included as a Participating Agency under the agreement between BROWARD COUNTY and GRANTEE for BROWARD COUNTY EMS GRANT FUNDING ("Agreement"), it will be required to agree to the terms and conditions for the funding.

1. Medical Director Approval:

For projects requiring approval from the agency's Medical Director in accordance with Chapter 401, Florida Statutes, or Chapter 64J-1, Florida Administrative Code, the agency's Medical Director must complete the following:

As Medical Director for above Participating Agency, I support and approve this project.

AUTHORIZED SIGNATURE: 

PRINT NAME: Dr. James Roach

DATE: 9/19/19

2020 BROWARD COUNTY EMS GRANT APPLICATION

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2. Recurring Expenses after the grant year:

The estimate for maintenance or other required expenses per unit after the first grant year, if applicable, are listed below. These costs will be absorbed by the grant recipient(s) (including each Participating Agency) and not paid from grant funds.

Item N/A Cost \$ N/A

_____ Initials of authorized signatory for _____
(Participating Agency)

3. State the number of items requested or Training Participants. N/A

4. PARTICIPATING AGENCY AUTHORIZED SIGNATORY:

_____ DATE: _____

PRINT NAME: _____

TITLE: _____

5. PARTICIPATING AGENCY PROJECT LEADER SIGNATURE:


_____ DATE: _____

PRINT NAME: _____

PARTICIPATING AGENCY PROJECT LEADER TITLE:

EMAIL: _____

6. PROJECT MANAGER (GRANTEE'S RESPONSIBLE AGENT) SIGNATURE:

 DATE: 9/20/2019

PRINT NAME: Wayland Morrison, RN, BS, NREMT

PROJECT MANAGER TITLE: Trauma Outreach/EMS Coordinator

DATE: _____ TELEPHONE: 954-468-8935

EMAIL: wmmorrison@browardhealth.com

2020 BROWARD COUNTY EMS GRANT APPLICATION
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SECTION II
(Complete for ALL "Multiple Agencies" or "Countywide" Projects,
EXCLUDING Countywide Training Projects)

Does your agency desire to participate in the grant project?

If No, ignore the remaining questions and return the form to the Project Manager (GRANTEE).

Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Wayland Morrison, RN, BS, NREMT

The undersigned Participating Agency Fort Lauderdale Fire Rescue
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the

North Broward Hospital District d/b/a Broward Health for Broward Health Medical Center (GRANTEE) on a Project Application for

(Project Title and Summary) iSTOP: Improving Survival with Targeted Community Outreach and Pre-Hospital Care

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1. Medical Director Approval:

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As Medical Director for above Participating Agency, I support and approve this project.

AUTHORIZED SIGNATURE:  _____

PRINT NAME: Dr. Benny Menendez **DATE:** August 26, 2019

2020 BROWARD COUNTY EMS GRANT APPLICATION

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2. Recurring Expenses after the grant year:

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Item N/A Cost \$ N/A

_____ Initials of authorized signatory for _____
(Participating Agency)

3. State the number of items requested or Training Participants. N/A

4. PARTICIPATING AGENCY AUTHORIZED SIGNATORY:

_____ DATE: _____

PRINT NAME: _____

TITLE: _____

5. PARTICIPATING AGENCY PROJECT LEADER SIGNATURE:

_____ DATE: _____

PRINT NAME: _____

PARTICIPATING AGENCY PROJECT LEADER TITLE:

EMAIL: _____

6. PROJECT MANAGER (GRANTEE'S RESPONSIBLE AGENT) SIGNATURE:

 _____ DATE: 9/20/2019

PRINT NAME: Wayland Morrison, RN, BS, NREMT

PROJECT MANAGER TITLE: Trauma Outreach/EMS Coordinator

DATE: _____ TELEPHONE: 954-468-8935

EMAIL: wmmorrison@browardhealth.com

2020 BROWARD COUNTY EMS GRANT APPLICATION
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SECTION II
(Complete for ALL "Multiple Agencies" or "Countywide" Projects,
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Does your agency desire to participate in the grant project?

If No, ignore the remaining questions and return the form to the Project Manager (GRANTEE).

Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Wayland Morrison, RN, BS, NREMT

The undersigned Participating Agency Lauderhill Fire Rescue
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the
North Broward Hospital District d/b/a Broward Health for Broward Health Medical Center (GRANTEE) on a Project Application for

(Project Title and Summary) iSTOP: Improving Survival with Targeted Community Outreach and Pre-Hospital Care

iSTOP will use GIS mapping software to locate and target areas of Broward County with high concentrations of penetrating injuries.

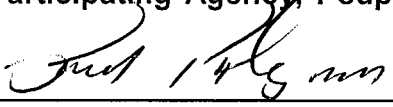
Upon identifying the areas of highest need, Broward Health's Trauma Services Team will implement a "Stop the Bleed" educational campaign, targeting laypersons, community organizations, business owners, and neighbors in the targeted locations.

as part of the BROWARD COUNTY EMS GRANT FUNDING. The Participating Agency acknowledges that, to be included as a Participating Agency under the agreement between BROWARD COUNTY and GRANTEE for BROWARD COUNTY EMS GRANT FUNDING ("Agreement"), it will be required to agree to the terms and conditions for the funding.

1. Medical Director Approval:

For projects requiring approval from the agency's Medical Director in accordance with Chapter 401, Florida Statutes, or Chapter 64J-1, Florida Administrative Code, the agency's Medical Director must complete the following:

As Medical Director for above Participating Agency, I support and approve this project.

AUTHORIZED SIGNATURE: 

PRINT NAME: Dr. Richard Paley **DATE:** 9/17/19.

2020 BROWARD COUNTY EMS GRANT APPLICATION

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2. Recurring Expenses after the grant year:

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Item N/A Cost \$ N/A

____ Initials of authorized signatory for _____
(Participating Agency)

3. State the number of items requested or Training Participants. N/A

4. PARTICIPATING AGENCY AUTHORIZED SIGNATORY:

DATE:

PRINT NAME: _____

TITLE: _____

5. PARTICIPATING AGENCY PROJECT LEADER SIGNATURE:

DATE:

PRINT NAME: _____

PARTICIPATING AGENCY PROJECT LEADER TITLE:

EMAIL: _____

6. PROJECT MANAGER (GRANTEE'S RESPONSIBLE AGENT) SIGNATURE:

 _____ DATE: 9/20/2019

PRINT NAME: Wayland Morrison, RN, BS, NREMT

PROJECT MANAGER TITLE: Trauma Outreach/EMS Coordinator

DATE: _____ TELEPHONE: 954-468-8935

EMAIL: wmmorrison@browardhealth.com

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SECTION II
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Does your agency desire to participate in the grant project?

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Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Wayland Morrison, RN, BS, NREMT

The undersigned Participating Agency Tamarac Fire Rescue
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the
North Broward Hospital District d/b/a Broward Health for Broward Health Medical Center (GRANTEE) on a Project Application for

(Project Title and Summary) iSTOP: Improving Survival with Targeted Community Outreach and Pre-Hospital Care

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as part of the BROWARD COUNTY EMS GRANT FUNDING. The Participating Agency acknowledges that, to be included as a Participating Agency under the agreement between BROWARD COUNTY and GRANTEE for BROWARD COUNTY EMS GRANT FUNDING ("Agreement"), it will be required to agree to the terms and conditions for the funding.

1. Medical Director Approval:

For projects requiring approval from the agency's Medical Director in accordance with Chapter 401, Florida Statutes, or Chapter 64J-1, Florida Administrative Code, the agency's Medical Director must complete the following:

As Medical Director for above Participating Agency, I support and approve this project.

AUTHORIZED SIGNATURE:  _____

PRINT NAME: Dr. Benny Menendez **DATE:** August 26, 2019

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PRINT NAME: _____

TITLE: _____

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_____ DATE: _____

PRINT NAME: _____

PARTICIPATING AGENCY PROJECT LEADER TITLE:

EMAIL: _____

6. PROJECT MANAGER (GRANTEE'S RESPONSIBLE AGENT) SIGNATURE:

 _____ DATE: 9/20/2019

PRINT NAME: Wayland Morrison, RN, BS, NREMT

PROJECT MANAGER TITLE: Trauma Outreach/EMS Coordinator

DATE: _____ TELEPHONE: 954-468-8935

EMAIL: wmmorrison@browardhealth.com

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Does your agency desire to participate in the grant project?

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Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Wayland Morrison, RN, BS, NREMT

The undersigned Participating Agency Sunrise Fire-Rescue
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the

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As Medical Director for above Participating Agency, I support and approve this project.

AUTHORIZED SIGNATURE:  _____

PRINT NAME: Dr. Benny Menendez **DATE:** August 26, 2019

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The estimate for maintenance or other required expenses per unit after the first grant year, if applicable, are listed below. These costs will be absorbed by the grant recipient(s) (including each Participating Agency) and not paid from grant funds.

Item N/A Cost \$ N/A

_____ Initials of authorized signatory for _____
(Participating Agency)

3. State the number of items requested or Training Participants. N/A

4. PARTICIPATING AGENCY AUTHORIZED SIGNATORY:

_____ DATE: _____

PRINT NAME: _____

TITLE: _____

5. PARTICIPATING AGENCY PROJECT LEADER SIGNATURE:

_____ DATE: _____

PRINT NAME: _____

PARTICIPATING AGENCY PROJECT LEADER TITLE:

EMAIL: _____

6. PROJECT MANAGER (GRANTEE'S RESPONSIBLE AGENT) SIGNATURE:

 _____ DATE: 9/20/2019

PRINT NAME: Wayland Morrison, RN, BS, NREMT

PROJECT MANAGER TITLE: Trauma Outreach/EMS Coordinator

DATE: _____ TELEPHONE: 954-468-8935

EMAIL: wmmorrison@browardhealth.com

Attachment A
Supporting Research or Literature

Attachment A: Literature Cited

Blair JP, Schweit KW. A Study of Active Shooter Incidents in the United States Between 2000 and 2013. US Dep Justice Rep. 2014:1-47.

Eastridge BJ, Mabry RL, Seguin P, et al. Death on the battlefield (2001-2011): Implications for the future of combat casualty care. *J Trauma Acute Care Surg.* 2012;73(6):431-437. doi:10.1097/TA.0b013e3182755dcc.

Fisher A. The Ranger First Responder Program and Tactical Emergency Casualty Care Implementation: A Whole-Community Approach to Reducing Mortality From Active Violent Incidents. *J Spec Oper Med.* 2015;15(3):46-53.

Kotwal RS. Eliminating Preventable Death on the Battlefield. *Arch Surg.* 2011;146(12):1350-1358. doi:10.1001/archsurg.2011.213.

Shapiro G. Tactical Emergency Casualty Care (TECC): Principles and Practice. *Front Line Surg.* 2017:711–725. doi:10.1007/978-3-319-56780-8.

Attachment B
Letters of Support or Reference



Jose S. Lozada, MD, Broward Health Trauma Service
North Broward Hospital District, d/b/a Broward Health
Broward Health Medical Center
1600 S Andrews Avenue
Fort Lauderdale, FL 33316
September 17, 2019

RE: Letter of Support – FY2020 Broward County EMS Grant Application

Dear Dr. Lozada,

The City of Deerfield Beach fully supports the North Broward Hospital District d/b/a Broward Health's application to the FY2020 Broward County EMS Grant program for the proposed program, iSTOP: Improving Survival with Targeted Community Outreach and Pre-Hospital Care. Broward Health has provided trauma care to the community since its inception in 1938 and continues to find ways to work towards and improve on its mission to provide quality healthcare to the people served and support the needs of all physicians and employees.

The proposed project is innovative and would provide needed training to those community members who might bear witness to violence or have the chance to act as a civilian first responder. As a municipality in which there is a concentrated amount of gun violence and penetrating traumas, the City of Deerfield Beach fully appreciates the need to provide Stop the Bleed training to our city's citizens. The City of Deerfield Beach believes this is a worthwhile endeavor and will collaborate and/or coordinate activities with Broward Health, as needed, in support of the proposed provision of Stop the Bleed training through the iSTOP program, to our community.

The City of Deerfield Beach applauds Broward Health for its dedication to providing cutting-edge care and community outreach in Broward County.

Sincerely,

A handwritten signature in blue ink, appearing to read "Todd Drosky", with a long horizontal flourish extending to the right.

Todd Drosky
Vice Mayor

September 12, 2019

Dear Dr. Lozada,


I am writing to express Broward Health Medical Center's full support the Trauma Service's application to the FY2020 Broward County EMS Grant program for the proposed program, **iSTOP: Improving Survival with Targeted Community Outreach and Pre-Hospital Care**. As a level I trauma center, Broward Health Medical Center (BHMC) has provided trauma care to the community since its inception in 1938, and continues to find ways to work towards and improve on its mission to provide quality healthcare to the people served and support the needs of all physicians and employees.

BHMC has an extensive administrative structure for supporting grants and contracts. Relevant to this proposal, BHMC provides the following; administrative support to all clinical staff including support for proposal development and submission, personnel planning, logistics, and purchasing; management of all resources under the control of the CEO of BHMC, including space and budget, and access to shared resources such as informatics; financial management of sponsored accounts, including assuring compliance with hospital and funding agency policies, preparation of invoices, accounting, and arranging for auditing (if appropriate), etc.

As an organization with deep ties in the community, Broward Health fully appreciates the need to provide Stop the Bleed training within Broward County. BHMC will collaborate and/or coordinate activities with the iSTOP team in order to support the proposed provision of Stop the Bleed training to the Broward County community.

BHMC applauds Dr. Lozada, Mr. Wayland Morrison, and the entire trauma service for their dedication to providing cutting-edge care and community outreach to all of our neighbors within Broward County.

Sincerely,



Heather Havericak, RN, MSN, CPON, FACHE
CEO, Broward Health Medical Center
Salah Foundation Children's Hospital
1600 S Andrews Avenue
Fort Lauderdale, FL 33316
hmilller@browardhealth.org
(954) 355-5686



September 12, 2019

Dear Dr. Lozada,

I am writing to express Broward Health's full support of Broward Health Medical Center's Trauma Service application to the FY2020 Broward County EMS Grant program for the proposed program, **iSTOP: Improving Survival with Targeted Community Outreach and Pre-Hospital Care**. As a level I trauma center, Broward Health Medical Center (BHMC) has provided trauma care to the community since its inception in 1938, and continues to find ways to work towards and improve on its mission to provide quality healthcare to the people served and support the needs of all physicians and employees.

Broward Health has an extensive administrative structure for supporting grants and contracts. Relevant to this proposal, Broward Health provides administrative support to all clinical staff, management of all resources under the control of the administrative team, and financial management of sponsored accounts.

As an organization with deep ties in the community, Broward Health fully appreciates the need to provide Stop the Bleed training within Broward County using iSTOP's innovative approach to civilian bystander training. Broward Health will gladly collaborate and/or coordinate activities with the iSTOP team in order to support the proposed provision of Stop the Bleed training to the Broward County community.

Dr. Lozada, Broward Health applauds you, Mr. Wayland Morrison, and the entire trauma service for their dedication to providing cutting-edge care and community outreach to Broward community.

Sincerely,

Andrew Ta, MD, MBA, CPE, FACEP
Executive Vice President, Chief Medical Officer
Broward Health
1800 NW 49th Street
Fort Lauderdale, FL 33309
ata@browardhealth.org
(954) 473-7020

Attachment C Project Schedule

Attachment C

Project Schedule

Months after Agreement Execution	Activity
1 Month	Begin GIS mapping to identify areas of need within Broward County. Identify necessary community partners within each zone; meet with stakeholders to discuss program planning and implementation
2 Months	Ongoing outreach to community stakeholders. Order all supplies and begin marketing campaign.
3 Months	Initiation of STB trainings in areas of greatest need.
4 Months	Quarterly GIS mapping; re-evaluation of zones.
5 Months	Continuation of STB trainings in areas of greatest need; Ongoing marketing and community engagement.
6 Months	Continuation of STB trainings in areas of greatest; initiation of STB trainings in areas with a medium need. Ongoing marketing and community engagement. Interim evaluation of community partners identified, locations where STB materials have been installed, community members served, and any difference seen in pre-hospital care or survival in penetrating traumas.
7 Months	Quarterly GIS mapping; re-evaluation of zones; 19 STB trainings will have been provided by seven months post-award.
8 Months	Continuation of STB trainings in areas of greatest and medium need; initiation of training in areas of least need. Ongoing marketing and community engagement.
9 Months	Continuation of all STB trainings. Ongoing marketing and community engagement.
10 Months	Quarterly GIS mapping; re-evaluation of zones.
11 Months	Continuation of all STB trainings. Ongoing marketing and community engagement.
12 Months	All iSTOP activities will have been completed by the end of the grant period; 39 trainings will have been provided. Disseminate results of iSTOP to the community. Meet with community partners and all stakeholders to see how program may be expanded on or modified to meet new or changing needs of Broward County.