Tourniquet Request Form

Date: _____ **Coalition:** _____

Overview and Purpose: The HPP grant program supports purchase of tourniquets that address identified preparedness gaps and strengthen regional healthcare and community bleeding control capabilities. Tourniquet requests should clearly demonstrate a connection to comprehensive bleeding control program planning, training, deployment strategies and long-term sustainability. All requests for tourniquets should demonstrate how the purchase fills an identified preparedness gap.

This questionnaire is designed to help you document your coalition's need for tourniquets and to determine how the request enhances your HPP capabilities. Please complete this questionnaire in its entirety to be eligible for consideration.

I. Product Information

Number of Tourniquets Requested:

Total Estimated Cost:

Please provide the link to the tourniquet product you are requesting:

Why did you select this particular product? Include in your response whether the products meet a recognized quality standard.

II. Preparedness Gap

1. What preparedness gap will the tourniquets address and why do you need them? Please refer to any recent assessment findings that support the need for additional tourniquets. In your response, please describe your current stop-the-bleed capability and any limitations, such as inadequate access to tourniquets in key healthcare or community response locations, insufficient quantities to meet anticipated response needs, aging or expired tourniquets or the need to expand bleeding control capabilities to new locations and populations. You may also describe any risks that support this request such as mass casualty events that could result in the need for tourniquets.

III. Deployment, Placement and Accessibility

2. Describe your strategy for placement and deployment of tourniquets to maximize accessibility and support effective emergency response. Describe how you determined where the tourniquets will be deployed and explain why those locations were selected. Reference any assessments or other planning activities that informed your placement decisions. Please include:

    - Healthcare facilities, organizations and other partners that will receive the tourniquets
    - How the selected locations improve access to bleeding control equipment in areas where traumatic injuries are most likely to occur or where large numbers of people gather
    - Whether bleeding control kits will be co-located with AEDs
    - Your process for tracking the inventory, placement, inspection and replacements of tourniquets to ensure ongoing readiness

IV. Education and Training

4. Describe your coalition's stop-the-bleed education and training plan and how the requested tourniquets will enhance your education activities. Include who will be trained, training frequency, your selected training curriculum, and any collaboration with healthcare partners.

V. Oversight and Sustainability

5. Where will the tourniquets be stored and how you will manage tourniquet inventory over time? Please include how you will ensure compliance, quality, and identify when tourniquets need to be resupplied. Also describe your sustainability plan and other funding sources that will fund your stop-bleed program outside of HPP funding.

VI. Program Impact

7. Describe how the purchase of tourniquets will improve healthcare system preparedness and response capabilities within your coalition.

Additional Information/Comments:

SUBMIT COMPLETED FORM TO DPH AT EPR.training@dph.ga.gov