Training (EMD)

1. County Name: Greenville County 2. Date of Application: 05/15/17
3. Grant Period: 4. Term

From: July 1, 2017 One Year
To: June 30, 2018 Two Year

Funding Summary Amount Source of Local Funds

To: June 30, 2018 Two Year

5. Funding Summary Amount Source of Local Funds

State Funds Requested County

Total Local Cash NOT REQUIRED FOR DUI

Total Project Cash 0.00 Private 0.00

6. Ambulance Service Grantee

Grant Name: | EMS Telecommunicator

Ambulance Service Name:	Greenville County EMS	Contact Phone #	(864)467-7327
Mailing Address:	301 University Ridge STE3100	City/State/Zip:	Greenville, SC 29601
Director/Chief (printed name):		Signature:	

7. County Authorizations:

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	Choice of Funding fo	ormula			
I certify that I und	erstand and agree to comply with the				
general and fiscal	requirements of this application and				
that I am duly aut	horized to commit the applicant to				
	ts. I also understand that the funds				
available through	this grant are not to be used to replace				
	w used for the EMS program. I				
	liance with this grant includes				
	pts, rosters, registrations, or other				
"proof of purchase	e" for all items requested within this	ļ			
grant.		l			
County / Municipa	ılity Name :			· · · · · · · · · · · · · · · · · · ·	
Mailing Address:			Contact Pho	one #	
Printed Name:		City/ State/ Zip			
Signature:		Title:			
			ı		
7. Received:					
DUI Review Com	mittee :		Date:		
Lead Ev	/aluator				
EMS Advisory Approval:			Date:		
Bureau of EMS Approval:			Date:		
					

1. Basic Life Support

	Unit Price	Quantity	Description	Total Cost
1a.	 			\$ 0.00
1b.	.'			\$ 0.00
1c.				\$ 0.00
1d.	<u></u>			\$ 0.00
1e.				\$ 0.00
1f.			.,	\$ 0.00
1g.				\$ 0.00
1h.				\$ 0.00
1i				\$ 0.00
1j.				\$ 0.00
		·	Total BLS	\$ 0.00

2. Advanced Life Support

	Unit Price	Quantity	Description	Total Cost
2a.				\$ 00.00
2b.		;		\$ 0.00
2c.	-	<u> </u>		\$ 0.00
2d.				\$ 0.00
2e.				\$ 0.00
2f.				\$ 0.00
2g.				\$ 0.00
2h.			_	\$ 0.00
2i				\$ 0.00
2j.				\$ 0.00
	•		Total ALS	\$ 00.00

3. Extrication Equipment

	Unit Price	Quantity	Description	Total Cost
3a.				\$ 00.00
3b.	<u> </u>		1	\$ 0.00
3c.				\$ 0.00
3d.		 	-	\$ 0.00
3e.				\$ 0.00
3f.				\$ 0.00
3g.				\$ 0.00
3h.				\$ 0.00
3i				\$ 0.00
3j.				\$ 0.00
	1		Total Extrication	\$ 00.00

4. Communication Equipment

	Unit Price	Quantity	Description	Total Cost
4a.				\$ 0.00
4b.				\$ 0.00
4c.				\$ 0.00
4d.				\$ 0.00
4e.				\$ 0.00
4f.				\$ 0.00
4g.		<u> </u>		\$ 0.00
4h.				\$ 0.00
4i				\$ 0.00
4j.				\$ 0.00
		•	Total Communication	\$ 00.00

5. Training

	Unit Price	Quantity	Description	Total Cost
5a.	\$365.00	10	IAED-Emergency Medical Dispatcher Course EMD	\$3650.00
5b.				\$ 0.00
5c.				\$ 0.00
5d.				\$ 0.00
5e.				\$ 0.00
5f.				\$ 0.00
5g.	-			\$ 0.00
5h.		-		\$ 0.00
5i		_		\$ 0.00
5j.		1		\$ 0.00
	<u>·</u>		Total Training	\$3650.00

6. Other /Special Projects

	Unit Price	Quantity	Description	Total Cost
6a.				\$ 0.00
6b.		-		\$ 0.00
6c.		<u> </u>		\$ 0.00
6d.	1			\$ 0.00
6e.				\$ 0.00
6f.				\$ 0.00
6g.				\$ 0.00
6h.				\$ 0.00
6i		-		\$ 0.00
6j.				\$ 0.00
	-1	-l	Total Other/Special Projects	\$ 0.00

Budget Justification

Please state, in a concise manner, specifically how each item of equipment or each training course that you have requested will improve patient care in your area or increase the number of trained EMS professionals in your region. State how many items you now have and why you need more. (I.e. We have five ambulances, four at the ALS level and wish to upgrade the fifth ambulance to ALS and need a defibrillator and four paramedic tuitions).

Be as complete as possible to avoid any confusion to decrease the need for additional justification. Attach extra pages, brochures, vendor literature (only on items that are unusual/innovative) to explain.

Greenville County EMS is the sole provider of emergency medical services within the County of Greenville. Greenville County EMS telecommunications center is a secondary PSAP that handles Emergency calls for approximately 63,000 medical responses. Greenville County EMS Communications Center provides medical triage and lifesaving pre-arrival instructions to callers through the use of IAED Emergency Medical Dispatch protocols. Greenville County EMS Communications Center is an Accredited Center of Excellence (NAED). Greenville County EMS is one of one hundred and fifty-five (155) accredited centers in the world. In addition, as a requirement to sustain our status of being an Accredited Center of Excellence (NAED) we must have all employees EMD certified. Currently the communications center has twenty-seven (27) employees that are certified to the IAED EMD certification. The funds requested would provide IAED Emergency Medical Dispatch training to an additional ten (10) employees. These employees are new hires that are required to obtain EMD certification during their probationary period. The benefits of this training will be immense in regards to patient outcomes following an emergency call. Greenville County EMS Communication Center staff collectively received recognition for thirty (30) cardiac arrest saves for the year of 2016. These "saves" were based on patients whom experienced return of spontaneous circulation (ROSC) and were discharged from a medical facility with a neurological in-tact status. Receiving funds for this project would allow for additional employees to be trained to the IAED Emergency Medical Dispatcher certification, meet the requirements to remain an Accredited Center of Excellence, and benefit the citizens of Greenville County.

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Community EMS Assistance Program

Emergency Medical Services & Trauma