

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: State of Florida EMS Matching Grant
Re: Mass Casualty Incident Trailer/Equipment

DEPARTMENT: Public Safety **DIVISION:** EMS/Fire/Rescue

AUTHORIZED BY: Ken Roberts *1/30/03* **CONTACT:** Terry Schenk **EXT.** 5188

Agenda Date <u>2/11/03</u>	Regular <input type="checkbox"/>	Consent <input checked="" type="checkbox"/>	Work Session <input type="checkbox"/>	Briefing <input type="checkbox"/>
	Public Hearing – 1:30 <input type="checkbox"/>		Public Hearing – 7:00 <input type="checkbox"/>	

MOTION/RECOMMENDATION:

Board authorization for Chairman to execute grant application for a State EMS Matching Grant to purchase a Mass Casualty Incident Trailer/Equipment for the Seminole County EMS/Fire/Rescue Division.

BACKGROUND:

Given the potential threat of a bio-terrorism incident or other disaster situation, there is a need to have a large inventory of medical first-aid supplies ready to respond to the scene of a significant Mass Casualty Incident (MCI). The Seminole County EMS/Fire/Rescue Division needs to have a dedicated MCI trailer constantly available to rapidly respond with extensive cargo of medical and Triage/Treatment Sector setup equipment. Acquiring this grant would assure the acquisition of such equipment that would be necessary should a mass casualty incident occur in Seminole County or to mitigate local commuter transportation incidents.

This matching grant is 75% funded by the state (\$25,710.00), and 25% matching by the EMS/Fire/Rescue Division (\$8,570.00), which will be appropriated from the reserve contingency fund.

Reviewed by:
Co Atty: <i>[Signature]</i>
DFS: <i>[Signature]</i>
Other: _____
DCM: <i>[Signature]</i>
CM: <i>[Signature]</i>
File No. <u>CPSF01</u>

EMS MATCHING GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) _____

1. Organization Name: Seminole County Department of Public Safety: EMS/Fire/Rescue Division	
2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Daryl G. McLain	
Position Title: Chairman	
Seminole County Board of County Commissioners	
Address: 1101 East 1 st Street	
City: Sanford	County: Seminole
State: Florida	Zip Code: 32771
Telephone: (407) 665-7209	Fax Number: (407) 665-7958
E-Mail Address:	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: Terry L. Schenk	
Position Title: Fire Chief	
Seminole County EMS/Fire/Rescue	
Address: 150 Bush Blvd	
City: Sanford	County: Seminole
State: Florida	Zip Code: 32773
Telephone: (407) 665-5002	Fax Number: (407) 665-5010
E-mail Address:	

4. Legal Status of Applicant Organization (Check only one response):

(1) Private Not for Profit [Attach documentation-501 (3) ©]
 (2) Private For Profit
 (3) City/Municipality/Town/Village
 (4) XX County
 (5) State
 (6) Other (specify): _____

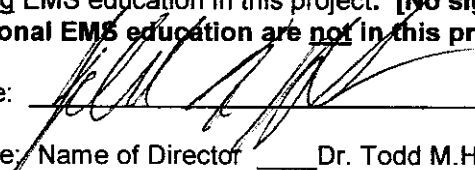
5. Federal Tax ID Number (Nine Digit Number). VF_59740013K _____

6. EMS License Number: _2234 Type: XXTransport Non-transport Both

7. Number of permitted vehicles by type: ___ BLS _17_ ALS Transport _11_ ALS non-transport.

8. Type of Service (check one): Rescue XXFire Third Service (County or City Government, nonfire) Air ambulance: Fixed wing Rotowing Both Other (specify) _____

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature:  _____ Date: _January 23, 2003_____

Print/Type: Name of Director ___Dr. Todd M. Husty_____

FL Med. Lic. No. ___OS 4503_____

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

A) Problem description (Provide a narrative of the problem or need);
 B) Present situation (Describe how the situation is being handled now);
 C) The proposed solution (Present your proposed solution);
 D) Consequences if not funded (Explain what will happen if this project is not funded);
 E) The geographic area to be addressed (Provide a narrative description of the geographic area);
 F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
 G) Data Sources (Provide a complete description of data source(s) you cite);
 H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

EMS MATCHING GRANT APPLICATION

10. Justification Summary:

- A. Currently, in Seminole County, no process exists to quickly respond a large inventory of medical first-aid supplies to the scene of a significant Mass Casualty Incident (MCI). A need exists for Seminole County EMS/Fire/Rescue to have a dedicated MCI Trailer constantly available to rapidly respond, with it's extensive cargo of medical and Triage/Treatment Sector setup equipment.
- B. Currently, should a Mass Casualty Incident occur, the situation would be handled with the personnel, apparatus, and medical equipment dispatched to the scene. No provisions exist within the six (6) city jurisdictions and the Seminole County EMS/Fire/Rescue Division to rapidly respond a MCI trailer and medical equipment. While these six cities and one county jurisdiction interact and respond as "one first response system," the bulk of the incident mitigation would fall to the "County" and it's Incident Command structure.
- C. Seminole County EMS/Fire/Rescue proposes to place medical equipment and first-aid supplies on a currently owned trailer. Possession of this trailer was accomplished through the merger of the Seminole County Fire Division and the Altamonte Springs Fire Department in October of 2002. Currently, this trailer is equipped with enough medical supplies to handle a moderate (30-50 patients) Mass Casualty Incident. With the awarding of an EMS Matching Grant, plans exist to bring the MCI capability up to 200 to 250 patients.

- D. Should this request for a EMS Matching Grant not be approved, the ability to successfully mitigate a large Mass Casualty Incident would be greatly diminished. The “First Response System” would continue as is, with very limited ability to rapidly respond a significant amount of equipment to set up Triage and Treatment Sectors at a Mass Casualty Incident. No large caches of medical equipment are readily available and within a travel distance and time to benefit the victims of a MCI within Seminole County.
- E. Seminole County, located in Central Florida, covers an area of approximately three hundred (300) square miles, with a population of over 350,000 residents. Within its boundaries run several major roadways and highways. Both commercial and multi-family residential business call Seminole County home. Orlando Sanford International Airport is a major contributor to the economics and financial stability of Seminole County. Each year, between 2960 and 4260 (seasonal activity) departures carry over 1,202,525 passengers to and from Seminole County. While the airport is also a part of the “First Response System” in Seminole County, they have no provisions for handling a large MCI Incident other than to receive personnel and medical equipment from the surrounding jurisdictions. Seminole County EMS/Fire/Rescue would certainly share the resources of a large, well stocked MCI trailer.
- F. The time period to complete this project would fall well within the one year time frame as planned. Major components of the project (as specified in #16) include the distribution of equipment lists to vendors for quotes, the issuing of bid awards,

and receiving the medical equipment for placing on the MCI trailer. Once the equipment has been received, a time period will be needed to design and construct shelves, drawers and brackets on the trailer for securing the equipment. The entire project has been projected to last eleven (11) months.

G. No significant data sources were assembled to assist in planning this project.

Seminole County geographic and demographic statistics were retrieved from the County Intranet service. Orlando Sanford International Airport data was provided via their web site: www.OrlandoSanfordAirport.com.

H. This EMS Grant Application is an original project request, and does not duplicate or provide continuance to any other grant project or projects under this grant program.

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary.

✓ 11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five year plan?

~~12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:~~

- ~~A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).~~
- ~~B) How many people do you estimate will successfully complete this training in the 12 months after training begins?~~
- ~~C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.~~
- ~~D) Explain the derivation of all figures.~~
- ~~E) How does this integrate into your agency's five year plan?~~

~~13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.~~

- ~~A) What has the situation been in the most recent 12 months for which you have data (include the dates)?~~
- ~~B) What will the situation be in the 12 months after the project services are on-line?~~
- ~~C) Explain the derivation of all numbers.~~
- ~~D) How does this integrate into your agency's five year plan?~~

EMS MATCHING GRANT APPLICATION

11. Outcome For Projects That Provide or Effect Direct Services to Emergency Victims:

- A. Fortunately, no significant, historical data exists over the past twelve (12) months that would exhibit the need for a Mass Casualty Incident Trailer. Many, many vehicle accidents, construction mishaps and other multi-patient incidents have occurred over the past year, however, none needed the services of a MCI trailer and its medical equipment.
- A significant train derailment occurred last year, in Putnum County, a neighboring county to the north of Seminole County. During this incident, Seminole County was able to assist with apparatus, personnel and the use of Aero Medical transportation. Over four hundred (400) passengers were on the train. Several passengers received critical trauma injuries and were transported to trauma centers. *Should this same scenario play out in Seminole County, the ability to initially respond with sufficient medical equipment would be severely limited.*
- B. Once again, no significant incident has occurred over the past twelve (12) months to allow for estimating the reduction in deaths and injuries should this project be approved. Hopefully, the need for this project to be exercised would never transpire. However, a **Proactive** approach to MCI mitigation serves as the foundation for this EMS grant request.
- C. No justification needed due to the nature of the grant request and the answers given in (A) and (B) above.

D. Due to the nature of the grant request, no other outcome is foreseen and/or expected. The project is expected to proceed as planned, with a Mass Casualty Incident trailer available and in service within the planned eleven (11) month project period.

E. The Seminole County EMS/Fire/Rescue Division is currently working on, among other things, a complete revision of its Incident Management System (ICS) Readiness Plan. New operational guidelines are being developed for the successful mitigation of a significant Mass Casualty Incident. This particular guideline has, as part of its resources and needs, the use of a MCI trailer and equipment capable of triaging and treating in excess of two hundred (200) patients.

Also, current guidelines and policies are being developed and/or revised that deal with the current local, state, and national threat associated with Weapons of Mass Destruction (WMD). This MCI trailer and accompanying Medical equipment is being counted on to play a significant role should the unthinkable happen.

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

✓ **15. Statutory Considerations and Criteria:** The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

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15. Statutory Considerations and Criteria:

- A. The Seminole County EMS/Fire/Rescue Division hereby acknowledges that this project, if successfully funded, will be made available to service all of the citizens of Seminole County, including the six (6) municipal jurisdictions and the Orlando Sanford International Airport, should the need arise. The Division also acknowledges that this equipment will be available to respond to MCI situations in surrounding counties as requested by their officials. As a participant in the Seminole County "First Response System," the Division is compelled and obligated, to the other members, to assist and provide the necessary personnel and medical equipment to mitigate any large scale mass casualty incident.
- B. N/A
- C. N/A
- D. N/A
- E. 1. With the completion of this project, the service to all emergency agencies in the county, multi-county, and Central Florida area will be greatly improved and enhanced. All agencies will be able to add this project to their list of available medical resources.
2. The availability and recognition of a centrally located (Seminole Co/Central Florida) cache of medical supplies will provide for a single call for assistance should the need arise. Jurisdictions in need of the MCI equipment need only made one request for help through proper channels. Time is of the essence in a Mass Casualty Incident.
3. N/A

✓ 16. **Work activities and time frames:** Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Prepare equipment list for bid purposes from EMS supply companies. Send list to companies for quote	.5 month after award	1.0 month
Receive quotes from EMS companies...	Two (2) months after award	2.5 months
Open quotes and award equipment bid. Start receiving MCI equipment...	3.5 months after award	6 months
Place equipment on MCI Trailer and design space on trailer if needed...	7 months after award	11 months

✓ 17. **County Governments:** If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

The Seminole County EMS System (First Response System) is composed of six (6) city jurisdictions, the Orlando Sanford International Airport and the Seminole County EMS/Fire/Rescue Division itself. The monies received under the annual EMS county grant program are placed in a Trust Fund to be used for projects, equipment, training/educational adjuncts, etc. The approval for spending these dollars rests with the Seminole County Executive Group, which is comprised of the Fire Chiefs from the respective First Response System members. Current EMS county grant/trust fund monies are already budgeted for equipment and projects as directed by the Executive Group. Projects associated with mitigating Weapons of Mass Destruction incidents, HIPPA compliance training and policy development, Mobile Data Terminals for emergency vehicles, and Human Patient Simulator equipment and personnel training are but a few of the projects currently being successfully completed with EMS county grant funding. These projects are the result of mutual planning and resource sharing between ALL members of the Seminole County EMS System...

✓ 18. Budget:

Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
No Salaries and/or Benefits will be needed for this project. Grant will be processed and completed using normal staff personnel working normal assigned weekly hours...		
TOTAL:		

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
<u>Head Immobilizers for Backboards (Disposable) X 200 count...</u>	\$5.00 ea. – EMS supply company...	Needed equipment for patient immobilization on backboards...
<u>Disposable cervical collars X 200. Assorted sizes (Sm, Med. Lg.)...</u>	\$5.50 ea. – EMS supply company	Needed equipment for patient immobilization on backboards...
<u>Disposable backboard straps x 600. (3 per backboard)...</u>	\$5.00 ea. – EMS supply company...	Needed equipment for patient immobilization on backboards...
<u>Miscellaneous mass casualty first aid supplies:</u> Splints, bandages, dressings, tape, etc.	\$5000 – Total for all expendable first-aid supplies. EMS supply company	Needed for the treatment of mass casualty patients at the designated treatment location of a MCI ...
TOTAL:	<u>\$ 10,100.00</u>	

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, <u>and</u> the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
<u>Backboards</u> X 200. Boards will be capable of fully immobilizing patients of various sizes/injuries...	\$95.00 ea. – EMS supply company...	Move patients from Triage to Treatment area within a Mass Casualty Incident...
<u>Patient Body Bags</u> X 100.	\$30.00 ea. – EMS supply company...	Removal of deceased patients from the site of a Mass Casualty Incident...
<u>Disaster Treatment Bags</u> X 6	\$155.00 ea. – EMS supply company...	Assist with Triage/Treatment of patients at the site of a Mass Casualty Incident...
<u>Triage/Treatment Site Set-up Kits</u> X 10. Contain triage tape, flags, tags, colored tarps etc.	\$125.00 ea. – EMS supply company...	To assist triage personnel with conducting triage assignment at a MCI. Will mark triage component at the MCI...
TOTAL:	<u>\$ 24,180.00</u>	

State Amount (Check applicable program)		
XX Matching: 75 Percent	\$ <u>25,710.00</u>	
<input type="checkbox"/> Rural: 90 Percent	\$ _____	
Local Match Amount (Check applicable program)		
XX Matching: 25 Percent	\$ 8,570.00	
<input type="checkbox"/> Rural: 10 Percent	\$ _____	
Grand Total	<u>\$ 34,280</u>	

DH Form 1767, Rev. 2002

19. Certification:

My signature below certifies the following.

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.

I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the *Florida Administrative Weekly*, and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.

I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

DARYL G. MCLAIN, Chairman

Signature of Authorized Grant Signer
(Individual Identified in Item 2)

____/____/____
MM / DD / YY

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion or continuation of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Seminole Co. Dept. of Public Safety: EMS/Fire Division

Mailing Address: 150 Bush Blvd. _____

Sanford, Florida 32773 _____

Federal Identification Number VF59740013K _____

Authorized Agency Official: _____

Signature

Date

Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
BEMS Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____

Grant ID Code: _____

Approved By: _____

Signature of EMS Grant Officer

Date

State Fiscal Year: _____

Organization Code
64-25-60-00-000

E.O.
N_

OCA
N2000

Object Code
7 _____

Federal Tax ID: VF _____

Grant Beginning Date: _____

Grant Ending Date: _____