



Interior Region Emergency Medical Services Council, Inc.

2503 18th Ave Fairbanks, Alaska 99709
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2017/2018
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January 29, 2018

To: Interior Region EMS Agency or Service:

It is time to renew and update your Interior Region EMS Council's Code Blue capital equipment requests. The deadline for submission is **January 31, 2018** and the enclosed completed forms must be in our office by that date. You may mail, fax, or scan and email your forms.

If we do not receive a capital equipment request or revision from you by **January 31, 2018**, we will assume that you have no capital equipment needs this year. We will contact you next year if Code Blue funding is expected.

Enclosed are information and forms that you will use to do this:

- A pamphlet that explains the process.
- A capital equipment request form. (*a type-able pdf of this form may also be found at www.iremsc.org/downloads/downloads.htm*)
- A sample of the guidelines that are used to establish regional and statewide priorities.
- 2017 Ambulance Survey (*a type-able pdf of this form may also be found at www.iremsc.org/downloads/downloads.htm*)

Note that you must fill out one Capital Equipment Request Form per item type. For example if you need three vacuum mattresses you may use one form but if you need a vacuum mattress and an ambulance you will need two forms. Feel free to make copies if you are requesting more than one item type. *Please include at least one letter of support from your community for each item you request.* This letter of support should include support of the project, how it will benefit the community **and also a statement of support for the Alaska Code Blue program. We often need this sort of support statement for funding applications.**

If you do not have a physician sponsor, please note that on the form.

EMS services within the Fairbanks North Star Borough EMS system must submit their requests through the FNSB for approval and prioritization. We will accept only one, unified and prioritized request from the FNSB. NOTE: This policy does not apply to a municipality, such as North Pole, which may contract with the Borough to provide EMS.

Thank you in advance for your quick response and if you have any questions please don't hesitate to contact me or Brenda Fifield at 907-456-3978.

Sincerely,

Wilma Vinton, Executive Director

Shipping Information

Please don't forget - include how you want the item shipped and shipping costs, or if you want us to hold it until you personally pick it up at our office.

Keep in mind that all equipment will be received at IREMSC first. This is necessary to insure that all equipment is received as ordered, grant reimbursement documents are complete and that an inventory number is assigned.



Thank you for your help & time with this matter.

Your input is appreciated!

Please read this pamphlet before completing your Capital Equipment/ Code Blue forms.

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accountant@interioremscouncil.org

Capital Equipment/ Code Blue Guidelines



Please read this pamphlet before completing your Capital Equipment/ Code Blue forms.

You are responsible for knowing all information in this pamphlet.

Please Note: completing this application is not a guarantee that you will receive the items requested. There is a rigorous approval process at both the regional and state level before funding is allocated.

Capital Equipment/ Code Blue Guidelines

Please use these guidelines to help you through the steps needed to complete the capital equipment request form properly.

If you have any questions regarding this procedure or process please do not hesitate to call : Wilma Vinton, Executive Director or

Brenda Fifield, Fiscal Manager at 907-456-3978.

Important points to remember.

Equipment Only

Code Blue Funding is for equipment ONLY. Training or expendible items such as supplies are not eligible.

List items that are \$300.00 or over.

Each item individually must be \$300.00 for example: 4 backboards \$100.00 each for a total of \$400.00 **does not qualify**.

Matching funds are required.

Please note that your squad or community will be required to provide **at least a 10% match** for all items requested. There is a possibility that your squad may have to provide additional funds if necessary.

Letters of support from your community.

Please include letters of support from your local community (i.e. Health clinic, Tribal Council, City or municipality.) **This letter MUST also include a statement of support for the Alaska Code Blue program.**

Be sure to include your justification.

In your own words describe why your squad needs the item and how it would help with your service. Please be as specific and use as much detail as possible. If you do not include a justification with your request then that item will be disqualified from your request.

All Code Blue requests will be reviewed and prioritized by IREMSC. Statewide priorities for funding will also be set. Your justification and need are very important.

Include any item that your squad needs (items over \$300).

This includes anything from oxygen systems to ambulances, boats, etc. There is no maximum price limit; so include any important item your squad needs but can't afford.

Radio Requests

The FCC has mandated that all radios and radio licenses must be updated to "narrow banding" as of January 1, 2013. All radio equipment must meet this requirement.

Don't forget shipping & handling!

Don't forget to add shipping and handling to your items. You will be responsible for shipping charges if they are not included in your request.

Be as specific as possible:

List the name brand, model number, quantity, whether you will accept a substitute and specifications (size, type, style, etc.). Please include where you saw the item (catalog, website etc.). Better yet, make a copy of the page and send it with your request.

You must prioritize your items:

This ensures that we know what is most needed by your squad and this is taken into consideration when critical decisions are made. **Only one item can be prioritized 1, 2, 3 etc.**

If you have a physician sponsor, he/she MUST sign your form, otherwise your request may be disqualified. (Particularly if the item is for ALS care.)

Make sure your form is COMPLETE:

Be sure to include prices for the item and shipping and handling, if it applies. If the form is not filled out completely your request may not be considered.

Code Blue Funding Limits:

Although these limits may change, current State Code Blue Funding limits are:

Ambulance (New/Remount)-	\$55,000/\$45,000
Patient Transport Vehicle:	\$45,000
Monitor/Defibrillator:	\$15,000
Patient Transport Boat:	\$15,000
Gurney	\$ 7,000

YOU MUST SEND IN YOUR REQUEST BY THE DEADLINE!

WE DO APPRECIATE YOUR EFFORT.

This is an important process--by following this procedure, you help strengthen the Code Blue Program. It also helps us maintain credibility, therefore increasing our chances of obtaining funding in the future.

We have received over 4 million dollars for Interior Code Blue projects. There is no guarantee of future funding, but we are optimistic that support will continue.

Please continue your support of our efforts to get you new equipment by following these guidelines, replying by the deadlines, and making a statement of support for Code Blue in your application.

Thank you for you time and I hope this pamphlet has been helpful.

Please read this pamphlet before completing your Capital Equipment/ Code Blue forms. You are responsible for knowing all information in this

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ONLY ONE ITEM PER FORM

INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC. FY19 Phase 18 CODE BLUE CAPITAL EQUIPMENT REQUEST PLEASE

RETURN THIS FORM BY **January 31, 2018**

Name of Service: _____
Contact Person: _____
Title of Contact Person: _____ Email Address: _____
Mailing Address: _____ City, State, Zip: _____
Phone Number: _____ Fax Number: _____

Item Name/Description: _____
Item Price (per item price, this should include shipping & programming): _____
Item Priority (please note only one item can be listed 1, 2, 3 etc.): _____
Number of Items Requested: _____
Total Item Price (if requesting more than one item): \$ _____
Are items requested essential to the service? YES NO
Will the item be properly housed & maintained? YES NO
Is the individual item price over \$300? YES NO
Did you include shipping & handling in your cost? YES NO
Is this item replacing an existing item currently being used? YES NO

Justification (*attach additional pages if needed*): _____

How will this equipment improve your service? _____

Vehicle Requests (i.e. ambulance, patient transport vehicle, snowmachine, etc.):
Who would hold the title? _____
Will you provide all insurance required by funding source? YES NO
(May require full coverage at replacement value).
Where will it be stored? _____

Matching Funds:
Do you pledge to provide a **minimum** of 10% local matching funds? YES NO
Approximate cash match available for item: \$ _____
Have you included a letter of community support? YES NO
Does this letter include a support statement for the Code Blue program? YES NO
Do you have a Physician Sponsor? YES NO
If yes, he/she must sign this document in the space provided below.

Note: The letter must include support for this project, how it will benefit the community, as well as, a statement which supports the Alaska Code Blue program. This will help us get future funding

State and federal agencies are not eligible for Code Blue funding

ONLY ONE ITEM PER FORM

By receiving Code Blue funding your agree to acknowledge funding source support as requested by IREMSC.

Signer agrees to follow all Code Blue Policies and Procedures and provide a minimum 10% local matching funds.

Physician Sponsor Signature
(If your squad has a physician sponsor)

Person Completing Form (Please Print)

Signature of Responsible Individual
(i.e. Chief of Service, President, or other Board of Directors Officer)

Position

****EMS services (except North Pole Fire Dept.) within the Fairbanks North Star Borough EMS system must submit their requests to the FNSB for approval and prioritization. We will accept only one, unified and prioritized request from the Fairbanks North Star Borough EMS Department.**

This application, including letter of support can be mailed, faxed or scanned into a .pdf or .jpeg file and emailed.

Typable version of this application can be found on www.iremsc.org/downloads/downloads.htm

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**INTERIOR REGION EMS COUNCIL CODE BLUE PROJECT
ITEM ASSESSMENT GUIDELINES**

Criterion	NOT CONSIDERED		<-<-<-<- <i>Less Favorable</i> <-<- CONSIDERED ->-> <i>More Favorable</i> ->->->		
Documentation of Need	Equipment is known to be unnecessary or duplicative.	No evidence of need provided.	Requesting agency minimally documented need.	Requesting agency adequately documented need for equipment, including support from physician medical director or local EMS board.	Multiple agencies strongly support need for this equipment, including support from physician medical director or local EMS board. Evidence that this is the most cost effective solution to problem.
Rationale	None Provided		New Equipment		Replacement Equipment
Preparation	No EMS personnel exist to make use of equipment or EMS personnel are not legally authorized, e.g. certified, to use the device.	EMS personnel have not been trained but have a documented and reasonable plan to obtain the necessary training.	Basic training has been provided and documented.	Basic training has been provided on the use of equipment and has been adequately documented. Plans for continuing training exist.	Advanced or comprehensive training has been provided on the use of equipment and has been adequately documented. Plans for continuing training exist.
Sustainability	Community is having difficult time sustaining current equipment.	Training on the equipment or equipment historically hard to sustain by community with this characteristics and sustainability plan is not documented.	No Evidence or Minimal	Sustainability of equipment adequately addressed in request.	Community has history of being able to sustain equipment and programs.

Integration with equipment used by community	Item will conflict with equipment known to be in place in community.	Other equipment necessary to make requested equipment effective is not available.	Item will not conflict with equipment already present in community and is consistent with scope of care provided.	Item is well integrated into local emergency response system planning.	Item is well integrated into regional and/or state emergency response system planning.
Cost	No evidence of research and equipment costs seem inappropriate.	No evidence of research into costs.	Evidence of researching costs of item requested	Evidence of researching costs of, and alternatives to, item requested.	Evidence that multiple sources of information were consulted to support the cost effectiveness of the request.
Community Support	There is evidence that the community is opposed to the addition of this equipment.	No letters of support provided.	Letter of support provided by governmental, tribal or other community organization.	Cash match of up to 25% in addition to letter of support provided by governmental, tribal or other community organization.	Cash match of 25% or above in addition to letter of support provided by governmental, tribal or other community organization..
Compliance with EMS Regulations, Goals Document or other Planning Materials	Equipment is not compliant with regulations, e.g. ALS equipment requested for BLS personnel.	Equipment does not appear to be compliant with EMS regulations or EMS Goals Document.	No Evidence or Minimal	Equipment appears to be compliant with EMS regulations or EMS Goals Document.	Goals Document or other planning guides support the need for this equipment for a community with these characteristics.