



# INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18th Avenue • Fairbanks, Alaska 99709  
Phone (907) 456-3978 • Fax (907) 456-3970

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## Mini Grant Application for FY 18 (July 1, 2017 - June 30, 2018) DEADLINE: AUGUST 15, 2017

Thank you for your interest in the IREMSC Mini-Grant Program. In order to be eligible for a Mini-Grant you will need to provide the following information (This applies even if you received a mini-grant in the last year):

- Completed Mini Grant Application
- **If you are a State Certified Ambulance Service:**
  - Proof of State Ambulance Certification
- ***If you received a minigrant last year (Fiscal Year 17 - July 1, 2016 - June 30, 2017), you must include:***
  - *an Annual EMS Survey for Calendar Year 2016 (January - December) (see enclosed) If you provided this during the recent Code Blue Grant process you do not need to send another one.*
- ***If you received an IREMSC Inventory Verification List, (list of equipment purchased by grants and assigned to your service) this must also be returned to IREMSC prior to your service being eligible for approval of an FY18 Mini-Grant. (The Inventory verification list is being mailed out under separate cover.)***

If you have any questions regarding the application for a Mini-Grant or need help with the requested documentation, please contact Wilma Vinton in our office. If you would like a type-able version of this application, you can go to our website at [www.iremsc.org](http://www.iremsc.org) , select *Downloads* from the Site List on the right side.





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## Mini Grant Application for FY 18 (July 1, 2017 - June 30, 2018) Page 1

***PLEASE PRINT CLEARLY OR TYPE***

### **EMS SERVICE / APPLICANT INFORMATION:**

*Service's Full Name:* \_\_\_\_\_

*Service Mailing Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* AK *Zip* \_\_\_\_\_

*Service Phone Number for routine contact:* \_\_\_\_\_

*Service Fax Number:* \_\_\_\_\_

*Service E-mail for routine contact:* \_\_\_\_\_

*Service Chief or Leader:* \_\_\_\_\_

*(if different from Service:)*

*Chief Mailing Address:* \_\_\_\_\_

\_\_\_\_\_  
*Chief Phone Number* \_\_\_\_\_ *Chief Email* \_\_\_\_\_

### **MINI GRANT CONTACT INFORMATION:**

*Contact Person for Mini Grant Business (if different from the Chief/Leader above):*

*Name:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Mailing Address (if different from above):*

\_\_\_\_\_  
\_\_\_\_\_

**Interior Region EMS Council**  
**Mini Grant Application for FY 18**  
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1. Is your service in a city or borough that has a government managed EMS Service? Yes \_\_\_\_ No \_\_\_\_  
*If yes, your service may not be eligible for a Mini Grant. Please contact our office for clarification if you are unsure whether this applies to you.*  
Borough or Government Name \_\_\_\_\_

2. We are applying as a: (check one):  
\_\_\_\_ Alaska Certified Ambulance Service (*attach Proof of Certification*)  
\_\_\_\_ Non-Certified Ambulance or First Responder Squad

3. You must have someone able to respond when called, 24 hours a day 365 days a year and at least one member trained to the ETT or higher level able to respond at all times.  
Not everyone has to be ETT or above. But, unless you can explain how it would work otherwise, this will require at least four active ETT's/ Health Aide in your squad.

Please list all active squad members' names and their level of training or certification. Use an attached sheet if necessary.

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

4. Describe your response area (use additional sheet for description or attach a map):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What dispatch system do you use to alert responders of an emergency? **911**  Location of Dispatch Center : \_\_\_\_\_ OR  
**A direct Phone Number** , What Agency manages the line and what phone number is called? \_\_\_\_\_

6. Do you have written policies regarding training to keep your responders' skills and certification current?  
\_\_\_\_ Yes \_\_\_\_ No *If you have a written policy, please attach.*  
**If you do not have a written policy**, briefly describe how your responders' skills and certifications will be kept current (attach additional information if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. a) Please complete the equipment list in the Appendix (Last Pages).  
b) Where do you keep your equipment? \_\_\_\_\_  
c) How do you keep track of your equipment? \_\_\_\_\_  
\_\_\_\_\_

8. How do you determine who is in charge when you respond to an incident? \_\_\_\_\_  
\_\_\_\_\_



**MINI-GRANT APPLICATION**  
**APPENDIX- EQUIPMENT CHECK LIST**

**NOTE: Only Check the equipment that applies to your level of Service, (if you are not an ALS service, you do not need to have ALS equipment.**

**FIRST RESPONDER EQUIPMENT/SUPPLIES**

**Basic Life Support (BLS)**

**INDIVIDUAL EQUIPMENT**

***RESPONSE BAG WITH THE FOLLOWING EQUIPMENT:***

- Body fluid isolation devices and supplies (gloves, masks, gowns, eye protectors)
- Universal dressings or trauma dressings
- 4 x 4 gauze pad packs
- Roller bandages (i.e. Kerlex or Kling type)
- Adhesive tape, various sizes
- Burn sheets, sterile
- Triangular bandages with safety pins
- Trauma shears
- Occlusive dressings (foil, plastic wrap, or Vaseline-covered gauze dressings)
- Sterile saline for irrigation
- Blood pressure cuff
  - adult,  pediatric  large adult size (recommended)
- Stethoscope
- Penlight
- Activated charcoal, 25-50 grams
- Substance high in sugar for treatment of diabetic patients (i.e. Glucose)
- Emesis basin/bag
- Protective gloves, leather **SQUAD**

**EQUIPMENT *IMMOBILIZATION***

- Cervical collars,
  - adult  pediatric
- Long spine board *with* padding head chocks and straps
- Short backboard, KED, or equivalent
- Pediatric backboard or equivalent
- Traction splint
  - adult  pediatric
- Extremity splints(e.g. vacuum, air, padded board, Sam splint etc.)
  - adult  pediatric
- Blankets

***MISCELLANEOUS:***

- Safety flares/lights/markers
- 5 lb. fire extinguisher, dry chemical
- Hammer, Phillips screwdriver, regular screwdriver, adjustable wrench, and pliers (Vehicle Repair Kit)
- Flashlight

**OBSTETRICAL:**

- Obstetrical kit, sterile
- Thermal blanket (to help newborn maintain body heat)

**COMMUNICATIONS:**

- Two-way communications radio Handheld \_\_\_\_\_ (Make) (Frequencies)
- Base Station radio \_\_\_\_\_ (Make)

**PATIENT TRANSPORT:**

- Patient transport: *check all that apply* :  Ambulance  Non-amb vehicle  Sled
- Stretcher/Stokes litter, portable - with appropriate patient restraining device

**OPTIONAL MEDICATIONS/EQUIPMENT:**

- Aspirin
- Epi auto injector
- Automatic external defibrillator (AED)
- Portable oxygen tank with regulator
- Oxygen connection tubing
- Non-rebreathing masks, adult and pediatric sizes
- Oxygen masks, infant
- Oxygen cannulas, adult and pediatric
- Adult bag-valve-mask with reservoir and mask
- Pediatric bag-valve-mask with reservoir and pediatric mask
- Infant bag-valve-mask with reservoir and infant mask
- Portable suction unit
- Suction catheters (6F-14F)
- Rigid suction tip (e.g., Yankaur)
- Pediatric bulb syringe (usually in the OB kit)
- Suction rinsing water bottle
- Oropharyngeal airways (00-5), adult , pediatric , and infant
- Nasopharyngeal airways, sizes 18F-34F or 4.5 - 8.5 mm
- Water-soluble lubricant
- Portable extrication equipment

**ADVANCED LIFE SUPPORT (ALS) EQUIPMENT/SUPPLIES**

***EMT-II EQUIPMENT/SUPPLIES:***

- Advanced Airway Device and associated administration equipment  
Type: check all that apply:  ET  Combi-Tube  King Airway  Other (list)\_\_\_\_\_
- End tidal CO2 detection device Type:  Colorimetric  Monitor
- Naloxone HCl
- 50% Dextrose in Water
- Balanced Salt Solution (e.g., normal saline)
- Syringes of various sizes
- Needles of various sizes
- Three-way Stopcocks (desirable but not required)
- Tubes for Blood Samples (optional)
- Pediatric Medication Dosage Chart
- IV Catheters (14-24 Gauge)
- IV Sets  Mini (60 gtts/cc)  Maxi (10, 12, or 15 gtts/cc)
- Intraosseous Needles  Adult  Peds
- Glucometer

***EMT-III EQUIPMENT/SUPPLIES:***

- Manual Defibrillator
- Pediatric paddles/patches for defibrillator
- Monitoring electrodes - adult and pediatric sizes
- Defibrillator Gel/Pads
- Lidocaine 20% or pre-mixed bag for drip
- Morphine Sulphate
- Epinephrine 1:1,000
- Epinephrine 1:10,000
- Atropine
- Nitroglycerine Sublingual

***PARAMEDIC or ADVANCED SCOPE EQUIPMENT/SUPPLIES:***

- |   |   |
|---|---|
| <input type="checkbox"/> Adenosine                      | <input type="checkbox"/> Ketorolac  |
| <input type="checkbox"/> Albuterol                      | <input type="checkbox"/> Lorazepam (Ativan)                                   |
| <input type="checkbox"/> Aminophylline                  | <input type="checkbox"/> Magnesium Sulfate                                    |
| <input type="checkbox"/> Amiodarone                     | <input type="checkbox"/> Methylprednisolone (Solu-Medrol)                     |
| <input type="checkbox"/> Diazepam (Valium)              | <input type="checkbox"/> Midazolam (Versed)                                   |
| <input type="checkbox"/> Diltiazem                      | <input type="checkbox"/> Nitroglycerine IV                                    |
| <input type="checkbox"/> Diphenhydramine (Benadryl)     | <input type="checkbox"/> Pitocin  |
| <input type="checkbox"/> Dopamine                       | <input type="checkbox"/> Ondansetron (Zofran)                                 |
| <input type="checkbox"/> Fentanyl                       | <input type="checkbox"/> Oxymetazoline HCL (Afrin)                            |
| <input type="checkbox"/> Furosemide (Lasix)             | <input type="checkbox"/> Hydrochlorine Proparacaine Ophthalmic Solution, 0.5% |
| <input type="checkbox"/> Glucagon                       | <input type="checkbox"/> Sodium Bicarbonate                                   |
| <input type="checkbox"/> Haloperidol (Haldol)           | <input type="checkbox"/> Thiamine   |
| <input type="checkbox"/> Ipratropium Bromide (Adrovent) |   |

Misc. List \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_