

LEGISLATIVE FACT SHEET

DATE: 02/06/17

BT or RC No: BT 17-069
(Administration & City Council Bills)

SPONSOR: Fire & Rescue Department
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Chief David Castleman

Provide Name: Chief David Castleman

Contact Number: 630-7872

Email Address: DavidS@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

The Florida Department of Health (DOH) EMS County Grant award for 2016 accrued unappropriated interest revenue. Under the DOH grant guidelines, all monies appropriated through the grant must be utilized directly for EMS equipment or training that improves and/or enhances the operations of the Rescue Division. JFRD is requesting that these grant funds be appropriated to purchase new pediatric EMS equipment that enhances the operation of the Rescue Division. With these funds, the JFRD will purchase 50 Pedi-Sleeve Pediatric Dosing Systems to outfit our frontline fleet of Rescue Units (ambulances). The impact of these new pediatric dosing systems will reduce medication errors and ultimately improve pediatric patient outcomes.

Pediatric critical-care situations are extremely high acuity, yet low frequency encounters that are extremely stressful for all EMS providers. In the prehospital setting and in situations dealing specifically with children, errors in drug administration are among the most common medical errors. Children in emergency medical situations are at high risk for such medication errors because of the need to calculate drug doses individually. In 2016, JFRD responded to over 7,000 pediatric emergencies and transported almost 4,800 children to the hospital. Of the 9-1-1 calls that were critical in nature, drownings, respiratory arrests, automobile accidents, and other traumatic injuries were among the most commonly experienced.

The Pedi-Sleeve Pediatric Dosing System alleviates an enormous amount of situational stress by putting all the resuscitation information JFRD paramedics need to save a child's life in a convenient, easy to read format combined with hands free accessibility. The Pedi-Sleeve is a set of nine colored sleeves, each with three inserts that provide standard pediatric medication dosing and equipment sizes. The sleeves reflect colors of industry-standard, length-based resuscitation tapes. The appropriate Pedi-Sleeve is worn on the paramedic's forearm, just as a football quarterback wears a play guide. This makes dosing errors obsolete because accurate drug dosing is literally at the paramedic's fingertips. Medication dosing and equipment sizes can be customized to reflect JFRD protocols and updates can be easily made when drug concentrations or standards of care change.

The Pedi-sleeve was voted the "Hot EMS Product of the Year" by the Journal of Emergency Medical Services (JEMS) in 2015. It also received the EMS World "Top Innovation Award" in 2015. Coincidentally, the Pedi-Sleeve was conceived and developed by a St. Petersburg, FL firefighter/paramedic.

APPROPRIATION: Total Amount Appropriated 9,900.67 as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: EMS Grant - Investment Pool Earnings	Amount: \$9,900.67
	To: EMS Grant - Other Operating Supplies	Amount: \$9,900.67
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

Under the DOH grant guidelines, all monies appropriated through the grant must be directly utilized for EMS equipment or training that improves and/or enhances the operations of the Rescue Division. JFRD is requesting that the grant funds from 2016 be appropriated to purchase new pediatric EMS equipment in 2017 that improves and enhances the operations of the Rescue Division. With the available balance, the JFRD will purchase (50) Pedi-Sleeve Pediatric Dosing Systems to outfit our frontline fleet of Rescue Units (ambulances). The impact of these new pediatric dosing systems will reduce medication errors and ultimately improve pediatric patient outcomes. The balance of the unappropriated interest does NOT require any city match. Under the guidelines of the EMS County Grant, the funds must be appropriated and utilized by November 30, 2017. There is NO ongoing maintenance or costs associated with maintaining the equipment. This purchase improves the operational readiness of the JFRD and greatly enhances the operations and capabilities of the Rescue Division. There is no staffing obligation associated with this purchase or equipment.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?

Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?

Related RC/BT?
 Waiver of Code?

Attachment: If yes, attach appropriate RC/BT form(s).

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?

Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: **Yes** **No**
 Continuation of Grant?

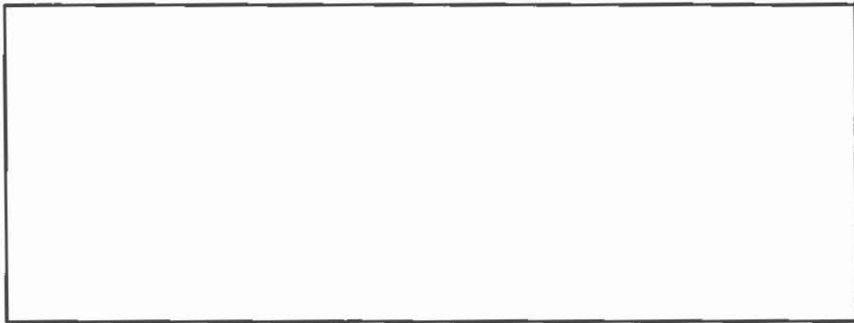
Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Interest earned through appropriation only.

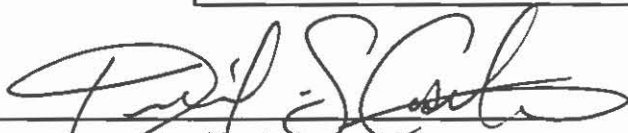
Surplus Property Certification?
 Reporting Requirements?

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for

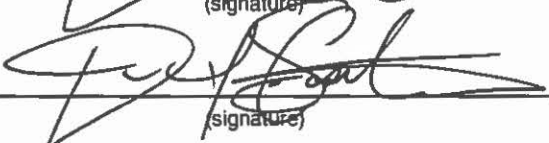


Division Chief:


(signature)

Date: 2/6/2017

Prepared By:


(signature)

Date: 2/6/2017

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: Kurtis R. Wilson, Director/Fire Chief, JFRD

(Name, Job Title, Department)

Phone: 904-630-7873

E-mail: KRWilson@coj.net

From: David S.Castleman, Division Chief/Rescue, JFRD

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-630-7055

E-mail: DavidS@coj.net

Primary Contact: David S. Castleman, Division Chief/Rescue, JFRD

(Name, Job Title, Department)

Phone: 904-630-7055

E-mail: DavidS@coj.net

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: akshelton@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-630-4647

E-mail: psidman@coj.net

From:

Initiating Council Member / Independent Agency / Constitutional Officer

Phone: _____

E-mail: _____

Primary

Contact: _____
(Name, Job Title, Department)

Phone: _____

E-mail: _____

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: akshelton@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: Yes No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED