



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

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

December 7, 2023

Interior Region EMS Agency or Service:

The application period for Phase 24 (FY25) of the Code Blue grant program is now open. All recognized EMS agencies/services in Interior Alaska are welcome to apply for Code Blue equipment funding.

The enclosed forms must be completed and returned to the IREMSC office by **January 12, 2024** in order for the application to be considered. Completed forms will be accepted by mail or email. Fillable forms are available on the IREMSC website under Grants and Resources > Grants > Code Blue Projects.

Application packets must include a completed Capital Equipment Request form for each item type (i.e., three vacuum splints should be requested on the same form, while a vacuum splint and a training manikin require separate forms.)

Application packets must also include at least one letter of support from the community. You may submit one letter for each item requested or list each item requested in a single letter, but support should be expressed for the individual item(s) and for the Alaska Code Blue Program, in addition to providing insight on how the equipment will benefit the community.

If you have questions or need assistance, please contact our Fiscal & Business Operations Manager, Adrielle Jones, at (907) 456-3978 or by email at accounting@iremssc.org.

Sincerely,

Brad Paulson
Executive
Director

Enclosed:

- Code Blue Application Checklist
- Capital Equipment/Code Blue Guidelines
- Code Blue EMS Equipment Request Form
- Code Blue Vehicle Request Policy
- Calendar Year 2022 or 2023 Ambulance Survey



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Phase 24 Code Blue Grant Application Check List

Service Name _____

	Capital Equipment Request Form for each item requested, complete with justification One form is required for each item type. Example: Three vacuum splints can be requested on the same form while a vacuum splint and a training manikin require separate forms.
	Quote or printout of pricing for each item, including shipping Funding for purchase will not be available for at least one year. Please request the vender include any expected increases in pricing in the quote.
	Letter(s) of support from the community This letter should include support of the equipment purchase(s), details of how the equipment will benefit the community, and a statement of support for the Alaska Code Blue program. You may submit one letter for each item requested or list each item requested in a single letter.
	Additional communications equipment documentation Equipment for communications infrastructure will only be considered if it is accompanied by a design, plan and/or preliminary work-up to define the problem, propose the solution, and outline the costs.
	Calendar Year 2022 or 2023 EMS Survey Those who submitted FY24 mini-grant applications to IREMSC may have already submitted the 2022 EMS Survey. <i>Use the calendar year 2022 EMS survey if you submit your application prior to December 31, 2023. Use the calendar year 2023 EMS survey if you submit your application after January 1, 2024.</i>
	Ensure all necessary documents are signed Medical Director signature is required on ALS equipment requests.



Capital Equipment/Code Blue Guidelines

Please read the following information before completing your Code Blue Application packet. Use these guidelines to complete the Capital Equipment Request form.

Please contact Interior Region EMS Council at 907-456-3978 if you have questions about the Code Blue application, process, or timeline.

Please note:

Funding is for equipment only.

Code Blue funding may only be used for the purchase of equipment. The cost of trainings, class expenses, or the purchase of expendable items such as supplies are not eligible expenses.

Only items that cost \$300.00 or more are eligible for funding.

Items must cost a minimum of \$300.00 each. Four backboards at \$100.00 each (\$400 total) would not be an eligible expense.

Community match funds are required.

Please note that your squad or community will be required to provide at least 10% of the funding for all items requested. Your squad or community may have to provide additional funds for items with a Code Blue funding maximum, or for which there was a price increase between the time the application was submitted and the time the item was purchased. See Code Blue Funding Limits on next page for details on funding maximums.

Provide letters of support from your community.

Please provide letters of support from your local community (i.e. health clinic, tribal council, city or municipality.) *Letters must include a statement of support for the Alaska Code Blue program.*

Be sure to include justification.

Include a description of why your squad needs the item and how it would be an asset to your service. Please do so in your own words, be specific, and detailed. You are competing with other agencies across the state for finite funding, so your justification is important. Applications that do not include adequate justification will be disqualified.

Code Blue applications and equipment requests will be reviewed and prioritized by the Executive Director of Interior Region EMS Council. Statewide funding priorities must also be considered.

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. Although there are no price limits, there are funding limits, and you will be responsible for additional costs over any Code Blue funding limits. Please state how you will fund the additional cost. See Code Blue Funding Limits section below.

Don't forget shipping & handling!

Don't forget to add shipping and handling to your items as shipping and handling charges are eligible for funding. **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, they MUST sign your form, if you are requesting ALS specific equipment.

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	Used Vehicle- Ambulance	\$45,000
Patient Transport Vehicle:	\$45,000	Monitor/Defibrillator:	\$15,000
Patient Transport Boat:	\$15,000	Snowmachines, ATVs etc	\$10,000
Gurney	\$ 7,000	Auto Compression Devices	\$ 7,000
Stair-Chair	\$ 1,500		

REQUESTS MUST BE RECEIVED BY IREMSC BY 5PM ON JANUARY 12, 2024

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 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.



Interior Region EMS Council, Inc Code Blue EMS Equipment Request Form



1. EMS Agency Name:	2. Authorized Contact:	3. Email Address:
4. Mailing Address:	5. Physical Shipping Address:	6. Phone Number:

PLEASE TYPE OR PRINT CLEARLY – ONE ITEM PER FORM – INCOMPLETE FORMS WILL NOT BE ACCEPTED

7. Model #	8. Item Name/Description

9. Unit Cost	10. Shipping	11. Item Subtotal	12. Qty	13. Total Cost	14. Item Funding Limit (if applicable)	15. 10% Match Amount	16. Total Grant Amount Requested	17. Total Agency Amount
\$	\$	\$		\$	\$	\$	\$	\$

18. Priority	19. Quotes Attached Y/N	20. Guaranteed by Whom/Entity	21. Match Letter Included Y/N	22. Justification Included Y/N	23. New or Replacement Equipment?
					<input type="checkbox"/> New <input type="checkbox"/> Replacement

24. Maintenance Plan: If maintenance will be required, provide the process and funding for continued serviceability.

25. Delivery or Shipping Plan: All items will be sent to IREMSC. Provide details for getting the item to your location from IREMSC.

26. EMS Agency Medical Director Name:	27. Signature:	28. Date:
29. EMS Agency Authorized Contact Name:	30. Signature:	31. Date:
32. IREMSC Executive Director Name:	33. Signature:	34. Date:

Interior Region EMS Council, Inc
Code Blue EMS Equipment Request Form
Instructions

1. The name of the agency requesting the equipment. This should be the community, squad, agency or tribal organization.
2. The name of the person to contact for questions on this form.
3. The email address to use for any correspondence relating to the request.
4. The address where the agency receives USPS mail.
5. The physical location of the agency or authorized contact, if different from the mailing address.
6. The best phone number to use when contacting the authorized contact.
7. The manufacturer's item number for the equipment requested.
8. The name of the item and/or a brief description of the item.
9. The cost of one complete item. If the complete **functioning** item is comprised of multiple line items with separate prices on the quote, those line items are to be combined into one total, if they are required for the item to function as needed. Each complete item must be a minimum of \$300.00 including shipping.
10. The shipping costs for one item. You will be responsible for any shipping charges not included in this request.
11. The total cost for the item. Add boxes 9 and 10 for this total.
12. This is the quantity of this item that you are requesting.
13. Multiply the total in box 11 by the quantity in box 12. This is the total cost for this equipment.
14. If applicable, enter the funding limit from the list below. Multiply the appropriate amount below by the quantity in box 12. **If your item is not in this list, enter 0 in box 14.**

a. Ambulance – New	\$55,000
b. Ambulance – Used and Patient Transport Vehicle	\$45,000
c. Patient Transport Boat and Monitor/Defibrillator	\$15,000
d. Snowmachine/ATV/etc	\$10,000
e. Gurney and Auto Compression Devices	\$7,000
f. Stair Chair	\$1,500
15. Enter the mandatory minimum match amount of 10%. This is 10% of the total amount in box 13.
16. This is the total amount of the Code Blue grant.
 - a. If the amount in box 14 is greater than 0, enter that amount.
 - b. If the amount in box 14 is less than 0, subtract the total in box 15 from the total in box 13 and enter the result here.
17. This is the total that your agency is required to pay for this item.
 - a. If the amount in box 14 is greater than 0, subtract box 14 from box 13. Enter the result in box 17.
 - b. If the amount in box 14 is less than 0, enter the amount from box 15 in box 17.
 - c. This is the total that must be paid to IREMSC before the item can be ordered.
18. If multiple item request forms are being submitted, assign a priority of need to each item. This ensures that we know what is most needed by your agency and is taken into consideration when critical decisions are made.
19. A quote must be attached detailing costs for item and shipping. The request should not be submitted if there is an N in this box. This is to help you remember to attach the quote.
20. This is the name of the entity/entities that are responsible for providing the difference in the total agency amount due in box 17 and the required 10% match amount in box 15.
21. A letter guaranteeing that your agency will provide the required local match must be submitted with this request.
22. In your own words, describe why your squad needs the item and how it would help with your service. Please be specific and use as much detail as possible. The request should not be submitted if there is an N in this box. This is to help you remember to attach the justification.
23. Indicate whether the equipment on this request is replacing an existing item or is new to your agency.
24. If maintenance will be required, provide the process and funding plan for continued serviceability.
25. Items will be sent to IREMSC where they will be inventoried and photographed as required by Code Blue funding. Provide details for getting the item to your location from IREMSC. Large items such as ambulances will not be sent to IREMSC but will instead be sent directly to your location.
26. If the item requested is ALS specific equipment, your physician sponsor must sign the form. Enter the name of the physician sponsor/medical director here.
27. Signature of physician sponsor/medical director.
28. Date physician sponsor/medical director signed the form.
29. Enter the name of the person authorized to sign for your community, squad, agency or tribal organization.
30. Signature of authorized person.
31. Date authorized person signed the form.
- 32 – 34 To be completed by IREMSC executive director.



ANNUAL INTERIOR REGION EMS SURVEY

Reporting Year: _____

YOU WILL BE REQUIRED TO COMPLETE THIS FORM IF YOU RECEIVED A MINI-GRANT, ARE APPLYING FOR A MINI-GRANT OR ARE SUBMITTING A REQUEST FOR CODE BLUE FUNDS

Eligibility for mini-grants, Code Blue/Capital Equipment & other grants is dependent on this survey being submitted by the deadline.

This form is available online at www.iremssc.org

Name of Service: _____

Leader / Head of Service: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

Email: _____

Name & Title of Person Completing Survey: _____

This EMS survey will provide basic data about the EMS systems within the Interior Region. The data will be used for local, regional, and statewide planning and evaluation, grant applications, improving training, and other EMS program related aspects and funding requests. Both ground ambulance and first responder services are included in this survey.

This survey is critical to help capture data from services that are not reported to the state's AURORA electronic data system and to include first responder service data into our regional EMS response statistics.

If your service is currently collecting prehospital data electronically, you may attach an AURORA summary report in place of questions 2-4 in Section B (Patient Encounters) that includes the information requested in these questions.

Thank you for taking the time to complete this important survey. To submit the survey, email, mail, or fax

to: Email Address: admin@iremssc.org with the subject *IREMSC EMS Survey*.

Mailing Address: 2503 18th Avenue, Fairbanks, AK 99709

Fax: 907-456-3970

A. Service Information

1. Are you an Alaska Certified EMS Service? ☐ Yes ☐ No

2. List the number of personnel you have in your service, their provider level, and if they are paid or volunteer. For "other" list all other personnel such as drivers, assistants, trained ETT and First Responders, etc. (attach a separate list if needed).

Type of Provider	Number of Paid Providers (salary or wage)	Number of Unpaid Volunteer Providers	Number of Pay/Run or Stipend Volunteer Providers
ETT			
EMT1			
EMT2			
EMT3			
Paramedic			
Other (describe)			

3. Please check all types of communication used for emergency response by your service:

Cell Phone ☐ Telephone ☐ Marine VHF ☐ VHF ☐
 ALMR ☐ Satellite Phone ☐ Sat Phone Number _____
 HAM Radio ☐ Other (please detail) _____

4. Does your agency have access to the internet? Yes ☐ No ☐

If yes, please list the following information about your primary internet access:

Location: _____ (EMS station, fire station, clinic, community center, squad member's home, etc.)

Internet Access Type: ☐ Satellite ☐ Cable ☐ DSL ☐ Dial-up

5. Does your service fill out a pre-hospital patient care report (run sheet/PCR) for every patient you treat?

☐ Yes ☐ No

6. Do you provide a completed run sheet/PCR to the receiving provider or facility?

(clinic, hospital, medevac team)

☐ Yes ☐ No

7. Are you using the State of Alaska AURORA EMS data system and electronic run sheet/PCR?

☐ Yes ☐ No

If you selected no, do you plan to participate in the AURORA EMSdata system? ☐ Yes ☐ No

If you selected yes, do you need training in the AURORA EMSData system? ☐ Yes ☐ No

8. Does your service routinely receive information on patient outcomes? ☐ Yes ☐ No

9. Does your service do run reviews? ☐ Yes ☐ No

If yes, how often: _____

10. What is the emergency contact number or system in your community?

☐ 911 ☐ Other (please detail) _____

11. How do you call out your responders? _____

12. Does your service meet for EMS training? ☐ Yes ☐ No

If yes, how often does your service meet for training? _____

13. Do you maintain responder training records? ☐ Yes ☐ No

14. What training does your service have difficulty obtaining?

CPR ☐ ETT ☐ ETT-EMT-1 Bridge ☐ EMT-1 ☐

EMT-2 ☐ EMT-3 ☐ EMT or ETT Refresher ☐ Pediatric ☐

Continuing medical education/ CME ☐

☐ Other (please list): _____

How can IRESMC assist you in meeting this challenge? _____

15. How do you get a patient from your community to a higher level of care? Check all that apply:

Personal Vehicle ☐ Commercial Airplane ☐ Medevac ☐

Ambulance ☐ Model year _____

EMS Transport Vehicle ☐ Model year _____ Transfer to another EMS Agency ☐

Other ☐ Please List: _____

B. Patient Encounters/Patient Statistics

1. Did your service submit data to AURORA for the entire 2022 Calendar year? ☐ Yes ☐ No

If yes, you do not need to fill out questions 2 – 4; however, you must attach a summary report which contains the following information:

- Number of EMS responses, including standbys, false alarms, or canceled calls
- Number of patients evaluated, treated, and/or transported
- Age range of patients: < 1 year; 1-14 years; 15 and up
- Chief complaint information on patients included above.

2. How often did your service respond to an EMS call, including patient care standbys, false alarms, refusals, or canceled runs, between January 1, 2022- December 31, 2022?

Total number of responses _____

3. How many EMS patients were evaluated, treated, or transported by your service during 2021?

Total number of patients: _____

Number of patients: Less than one year _____ 1 – 14 years _____ 15 and up _____

4. List the number of patient contacts by the patient's primary medical problem or injury below. List at least one per patient.

	Altered Level of Consciousness
	Abdominal Pain/Problems
	Allergic Reaction
	Burns
	Cardiac Arrest
	Chest Pain/Discomfort
	Deceased – No Treatment
	Diabetic
	Drowning
	Frostbite
	General Illness
	Hypothermia
	Multi System Trauma

	OB/Pregnancy
	Respiratory Arrest
	Respiratory Distress
	Seizure
	Slip/Trip/Falls
	Smoke Inhalation
	Suspected Drug/Substance Abuse
	Suspected Alcohol Use
	Suspected Poisoning
	Stroke
	Other (please list):



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Policy for Code Blue Vehicle Requests

If you request a patient transport vehicle or ambulance, please be aware of the following requirements:

1. The vehicle will be titled to the service or community, and IREMSC will be a lienholder on the title. The title will be held by IREMSC.
2. Full insurance coverage to include liability, comprehensive and collision is required to be maintained. The insurance will also hold harmless IREMSC and the State of Alaska.
3. Proof of insurance must be provided to IREMSC annually or as the policy is renewed.
4. The vehicle must be stored in a heated garage space.
5. An organized EMS service must be maintained and ensure that providers are trained in the use of the vehicle.
6. A control system to prevent loss, damage, and theft must be maintained.
7. The vehicle must be properly maintained, and maintenance records must be kept up to date.
8. Vehicle requests must be accompanied by a letter from the governing entity stating they will be responsible for heated inside storage, insurance, vehicle registration and on-going maintenance of the vehicle.
9. IREMSC reserves the right to recover the vehicle in the case of non-monetary default, such as failure to operate, inadequate staffing, inadequate insurance and/or inadequate maintenance.
10. The vehicle may not be sold or transferred, without prior written approval from IREMSC.