



ALASKA'S CODE BLUE STEERING COMMITTEE

The Alaska Code Blue Project Manual

Steering Committee Policies & Procedures

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I. PURPOSE AND OVERVIEW

The Code Blue Project was started in 1999. Its purpose is to identify, prioritize and seek funding for essential capital equipment for emergency medical services in a way that is uniform, systematic, collaborative and maximizes resources. The project's purpose is to provide patient care and training equipment, patient transport, and communication needs, allowing responders to do their jobs in a safe and effective manner.

Requested items are reviewed at the regional level and state level. Items must be considered "essential" and have local, regional and state support before being included for funding under the project.

The success of the Code Blue Project has resulted from the collaboration and cooperation of Alaska EMS officials and regional EMS agencies, as well as from the assurance to fund only items that were confirmed as essential through a rigorous review process.

II. ROLES AND RESPONSIBILITIES

The Code Blue Steering Committee

The program is coordinated by a Steering Committee comprised of a representative of the Alaska EMS Office and the seven EMS regions. The Code Blue project is complex and requires considerable attention by Steering Committee members to ensure representation from their regions to facilitate continuity and consistency of the review process.

The following principles, roles and responsibilities serve as guidance for the Steering Committee are:

1. The Steering Committee officers consist of a Chair, Vice Chair, and Secretary.
 - The Chair's responsibilities will be to call, coordinate and conduct meetings and serve as the Steering Committee's representative for contact with the State of Alaska's Section of Rural and Community Health Systems/Alaska EMS Office, other officials, and organizations.
 - The Vice Chair will act in the event that the Chair cannot attend a meeting or represent the Steering Committee in any temporary capacity.
 - The Secretary will oversee the maintenance of the Code Blue Spreadsheet which is a listing of projects and funding approved by the Steering Committee; and shall maintain meeting minutes.
 - At the discretion of the Chair, the roles and responsibilities of Vice Chair and Secretary may be combined.
2. Elections of officers will be held at the fall meeting every even year. Nominations will be held at the "spring meeting" of every even year.
 - Should a vacancy occur, the Chair will appoint this position until next election.
3. Unless specified elsewhere, the Steering Committee will conduct their meetings according to the abbreviated Robert's Rules of Order.
4. The Steering Committee will develop policies regarding the relative priorities of equipment types, schedules for assessments of equipment needs and updates of the Code Blue Spreadsheet, and other policies and documents necessary to continue the program.
5. Members will meet twice per year, or more as necessary, to ensure the continuity of the program and conduct business. In general, meetings will be held in the spring and fall.
 - The primary purpose of the spring meeting will be to review and prioritize Code Blue regional requests and recommend allocation of State funding.
 - The updated Code Blue Spreadsheet for each region needs to be submitted to the CBSC Secretary

6. The primary purpose of the fall meeting will be to review policies and procedures.
 - Meeting agendas may be adjusted to reflect any matter which needs the attention of the Steering Committee.
7. Steering Committee members shall strive to participate in all meetings.
8. Agencies employing Steering Committee members shall strive to ensure continuity of representation, as having different people attend meetings slows the Code Blue processes significantly and is otherwise detrimental to the project.
9. Steering Committee members will:
 - Respond to requests for information in a timely and complete manner; and
 - Meet deadlines for submission of equipment requests and other documents.
 - Research funding sources.
 - Work to ensure Code Blue equipment is maintained and utilized appropriately, through its recommended usable life span according to funding grant guidelines.
10. The Steering Committee will review, approve and prioritize requests in accordance with the Item Assessment Guidelines and existing Code Blue Project guidelines and policies as described in this document. Only those items approved by the Steering Committee will be included for potential funding in the Code Blue Spreadsheet.
11. Items not approved by the Steering Committee may not be represented as “Code Blue” items for any purpose.
12. Maintain historic records including meeting minutes, photographs, vignettes and approved Code Blue Spreadsheet.

The State of Alaska EMS Office

The Alaska EMS Office is an active participant in Steering Committee activities. The Alaska EMS Office will:

1. To the extent possible, advocate for funding of Steering Committee meetings.
2. Attend meetings and assist with meeting logistics.
3. Work in collaboration with the committee to promote the Code Blue Project across official State of Alaska communication platforms.
4. Work with the Commissioner’s Office and other state officials to publicize the department’s activities related to Code Blue Project.

III. EQUIPMENT DEFINITIONS AND POLICIES

Essential Equipment

For the purposes of the Code Blue Project, “essential” capital equipment means equipment that:

- Is a durable item that is non-disposable; and
- Has a unit cost of \$300 or more before shipping; and
- Is required to provide care in accordance with the appropriate scope of practice delineated in current regulations; and
- Can:
 - replace frequently used equipment that is no longer serviceable; and
 - be required to train emergency medical personnel, as recognized by the State of Alaska, to the appropriate scope of practice delineated in current statutes, regulations and other applicable standards; and
 - assist responders to do their jobs in a more safe and effective manner.

Equipment Categories

General categories of equipment within the Code Blue Spreadsheet include (*listed below in order of funding priority**):

Category	Description/Examples
Patient Care	Equipment for providing direct patient care, such as defibrillators, splints, oxygen equipment, airway management devices, etc.
Training	Equipment for teaching emergency medical care, such as training-specific computers and software, CPR manikins and airway trainers.
Transportation	Vehicles specifically designed and primarily used for safe and protected patient transport. May include ambulances, pickup trucks with a mounted patient compartment, all-terrain vehicles, snow machines, boats, ambulance refurbishment/remounts, and rescue sleds. Powerload systems for powerload gurneys.
Communications	Telecommunications equipment used for emergency medical services, such as base stations, hand held radios, vehicle mounted radios, satellite phones, pagers, etc.
Other	Essential EMS equipment which cannot be placed in one of the other categories. Computer and other hardware equipment used for collecting and communicating electronic medical records, images, etc. are in this category.

* Emergency requests, with appropriate justification, will be considered first for funding.

Transportation Equipment

- All titled transportation equipment will have a lien held by its respective EMS Region through its depreciable life unless waived by the Steering Committee.
- Transportation equipment must be maintained in its intended configuration during its useful life.
- Transportation equipment must be used only for direct or indirect support of emergency medical response.
- Slide in unit must be assembled to PTV before shipping to the community.

Communications Equipment

Requests for communication equipment can be the most challenging to review for Steering Committee members because this field requires specific technical expertise. Consequently, it is important for the community, whenever possible, to ensure that the request has been reviewed and supported by communications professionals, and this should be documented in the request. This may not be necessary when simply replacing radios. However, it is essential when making requests to fund projects to replace or integrate systems.

- Projects should consider compatibility and interoperability with statewide or regional communications systems and plans.
- Projects should be compliant with all Federal Communication Commission (FCC) and other pertinent laws and regulations.

Other Equipment

If the following items are approved, they will not be considered for funding until all other approved items/categories are funded. The following is meant to serve as examples and is not an all-inclusive list of “Other” items.

- Hard shell cases
- Rechargeable power supplies (batteries, charging stations)

Items Not Eligible

Items that are not eligible for consideration in Code Blue include, but are not limited to the following:

- Expendable/disposable items.
- Any equipment that does not have objectively demonstrated medical efficacy. Items of questionable efficacy may be referred to the Medical Direction Committee for their opinion.
- Replacement or maintenance of existing state communications equipment, including repeaters.
- Communication towers
- Extrication Equipment
- Fire Suppression Equipment
- Personal Protective Equipment - clothing or equipment designed to protect the wearer's body from injury or infection.
- Office or administrative equipment or software such as fax machines, copiers, computers, conventional computer software, office furniture, etc. (Note that certain training-specific computer equipment and software may be approved for funding)
- Emergency generators not purposed for pre-hospital patient care.
- Permanent buildings, such as fire and ambulance buildings.
- Equipment beyond the state-certified or first responder Scope of Practice of the community’s pre-clinical EMS providers or EMS services as defined in current state regulations.
- Items needed for any Expanded Scope of Practice that requires approval by the state.
- Public Access AED - an AED intended for the use of bystanders as opposed to organized EMS responders or agencies.
- Aircraft – fixed and rotor wing.

Note: *Eligibility exclusions may change based on changing standards of practice, the assessment of whether items are essential within the equipment categories described above, whether the items have similarly effective alternatives, or on the basis of review of their medical efficacy by the Code Blue Steering Committee or Medical Direction Committee.*

Items Approved but Not Funded

At the discretion of the Code Blue Steering Committee, items may be approved as an essential, but not funded with State Code Blue funds due to funding limitations and other factors. If an item is approved but not funded, “Code Blue Approved” could be used by a community in support of funding from another source.

Note: *Funding exclusions may change based on changing standards of practice, the assessment of whether items are essential within the equipment categories described above, whether the items have similarly effective alternatives, or on the basis of review of their medical efficacy by the Steering Committee or Medical Direction Committee.*

Used Equipment

- Used and refurbished vehicles and equipment may be requested and considered by the Steering Committee and if approved, may be funded at the same class or category, with the same life expectancy required.
- Although approved and prioritized by the Steering Committee, actual funding of any Code Blue item is dependent on funders' rules concerning purchasing of used equipment.

Equipment Longevity and Replacement

Type of Equipment	Minimum Expected Longevity/Depreciation Years*
Ambulance and other patient transport vehicle including boat - anything other than ATV or snowmachine.	10 years from model year of chassis.
Used and refurbished vehicles including boats - anything other than ATV or snowmachine.	5 years.
Snowmachine, ATV and associated sleds, trailers, etc.	4 years.
Diagnostic / Patient Monitoring Equipment such as "Propaq" type devices, cardiac monitor/defibrillators, etc.	5 years. Note: technical and "best practice" changes may make this equipment obsolete before this time. The Steering Committee may take this into consideration.
All other Code Blue categories.	Determined on a case by case basis using criteria such as usage, technical and system changes, etc.

**Some funding agencies may have differing depreciation schedules*

Communities receiving Code Blue items must maintain an inventory of equipment to verify condition and location up to its full term of depreciable life. Once removed from service/inventory, all Code Blue decals must be removed.

Acknowledgement of Funders

All vehicles and other equipment purchased through the Code Blue Project will have decals acknowledging the funding sources and the Code Blue Project. The following decal, or something that has the same information, should be sized appropriately, edited to reflect the region and actual funding sources and used whenever practical:



IV. APPLICATION AND REVIEW PROCEDURES

Eligible Organizations: Municipal or non-profit state certified ground ambulance services or first response groups that provide service to the general public and are recognized by the region and Regional Offices.

Minimum Local Match Required: A minimum local match of 10% is required. *Note: Regions may require greater matches.*

Additional Funding Requirements: Additional funding must be identified and secured within two years of the notification of the State Grant Award. If additional funding is not secured then funds will be revoked for that project. NOTE: Code Blue Steering Committee will consider granting an extension under special circumstances.

Funding Caps

Type of Equipment	Funding Cap
Ambulance- new, used or remount	\$50,000
Alternative Patient Transport Vehicle (non-ambulance vehicle such as pickup chassis with slide in unit)	
Marine Patient Transport (specifically designed boat)	\$15,000
Patient Transport Vehicle replacement– slide in or chassis	\$20,000
Snowmachines, ATVs, sleds, trailers or snowbulances	\$10,000
Gurney (includes power cot)	\$7,000
Power cot loading system	\$10,000
Cardiac Monitor/Defibrillator	\$15,000
Automatic Compression Devices	\$7,000
Patient simulation technology	\$7,500
Stair Chair (includes electronic/battery powered)	\$1,500

Other temporary and permanent funding caps may be applied as determined by the Steering Committee.

Specific Item Requests Additional Information

- **Used vehicles:** Requests for used vehicles will be evaluated on an individual basis; the requested vehicle in this category must be certified to be in good condition with relatively low mileage.
- **Remounted ambulance:** When applying for a remount, the agency must provide a letter of certification by a qualified person or maintenance department that the box being remounted is in good condition and warrants a remount to a different vehicle. Remounts must be completed by a factory certified agency. Remounts may not be completed in-house.
- **Patient Simulation technology** (ex: SimMan, iSimulate, VR, XR): Must submit a training and maintenance plan.

Evaluation of Requests for Funding

All items considered for inclusion in the Code Blue Spreadsheet by the Steering Committee must have been reviewed, approved and prioritized by the appropriate regional EMS office using a process which includes both staff of the Regional EMS Office and other subject matter experts identified by the Regional EMS Office to assist in the review process.

All advanced life support (ALS) patient care or training items must be approved by a physician medical director at the local or regional level.

Requests for funding are evaluated in the following order:

1. By the community's EMS service and medical director (when applicable) that is making the request
2. By the Regional EMS Office
3. By the Steering Committee

The purpose of the review by the community is to ensure items requested for funding under the Code Blue Project are carefully considered and well supported.

The Regional EMS Office review provides an opportunity to review the appropriateness of each request and prioritize regional requests for submission to the Steering Committee. In most circumstances, the review at the regional level is performed or overseen by the Board of Directors, and may include subject matter experts given the responsibility and authority to review requests. The Steering Committee considers only those requests supported at the regional level.

The Steering Committee uses the following criteria to evaluate requests for funding. Consequently, these factors should also be employed at the community and regional levels.

- Documentation of Need
- Rationale
- Preparation
 - i.e. Documented training and maintenance plans
- Sustainability
- Integration with equipment used by community
- Cost
- Community Support
- Compliance with EMS Regulations, or other Planning documents

These factors are explained in more detail in the *Code Blue Items Assessment Sheet* (Appendix 1), used to help focus discussion on the strengths and weaknesses of individual requests.

Relative Rankings

Funding will be prioritized by equipment category in the following order:

1. Patient Care
2. Training
3. Transportation
4. Communications
5. Other

Then funding may be prioritized by:

A. Service type in the following order:

1. Volunteer EMS (certified ambulance or organized first responder service- (*see appendix for definition*))
 - a. Transporting
 - b. Non-Transporting
2. Paid or partially paid EMS (certified ambulance or organized first responder service)
 - a. Transporting
 - b. Non-Transporting
3. Clinics
 - a. Health Aide
 - b. Advanced Practice Provider
4. Other agencies which provide EMS

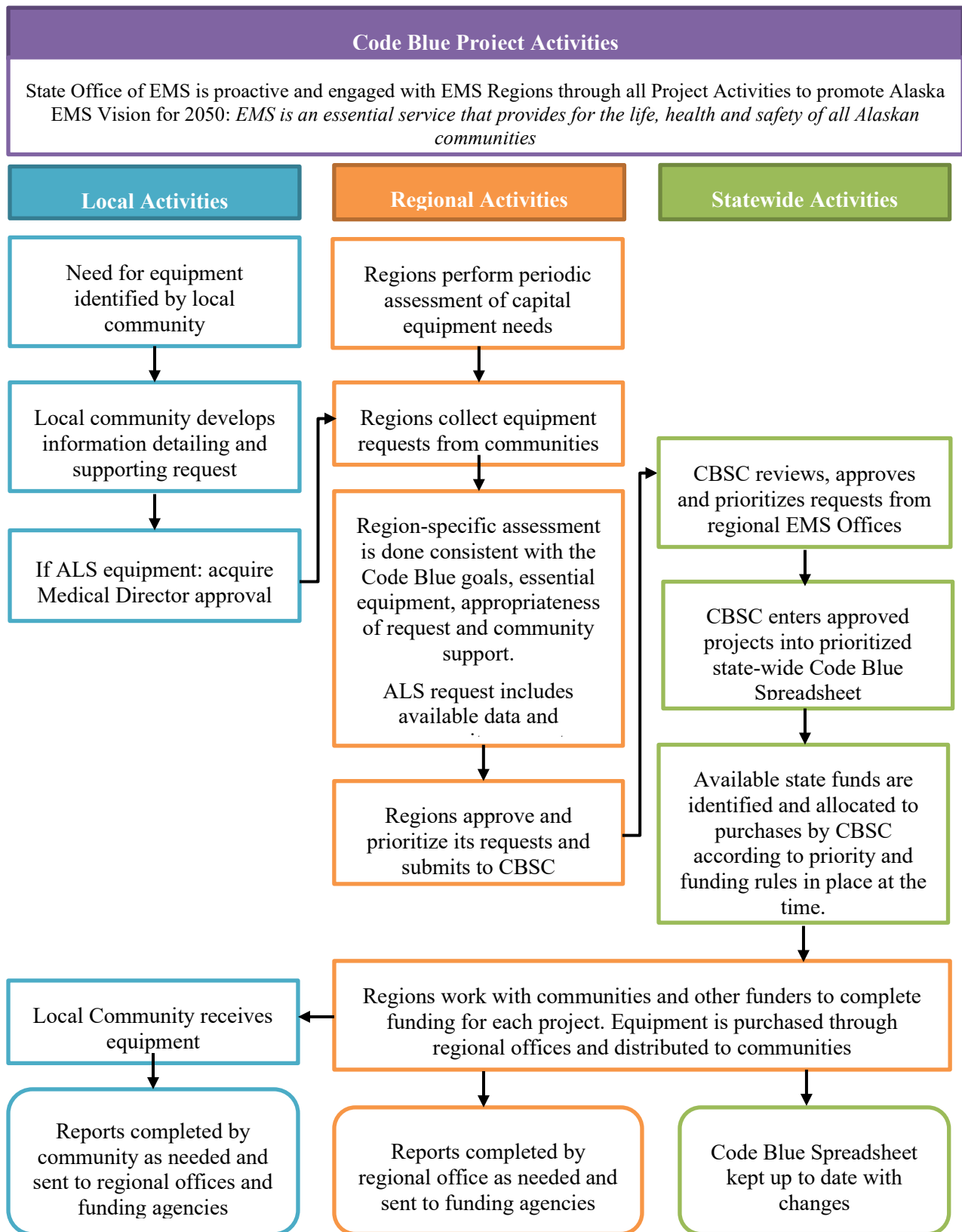
OR

B. Level of care

1. BLS
2. ALS

Code Blue Activity Flow Chart

The following chart depicts the flow of the Code Blue Project from identification of need through reporting. The Code Blue Steering Committee (CBSC) sets the deadlines for submission of information to the CBSC and each region sets a timeline and procedures within their own region to accomplish this.



V. CHANGES AND FUNDING REALLOCATIONS

Requesting Changes of Approved Items

Any deviation from approved items requires written approval by the Steering Committee. Requests should be submitted to the Chair, the Chair will determine if it needs approval by the Steering Committee. The approval will be acquired either by teleconference, email or face-to-face meeting, as determined by the Chair.

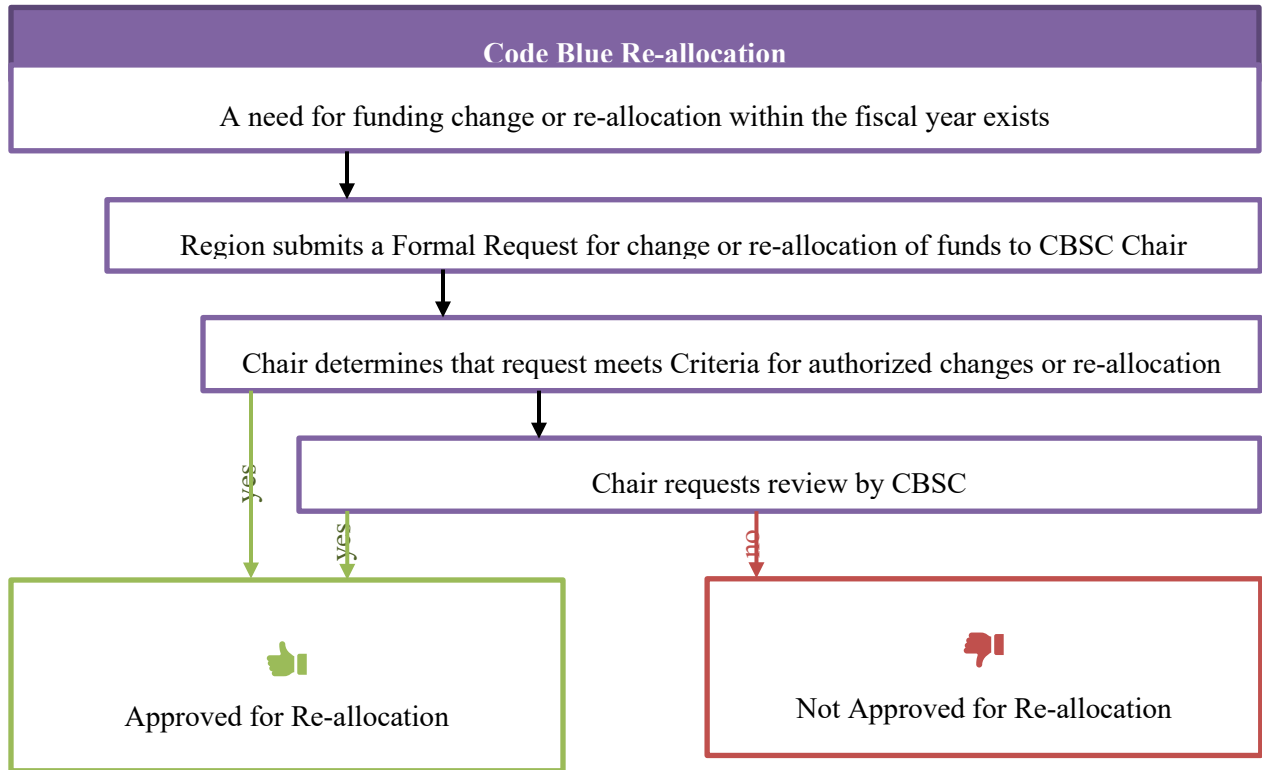
It is important to note that state Code Blue funds are granted by the Department of Health to purchase items detailed in the Notification of Grant Award. ***Any changes in the use of funds proposed by the grantee must follow applicable state regulations and guidelines in addition to the above approval by the Steering Committee.***

Steering Committee Re-allocation of Funds

The following policies apply to State Code Blue funds and also pertain to Steering Committee approval and endorsement of changes to projects involving non-state funds. Additional administrative procedures required by the granting agencies may be required.

- When all approved projects for a region in a certain fiscal year are completed, that fiscal year is considered to be completed for that region. However, any funds remaining after completion of all approved projects will be made available for allocation in future Steering Committee project reviews for that region. A region may not add additional projects to that fiscal year except for the following reasons:
 - If a region finds that an approved project within a certain fiscal year is no longer needed for any reason, the region may request a substitution for that project in that fiscal year within the budget of the approved original item.
 - The substitution request must be in the same equipment category or higher;
 - The substitution must be within the original approved item's budget;
 - The substitution cannot exceed any applicable funding cap.
 - Decisions on such substitutions will follow the Code Blue Equipment Re-Allocation Flow Chart.
 - If a region finds that a certain project (ex: emergency request) is necessary before the next Code Blue FY allocation, it may be considered for funding. This request must follow the Code Blue Steering Committee Re-Allocation process.
 - When the region submits a request for the current fiscal year being funded, they may request that any approved project be funded from unexpended previous year's Code Blue Grant.
- Re-allocation of funds between FY Projects must: be reviewed and approved by the CBSC; and follow the funder's policies and procedures. Re-allocation of funds between regions is no longer allowed, however a region may agree to utilize excess funds for another region by purchasing the item with their excess grant funds for the region with the need.
- The CBSC must be notified of all Code Blue funding changes within a fiscal year.
- Approved re-allocation requests are then shared with funders/Granting Agencies.

Reallocation Flow Chart



VI. EMS REGIONS APPLYING FOR FUNDS, PURCHASING AND REPORTING

Grants from the State of Alaska

All grants for Code Blue funds from the State of Alaska must follow applicable state regulations, procedures and guidelines when applying for funds, purchasing and reporting. Funding recipients should remain familiar with current administrative procedures and oversight. Reports to the State are due quarterly. Details are available in the grant documents.

State grant guidelines for the use of State Code Blue funds are:

- State Code Blue Grant funds are to be used for purchasing essential EMS capital equipment approved by the Steering Committee.
- These funds must be used to match local funding or other non-State of Alaska funds.
- Failure to provide quarterly reports, or providing late reports results in being out of compliance with the State Grant Award which may result in a loss of future Code Blue funding and/or result in a reallocation of awarded funds by the Code Blue Steering Committee.

Other Funders

Each grantee should become familiar with and follow the guidelines and procedures when applying for funds, purchasing and reporting for each funding source involved.

Photographs

Digital photographs must be collected and retained, by EMS Regions, of all items purchased with Code Blue funds, and some funding sources may require specific photographs. The following types of photographs can be particularly useful in maintaining and securing additional funding:

- Before and after photographs of upgraded equipment;
- Code Blue equipment being delivered to, or received by, the community;
- Code Blue equipment in use.

(Note that individuals included in these photographs must provide a written release, to the region, acknowledging the intended use of the photograph.)

Appendix 1: Item Assessment Guide

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 and do not have a documented and reasonable plan to obtain the necessary training.	Basic training has been provided and documented. Or Have a documented and reasonable plan to obtain the necessary training.	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 greater than 10% local match. AND 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.

Appendix 2: Item request template – for consideration for the Code Blue Spreadsheet

	A	B	C	D	E	F	G	H	I	J
1						CODE BLUE FY _____		NOTE:		
2	RED: Fields that need to be filled in				Region: 0		FILL IN STATE FUNDING WITH "0"			
3	Note: use drop down menus in Equipment Category Field				Date:		UNTIL ALLOCATION IS MADE AT MEETING			
4	BLUE: Fields that will automatically fill from formulas									
5										
6	Region	Community	Equipment Category	Equipment Description	QTY	Total Budget	Local Contribution	State Funding Awarded	Other Anticipated Funding	Additional Funding Needed
7						\$ -	\$ -	\$ -	\$ -	\$ -
8						\$ -	\$ -	\$ -	\$ -	\$ -
9						\$ -	\$ -	\$ -	\$ -	\$ -
10						\$ -	\$ -	\$ -	\$ -	\$ -
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23						\$ -	\$ -	\$ -	\$ -	\$ -
24						\$ -	\$ -	\$ -	\$ -	\$ -
25						\$ -	\$ -	\$ -	\$ -	\$ -
26	TOTALS					\$ -	\$ -	\$ -	\$ -	\$ -
27										
28	CATEGORY TOTALS					TOTAL BUDGET	LOCAL	STATE	OTHER	NEEDED
29	Patient Care					\$ -	\$ -	\$ -	\$ -	\$ -
30	Training					\$ -	\$ -	\$ -	\$ -	\$ -
31	Transportation					\$ -	\$ -	\$ -	\$ -	\$ -
32	Communications					\$ -	\$ -	\$ -	\$ -	\$ -
33	Other					\$ -	\$ -	\$ -	\$ -	\$ -
34	TOTALS - ALL CATEGORIES					\$ -	\$ -	\$ -	\$ -	\$ -

Appendix 3: History of the Code Blue Project

In the mid-1990's, Alaska's Regional EMS Coordinators and Directors (RCD) made the first coordinated and comprehensive attempt to document the critical need for equipment and training in rural Alaska in a paper called "System in Crisis." It was a thorough and credible document that resulted in some additional funding for the EMS program.

The initial Code Blue document was developed in 1999 by the then Section of Injury Prevention and Emergency Medical Services and the Regional EMS Offices. This document continued this theme with detailed information on the need for equipment and training, the consequences of not having adequate resources, and basic information on the funding necessary to correct the most egregious problems.



Left to Right: Mike Owens, Norton Sound; Matt Anderson, State of Alaska; Ronni Sullivan, SREMSC; Barbara Simonsen, ACEMS; Karen Perdue, DHSS Commissioner; Jeff Staser, Denali Commission; Ed Rasmussen, Rasmussen Foundation; Bobbi Leichty, SEREMS; Dan Johnson, IREMS; Dana Hall, YKHC; Merlaine Kruse, USDA; Diane Kaplan, Rasmussen Foundation.

The Code Blue Project was therefore founded in an effort to identify, prioritize and seek funding for essential equipment for rural and frontier emergency medical services in Alaska.

The primary focus of the program was, and remains, the rural emergency medical service and the replacement of aging and obsolete equipment for rural emergency medical services agencies. Central to the project was the hypothesis that small and rural EMS agencies that had inadequate resources to provide quality emergency medical care would not only have difficulty recruiting personnel but would be unable to secure funding for essential equipment without a coordinated effort. The Code Blue Project was designed to be long lived, focused on EMS needs and seen by funding agencies as a well constructed means of improving emergency medical care in rural Alaska.

Funding Partners

Funding for essential equipment has been provided by the:

- State of Alaska

- U.S. Department of Agriculture, Office of Rural Development
- Local Match through local services, governments and tribal health organizations
- Rasmuson Foundation
- Denali Commission

The program has been very successful due to the efforts of the Code Blue Steering Committee and State of Alaska partners. The combined generosity of funding agencies has resulted in over **\$33.3 million** of funding for essential equipment through **State Fiscal Year 2024**:

State Fiscal Year	State Code Blue	Local Match	USDA Rural Development	Denali Commission	Rasmuson Foundation	Total
2000 - 2011	\$4,303,000	\$4,017,000	\$7,643,000	\$1,561,000	\$1,226,000	\$18,750,000
2012	\$378,000	\$272,000	\$493,000			\$1,143,000
2013	\$509,000	\$126,000	\$238,000			\$873,000
2014	\$450,287	\$252,420				\$702,707
2015	\$498,193	\$205,301	\$193,282			\$896,776
2016	\$387,316	\$219,524	\$74,009			\$680,849
2017	\$713,647	\$603,808	\$158,250			\$1,475,705
2018	\$517,536	\$725,748	\$30,000			\$1,273,284
2019	\$527,547	\$446,589				\$974,136
2020	\$515,179	\$1,350,869				\$1,866,048
2021	\$466,160	\$787,133				\$1,253,293
2022	\$587,240	\$523,448				\$1,110,688
2023	\$442,232	\$522,344				\$964,575
2024	\$597,058	\$801,601				\$1,398,660
2025	\$500,000	\$185,280				\$685,280
	\$11,395,394	\$11,039,065	\$8,829,541	\$1,561,000	\$1,226,000	\$34,048,001

State of Alaska

Historically, the State of Alaska has provided significant and reliable funding for the Code Blue Project annually through the Governor's Capital Budget and appropriation by the legislature. The Alaska EMS Office has provided oversight of these funds.

U.S. Department of Agriculture

The USDA Rural Development Program has been instrumental in providing major funding to the Code Blue Project. Historically the Regional EMS Offices, rather than the state, have applied for these funds because of their eligibility for this funding as well as their expertise, ability to represent multiple communities, and eligibility.

USDA funds required a non-federal match, which is usually provided by local communities and the State of Alaska. In the initial phases of Code Blue, essential matching funds were provided by the Rasmuson Foundation (see below).

Communities

Each Code Blue project requires a local match, and local municipalities, boroughs and non-governmental community organizations, including EMS providers, have contributed millions of dollars over the years. Often, even a small 10% match can create hardship for small communities, especially those that are unincorporated or otherwise lack a sufficient tax base. Many times, this difficulty is greatly exacerbated by the fact that some projects, especially ambulances and expensive cardiac equipment, require a much greater match, often 60% or more, because of state Code Blue funding item limits and the unavailability of other funding. This can cause a delay of a year or more and sometimes the community must seek funding directly from the legislature, outside of the Code Blue review process.

Tribal Health Organizations

In some regions, EMS is coordinated by the regional Tribal Health Organization. In these cases, requests may be generated by the Tribal Health Organization itself (generally through their EMS department) and local match is provided by the same.

In other regions, the regional Tribal Health Organization does not coordinate EMS but might participate in requests from certain communities, or provide local match if needed.

Rasmuson Foundation

The Rasmuson Foundation is an Anchorage-based private philanthropic organization. The Foundation invests in non-profit organizations to improve the quality of life in Alaska. It was a critical and major partner in helping complete the initial phase of the Code Blue Project, in which ambulances, other patient transport vehicles and other expensive equipment were purchased. The Foundation has well documented procedures for applying for funding on its web site.

Denali Commission

The Denali Commission is a federal/state partnership that is designed to provide critical infrastructure, and economic support throughout Alaska. In the past, it funded such EMS infrastructure as communications and 911 system infrastructure upgrades. Some patient care equipment, such as ambulance gurneys and splints have been considered infrastructure and funded by the Commission. Code Blue funds allocated by the Denali Commission was administered by the Alaska EMS Office. They are considered federal funds for the purposes of this project. Over the past several years priority for this funding has not included EMS.



ALASKA'S CODE BLUE STEERING COMMITTEE

Photo Release Form

Participant's name: _____

I hereby authorize the Code Blue Steering Committee (CBSC) to publish the photographs taken of me, and name, for use in the CBSC printed publications and displays.

I acknowledge that since my participation in publications and displays produced by CBSC is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication and display produced by CBSC confers upon me no rights of ownership whatsoever. I release CBSC and its members from liability for any claims me or any third party in connection with my participation.

Signature _____ Date: _____

Street Address: _____

City, State, Zip: _____

Appendix 5: First Responder Service Definition

First Responder Service Definition:

Organized First Responder Service

Transporting and Non-Transporting

1. Have an established chain of command
2. Have a method of activating the responders
3. Administrative Support
4. Have an established organization for oversight
5. Have established Guidelines to follow
6. Have a roster of a minimum of three responders trained to the ETT level or higher
7. Maintain an inventory of necessary supplies and equipment (per EMS Region guidelines)
8. Must complete an annual supplies / equipment survey (provided by the EMS Regions)
9. Must complete an annual EMS Service survey (provided by the EMS Regions)
10. Respond with a minimum of one responder trained at the ETT level or higher and one driver or assistant

Unorganized First Responder Service

Transporting and Non-Transporting

Does not meet the above criteria for an Organized First Responder Service