

# **TOWN OF DAVIE**

## **TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Donald DiPetrillo, Fire Chief

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** N/A

**TITLE OF AGENDA ITEM:**

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR, TOWN ADMINISTRATOR AND APPROPRIATE STAFF TO SUBMIT AN APPLICATION FOR GRANT FUNDING UNDER THE EMS COUNTY GRANT PROGRAM AND TO ACCEPT AND EXPEND THE GRANT IF AWARDED.

**REPORT IN BRIEF:**

The Fire Rescue Department requests training equipment to improve the skills and preparedness of its EMS service. This new equipment will be used during training of Davie EMS Staff, Dive Rescue Team, the Town of Southwest Ranches volunteer fire agency, and the community during public CPR/AED/FBAO classes. As a result, EMS services will be improved and the community will be better prepared.

New equipment to be obtained includes the following training tools: 1) Intraosseous simulation manikin; 2) Bone replacement kits for IO manikin; 3) Adult rescue manikin; 4) Water rescue manikin; 5) Full body resusci Anne CPR manikin; 6) AED/CPR training unit/simulator; 7) Cric simulator; and 8) CPR training pack, including 5 adults, 2 children and supplies. There is no local cost share or match requirement for this grant program.

**PREVIOUS ACTIONS:**

N/A

**CONCURRENCES:**

N/A

**FISCAL IMPACT:**

Has request been budgeted? N/A

If no, amount needed:

What account will funds be appropriated from:

**RECOMMENDATION(S):** Motion to approve the resolution

**Attachment(s):**

Resolution

Grant Application

RESOLUTION \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA,  
AUTHORIZING THE MAYOR, TOWN ADMINISTRATOR AND  
APPROPRIATE STAFF TO SUBMIT AN APPLICATION FOR GRANT  
FUNDING UNDER THE EMS COUNTY GRANT PROGRAM AND TO  
ACCEPT AND EXPEND THE GRANT IF AWARDED.

WHEREAS, Broward County administers the EMS County Grant Program; and

WHEREAS, funding is available under EMS County Grant Program providing \$3,595 in grant  
funding for training equipment; and

WHEREAS, there is no local cost share or match requirement by the EMS County Grant  
Program; and

WHEREAS, it is in the best interest of the Town of Davie that the Fire Rescue Department  
apply for and secure grant funding under the EMS County Grant Program.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE,  
FLORIDA:

SECTION 1. That the Town Council authorizes the Mayor, Town Administrator and/or  
appropriate staff to submit an application for grant funding and, if awarded, accept and expend grant  
funding under the EMS County Grant Program.

SECTION 2. That this Resolution shall take effect immediately upon its passage and  
adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2002.

\_\_\_\_\_  
MAYOR/COUNCILMEMBER

ATTEST:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2002

EMS County Grant Program – GRANT YEAR 2003

EMS GRANT APPLICATION

PROJECT TITLE:

EMS Training Equipment

PROJECT COST: \$ 3,595

AGENCY NAME: Town of Davie Fire Administration

AGENCY ADDRESS: 6901 Orange Drive  
Davie, FL 33314

PROJECT CONTACT PERSON:

PRINTED NAME: Brian Nolte  
TELEPHONE: (954) 797-1189 FAX NUMBER: (954) 797-1234  
EMAIL: Brian\_Nolte@davie-fl.gov PAGER:

*The signature of the person with project authority is required on Page 14.*

→ Project Criteria:

**MULTIPLE AGENCIES OR COUNTYWIDE PARTICIPATION**

Are you submitting this project on behalf of other agencies which will receive equipment under the grant?

No  Yes, for multiple agencies \_\_\_\_ Yes, for all applicable agencies \_\_\_\_  
If yes, you are required to complete Pages 15-18 of the application. See Page 2 for an explanation.

Is this a project in which other agencies will participate (but not receive equipment for which they will be responsible)?

No  Yes, for multiple agencies  Yes, for all applicable agencies \_\_\_\_

If yes, you are required to submit responses indicating interest. See Pages 2 and 3 for an explanation.

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## EMS County Grant Program – GRANT YEAR 2003

### PROJECT DESCRIPTION

The Town of Davie requests training equipment to improve the skills and preparedness of its EMS service. This new equipment will be used during training of Davie EMS staff, Dive Rescue Team, the Southwest Ranches volunteer fire agency, and the community during public CPR/AED/FBAO classes. As a result, EMS services will be improved and the community will be better prepared.

New equipment to be obtained includes the following training tools: 1) Intraosseous simulation manikin; 2) Bone replacement kits for IO manikin; 3) Adult rescue manikin; 4) Water rescue manikin; 5) Full body resusci Anne CPR manikin; 6) AED/CPR training unit/simulator; 7) Cric simulator; and 8) CPR training pack, including 5 adults, 2 children and supplies.

Davie will undertake the following activities utilizing equipment attained through this project:

- Dive rescue simulations will be conducted by Davie's Dive Rescue Team, and neighboring agencies, employing realistic water rescue mannequins. Other Broward Fire/Rescue agencies will be included in the simulation of dive rescue calls to increase preparedness and help expedite the recovery of the patient.
- Advanced airway intervention training and other practical applications will be provided to EMS providers to enhance knowledge and skills.
- Continuing education and training will be provided to Southwest Ranches' local volunteer fire agency utilizing simulators, training scenarios and classroom participation.
- Fire/Rescue training will utilize simulation equipment, including mannequins, to provide realistic situations to further rescue techniques and skills.
- Community-wide CPR/AED/FBAO trainings will be implemented and provided to residents, businesses, homeowner groups, etc. on a regularly scheduled monthly basis (sample curriculum attached).

### → PROJECT CRITERIA: EMS IMPROVEMENT AND EXPANSION

Currently, none of these projects or training situations is available, or is utilized, by Davie's Fire/Rescue Department, the public or the partner agency at Southwest Ranches due to a lack of proper equipment and simulators. In particular, the community CPR class is not in place due to the lack of a sufficient number of simulators and an AED simulator for the layperson.

The proposed project will strongly enhance the quality of prehospital EMS services by creating better trained, skilled, and more confident EMS providers and dive rescue personnel. Additionally, members of the community will be trained in CPR, and thereby, will be equipped to provide assistance until skilled EMS arrives on scene. The following factors demonstrate the need for the proposed project, the current situation, and the anticipated improvement in EMS services and decrease in patient mortality and morbidity that will be attained through the project:

- There is currently no existing CPR program in the community. With a documented increase in cardiac calls experienced by response agencies throughout the county, a community-wide CPR/AED/FBOA program is a necessity to decrease patient mortality. This program also responds to the numerous requests received by the Town from community and homeowner groups for CPR classes.

## EMS County Grant Program – GRANT YEAR 2003

CPR training classes for the community and surrounding areas will be developed using existing curriculum and classes will be provided monthly. This will increase awareness in heart attack and stroke survivability and teach response techniques to be used until trained medical professionals can arrive, thereby increasing patient survivability.

- Davie has seen an increase in Dive/Rescue calls that involve the search for and/or recovery of a victim or victims in the area's waterways. This includes Davie responses to requests from neighboring agencies in dive/rescue situations. Increased hands-on training and simulation using new, specialized equipment will further rescue skills and decrease patient mortality.

The skill level, response abilities, and confidence of dive rescue personnel will increase immediately through the implementation of these simulated drills. The results will be an improvement in their ability to locate potential drowning victims and increased survivability outcomes. Confidence is critical in such situations when divers must enter blackened canals and waterways with unknown hazards. The more confident the diver, the quicker his response and recovery of a victim will be. The safety of the dive team also will increase through this enhanced, specialized training.

- Increased communication and response to the Volunteer Fire Department of Southwest Ranches has exhibited the need for increased medical and rescue training for its members. Davie Fire Rescue currently has a contract to provide services, including training, for Southwest Ranches fire/rescue personnel. The proposed new equipment will provide the opportunity to increase mutual response skills and abilities. It also will provide an increased level of training for the local municipality through second tier training. These activities will increase their ability to stabilize patients while waiting for advanced medical care and rescue transport, improve the likelihood of survivability of patients, and decrease the probability of endangerment to personnel.
- Advanced airway and I/O training are critical skills needed by EMS personnel to increase patient survivability. These difficult airway skills are learned by EMS providers at school, but are seldom practiced due to lack of simulators. With the new equipment, continuing education will be provided to EMS personnel for those skills that are difficult to achieve, such as intraosseous or cricothyrotomy, but which are crucial for the survivability of the patient. Simulators for this training will be invaluable to enhance those skills and will lead to increased confidence and skill levels in those performing these tasks.

→ **Project Criteria:**

**ARE YOU INCLUDING RESEARCH OR LITERATURE?**

Yes \_\_\_ No X

If yes, please attach at end of application.

**ARE YOU INCLUDING LETTERS OF APPROVAL, SUPPORT OR REFERENCES WITH YOUR APPLICATION?**

Yes \_\_\_ No X

If yes, attach at the end of the application but list the name of the organization(s) below:

## EMS County Grant Program – GRANT YEAR 2003

### MEASURABLE GRANT OBJECTIVE(S):

What are your specific objectives or desired outcomes?

List objective(s):

- To increase community awareness and skills through the provision of CPR, AED, and FBAO classes to the community using training equipment obtained through the project.  
Key results:
  - Classes are held monthly on a regularly-scheduled day and are coordinated through the community services department.
  - Rosters of those receiving training and training outcomes are maintained to provide feedback and data on training provided.
  - Equipment usage data is collected for 12 months after project implementation.
  - Survivability of cardiac and stroke victims increases through CPR and AED usage.
  
- To increase the medical and fire/rescue skill level of the Southwest Ranches volunteer fire department by conducting hands on training, practical testing, and mutual drills.  
Key results:
  - Simulation equipment is used to conduct training.
  - Training records are kept to evaluate increase in skills level to meet required local and national standards.
  - Medical and rescue skills are improved and patient survivability is increased.
  
- To increase the survivability of patients served by the dive team through a water related incident by decreasing the team's response time needed to locate the victim during a rescue attempt.  
Key Results:
  - Simulated dive rescue calls will be conducted and will include the participation of neighboring agencies utilizing realistic water rescue mannequins and other training materials.
  - Training records of specific skills demonstrated on a monthly basis will be kept.
  - "Dive profiles" for all rescue and recovery attempts will be maintained and compared to statistics from past rescue attempts and national data.
  
- To increase the knowledge base and confidence level of EMS personnel to perform critical interventions, such as IO and Cric, and which will result in critical patient survivability.  
Key Results:
  - New equipment will be used to provide ongoing training in these techniques and usage data will be maintained for 12 months after project implementation.
  - Monthly skills testing will be utilized to keep rescue personnel skills "current" in these techniques.
  - Data sheets will be maintained for those alarms that utilize these skills and a follow up on patient outcome will be implemented.

**EMS County Grant Program – GRANT YEAR 2003**

**WORK PLAN**

What actions will you take to accomplish your objectives?

**TIME FRAME**

How long will it take?

CPR classes for the community are scheduled and advertised.	2 months
CPR classes are implemented on a monthly basis & records are kept.	3-24 months
Data/records from CPR/AED/FBOA classes are analyzed to determine effectiveness of trainings.	6-24 months
Trainings with Southwest Ranches are scheduled and held.	2-24 months
Training records & personnel skill level are evaluated and additional training provided as needed.	6-24 months
Training simulations for dive rescue calls are scheduled.	1-3 months
Neighboring agencies are invited to participate in simulations.	1-3 months
Simulated dive rescue and recovery calls are conducted.	3-24 months
Response time and other "dive profiles" are kept and compared to past performance and regional/national statistics.	3-24 months
Critical intervention trainings are planned and scheduled (I/O and Cric)	2 months
EMS personnel regularly practice critical intervention techniques.	2-24 months
Monthly skills testing of EMS personnel is conducted.	3-24 months
Data results from skills testing is evaluated to determine effectiveness of training.	4-24 months

**EMS COUNTY GRANT PROGRAM - GRANT YEAR 2003**

**EXPENDITURE PLAN**

What is needed to accomplish your objective(s)? **Realistic and reasonable cost estimates are in your best interest. Do not price yourself out of the process.**

Grant monies cannot be used to supplant existing positions, pay overtime, meeting room expense or for food or for kitchen equipment. If other agencies are participating in your project, list the quantity each will receive. Include 1st year maintenance costs if not included with equipment.

ITEM (no brands, please)	Unit Cost (Round up)	Quantity	Total
Intraosseous simulation manikin	425	1	425
Bone replacement kits (for IO manikin)	90	1	90
Adult Rescue Manikin (125) lbs)	700	1	700
Water Rescue Manikin - junior	580	1	580
Full Body Resusci Anne CPR Manikin	900	1	900
AED/CPR Training unit/simulator	300	1	300
Cricothyrotomy simulator (CRIC)	200	1	200
CPR Training Pack	400	1	400
Delivery charges, estimated			

Attach additional pages if needed.

**GRAND TOTAL: \$ 3,595**

**FUTURE EXPENSE**

Please estimate the maintenance or other required recurring expenses per unit after first grant year, if applicable, because these costs will be absorbed by the grant recipient(s) and not paid from grant funds. Please discuss this issue with your Agency.

Item \_\_\_\_\_ Cost \_\_\_\_\_

None anticipated.

**OWNERSHIP**

**Do you wish to be assigned ownership of the items purchased under this grant?**

Yes  No

If you do not possess an ownership interest in the items purchased under the grant, the County may require that the equipment be returned to the County at the end of the grant period in good condition minus normal wear and tear.

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**EMS COUNTY GRANT PROGRAM - GRANT YEAR 2003**

**PRESENTATION MEETING REPRESENTATION**

Will a representative attend the Presentation Meeting on **October 31?**

Yes  No

Do you wish to make a presentation on **October 31?** (No more than 10 minutes)

Yes  No

*Barbara Pomeranz will contact you with an approximate presentation time.*

Do you need any of the following?

TV/VCR

Overhead Projector

*Our digital computer projector has a camera/overhead feature so you do not need transparencies, just the items.*

Computer for PowerPoint

*We will have a laptop loaded with PowerPoint and the digital projector. You will need to bring only a floppy or disc. If you bring your own laptop, please bring any required cables. We will not have a "computer person" present.*

Other \_\_\_\_\_

This is the last page of your Application if you did not check "Multiple Agencies" or "Countywide" on Application Page 8.

*If you checked "Multiple Agencies or "Countywide" on page 8 involving ownership of equipment please continue with Pages 15 -18.*

*Please attached supporting documentation or letters of interest or support, etc. at the end of the Application.*

Please submit a total of 15 copies by August 23, 2002. Thank you.

**EMS COUNTY GRANT PROGRAM - GRANT YEAR 2003**

**PROGRESS REPORTS**

Upon receipt of the funds by the County and allocation into project accounts, project leaders the purchasing process will begin. The project leader is required to submit a quarterly report to the Contracts/Grants Administrator due three months after implementation of the project objectives. It should describe progress to date. Additional quarterly reports will be required until completion of the project. You will be sent the form and instructions.

**OUTCOME/EVALUATION/FINAL REPORT**

Within thirty (30) days after the full implementation of the work plan, the project leader is required to submit a report evaluating the project's results, completing your grant project cycle. Some projects will have an objective to track usage data for an additional 12 months after equipment is in place so the Committee can evaluate the project's impact. The report should include outcome measures, indicating by percentage or actual numbers, the extent to which the original objectives were accomplished. Base your report on information from participating agencies, statistics, surveys, satisfaction reports, class attendance rosters, etc. The Contracts/Grants Administrator will provide the form, instructions and due date for the report.

The results from all the projects will be compiled for a report to be presented to the Grants Committee and results will be presented at a Broward Regional EMS Council meeting highlighting the types of projects funded and the impact County Award Monies have for Broward County (the outcome of your objectives). Additionally, this information is sent to the State of Florida's EMS County Grant Program Manager as required in the terms and conditions of the grant program.

**COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT**

The undersigned shall comply with Titles I and II of the Americans with Disabilities Act of 1990 regarding nondiscrimination on the basis of disability in employment and in state and local government services in the course of providing such services and programs, funded in whole or in part by Broward County.

I accept responsibility for management of the project and compliance with applicable terms and conditions, including EMS County Grant General Conditions, and certify that to the best of my knowledge, the information contained in this application is true and correct. I have authority to sign for my agency.

AUTHORIZED SIGNATURE *Don DiPetrillo* DATE 8-23-02

PRINTED NAME Don DiPetrillo TITLE Fire Chief

AGENCY NAME Town of Davie Fire Administration

TELEPHONE NUMBER (954) 797-1211

## ADULT BASIC LIFE SUPPORT Training Agenda

### Welcome, Introduction and video

Video	
The chain of survival	8 minutes
Recognition of heart attack, cardiac arrest, stroke and FBAO	
Instructor led discussion of signs and symptoms of heart attack, cardiac arrest, stroke and choking	10 minutes

### Watch then Practice Video Instruction

Mouth to mouth rescue breathing	8 minutes
Assessment of signs and circulation, chest compressions	8 minutes
1 rescuer CPR	10 minutes
Relief of FBAO in responsive victim	8 minutes

(6 minute watch than practice intervals)

### Scenerio and Peer Practice

Relief of FBAO in responsive adult (group practice)	60 minutes
1 Rescuer CPR	

## PEDIATRIC BASIC LIFE SUPPORT

### Introduction and video: Infant and Child

Video	10 minutes
Pediatric Chain of Survival	
Injury Prevention	
Instructor lead discussion of signs of heart attack, cardiac arrest, stroke and choking	10 minutes

### Watch then Practice Video Instruction

<i>Infant skills</i>	
Mouth to mouth and nose rescue breathing	8 minutes
Signs of circulation, chest compressions	8 minutes
1 rescuer CPR	10 minutes
Relief of FBAO in responsive infant	8 minutes

(6 minute watch than practice intervals)

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*Child Skills*

Mouth to mouth and nose rescue breathing	8 minutes
Signs of circulation, chest compressions	8 minutes
1 rescuer CPR	10 minutes
Relief of FBAO in responsive infant	8 minutes

**Scenerio Practice**

Infant FBAO - responsive	60 minutes
Infant CPR and rescue breathing	
Child FBAO responsive	
CPR and rescue breathing	
Questions and Course Evaluation	20 minutes