

LEGISLATIVE FACT SHEET

DATE: 01/31/18

BT18-053

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

Contact for all inquiries and presentations: 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.)

As the largest EMS agency serving this region's largest population centers, most hospitals, an international airport and a seaport, the possibility of JFRD being called upon to transport a highly infectious disease patient is continually growing. Having the ability to most effectively and safely decontaminate the Rescue unit for the safety of the crews and other patients is essential. This will be extremely important during times of disease outbreaks and pandemics (i.e., Ebola, etc.) when the transportation assets will be in high demand. The safety of future patients and medical crews is essential. Removing the chance for exposure to illness from inadequately cleaned surfaces helps maintain the availability of the EMS workforce during times of high demand. Having the ability to rapidly and safely decontaminate a Rescue unit and return it to service quickly will assist in handling this increased surge from infectious patients. Specifically with concerns over MRSA, Ebola, HIV, Hepatitis, and a variety of other bacteria and viruses, having the capability to disinfect Rescue units and fire stations is crucial to the public safety mission. The AeroClave is a state of the art decontamination system that uses a dry mist (Vital Oxide) to provide effective disinfection on all surfaces, more so than traditional manual cleaning techniques and products. Vital Oxide is EPA certified against a broad spectrum of pathogens including influenza, MRSA, Ebola, HIV, TB, Norovirus, and Hepatitis. It is also EPA certified non-toxic and environmentally friendly, and the process is relatively quick, limiting out of service time for the Rescue unit.

APPROPRIATION: Total Amount Appropriated: 15,000.00 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: Contribution from Private Source	Amount: \$15,000.00
	To: Specialized Equipment	Amount: \$15,000.00

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.)

The \$15,000 is coming from the Northeast Florida Healthcare Coalition (NEFLHCC) as an award for a project submitted by JFRD Chief of Rescue David Castleman. The award (\$15,000) is reimbursement based and is going directly to the JFRD for the purchase of one AeroClave decontamination system. The funding does not require any match. The funding is a one-time use and there is no specific timeframe identified. Any ongoing maintenance costs associated with the new AeroClave decontamination system will be handled and paid for within the existing JFRD budget. There is no staffing obligation associated with this purchase.

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

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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? Oversight provided by JFRD and reviewed by OGC. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s). <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>

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:

Continuation of Grant?

Yes
<input type="checkbox"/>

No
<input checked="" type="checkbox"/>

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 interest earned through appropriation only.

Surplus Property Certification?

Yes
<input type="checkbox"/>

No
<input checked="" type="checkbox"/>


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

Reporting Requirements?


Yes
<input type="checkbox"/>

No
<input checked="" type="checkbox"/>

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)

Division Chief: 
(signature)

Date: 1/31/18

Prepared By: 
(signature)

Date: 1/31/18

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

approving the legislation.

Independent Agency Action Item:

Boards Action / Resolution? Yes No

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