

Meeting Date
December 19, 2017



AGENDA	
Section	Consent
Item No.	II. 6.1

AGENDA REPORT
BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS

SUBJECT:	Approval to award EMS Trust Fund Grants to local EMS providers for 2017. FISCAL IMPACT: FY 17/18 \$48,765.75 in total grant funding with no local match requirement
DEPT/OFFICE:	Fire Rescue

Requested Action:
Request approval to award EMS Trust funding to local EMS providers who have submitted grant applications. Funding for this request is provided to the County from the State Department of Health. It is also requested that all budget changes necessary for this process be approved by the County Manager.

Summary Explanation & Background:
Annually, the Board of County Commissioners receives grant funding from the Florida State Department of Health (DOH). The funds are to be used for the purpose of improving emergency medical services to the County's citizens (F.S.401.104). Local distribution of this funding is done so in accordance with the EMS ordinance (Code of Ordinances, Chapter 42) which is attached.

Two (2) local fire departments and Brevard County Fire Rescue will receive the funds. The total amount of the grant funding to be dispersed is \$48,765.75, which represents an accumulation of annual grant monies.

Attached to this agenda item is a listing of each grant. Fire Rescue is requesting approval of these EMS Trust Awards for 2017.

FISCAL IMPACT: FY 17/18 - \$48,765.75 in total grant funding with no local match.

Contact: Mark Schollmeyer, Fire Chief/Director
Ph. (321) 633-2056

Clerk to the Board Instructions:

Exhibits Attached: EMS Trust Grant Awards Summary, EMS Grant Notification, FDOH Award Letter, EMS Grant Ordinance Section 42-108, Cocoa FD Grant Application, CCFVD Grant Application, BCFR Grant Application.

Contract /Agreement (If attached): Reviewed by County Attorney Yes No PR

County Manager	Interim Assistant County Manager	Department Director / Extension
Frank Abbate	James P. Liesenfelt	Mark Schollmeyer, Fire Chief/Director/52056



Tammy Rowe, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972
Tammy.Rowe@brevardclerk.us

December 20, 2017

M E M O R A N D U M

TO: Chief Mark Schollmeyer, Fire Rescue Director

RE: Item II.B.1., Approval to Award for Emergency Medical Services (EMS) Trust Fund Grants to Local EMS Providers for 2017

The Board of County Commissioners, in regular session on December 19, 2017, awarded Emergency Medical Services (EMS) Trust Funding to local EMS providers who have submitted grant applications, funding for this request is provided to the County from the State Department of Health; and approved all budget changes necessary for this process be approved by the County Manager.

Your continued cooperation is greatly appreciated.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS, CLERK

Tammy Rowe, Deputy Clerk

/cmw

cc: County Manager
Budget
Finance

2017 EMS Trust Grant Awards Summary

ORGANIZATION	Qty	APPLICATION REQUESTS	Unit Cost	AMOUNT REQUESTED
BCFR - EMS	1	Community AED Program - PulsePoint	\$23,000.00	\$23,000.00
CCVFD	4	Wirless Connectivity for LIFEPAK 15's	\$2,353.35	\$9,413.40
Cocoa F. D.	1	LUCAS 3 Chest Compression System	\$16,352.35	\$16,352.35
			TOTAL AWARD	\$48,765.75

EMS Trust Grant Funding Notification –

Brevard County Fire/Rescue will open this grant 9/6/2017.

All applications must be submitted by 10/20/2017.

The application package is now available to the EMS community:

You may request a grant package or for more information on the EMS Grant program, the project criteria, the process, dates and the application itself via e-mail to Bill Quinn @ bill.quinn@brevardfl.gov.

This years funding will be **\$50,000.00.**

NOTE: Any agency that has an open prior year grant award will not be eligible to apply for the current year funding.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

November 16, 2017

Frank Abbate, County Manager
Brevard County
1040 Florida Avenue
Rockledge, Florida 32955

Dear Mr. Abbate:

I am pleased to award the Emergency Medical Services (EMS) County Grant, ID Code C6005 in the amount of \$49,812.00 to Brevard County. The purpose of this grant is to improve and expand prehospital EMS. Section 401.113(2) (a), Florida Statutes, authorizes and requires this grant program, which is Number 64.005 in the Florida Catalog of State Financial Assistance. The money is state funds from the Department of Health's EMS Trust Fund and there are no federal funds involved.

Your funds for the stated amount will be sent in full, in advance, within approximately 30 days. The grant begins the date of this letter and ends November 30, 2018. Please note that the county must report to the state its grant activities and purchases by the following dates: March 28, 2018, August 8, 2018, and December 19, 2018, the final report. Your signed grant application affirms you have read, understand, and will comply with the conditions and requirements in the "Florida EMS County Grant Program Application Packet, December 2008."

Thank you for your participation in this state EMS grant program. If you need assistance, please contact Alan Van Lewen, Health Services and Facilities Consultant in the Bureau of Emergency Medical Oversight, EMS Section at (850) 558-9550.

Sincerely,

Cindy E. Dick, MBA, CPM
Interim Division Director
Emergency Preparedness and Community
Support

CED/avl

cc: William F. Quinn, Grants Administrator

Florida Department of Health
Division of Emergency Preparedness and Community
Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1722
PHONE: 850/245-4440 • FAX: 850/245-4378
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

Sec. 42-108. - Local EMS grant.

- (a) *EMS trust award.* Annually, Florida counties are eligible to receive an emergency medical services (EMS) trust award from the State of Florida. The trust award funds received by the county do not have a local matching requirement. The funds are to be used to enhance local EMS services.
- (b) *Local EMS grant process.* Dispersal of the EMS trust award funds, when available from the State of Florida, will utilize a local nonmatching grant application process. County fire rescue department will administer the grant process.
 - (1) The county fire rescue department will notify local EMS providers of the open time period that grant applications will be accepted. The time period to submit grant applications will be 30 calendar days.
 - (2) A grant application form, approved by the county fire rescue chief, will be the only acceptable document form utilized for grant submittals.
 - (3) After the 30-day time period for submitting grant applications has closed, county fire rescue will have the grant applications evaluated and ranked by an experienced grant evaluator(s). The EMS advisory council will provide the county fire chief with a list of grant evaluator(s) to be used. The grant evaluator(s) will not have any affiliation with those agencies submitting grant applications, nor have a known interest with regard to the outcome of the grant process.
 - (4) The grant applications will be ranked in order of highest priority to lowest priority. The rank list of grant applications will be provided to the county fire rescue chief as a recommendation for approval.
 - (5) The county fire rescue chief will review the ranked list of grant applications and will render final approval.
 - (6) The county fire rescue chief, or designee, will facilitate the administration of the approved grant(s).
 - (7) Grant funds that are unexpended will be returned to the county fire rescue department for use in the next annual grant cycle.

(Ord. No. 2010-21, 10-26-10)

BREVARD COUNTY
FIRE/RESCUE
EMERGENCY MEDICAL SERVICES
2017 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.
(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. Organization Name and Primary Mission/Function: Brevard County Fire Rescue – To meet and exceed the needs of our community through the highest level of emergency response and prevention services.

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: Orlando Dominguez

Position Title:
Assistant Chief of EMS

Address:
1040 South Florida Ave

City: Rockledge	County: <i>Brevard</i>
State: Florida	Zip Code: 32955
Telephone: 321-633-2056	Fax Number: 321-633-2057

E-Mail Address: Orlando.Dominguez@brevardfl.gov

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. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)

Name: Orlando Dominguez

Position Title:
Assistant Chief of EMS

Address:
1040 South Florida Ave

City: Rockledge	County: Brevard
State: Florida	Zip Code: 32955
Telephone: 321-633-2056	Fax Number: 321-633-2057

E-Mail Address: Orlando. Dominguez@brevardfl.gov

4. Type of Service (check one):

Licensed EMS provider First Responder Organization Emergency Department

EMS Training Center EMS Academic Institution

Other pre-hospital EMS service provider

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: John M. Pherson Date: 10/20/17

Print/Type: Name of Director John M. Pherson MD

FL Med. Lic. No. ME 0058708

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.

6. 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 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 Brevard County. 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 of the application by Brevard County.

I accept in the best interests of the State, Brevard County 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.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

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.

Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

MM / DD / YY: 10/20/17

7. Justification Summary: Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

A) Problem description (Provide a narrative of the problem or need);

B) Present situation (Describe how this grant will impact/improve the current conditions or need);

C) The proposed solution (what will be purchased with the grant funds);

D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);

E) The proposed time frames (Provide a list of the time frame(s) for completing this project);

F) Data Sources (Provide a complete list of data source(s) you cite);

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.

B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

Brevard County Fire Rescue BUDGET/REIMBURSEMENT REQUEST EXPENDITURE REPORT

Name of Grantee: BCFR – EMS

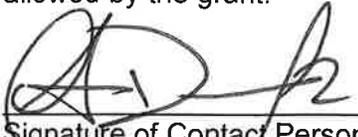
Time Period Covered: Award Date: when award starts Ending Date: continuous award for five years

Total Amount Requested \$ 23,000 (initial start-up and year 1 software support)

Major Line Items:	TOTAL
Amount Requested: (Approved Budget Expenditure by Major Line Items)	
PulsePoint Respond Implementation Project	\$10,000
PulsePoint Respond - Tier 2: Annual Subscription for covered population size 300K - 750K	\$13,000
TOTAL REQUESTED/BUDGETED EXPENDITURES	\$23,000

Actual Expenditures (by Major Line Items)	\$
TOTAL EXPENDITURES (TO BE REIMBURSED)	\$

I certify the above reports are true and correct. Expenditures were made only for items allowed by the grant.



Signature of Contact Person

10/20/17

Date

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request, unless modified in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests, or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. All costs for disallowed items are the responsibility of the grantee.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Mr. William F. Quinn, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

7. Justification Summary

A: (Problem Description) In the event of an emergency where every minute matters and the prompt availability of resources means the difference between life and death, we want to ensure that the citizens of Brevard County are protected as well as equipped to aid others in need. Brevard County covers over 1000 square miles and is home to a population of approximately 550,000. The area also serves as a popular travel destination to more than 3 million people annually.

B: (Present Situation) In Brevard County, we are presented with a problem. An expedient response of resources trained in early Cardiopulmonary Resuscitation (CPR) and access to Automated External Defibrillators (AEDs) for our residents and visitors can be challenging. A need has been identified to have a system in place that will provide lifesaving intervention prior to emergency personnel arriving on scene. It has been proven that early interventions such as CPR and use of an AED have had a positive outcome on patients suffering from sudden cardiac arrest.

C: (The Proposed Solution) Traditionally, the ability to defibrillate rested solely in the hands of emergency medical personnel, first responders or with the hopes of having a bystander trained in CPR/AED present. Survival depends on the Emergency Medical Services system being contacted and arriving quickly. Unfortunately, a quick EMS response isn't always possible. The most efficient EMS system will have delays from traffic, secured buildings, gated communities, large buildings complexes and high-rises.

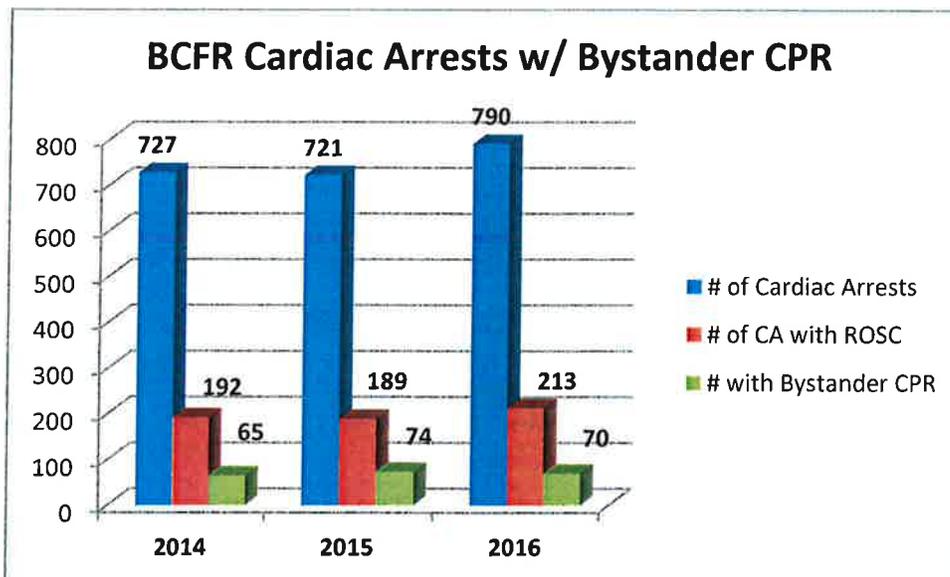
With the community AED program PulsePoint and a combined effort of working with local municipalities and the residents of Brevard County, we will be able to increase the survival rates of cardiac arrest victims. This result will be achieved by increasing citizen awareness of cardiac events and informing residents of public access defibrillator (AED) locations through real-time mapping of nearby devices. In addition, the program also encompasses a registration of trained CPR/AED bystanders who, by the activation of a smartphone app, would respond if nearby to the public location of the cardiac arrest. The goal is to initiate bystander CPR as soon as possible, before EMS arrives on the scene, giving the patient the best chance of survival. This system has already saved countless lives and is installed in hundreds of jurisdictions worldwide (PulsePoint 2017).

D: (Geographic Area) 51% of the county's permanent residents are over the age of 65 and, according to the Centers for Disease Control and Prevention, are statistically at a greater risk for heart disease, heart attack, or sudden cardiac arrest. Each year over 300,000 Americans suffer an out-of-hospital cardiac arrest. Most cardiac arrests are due to abnormal heart rhythms called arrhythmias. Ventricular Fibrillation (VF) is the most common arrhythmia that causes cardiac arrest. VF is a condition in which the heart's electrical impulses suddenly become chaotic, often without warning. This condition causes the heart's pumping action to abruptly stop. Defibrillation is the only known therapy for VF.

The victim's chances of survival falls 7-10% every minute without bystander CPR until defibrillation. The goal of the PulsePoint AED program is to deliver defibrillation to a sudden cardiac arrest victim within 3 to 5 minutes. Nationally, only about a third of cardiac arrest

victims receive bystander CPR, and AEDs are used only 3% of the time when needed and available (Centers for Disease Control and Prevention 2011).

With sudden cardiac arrests being the leading cause of death in the United States, more and more communities throughout the country are training individuals in CPR and the proper use of an AED. In the United States, nearly 2.3 million people every year take the Red Cross First Aid/CPR/AED training (The American National Red Cross 2017). In 2016, Brevard County had a total of 790 cardiac arrest cases prior to EMS arriving, 213 of which had a Return of Spontaneous Circulation (ROSC). Out of those 213 patients who regained spontaneous circulation, 65 had received CPR from a bystander prior to EMS arrival.



According to the American Heart Association, CPR that is performed within the first few minutes of a cardiac arrest can double or triple a person's chance of survival (AHA 2017). Most individuals trained in CPR and AED want to assist in saving another person's life; they just need the right tools to do so. Our goal is to enhance the frequency of early onset resuscitation efforts

in order to increase the chance of survival through public awareness and access to a system that allows them to respond to sudden cardiac arrests nearby. As you can see with the statistics of Brevard County, there is room for us as a department as well as a community to benefit dramatically by having a program in place that would provide the initiation of CPR within seconds of a cardiac arrest through the application PulsePoint.

E: (Proposed Time Frame) With an aggressive execution, Brevard county would like to have the PulsePoint program implemented starting February 14, 2017 with the goal of increasing community participants every year.

G: (Statement) Currently, there has never been a grant awarded in Brevard County for this type of system.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.

According to AHA, early CPR and application of the AED are two of the five essential links to the chain of survival. By utilizing PulsePoint as part of the emergency response system, it would allow for those citizens trained in CPR/AED and who are part of the BCFR PulsePoint registry to receive the notification of a cardiac arrest at the same time as first responders. The notification is received through the smartphone app from the 911 dispatch center and, once notified, the bystander will acknowledge their availability to assist with the cardiac arrest victim. The smartphone app not only provides information as to the location of the victim, but also allows the bystander to notify the dispatch center they are responding and then the app will display a map of the nearest AED locations.

The particular program for consideration is PulsePoint. The total cost, which includes software implementation and the first year subscription fee, is \$23,000. However, if the request is awarded for the initial implementation of \$23,000, the plan is to earmark future EMS Trust Award dollars in the amount of \$13,000 annually for subscription fees for the next 5 years. This is the same model used when the county served as the project coordinator to equip all EMS departments and hospitals with the capability of transmitting and receiving STEMI ECG's approximately 10 years ago.

In the EMS Trust Award Grant application, we have included a sole source letter from the company stating that PulsePoint is the only provider of this type of community AED mobile application. There is also a letter from Brevard County Fire Rescue's Medical Director Dr. John McPherson discussing his strong endorsement of the product and how he believes it will be highly beneficial not only for our department, but the municipality agencies in our community as well. Our IT department's Systems Administer Matthew Wolfe has confirmed that the PulsePoint software is compatible with our E911 CAD software program for emergency response which we have shown through his email exchange with PulsePoint Vice President Kraig Erickson.

Overall, Brevard County Fire Rescue would like to thank you for your consideration of implementing the PulsePoint system into our community which will truly benefit Brevard County citizens, guests, employees and municipalities alike.

F (Data Source)

American Heart Association

http://cpr.heart.org/AHA/ECC/CPRAED/AboutCPRAED/CPRAEDFactsAndStats/UCM_475748_CPR-Facts-and-Stats.jsp

The American National Red Cross

<http://www.redcross.org/news/article/CPRAED-Training-Saves-Lives>

Out-of-Hospital Cardiac Arrest Surveillance --- Cardiac Arrest Registry to Enhance Survival (CARES), United States, October 1, 2005--December 31, 2010

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6008a1.htm>

PulsePoint App

<http://www.pulsepoint.org>



PulsePoint Foundation
 PO Box 12594
 Pleasanton, CA 94588-2594

Contact Name Orlando Dominguez
 Phone (321) 633-2056
 Email orlando.dominguez@brevardcounty.us

Quote Number PPF-00010185
 Created Date 10/20/2017
 Expiration Date 12/31/2017
 Prepared By Kraig Erickson
 Phone (218) 384-1123
 Email kraig.erickson@pulsepoint.org

Bill To Name Brevard County Fire Rescue
 Bill To 1040 Florida AVE S
 Rockledge, FL 32955-2498
 United States

Ship To Name Brevard County Fire Rescue
 Ship To 1040 Florida AVE S
 Rockledge, FL 32955-2498
 United States

Product	Sales Price	Quantity	Total Price
PulsePoint Respond Implementation Project- Includes PulsePoint Connect Read-only CAD connection installation, configuration, testing, validation, AED registry organization, technical admin training, digital materials, and proj mgmnt of launch.	USD 10,000.00	1.00	USD 10,000.00
PulsePoint Respond - Tier 2: Annual Subscription for covered population size 300K - 750K. Includes PulsePoint Respond License, Maintenance & Support of PulsePoint Connect CAD service, PulsePoint Admin, and end-users.	USD 13,000.00	1.00	USD 13,000.00

Total Price USD 23,000.00

Order will be processed upon PulsePoint Foundation's acceptance of signed quote, signed Statement of Work, and Customer Purchase Order or payment. Upon acceptance, Customer will be invoiced for Implementation Fee. Customer's PulsePoint Respond Annual Subscription price of \$13,000 will be the same each year for the first five (5) annual Terms based on actual population being within Tier 2 range.

Please return signed Quote, Statement of Work, and Payment to the PulsePoint representative listed above or mail to:

PulsePoint Foundation
 PO Box 12594
 Pleasanton, CA 94588-2594

Authorized Customer Representative

Signature

Name

Title

Date

PulsePoint

October 2, 2017

Orlando J. Dominguez, Jr., RPM
Assistant Chief of EMS Operations
Brevard County Fire Rescue

Chief Dominguez,

This letter is to confirm that the PulsePoint Foundation is the sole provider of the PulsePoint Respond and PulsePoint AED mobile apps and supporting registry and infrastructure. This includes licensing, implementation, configuration and support.

Effective January 1, 2017, the PulsePoint Foundation does not authorize any resellers or distributors to sell these products or services and will not fulfill any such third-party orders or requests. Physio-Control was an authorized distributor until December 31, 2016.

If you have questions, please feel free to contact me.

Sincerely,

Kraig Erickson
VP, Community Engagement
PulsePoint Foundation
kraig.erickson@pulsepoint.org
218.384.1123



EMS Medical Direction of Brevard County Fire Rescue



P.O. Box 510226
Melbourne Beach, FL 32951

spacecoastems@gmail.com

Phone 321 288-0865
Fax 321 723-7866

October 10, 2017

Brevard County Board of Commissioners:

PulsePoint is a non-profit organization creating a software application that can be downloaded to community residents' and guests' smart phones notifying CPR-trained individuals of patients experiencing a sudden cardiac arrest at a nearby public location. The American Heart Association reports over 325,000 cardiac arrests annually in the US; nearly 1,000 cardiac arrests a day or one person every 2 minutes. Bystander CPR has been shown to be critical to maintain blood flow to the heart and brain while the patient awaits the arrival of EMS for defibrillation and oxygenation. According to the American Heart Association, effective and immediate bystander CPR with witnessed arrest has been shown in multiple studies to double or even triple an individual's survival rate yet about a third of cardiac arrest victims receive bystander CPR.

The PulsePoint application has a feature that includes a registry of AED locations where community members can take a picture and report the exact location of the device directly to the application for future emergencies. This information would be provided to the Brevard County Emergency 911 center in order for dispatchers to direct 911 callers to the closest AED. The PulsePoint application will allow those citizens who have downloaded it to not only begin cardiac pulmonary resuscitation before EMS arrival, but will also assist them in identifying a nearby AED for early defibrillation which is a necessary intervention for patients to survive a cardiac arrest.

The implementation of the PulsePoint software will not only assist Brevard County Fire Rescue, but also first-responding municipal EMS agencies countywide to improve the care of cardiac arrest patients in our community. I strongly believe that this application being available to our community would allow seamless transition from PulsePoint citizen responders to 911 emergency medical services resulting in increased bystander CPR and early defibrillation and thus an increased number of survivors from cardiac arrest. I strongly recommend the implementation of the lifesaving PulsePoint application for Brevard County through the Trust Award fund.

Respectfully,

John R. McPherson, MD
Medical Director
Brevard County Fire Rescue

Basinger, Francesca

From: Wolfe, Matthew
Sent: Wednesday, October 18, 2017 4:37 PM
To: Dominguez, Orlando J
Cc: Basinger, Francesca; Cirivello, Nicholas
Subject: FW: PulsePoint & Tiburon CommandCAD
Attachments: PulsePoint_SOW_Direct_8_17.pdf

Good afternoon,

According to Kraig's response below, the interface between our Tiburon CommandCAD system and PulsePoint seems quite feasible, as I anticipated. I do not believe there is any reason why we could not proceed with integrating PulsePoint.

Please note that the attached Statement of Work document indicates that a dedicated server for PulsePoint Connect is suggested. Therefore, it is my recommendation to proceed with PulsePoint once we have completed the upcoming virtualization and upgrade of the CAD system if at all possible, as it will be trivial to supply that dedicated server and its resources when that is in place compared to our current CAD system based around completely physical hardware. That project is expected to take place in the November-December timeframe.

Also, according to SOW, at first glance there do not appear to be any obvious HIPAA concerns. The SOW states: "Personal information such as patient name, SSN, birth date, etc. are never transmitted or known to PulsePoint." and states further details about data security and encryption; all looks good to me.

I'll thank Kraig for his prompt reply and let him know that we will likely be reaching out to PulsePoint again in the future.

Please let me know if any further information is required.

Thanks,

Matthew Wolfe
Systems Administrator
(321) 633-2056 x56404

From: Kraig Erickson [<mailto:kraig.erickson@pulsepoint.org>]
Sent: Wednesday, October 18, 2017 16:25
To: Wolfe, Matthew
Subject: Re: PulsePoint & Tiburon CommandCAD

Hi Matthew,

Thanks for reaching out, I'm traveling today and at a conference Thursday and Friday, but simply stated, Tiburon/Tritech is a PulsePoint Preferred CAD Vendor Partner and we have several Pulsepoint connected communities using Tiburon CommandCAD.

The interface will be very straightforward. Main consideration is that for PulsePoint to be able to alert CPR-trained citizens in a timely fashion, we just need either real-time access as shown in the attached Statement of Work diagram, or to a near real-time data warehouse depending on your environment.

Hope that helps for now. You will be working directly with our experienced engineers during implementation and can address any more details then or in advance if needed.

Thanks!

Best regards,

PulsePoint

Kraig Erickson | VP, Community Engagement

218.384.1123

kraig.erickson@pulsepoint.org

www.PulsePoint.org

[CONFIDENTIALITY AND PRIVACY NOTICE]

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On Wed, Oct 18, 2017 at 12:22 PM, Wolfe, Matthew <Matthew.Wolfe@brevardfl.gov> wrote:

Good day Kraig,

My name is Matthew Wolfe and I am the systems administrator at Brevard County Fire Rescue. We are interested in PulsePoint, and I'd like to ensure that PulsePoint is compatible with interfacing with our CAD system. We are currently using Tiburon CommandCAD 2.80, and plan on upgrading to I believe the most current version of CommandCAD around November or December. Could you let me know whether PulsePoint is capable with interfacing with CommandCAD?

I do apologize for the lack of more specific information, but let me know if you need any further information and I will do my best to provide it. I have recently taken over from a previous systems administrator, plus our CAD subject matter expert moved on as well, so this was all the information I was able to glean from the documentation left with me.

Also please feel free to give me a call if you'd prefer to chat over the phone. I did try to call you a couple times this morning, but met with your voicemail, so I figured an email would be appropriate.

Thank you in advance,

Matthew Wolfe

Systems Administrator

Brevard County Fire Rescue

(321) 633-2056 x56404

Matthew.Wolfe@brevardfl.gov

"Under Florida Law, email addresses are Public Records. If you do not want your e-mail address released in response to public record requests, do not send electronic mail to this entity. Instead, contact this office by phone or in writing."

STATEMENT OF WORK

• **PulsePoint**





PulsePoint Implementation Guide

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Solution Overview

PulsePoint Respond is an enterprise-class, pre-arrival solution designed to support public safety agencies working to improve cardiac arrest survival rates through improved bystander performance and active citizenship. Sudden Cardiac Arrest can happen to anyone, at any time. PulsePoint Respond empowers cardiopulmonary resuscitation (CPR) trained citizens and off duty professionals to help improve patient outcomes and save lives by reducing collapse-to-CPR and collapse-to-defibrillation times.

Project Implementation Steps

We rely on the implementing agency to assist our Project Manager and interface engineers. As the customer you agree to have all equipment, connections and facilities prepared and ready for implementation in accordance with the mutually agreed upon project schedule. Support from your team is essential to a successful implementation. Delivery will include the PulsePoint Connect application, remote project management, marketing materials, implementation assistance, training and testing. The implementation consists of three distinct phases as outlined below.

PulsePoint Connect Interface

The role of the interface group is to design, build, implement and provide technical support for the PulsePoint Connect interface between the agency Computer-aided Dispatch (CAD) data-warehouse or database and the PulsePoint application. The steps that follow will outline your complete technical implementation. Full technical specifications can be found beginning on page 7.

- Initial installation of PulsePoint Connect.
- PulsePoint review of log files and incident type mapping to normalized PulsePoint incident types.
- PulsePoint Connect upload of real-time incident data from your production environment to the PulsePoint sandbox (test) server.
- PulsePoint quality assurance (QA) testing.
- Agency testing and validation.
- Agency and PulsePoint Foundation acceptance of the Interface.
- Soft Launch.

Requirement

Subscribing agencies are required to supply all incident call types with the exception of those of a potentially sensitive nature. This provides for a consistent and engaging user experience which is strongly correlated to broad adoption and response success. Your Project Manager will fully review this with you during agency testing and validation.

Prior to implementation, new agencies are strongly encouraged to download and explore the app by following other PulsePoint-connected agencies such as Los Angeles, Las Vegas or Orlando.

Personal information such as patient name, SSN, birth date, etc. are never transmitted or known to PulsePoint.

No law enforcement incidents of any type are allowed in the app.



PulsePoint AED Registry

When a cardiac emergency occurs, deploying an Automated External Defibrillator (AED) can help save a life. But it take knowing where they are located. Accurate public AED location information is required to realize the full potential of PulsePoint. Using the PulsePoint AED registry is essential in your agency's implementation process.

- Initial upload of any existing AED data to the PulsePoint AED registry (in a 'pending' state).
- PulsePoint AED registry training.
- Validation of registry data by agency personnel.

PulsePoint Launch Planning (Internal and Community Launch)

For the app to be successful it must be embraced by the community. Effective implementation requires a comprehensive community outreach strategy to be planned and executed. The PulsePoint Foundation provides extensive resources for this effort including a suite of professionally developed print ready community launch materials that are customized for your agency, template media advisories and press releases, and several Public Service Announcements and How-to videos.

- PulsePoint Community Launch kick off call with Agency PIO and/or community outreach staff.
- Agency selection of marketing materials.
- PulsePoint Community Launch event.

Typical Project Timeline



Interface Initial Install → 1 week

Interface Configuration and Internal QA → 1 week

Agency Validation and Testing → 2-3 weeks

AED Upload, Validation and Registry Integration → 4 weeks

Soft Launch → 2 weeks

Community launch planning → 5 weeks

Project Management and Technical Implementation

During the implementation phase your Project Manager and the PulsePoint Connect Interface Group will become the primary points of contact for all PulsePoint items related to the solution's deployment. The Project Manager and Interface Group will perform the following tasks as part of the project implementation:

Project Manager

- Review the scope of work (SOW) and the business goals of the customer.
- Make preliminary contact with the customer and review next steps.
- Conduct a remote project kickoff call.
- Assist with the PulsePoint administrative set-up and agency training.
- Provide information and training to integrate AED locations within the customer's community.
- Provide information regarding additional features for the PulsePoint Respond app, including streaming radio and in-app photos.
- Provide the customer with a comprehensive test plan to ensure the application is functioning as designed.
- Provide the customer with a design portfolio of customized marketing materials.
- Assist with ideas and logistics for the public launch, including sample media releases, launch day activities, community outreach campaigns, contests and long term adoption activities.

Interface Group

- Installation of PulsePoint Connect.
- Establish initial PulsePoint connection to CAD data warehouse/CAD database.
- **Analysis of CAD data warehouse/database tables and columns to understand local configuration.**
- Collaborate with agency to determine how incident codes will be translated and used.
- Test incident upload to PulsePoint.
- Test system and work with agency to resolve any issues.

Customer Project Responsibilities

- Assign an agency project lead responsible for managing all aspects of the implementation on the agency side.
- Assign a technical contact who is familiar with the IT environment that can work directly with the Interface Group.
- Provide contact information for project lead and IT staff.
- Attend and actively participate in all mutually scheduled weekly or biweekly project status meetings.
- Schedule and coordinate a formal PulsePoint project kick off call.
- Schedule and coordinate AED phase kick off call.
- Schedule and coordinate launch phase kick off call.
- **Make available and configure a PulsePoint Connect server.**
- Create an account on the PulsePoint Connect server with Administrator privileges and allow PulsePoint to use this account during installation process.
- Identify and make available your Production and Test CAD data warehouse or CAD database. A Test CAD is not a requirement and is only used if requested by your agency.

- Ensure an outbound port 443 connection is allowed from the PulsePoint Connect server.
- Provide hostname, port number, username, password of your CAD data warehouse or CAD database to PulsePoint during installation process.
- Either provide PulsePoint with VPN access to the PulsePoint Connect server or designate a technical staff member(s) to assist in establishing GoToAssist (<http://www.gotoassist.com/>) sessions.
- Once in the sandbox testing environment assign a small test team to verify the PulsePoint interface meets its design specifications and other requirements.
- Provide existing AED location information for import by PulsePoint.
- Provide a GIS shape file for the jurisdictional boundaries of the Agency's service area.
- Provide final acknowledgment of project completion.

Training

The following training will be provided:

- PulsePoint Respond administrator setup, configuration and maintenance.
- PulsePoint AED and Registry.
- Additional features of the PulsePoint Respond app, including streaming radio and incident photo upload.

Change Management

Change control will be managed by the PulsePoint Project Manager to ensure customer expectations are aligned with the project scope.

If a dispatch center serves multiple agencies, and not all served agencies are initially implemented, the addition of the remaining agencies will be supported. However, if the addition of new population moves the agency into the next license tier (Tier 1 – <300,000; Tier 2 – 300,000-750,000; Tier 3 – 750,000-1,500,000; Tier 4 – 1,500,000+) appropriate fees based on total population served will apply.

Agencies joining after initial implementation will be provided with generic marketing materials at no additional cost. If the joining agencies desire a public launch with customized marketing material additional fees may apply.

Project Closure

Project closure occurs the first business day after completion of the implementation process, unless otherwise specified. The Project Manager will review the status of tasks on the project plan and verify the completion of implementation.

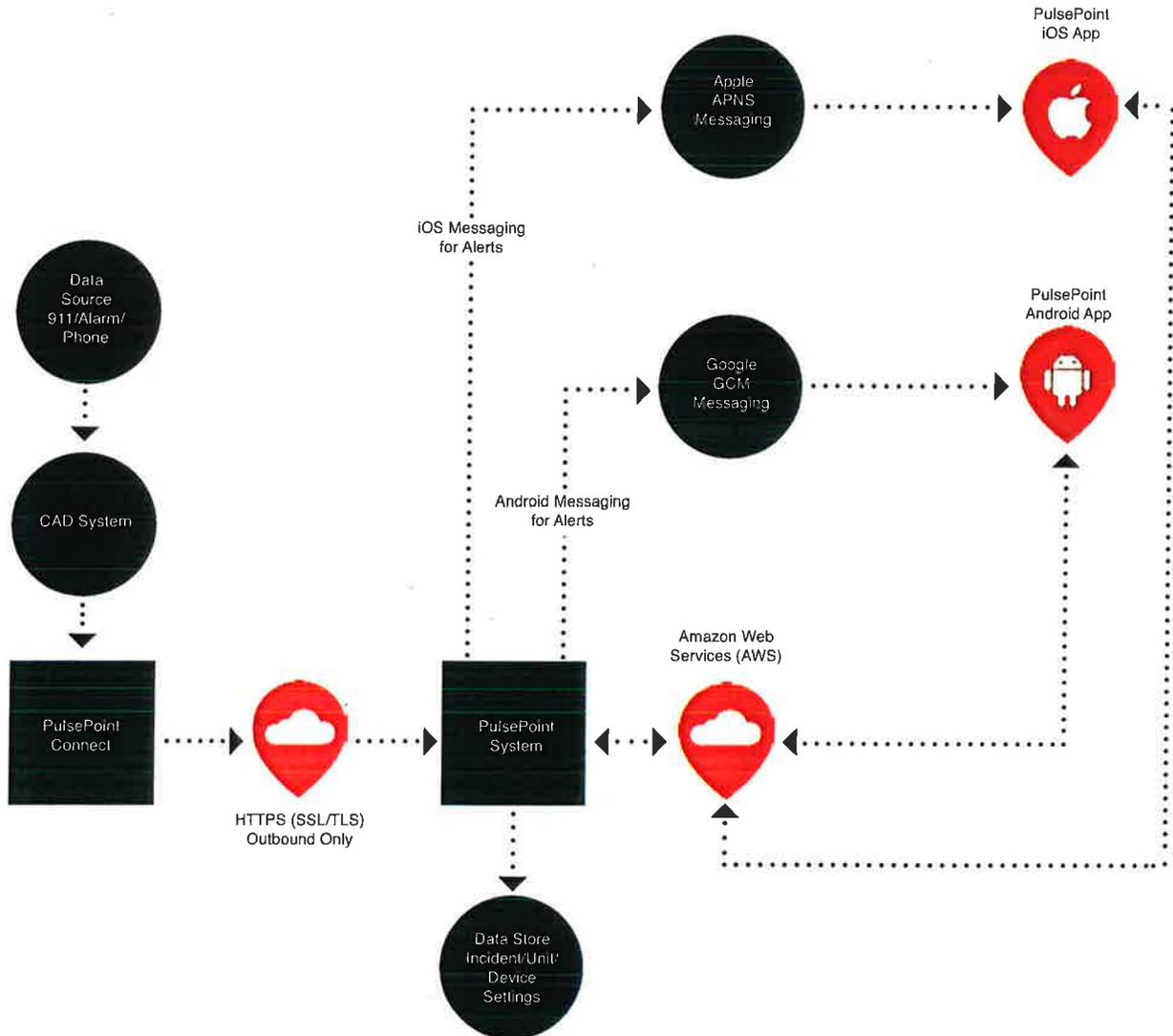
Post-Implementation Support

PulsePoint interface monitoring occurs 24/7. If we detect a problem with the interface we will contact the designated technical contact at your agency.

General Support
support@pulsepoint.org

Interface Support
interface@pulsepoint.org
(866) 669-0706

Major System Components



Data Security

The PulsePoint API utilizes the SSL/TLS protocol and CSA validated certificates to provide encrypted data communication and secure identification. The PulsePoint API leverages only HTTPS for data communication in order to ensure data privacy end-to-end over the internet.

Standard HTTP is not supported. API account authentication is via HTTP Basic Auth with a supplemental agency assigned API key. All authentication and key validation is done over SSL/TLS. PulsePoint API servers are firewalled and port limited to HTTPS/SSL (port 443) for API communication and SSH (port 22) for secure encrypted terminal access by vetted engineers.

Only monitored SSH private/public keypairs are used for terminal access to PulsePoint servers. No password based terminal access is allowed. Data is stored on Amazon RDS database instances within an AWS account VPC (Virtual Private Cloud).

Data 'at rest' is encrypted with the industry standard AES-256 encryption algorithm via a secured keypair.

Access to data backups stored on Amazon RDS servers are secured with AWS Identity Access Management (IAM) policies and restricted to a limited number of vetted individuals.

PulsePoint Connect Technical Specifications

Real-Time CAD Data Access

PulsePoint Connect requires real-time, read-only access to CAD data. PulsePoint Connect can be configured to use either a true real-time CAD data warehouse or the live CAD system. Real-time in this case means that PulsePoint Connect can reliably access CAD data within 30 seconds from when an event occurred (e.g., Call Received Date/Time).

PulsePoint Connect Server Requirements

PulsePoint Connect runs on a server that your agency will furnish and maintain. The interface sends outbound only (https) messages to PulsePoint. This server should be dedicated to running PulsePoint Connect, if possible.

The server requirements are:

- Windows® Server 2012 R2 or Windows Server 2016
- 4 GB of RAM
- 40 GB disk space
 - PulsePoint Connect does not store data, so the disk space requirement remains fixed
- Dual-core CPU at a minimum
- Server can be a VMWare session
- Server needs access to real-time CAD data (read-only)
- Administrator rights on the provided server to install and configure the PulsePoint Connect application and service
- Fully patched (Windows Update process run) PulsePoint Connect server
- Access to the Internet to communicate with PulsePoint over https

Note: If an Agency only supports Windows Server 2008 R2, the following software will need to be installed prior to the SQL Server 2012 Express installation.

- Microsoft .NET 3.5.1 or higher Framework Feature
 - This can be found under Server Manager/Features/Add Features/.Net Framework 3.5.1

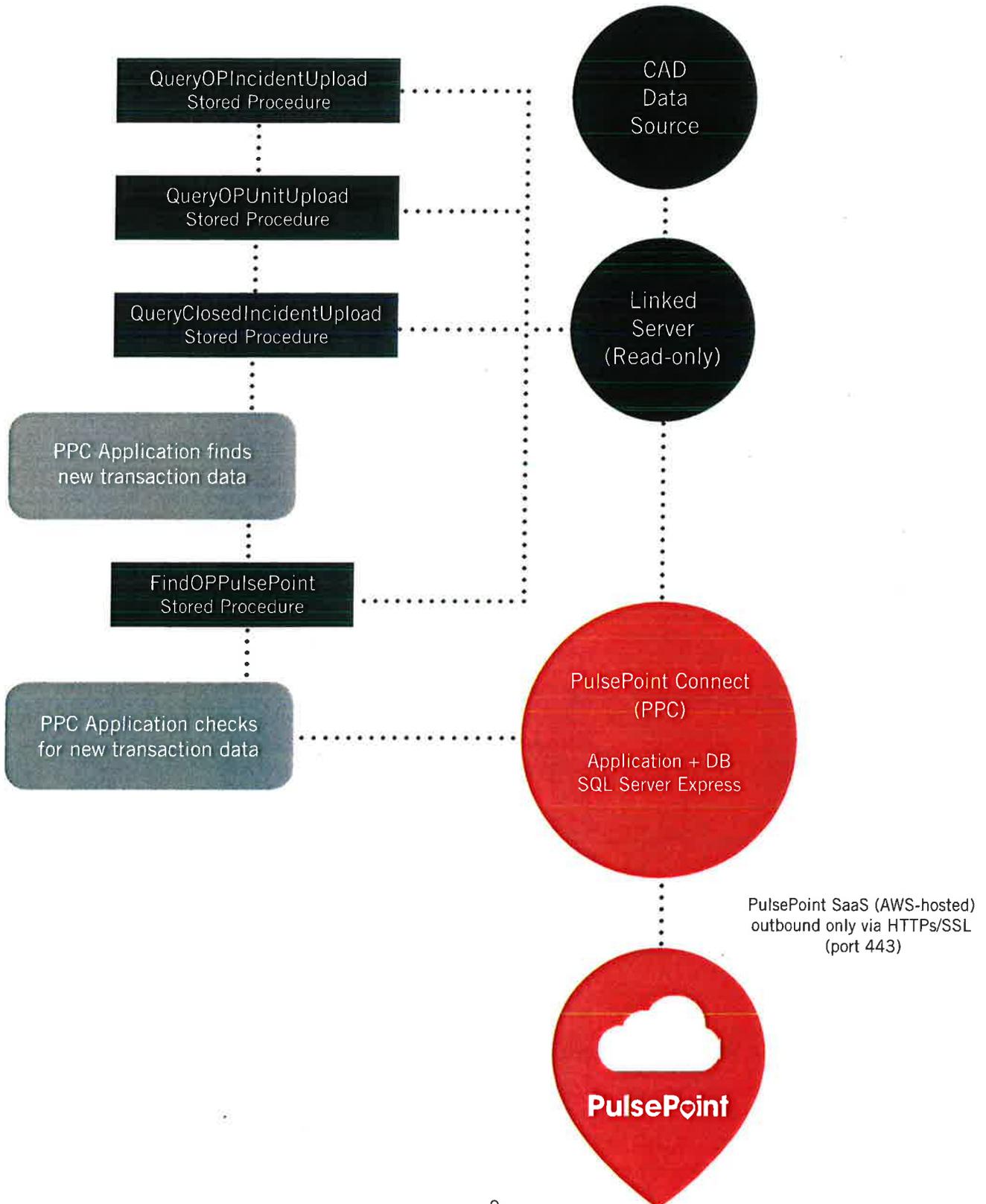
Note: Complete technical implementation details will be discussed and finalized during a technical call.

Linked Server Connection

The preferred method of accessing a CAD data-warehouse or database is through a Linked Server connection. PulsePoint Connect uses SQL Server 2016 Express, installed on the PulsePoint Connect server, to create this connection to the CAD data source.

During the PulsePoint Connect installation process, the agency's CAD Database Administrator will need to provide the server name or server IP address, and the CAD database/data-warehouse user ID and password. With these three items a SQL Server linked server connection can be established with the CAD database/data-warehouse.

PulsePoint Connect Data Flow



Incident Data Used by PulsePoint

Incident Data	Description
AgencyDeterminantCode	EMD Determinant code (Medical Code)
AgencyIncidentCallSubType	Incident/call subtype acronym
AgencyIncidentCallSubTypeDescription	Incident/call subtype text description
AgencyIncidentCallType	Incident/call type acronym
AgencyIncidentCallTypeDescription	Incident/call type text description
AlarmLevel	Alarm level numerical value
AmbulanceArrivalDateTime	Date/time of Ambulance arrival Incident scene
Battalion	Battalion geographically assigned to Incident location
Building	Building identification numerical value
CallReceivedDateTime	Date/time of Call received
CallSource	Source of call origination acronym
CaseNumber	Additional incident reference numerical value
CityOrLocality	City, town or locality text description
ClosedDateTime	Incident Closed time
CommandName	Assigned Incident name, alphanumeric value
CommonPlaceName	Text description of Incident location, Plaza Hotel Parking Lot
County	County of Incident location text description
CrossStreet1	Cross street name and suffix in relation to incident location or CrossStreet2
CrossStreet2	Cross street name and suffix in relation to incident location or CrossStreet1
DispatchDateTime	Date/time of Incident dispatch
Elevation	Height in feet of Incident location, numerical value
EMDDeterminantCompleteDateTime	Date/time EMS determinant code was entered
EMDIncidentNumber	Additional cross-referencing Incident numerical value
EnrouteDateTime	Date/time first Unit was Enroute to Incident
EntryDateTime	Date/time call was created in CAD
EventNumber	Event number, value used to connect Incidents across agencies
FireManagementZone	Geographic reference number
FirstDueStation	Geographic reference number to primary fire station
Floor	Building floor number/descriptor of Incident location
IncidentNumber	Agency Incident Number
Jurisdiction	Incident location Jurisdictional area
Latitude	Numerical North-South geographic coordinate
LocationComment	Textual description of Incident location or directions
Longitude	Numerical East-West geographic coordinate
OnSceneDateTime	Date/time first Unit was onscene at Incident
PatientSideDateTime	Date/time agency personnel arrived at patient
PopulationDensity	Population per unit area definitions; Urban, Rural
PostalCode	Five (5) digit Zip Code number or Country Postal Code
Postdirectional	Compass directional suffix of a Street Name; NW
Predirectional	Compass direction prefix of a Street Name; SW
Priority	Alpha or numeric code referencing Incident severity

Incident Data (cont.)	Description (cont.)
StateOrProvince	Incident location State or Province
StreetName	Primary physical street name of Incident location
StreetNumber	Numeric component of physical street address that may contain an alpha character suffix; 2459B
StreetSuffix	Word following street name; Lane, Way, Court
Suite	Suite or Apartment number
TacticalChannel	Assigned radio channel for incident
UnderControlDateTime	Date/time Incident was declared "Under Control"
WorkStationID	Dispatcher workstation identifier

Unit Data Used by PulsePoint

Unit Data	Description
AgencyDispatchStatus	Current dispatch status of Unit using agency codes (not normalized)
IncidentNumber	The assigned nine (9) digit NFIRS Incident number
IncidentYear	Call received year
Jurisdiction	Code identifying Incident location Jurisdictional area
ResponsePriority	Response Priority at Dispatch time
TransportLocation	Name of destination hospital
TransportMileageEnd	Ending mileage for use when transport ends at receiving facility
TransportMileageStart	Starting mileage for use when transport begins
TransportPriority	User-defined transport priority
UnitAcknowledgeDateTime	Date/time Unit acknowledged dispatch
UnitAvailableDateTime	Date/time Unit became available while remaining on event
UnitClearedDateTime	Date/time Unit was cleared from incident
UnitDispatchDateTime	Date/time Unit was dispatched
UnitDispatchNumber	Unique identification number or key value associated with a dispatched Unit
UnitEnrouteDateTime	Date/time Unit was enroute to incident
UnitID	Radio, dispatch, or "known as" identifier of Unit, such as E31
UnitInQuartersDateTime	Date/time last Unit arrived in quarters
UnitOnSceneDateTime	Date/time Unit was onscene at incident
UnitTransportArrivalDateTime	Date/time unit arrived at hospital
UnitTransportStartDateTime	Date/time unit began transport to hospital
VehicleNumber	Vehicle identification or maintenance number

Agency Project Lead

Please provide the name and contact information for your Agency Project Lead.

Name _____

Title _____

Email _____

Phone _____

Agency Agreement

The signature below approves this Statement of Work and authorizes the Agency Project Lead to proceed with this project as delineated in this document.

Signature _____

Name _____

Title _____

Agency _____

Date _____



PulsePoint Foundation
PO Box 12594
Pleasanton, CA 94588-2594

Customer Support
support@pulsepoint.org

PulsePoint

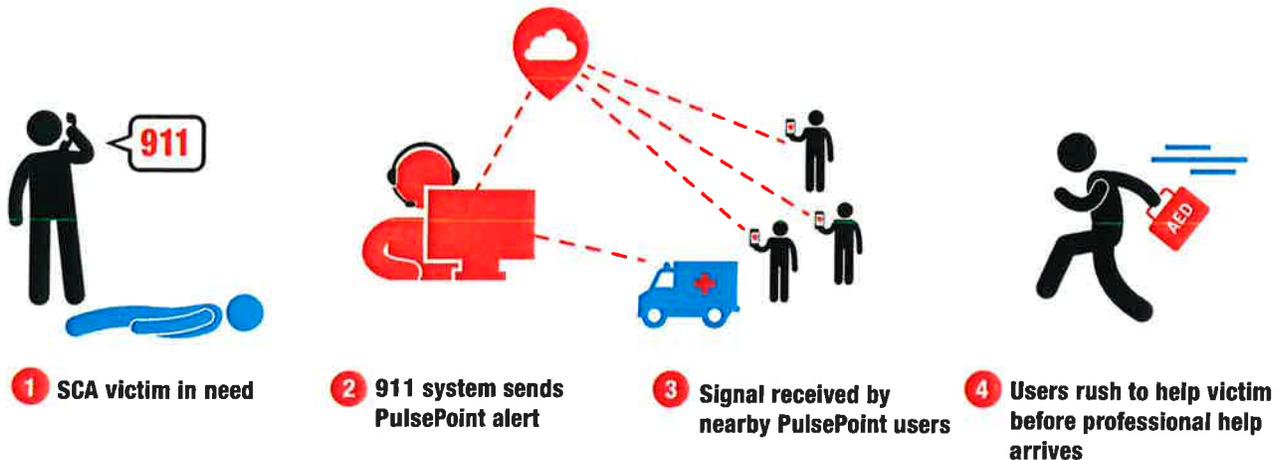


PulsePoint Foundation

PulsePoint is a 501(c)(3) non-profit foundation based in the San Francisco Bay Area. Through the use of location-aware mobile devices PulsePoint is building applications that work with local public safety agencies to improve communications with citizens, empowering them to help reduce the millions of annual deaths from sudden cardiac arrest. Deployment of the PulsePoint app can significantly strengthen the “chain of survival” by improving bystander response to cardiac arrest victims and increasing the chance that lifesaving steps will be taken prior to the arrival of emergency medical services.

PulsePoint

- PulsePoint Respond is a mobile app that alerts CPR-trained citizens to someone nearby having a sudden cardiac arrest.
- The app is activated by the local public safety communications center simultaneous with the dispatch of local fire and EMS resources.
- The purpose of the app is to increase the survival rates of cardiac arrest victims by:
 - Reducing collapse-to-CPR times by increasing citizen awareness of cardiac arrest events beyond a traditional “witnessed” area.
 - Reducing collapse-to-defibrillation times by increasing awareness of public access defibrillator (AED) locations through real-time mapping of nearby devices.
- The app is only activated if the event is occurring in a public place (the app is not typically activated for residential addresses).
- In addition to the life-saving CPR/AED functionality, the app provides a virtual window into fire and EMS activity in the community, offering a unique opportunity for civic engagement.
- Since the app requires a connection to the local public safety communications center, it is only available where adopted and implemented by the local Fire/EMS agency.
- Learn more at www.PulsePoint.org.





Sudden Cardiac Arrest

- Sudden Cardiac Arrest (SCA) is a leading cause of death in the United States, accounting for an estimated 356,000 deaths each year (SCA kills nearly 1,000 people a day or one person every two minutes).¹
- Survival rates nationally for SCA are less than 11%.¹
- Delivery of CPR is **life-saving first aid**, and can sustain life until paramedics arrive by helping to maintain vital blood flow to the heart and brain.
- Only about a third of SCA victims receive bystander CPR.
- Without oxygen-rich blood, permanent brain damage or death can occur in less than 8 minutes. After 10 minutes there is little chance of successful resuscitation. Even in modern urban settings the response times for professional rescuers commonly approach these time frames.
- The American Heart Association estimates that effective bystander CPR, provided immediately after sudden cardiac arrest, can double or triple a person's chance of survival.
- SCA can happen to anyone at any time. Many victims appear healthy with no known heart disease or other risk factors.
- In April 2008, the American Heart Association revised its recommendations and encouraged lay bystanders to use compression-only CPR as an alternative to the combined rescue breathing and chest compression method. It is believed that **this change will significantly increase the willingness of bystanders to perform CPR.**
- In 2015, CPR guidelines issued by the American Heart Association (AHA) recommend that communities consider using mobile app technology to alert CPR responders when someone nearby suffers sudden cardiac arrest. The new guidelines cite studies that show emerging mobile technologies can result in a "higher rate of bystander-initiated CPR".
- Sudden Cardiac Arrest is not the same as a heart attack. A heart attack occurs when blood vessels in the heart get **clogged**, preventing blood flow to sections of heart muscle. A heart attack, however, can lead to SCA by triggering an abnormal heart rhythm. SCA may be compared to an electrical problem in the heart, in contrast to a heart attack, which is more of a plumbing problem.
- Fifty-seven percent of adults in the U.S. say they have undergone training in cardiopulmonary resuscitation (CPR), most often due to work or school requirements. Most say they would be willing to use CPR to help a stranger. Most say they would be **willing to use an automated external defibrillator (AED)**. Eleven percent say they have used CPR in an actual emergency.



¹ Heart Disease and Stroke Statistics - 2017 Update, American Heart Association

BREVARD COUNTY
FIRE/RESCUE
EMERGENCY MEDICAL SERVICES
2017 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.
(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS grant is a-REIMBURSEMENT GRANT, NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that all applicant's meet the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. <u>Organization Name and Primary Mission/Function:</u> Cocoa Fire Deptment	
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: John Titkanich	
Position Title: City Manager	
Address: 65 Stone St	
City: Cocoa	County: Brevard
State: Florida	Zip Code: 32922
Telephone: 321-433-8660	Fax Number: 321-433-8670
E-Mail Address: jtitkanich@cocoaf1.org	

3. <u>Contact Person:</u> (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. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: Brad Hall	
Position Title: District Chief of EMS	
Address: 114 First St	
City: Cocoa	County: Brevard
State: Florida	Zip Code: 32922
Telephone: 321-639-7605	Fax Number: 321-690-6977
E-mail Address: bhall@cocoaf1.org	

4. <u>Type of Service (check one):</u>
Licensed EMS provider _____ First Responder Organization <input checked="" type="checkbox"/> Emergency Department _____
EMS Training Center _____ EMS Academic Institution _____
Other pre-hospital EMS service provider _____
Other (specify) _____

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: _____

Print/Type: Name of Director David T Williams

FL Med. Lic. No. OS6588

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.

6. Certification: My signature below certifies the following:

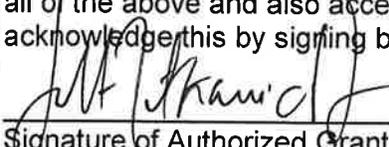
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify to the best 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 Brevard County. 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 of the application by Brevard County.

I accept in the best interests of the State, Brevard County 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.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

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.

 _____ MM / DD / YY: 10/19/17

Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

7. Justification Summary: Maximum of three pages. Must be double spaced, single side of paper. Summary must address all topics listed below.

A) Problem description (Provide a narrative of the problem or need);

B) Present situation (Describe how this grant will impact/improve the current conditions or need);

C) The proposed solution (what will be purchased with the grant funds);

D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);

E) The proposed time frames (Provide a list of the time frame(s) for completing this project);

F) Data Sources (Provide a complete list of data source(s) you cite);

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and/or other items or training that will improve on-site rescue treatment and benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.

B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

7. Justification Summary

A) Problem Description

The Cocoa Fire Department is an Advanced Life Support (ALS) first responder organization staffed by forty-six employees based out of three fire stations. Currently, there are five ALS permitted apparatus staffed with a three-person minimum, with the exception of Squad 30.

When there is a code call (heart attack) each member of the response crew is required to assume a predetermined responsibility. One member is tasked with cardio pulmonary resuscitation (CPR). Another crewmember is responsible for maintaining an open airway for the patient through various means, including oropharyngeal airways (OPA's), oxygen lines, or endotracheal insertion and other airway adjuncts. The final member of the response team will administer fluids, medications, or drugs as needed, as well as directing personnel during the response and travel to hospital facilities.

There are additional requirements for response calls, such as cardiac monitoring, interpretation of cardiac rhythms, application of combi-pads, defibrillation procedures, IV insertion, and various other procedures dictated by the needs of the response call. Additional time and personnel are desperately needed during the critical period of the response event in order to provide the best possible care and help ensure survival for the patient.

However, in most code calls additional personnel is not an option. As budgets will not allow for expansion of work crews, the only viable option is to search for equipment that will assist the response team and enable better management of the multiple needs of coding patients. To this end, an automatic chest compression system would eliminate the need for a crewmember to be assigned this duty at the incident scene, as well as during the transport to the hospital.

B) Present Situation

As stated previously, our response personnel currently perform pre-established assigned duties during code calls. However, due to the limited staffing situations the patients may not be given the maximum of care possible to ensure a positive outcome. Additionally, the responding transport agency (Brevard County Fire / Rescue) staffs their rescue apparatus with two person crews. The need for additional personnel at the scene and during transport is critical.

The funding from this grant will help to ensure a maximum of effort by streamlining the process of the response. The chest compression system will free a crewmember to perform other vital life-saving duties, both at the scene and during transport. It can also free up room in the crowded, confined space crewmembers work in during transport. This will reduce confusion and disorganization during the response, and will greatly increase the odds of a successful outcome for the patient.

C) The Proposed Solution

The purchase of a LUCAS Chest Compression System will greatly assist our lifesaving teams in delivering high quality, guideline consistent compressions both in the field and during transport to the hospital. The LUCAS Chest Compression System was chosen by the Cocoa Fire Department staff as the best solution to provide automatic chest compressions, thus freeing the response personnel to perform other vitally important life saving measures. Additionally, the small size and autonomous nature will free up space in the limited environment of the rescue unit.

The City of Cocoa Fire Department is requesting funding to purchase the LUCAS 3.0 Chest Compression System, which comes with two (2) patient straps, one (1) stabilization strap, two

(2) suction cups, one (1) rechargeable battery, and instructions for use. Additional equipment to be purchased includes one (1) battery, one (1) power supply, one (1) battery desktop charger, and a disposable suction cup pack (3 pieces). **The total price for all equipment listed is \$16,352.35.**

D) The Geographic Area That Will Benefit from the Grant

The City of Cocoa Fire Department provides fire and critical EMS services to all 18,333 residents of Cocoa, as well as nearly 1,300 businesses within the city limits. Additionally, the daytime population can swell by over 8,000 people due to students at the three local colleges, visitors to Historic Cocoa Village in downtown Cocoa, and tourists from the port in Cape Canaveral. In addition, Cocoa FD provides numerous responses for automatic aid and mutual aid calls to residents and visitors of Brevard County and the City of Rockledge, FL.

E) The Proposed Time Frames

Once approved, the procurement process will begin. Ordering and clearance through the City of Cocoa's purchase order system will be completed within 30 days, with a goal of delivery and placing the equipment into service within 45 days after. A reimbursement request will be produced within 90 days of the award.

F) Data Sources

Information for our grant application was obtained from (www.physio-control.com)

G) Statement Attesting That the Proposal is not a Duplication of a Previous Effort

The proposal being submitted to Brevard County for funding under this grant opportunity is not duplicating any previous grant submissions or awards.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.

Funding from this grant will directly affect services provided to the citizens and visitors to the City of Cocoa, the City of Rockledge, and throughout Brevard County.

The purchase of a LUCA Chest Compression System will enhance the services already provided during code calls, ensuring that steady, accurate, reliable compressions and rhythms are maintained while response staff is conducting other vital response activities. The purchase and implementation of this system will enhance the survival rate of code calls, and increase the quality of life in the City of Cocoa.

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request **for a period of five (5) years**, unless extended in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget, approved change requests, or are specifically identified in an existing line item. **Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. Any costs of disallowed items are the responsibility of the grantee.**

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grants Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. In all cases the Brevard County Fire Rescue's Grants Administrator shall receive the signed application no later than the 'additional data submission date' listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes a copy of the "Notice of Grant Award" letter, a copy of the application and department approved budget and a copy of all approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANTS ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Mr. William F. Quinn, Grants Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***



Physio-Control, Inc
 11811 Willows Road NE
 P.O. Box 97006
 Redmond, WA 98073-9706 U.S.A.
 www.physio-control.com
 tel 800.442.1142
 Sales Order fax 800.732.0956
 Service Plan fax 800.772.3340

To CITY OF COCOA FD
 Attn: Brad Hall, Deputy Chief of Operations
 114 1ST ST
 COCOA, FL 32922
 (321) 690-7610
bhall@cocoafl.org

Quote Number 00097488
 Revision # 1
 Created Date 10/5/2017
 Sales Consultant Susan Cote
 (407) 497-2636
 FOB Destination
 Terms All quotes subject to credit approval and the following terms and conditions
 NET Terms NET 30

Contract NASPO #SW300 v2 Expiration Date 1/3/2018

Product	Product Description	Quantity	List Price	Unit Discount	Unit Sales Price	Total Price
99576-000043	LUCAS 3.0 Chest Compression System INCLUDES HARD SHELL CASE, SLIM BACK PLATE, TWO (2) PATIENT STRAPS, (1) STABILIZATION STRAP, 2 SUCTION CUPS, 1 RECHARGEABLE BATTERY, AND INSTRUCTIONS FOR USE WITH EACH DEVICE.	1.00	15,950.00	-2,073.50	13,876.50	13,876.50
11576-000080	LUCAS 3 Battery - Dark Grey - Rechargeable LiPo	2.00	712.00	-131.00	581.00	1,162.00
11576-000071	LUCAS Power Supply	1.00	371.00	-93.00	278.00	278.00
11576-000060	LUCAS Battery Desk-Top Charger	1.00	1,170.00	-248.95	921.05	921.05
11576-000046	LUCAS Disposable Suction Cup (3 pack)	1.00	140.00	-25.20	114.80	114.80

Subtotal USD 16,352.35
 Estimated Tax USD 0.00
 Estimated Shipping & Handling USD 0.00

Tax will be calculated at time of invoice and is based on the Ship To location where product will be shipped.

Grand Total USD 16,352.35

Pricing Summary Totals
 List Price Total USD 19,055.00
 Total Contract Discounts Amount USD -2,702.65
 Total Discount USD 0.00
 Trade In Discounts USD 0.00
 Tax + S&H USD 0.00

Please Select One:

MY COMPANY USES A PO SYSTEM-please acknowledge the following:
On all orders \$5,000 or greater before applicable freight and taxes, a hard copy purchase order, referencing the quote number, is required. (If under \$5,000, a purchase order number is sufficient. Please provide purchase order # here _____)

MY COMPANY DOES NOT USE A PO SYSTEM-section below must be completed prior to order submission.

BILLING ADDRESS

SHIPPING ADDRESS

Address _____
City _____ State _____
Zip Code _____
A/P Email _____
Phone _____

Address _____
City _____ State _____
Zip Code _____
A/P Email _____
Phone _____

Signature Required for Non-PO using:
Physio-Control Inc. Requires Written Verification Of This Order.

Please Check Applicable Tax Status:
We are a Tax Exempt Entity (Tax Exempt Certificate Must Be Provided)

The Undersigned is Authorized To Place This Order in Accordance With The Terms and Prices Denoted Herein.

We are Taxable Entity (Applicable Tax will be Applied at Time of Invoice)

AUTHORIZED SIGNATURE

NAME

TITLE

DATE

To add or modify account information fill out the form found on the hyperlink provided.

<http://www.physio-control.com/account>

Reference Number SC/14366702/146920

General Terms for all Products, Services and Subscriptions.

Physio-Control, Inc. ("Physio") accepts Buyer's order expressly conditioned on Buyer's assent to the terms set forth in this document. Buyer's order and acceptance of any portion of the goods, services or subscriptions shall confirm Buyer's acceptance of these terms. Unless specified otherwise herein, these terms constitute the complete agreement between the parties. Amendments to this document shall be in writing and no prior or subsequent acceptance by Seller of any purchase order, acknowledgment, or other document from Buyer specifying different and/or additional terms shall be effective unless signed by both parties.

Pricing. Prices do not include freight insurance, freight forwarding fees, taxes, duties, import or export permit fees, or any other similar charge of any kind applicable to the goods and services. Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services unless Physio receives a copy of a valid exemption certificate prior to delivery. Discounts may not be combined with other special terms, discounts, and/or promotions.

Payment. Payment for goods and services shall be subject to approval of credit by Physio. Unless otherwise specified by Physio in writing, the entire payment of an invoice is due thirty (30) days after the invoice date for deliveries in the USA, and sight draft or acceptable (confirmed) irrevocable letter of credit is required for sales outside the USA.

Minimum Order Quantity. Physio reserves the right to charge a service fee for any order less than \$200.00.

Patent Indemnity. Physio shall indemnify Buyer and hold it harmless from and against all demands, claims, damages, losses, and expenses, arising out of or resulting, from any action by a third party against Buyer that is based on any claim that the services infringe a United States patent, copyright, or trademark, or violate a trade secret or any other proprietary right of any person or entity. Physio's indemnification obligations hereunder will be subject to (i) receiving prompt written notice of the existence of any claim; (ii) being able to, at its option, control the defense and settlement of such claim (provided that, without obtaining the prior written consent of Buyer, Physio will enter into no settlement involving the admission of wrongdoing); and (iii) receiving full cooperation of Buyer in the defense of any claim.

Limitation of Interest. Through the purchase of Physio products, services, or subscriptions, Buyer does not acquire any interest in any tooling, drawings, design information, computer programming, patents or copyrighted or confidential information related to said products or services, and Buyer expressly agrees not to reverse engineer or decompile such products or related software and information.

Delays. Physio will not be liable for any loss or damage of any kind due to its failure to perform or delays in its performance resulting from an event beyond its reasonable control, including but not limited to, acts of God, labor disputes, the requirements of any governmental authority, war, civil unrest, terrorist acts, delays in manufacture, obtaining any required license or permit, and Physio inability to obtain goods from its usual sources.

Limited Warranty. Physio warrants its products and services in accordance with the terms of the limited warranties located at <http://www.physio-control.com/Documents/>. The remedies provided under such warranties shall be Buyer's sole and exclusive remedies. Physio makes no other warranties, express or implied, including, without limitation, **NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND IN NO EVENT SHALL PHYSIO BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL, SPECIAL OR OTHER DAMAGES.**

Compliance with Confidentiality Laws. Both parties acknowledge their respective obligations to maintain the security and confidentiality of individually identifiable health information and agree to comply with applicable federal and state health information confidentiality laws.

Compliance with Law. The parties agree to comply with any and all laws, rules, regulations, licensing requirements or standards that are now or hereafter promulgated by any local, state, and federal governmental authority/agency or accrediting/administrative body that governs or applies to their respective duties and obligations hereunder.

Regulatory Requirement for Access to Information. In the event 42 USC § 1395x(v)(1)(I) is applicable, Physio shall make available to the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of these terms, such books, documents and records as are necessary to certify the nature and extent of the costs of the products and services provided by Physio.

No Debarment. Physio represents and warrants that it and its directors, officers, and employees (i) are not excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 USC § 1320a-7b(f); (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services; and (iii) are not under investigation which may result in Physio being excluded from participation in such programs.

Choice of Law. The rights and obligations of Physio and Buyer related to the purchase and sale of products and services described in this document shall be governed by the laws of the state where Buyer is located. All costs and expenses incurred by the prevailing party related to enforcement of its rights under this document, including reasonable attorney's fees, shall be reimbursed by the other party.

Additional Terms for Purchase and Sale of Products.

In addition to the General Terms above, the following terms apply to all purchases of products from Physio:

Delivery. Unless otherwise specified by Physio in writing, delivery shall be FOB Physio point of shipment and title and risk of loss shall pass to Buyer at that point. Partial deliveries may be made and partial invoices shall be permitted and shall become due in accordance with the payment terms. In the absence of shipping instructions from Buyer, Physio will obtain transportation on Buyer's behalf and for Buyer's account. Delivery dates are approximate. Freight is pre-paid and added to Buyer's invoice. Products are subject to availability.

Inspections and Returns. Within 30 days of receipt of a shipment, Buyer shall notify Physio of any claim for product damage or nonconformity. Physio, at its sole option and discretion, may repair or replace a product to bring it into conformity. Return of any product shall be governed by the Returned Product Policy located at <http://www.physio-control.com/Documents/>. Payment of Physio's invoice is not contingent on immediate correction of nonconformities.

No Resale. Buyer agrees that products purchased hereunder will not be resold to third parties and will not be reshipped to any persons or places prohibited by the laws of the United States of America.



Meet the LUCAS[®] 3 Chest Compression System



LUCAS System

Smart. Hardworking. Built for the future.

The LUCAS chest compression system has been helping lifesaving teams around the world deliver high-quality, Guidelines-consistent compressions; in the field, on the move and in the hospital.

With over 12 years of clinical experience, we proudly present the third generation LUCAS device, built on the LUCAS legacy. The LUCAS 3 chest compression system has improved features to facilitate maintenance and handling and allows for new insights through easy, wireless access to device data.



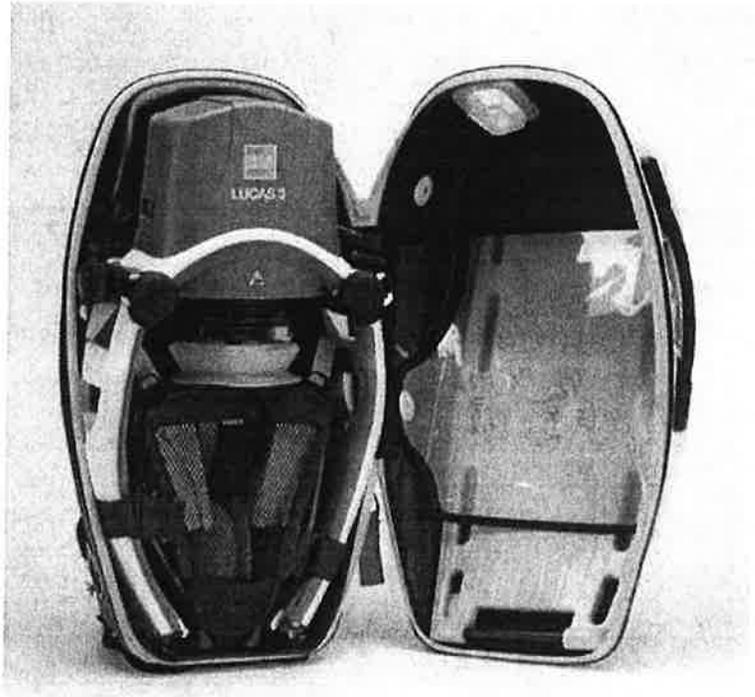
LUCAS Case

Strong. Smart. Modern.



Hard Shell Case

- Polycarbonate
- Easy to clean
- Reflective badging
- Large multi-point handles
- Large zipper grips
- Adjustable backpack straps



Molded Design

- Compact, portable and durable
- Protected and organised inside
- Smart storage compartment of accessories (batteries, straps, suction cups)
- Can also be used with the LUCAS 2 device



Top Window

- Quick check of battery status (press MUTE button)

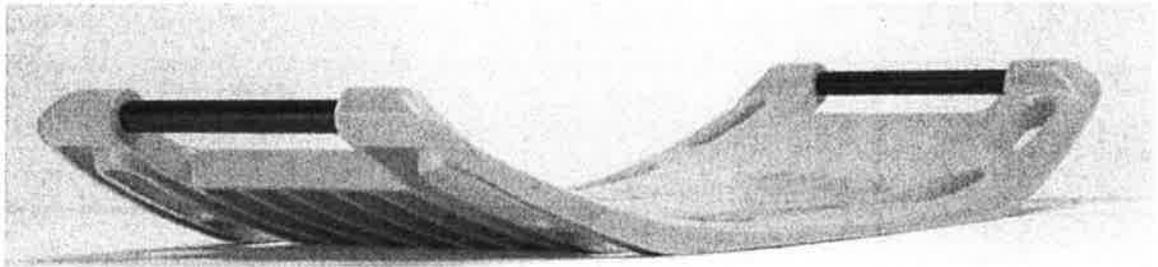


Charge Port (on back of hard shell case)

- Charge the device without removing from the case

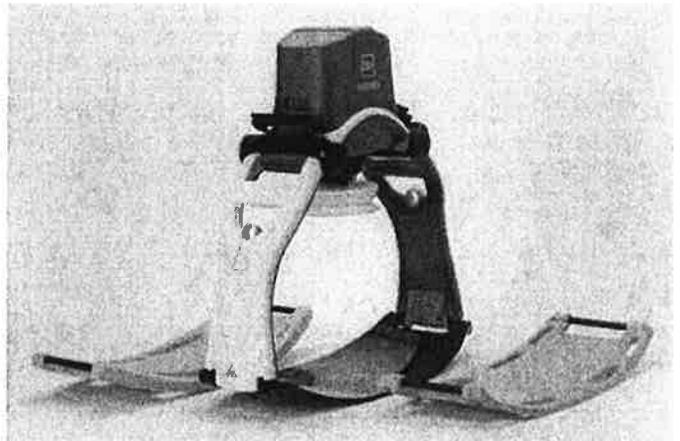
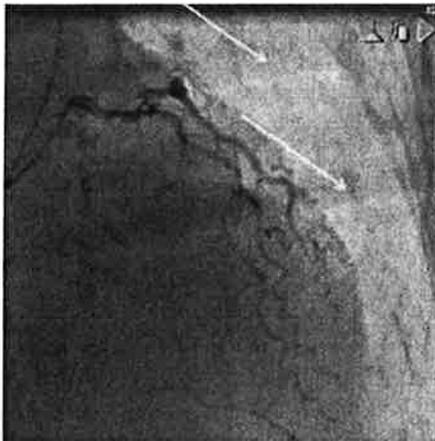
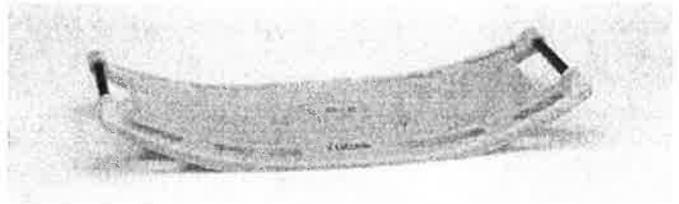
LUCAS Slim Back Plate

Simple. Skinny.



Single Piece

- ~50% slimmer
- Easy to clean
- Tapered edge for easier adjustment
- Larger contact area for stability
- Additional attach points for transportation
- Can also be used also with LUCAS 2 devices



Cath Lab/Fluoroscopy

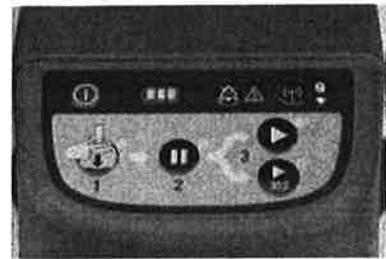
- Allows for emergency angiography/angioplasty during ongoing LUCAS CPR
- Vague grid shadows in oblique views (see angiogram)
- For optimal performance; use PCI back plate (available separately)

LUCAS Device Connectivity

Connected. Insights.

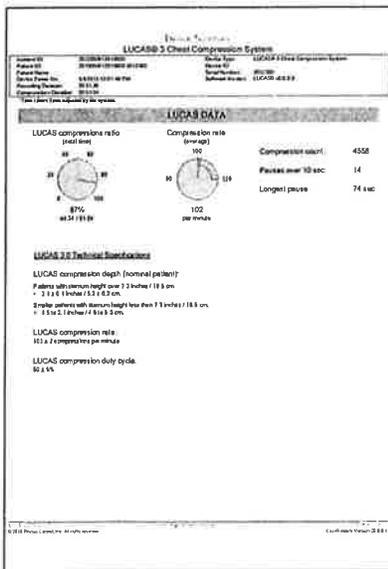
Data-Enabled

- Post-event performance reports for review
- Bluetooth® connectivity
- Easy to pair with PC/Windows®
- LUCAS Report Generator software



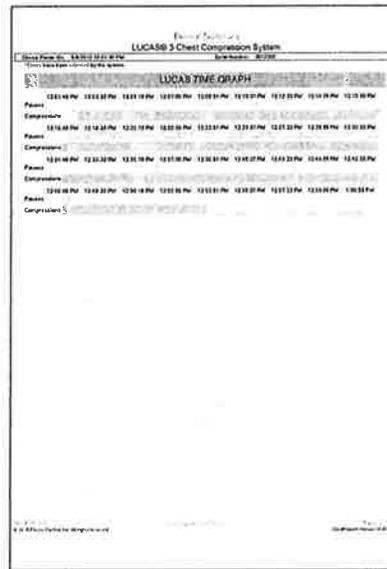
LUCAS Report Generator

- LUCAS chest compression statistics, pauses, user modes and device alarms and alerts
- Review LUCAS device performance data at the end of the case or shift
- Device summary, timeline and event log



Device Summary

- Quick glance dials of ratio and rate
- Compression and pause data



Time Graph

- Timeline from first LUCAS device compression to last
- Pauses automatically highlighted

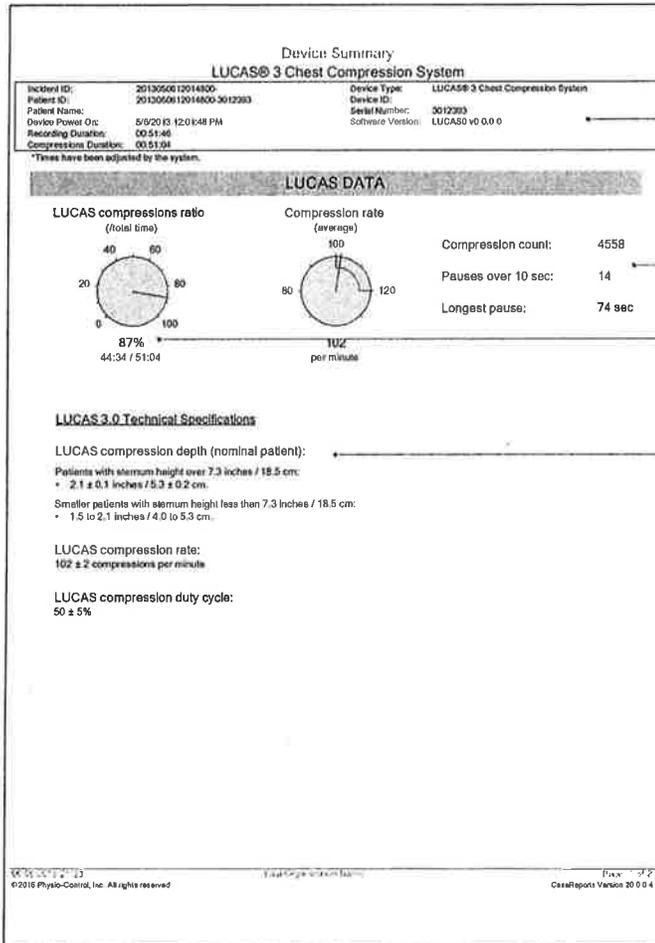


Event Log

- Insight into user interaction, device operational mode, battery information and any alarms

LUCAS Device Report

Connected. Insights.



Device Summary

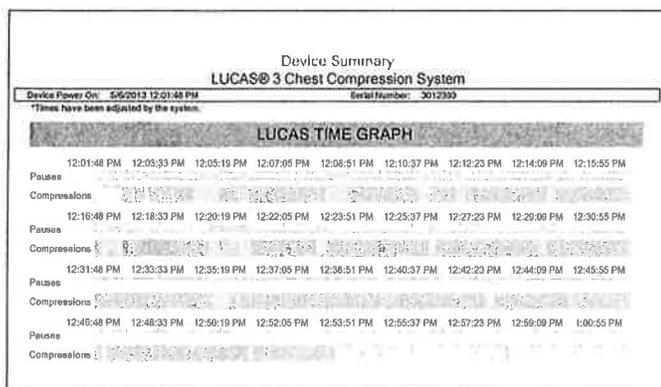
Device name, case date, case time and duration

Consistent, high-quality LUCAS compressions

Compression count, pauses >10 seconds and longest pause readout

Compression ratio between first and last LUCAS compression

LUCAS device technical specifications



Time Graph

- Time Axis
- Pauses (automatic by device or user initiated)
- Compressions (device only)

Specifications

Compressions

Compression Frequency: 102 ± 2 compressions per minute

Compression depth (nominal patient):

- 2.1 ± 0.1 inches / 53 ± 2 mm for patients with sternum height greater than 7.3 inches / 185 mm
- 1.5 to 2.1 inches / 40 to 53 mm for patients with sternum height less than 7.3 inches / 185 mm

Compression/Decompression Duty Cycle: 50 ± 5%

Patients Eligible for Treatment:

- 6.7 to 11.9 inches / 17.0 to 30.3 cm sternum height (anterior – posterior)
- 17.7 inches / 44.9 cm chest width

The use of the LUCAS device is not restricted by patient weight.

Device specifications

Height x Width x Depth (assembled): 22.0 x 20.5 x 9.4 inches / 56 x 52 x 24 cm

Height x Width x Depth (stowed in backpack): 22.8 x 13.0 x 10.2 inches / 58 x 33 x 26 cm

Weight device with battery (no straps): 17.7 lbs / 8.0 kg

Device storage temperature: -4°F to +158°F / -20°C to +70°C

Device IP Classification: IP43

Operation

Power Source: Battery – Rechargeable Lithium-ion Polymer (LiPo), and (optional) external power supply or car cable

Battery run time (typical): 45 minutes (typical), prolonged operation time with (optional) external power supply or car power cable

External Power supply: 100-240VAC, 50/60Hz, 2.3A, Class II, Output 24VDC, 4.2A

Car Power Cable: Voltage / Current 10-28VDC / 0-10A

Operating temperature:

- +32°F to +104°F / +0°C to +40°C
- -4°F / -20°C for 1 hour after storage at room temperature

Battery specifications

Battery charge time:

Charged in the device using external power supply:

- Less than two hours at room temperature (+72°F/+22°C)

Charged in the external battery charger:

- Less than four hours at room temperature (+72°F/+22°C)

Battery weight: 1.3 lbs / 0.6 kg

Battery capacity: 3300 mAh (typical), 86 Wh

Battery voltage: 25.9 V

Interval for replacement of battery: recommendation to replace battery every 3 to 4 years or after 200 uses (of more than 10 minutes each time)

Battery charge temperature: +32°F to +104°F / +0°C to +40°C (+68°F to +77°F / +20°C to +25°C preferred)

Battery storage temperature: +32°F to +104°F / 0°C to +40°C (-4°F to +158°F / -20°C to +70°C ambient for less than a month)

Battery IP Classification: IP44

Data transmission post-event

Radio module: Bluetooth® v2.1 + EDR Class 1 - up to 3Mbps, Modulation method; 8DPSK, π/4 DQPSK, GFSKFSK, Operating channel; BT 2.4GHz: Ch. 0 to 78, Frequency range; 2.4000 to 2.4835 GHz, Radio frequency; Output Power (Bluetooth) Max + 10dBm

The LUCAS 3 device is for use as an adjunct to manual CPR when effective manual CPR is not possible (e.g., transport, extended CPR, fatigue, insufficient personnel).

For further information, please contact Physio-Control at 800.442.1142 (U.S.), 800.895.5896 (Canada) or visit our website at www.physio-control.com



Physio-Control Headquarters
11811 Willows Road NE
Redmond, WA 98052
www.physio-control.com

Customer Support
P. O. Box 97006
Redmond, WA 98073
Toll free 800 442 1142
Fax 800 426 8049

Physio-Control Canada
Physio-Control Canada Sales, Ltd.
7111 Syntex Drive, 3rd Floor
Mississauga, ON
L5N 8C3
Canada
Toll free 800 695 5896
Fax 866 430 6115



Jolife AB, Scheelevägen 17, Ideon Science Park, SE-223 70 LUND, Sweden

BREVARD COUNTY
FIRE/RESCUE
EMERGENCY MEDICAL SERVICES
2017 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS grant is a-REIMBURSEMENT GRANT, NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that all applicant's meet the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. <u>Organization Name and Primary Mission/Function:</u> Cape Canaveral Volunteer Fire Department	
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: David J. Sargeant	
Position Title: Fire Chief	
Address: 8970 Columbia Rd.	
City: Cape Canaveral	County: Brevard
State: Florida	Zip Code: 32920
Telephone: 321-783-4424	Fax Number: 321-783-4887
E-Mail Address: dsargeant@ccvfd.org	

3. <u>Contact Person:</u> (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. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: Tracy G. Braley	
Position Title: Assistant Fire Chief	
Address: 680 Magellan Rd.	
City: Cape Canaveral	County: Brevard
State: Florida	Zip Code: 32920
Telephone: 321-783-4424	Fax Number: 321-783-4887
E-mail Address: tbraley@ccvfd.org	

4. <u>Type of Service (check one):</u>
Licensed EMS provider <u>XXX</u> First Responder Organization _____ Emergency Department _____
EMS Training Center _____ EMS Academic Institution _____
Other pre-hospital EMS service provider _____
Other (specify) _____

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: John McPherson MD Date: 10/3/17

Print/Type Name of Director John McPherson MD

FL Med. Lic. No. ME 0058708

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.

6. Certification: My signature below certifies the following:

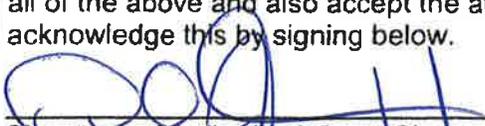
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify to the best 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 Brevard County. 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 of the application by Brevard County.

I accept in the best interests of the State, Brevard County 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.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

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.


Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

MM / DD / YY: 10/18/17

7. Justification Summary: Maximum of three pages. Must be double spaced, single side of paper. Summary must address all topics listed below.

A) Problem description (Provide a narrative of the problem or need);

B) Present situation (Describe how this grant will impact/improve the current conditions or need);

C) The proposed solution (what will be purchased with the grant funds);

D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);

E) The proposed time frames (Provide a list of the time frame(s) for completing this project);

F) Data Sources (Provide a complete list of data source(s) you cite);

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and/or other items or training that will improve on-site rescue treatment and benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.

B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

Brevard County Fire Rescue REIMBURSEMENT REQUEST/EXPENDITURE REPORT

Name of Grantee: _____

Time Period Covered: Beginning Date: _____ Ending Date: _____

Total Amount Expended \$ _____; as of _____
Day Month Year

All Documentation Attached (Invoices, cancelled Checks, etc.) _____

Major Line Items:	TOTAL
Amount Requested: (Approved Budget Expenditure by Major Line Items)	\$
TOTAL REQUESTED/BUDGETED EXPENDITURES	\$

Actual Expenditures (by Major Line Items)	\$
TOTAL EXPENDITURES (TO BE REIMBURSED)	\$

BALANCE	
(Requested/Budgeted Less Actual Expenditures)	\$

I certify the above reports are true and correct. Expenditures were made only for items allowed by the grant.

Signature of Contact Person

Date

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request **for a period of five (5) years**, unless extended in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget, approved change requests, or are specifically identified in an existing line item. Any **disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification.** **Any costs of disallowed items are the responsibility of the grantee.**

SUPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grants Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. **The report shall be submitted by the due date listed in the award notice.**

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. In all cases the Brevard County Fire Rescue's Grants Administrator shall receive the signed application no later than the 'additional data submission date' listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes a copy of the "Notice of Grant Award" letter, a copy of the application and department approved budget and a copy of all approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANTS ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Mr. William F. Quinn, Grants Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

To: Mr. William Quinn, Grants Administrator
From: Tracy G. Braley, Assistant Fire Chief
Date: October 16, 2017
Subject: 2017 EMS Grant Justification Summary Item # 7

For the 2017 EMS Grant, the Cape Canaveral Volunteer Fire Department (CCVFD) is requesting funds to upgrade our four Physio-Control LIFEPAK 15 Monitor/Defibrillators to a wireless data connection using Physio-Control's CODE-STAT Data Review Software version 10.0. This upgrade in technology allows for a consistent means of record keeping, quality assurance, and subpoena requests for our electrocardiograms. This also allows for the electrocardiograms to be sent to our medical director for review in an expedient manner.

Currently, the LIFEPAK 15's do not have the capability to store or send electrocardiograms electronically. This requires that the electrocardiograms be printed and stored in a filing cabinet. Over time the electrocardiograms fade, and cause difficulty in reading if requested for subpoena cases, or quality assurance over time.

During the current budget, we cannot fund this project with the operational funding. A zero balance budget that afford 90 percent allocation to personnel expenses eliminates any possible discretionary spending. With the completed purchase, the upgrades to the four Physio-Control LIFEPAK 15 Monitor/Defibrillators is expected to be completed within 120 days of receiving funds. This project is not part of any other grant proposal or funding request.

The CCVFD is a combination department that provides non-transport advanced life support, and fire suppression to 10,352 residents (United States Census, para. 1) of the City of Cape Canaveral, and Avon by the Sea, along with more than 4.2 million revenue passengers (Florida Ports Council, para. 1), making the Port Canaveral the second-busiest cruise port in the world. The department also responds auto aid

to Brevard County and Cocoa Beach, and mutual aid as requested throughout Brevard County and Florida.

Receiving funds from the 2017 EMS grant will enable CCVFD's four Physio-Control LIFEPAK 15 Monitor/Defibrillators to have wireless connectivity. This gives the CCVFD's paramedics to share their electrocardiograms with area hospitals, Brevard County Fire Rescue, and the Department's Medical Director. CCVFD will also have the ability to use uploaded electrocardiograms for storage, quality assurance, and subpoena requests. This will save time, allow for accurate quality assurance, and the ability to provide a clean copy of the electrocardiogram if subpoenaed. This project is endorsed by the CCVFD's Medical Director, John McPherson, M.D.

References

Florida Ports Council. (2017): Port Canaveral. Retrieved from <http://flaports.org/ports/port-canaveral/>

United States Census. (2016). City of Cape Canaveral. Retrieved from <https://www.census.gov/quickfacts/fact/table/capecanaveralcityflorida/PST045216>



Physio-Control, Inc
 11811 Willows Road NE
 P.O. Box 97006
 Redmond, WA 98073-9706 U.S.A.
 www.physio-control.com
 tel 800.442.1142
 Sales Order fax 800.732.0956
 Service Plan fax 800.772.3340

To CAPE CANAVERAL FIRE RESCUE
 Attn: Derek Yossifon, Captain
 190 JACKSON AVE
 CAPE CANAVERAL, FL 32920
 (321) 783-4777
dyossifon@ccvfd.org

Quote Number 00098903
 Revision # 1
 Created Date 10/17/2017
 Sales Consultant Susan Cote
 (407) 497-2636
 FOB Redmond, WA
 Terms All quotes subject to credit approval and the following terms and conditions
 NET Terms NET 30
 Expiration Date 12/28/2017

Product	Product Description	Quantity	List Price	Unit Discount	Unit Sales Price	Total Price
11600-000022	CODE-STAT 10 Data Review Seat Includes 1 CODE-STAT Data Review Software Version 10.0 and implementation support.	1.00	2,705.00	-351.65	2,353.35	2,353.35

Subtotal USD 2,353.35
 Estimated Tax USD 0.00
 Estimated Shipping & Handling USD 0.00

Tax will be calculated at time of invoice and is based on the Ship To location where product will be shipped.

Grand Total USD 2,353.35

Pricing Summary Totals

List Price Total USD 2,705.00
 Total Contract Discounts Amount USD 0.00
 Total Discount USD -351.65
 Trade In Discounts USD 0.00
 Tax + S&H USD 0.00

GRAND TOTAL FOR THIS QUOTE

USD 2,353.35