

LEGISLATIVE FACT SHEET

DATE: 11/21/18

BT or RC No: BT 19-036
(Administration & City Council Bills)

SPONSOR: FIRE AND RESCUE
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: David Castleman

Provide Name: Keith Powers

Contact Number: 904-630-7055

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 JFRD has been granted a \$15,000 project award through the Northeast Florida Healthcare Coalition (NEFLHCC) to purchase one (1) AeroClave decontamination unit for its Rescue units. The JFRD was previously offered a similar project award last fiscal year from the NEFLHCC but was unable to accept it due to a 45-day deadline limitation on the MOA. For this specific award, the MOA has been extended to 90 days in order to accommodate the COJ legislative process.

The AeroClave is a state of the art decontamination system that uses a dry mist to provide effective disinfection on all surfaces, more so than traditional manual cleaning techniques and products. As emerging pathogens become a more distinct possibility in a rapidly changing environment, having the ability to decontaminate a rescue apparatus and first responder living quarters in a safe, rapid and effective manner is very important. Specifically with concerns over MRSA, Ebola, HIV, Hepatitis, MERS, and a variety of other bacteria and viruses, having the capability to disinfect rescue units and fire stations is crucial. Literature has shown that the AeroClave process is 90% more effective than current manual methods with cleaning supplies using wipes and other standard materials. The AeroClave dry mist is a potent disinfectant, yet is safe regarding electronics and personnel.

Having the ability to effectively and quickly decontaminate a rescue after transporting a highly infectious disease patient is critical for maintaining overall transport capacity and continuity of the healthcare delivery system. This will be extremely important during times of disease outbreaks and pandemics 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.

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: Contributions from Private Sources	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 NEFLHCC project award is a "reimbursement" award, which requires initial purchase of the AeroClave unit by JFRD, followed by 100% reimbursement of the costs up to the award amount of \$15,000 by the NEFLHCC. There is no match required by the COJ to receive the project funding. The AeroClave unit must be purchased and received by the JFRD no later than June 1, 2019. The AeroClave unit will require minimal routine cleaning and maintenance. Any costs associated with cleaning and/or maintenance will be covered by JFRD. There is no staffing obligation for this project award.

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

ACTION ITEMS:

Emergency? Yes No

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

Federal or State Mandate? Yes No

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?

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?

MOA attached

Related RC/BT?

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

Waiver of Code?

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?

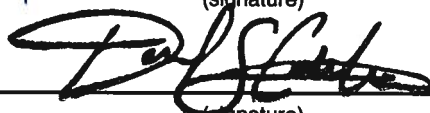
Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<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) responsible for

Division Chief: 
(signature)

Date: 11-26-18

Prepared By: 
(signature)

Date: 11/26/18