

September 18, 2019

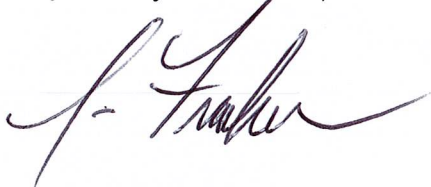
Broward County  
Office of the Medical Examiner and Trauma Services  
5301 SW 31 Ave  
Fort Lauderdale, FL 33312  
Attention: Trauma and EMS

To Whom It May Concern:

Please find the fully executed Grant Application for O-Two Carevents.

If you have any questions or concerns, please do not hesitate to contact me at 954-658-7820 or via email at [jonathan.frasher@tamarac.org](mailto:jonathan.frasher@tamarac.org).

Respectfully Submitted,



Jonathan Frasher  
Division Chief

*2020 BROWARD COUNTY EMS GRANT APPLICATION*  
*"Funding to improve or expand prehospital EMS Systems"*

**Section I**

1. **Project Title:** Pre-Hospital Ventilator-Improving Survivability Tamarac

Is this a pilot project?       Yes    No

2. **Project Cost \$:** \$17, 963.55

3. **Agency Name:** Tamarac Fire Rescue

Address: 6000 Hiatus Road, Tamarac, Florida 33321

Telephone: 954-597-3800                      Fax: 954-597-3810

4. **Project Manager:** The individual with direct knowledge of project and responsible for project implementation.

Name: Jonathan Frasher

Telephone: 954-597-3807                      Email: jonathan.frasher@tamarac.org

5. **Authorized Signatory:** The individual authorized to sign the application on behalf of the agency or entity.

Name of Signatory: Division Chief Jonathan Frasher

Title of Signatory: \_\_\_\_\_

6. **Projects Impacting Direct Services to Emergency Victims:** This may include, but is not limited to: vehicles, medical and rescue equipment, communications, dispatch, navigation, and other equipment that impacts on-site treatment. (Countywide projects must offer participation to all licensed EMS providers, based upon levels of service.) Attach Form A.

Countywide:       Yes       No

Multiple Agencies:  Yes       No      How Many? \_\_\_\_\_

Single Agency:       Yes       No

7. **Projects Impacting Indirect Services:** Training of all types (public, first responders, law enforcement personnel, EMS personnel and other healthcare staff), research, and documentation. (Countywide projects must offer participation to all licensed EMS providers.) Attach Form A.

Countywide:       Yes       No

Multiple Agencies:  Yes       No      How Many? \_\_\_\_\_

Single Agency:       Yes       No

## 2020 BROWARD COUNTY EMS GRANT APPLICATION

*"Funding to improve or expand prehospital EMS Systems"*

**8. Problem/Unmet Need Description:** Provide a narrative of the problem or need and the population affected by describing the present situation and management (if any) and the potential adverse consequences if not addressed.

Tamarac Fire Rescue had responded to 127 cardiac arrest in 2016, 130 in 2017, 140 in 2018 and 85 up till June of 2019. This is a combined 482 cardiac arrest calls within the last three years. Research has shown for optimal outcomes, immediate chest compressions and if appropriate defibrillation to restart the heart, are essential in the chain of survival. During CPR, airway interventions range from hands only, mouth-to-mouth, bag-mask or advanced airway. After ROSC, most patients would present with post-cardiac arrest syndrome, are comatose with impaired airway reflexes. This would mandate an advanced airway to control of the airway to facilitate transportation to the emergency department. Once an advanced air way such as tracheal intubation is established, it is up to the paramedic to deliver an adequate amount of tidal volume to restore depleted oxygen levels and correct tissue hypoxia, while preventing hyperoxia. During this time paramedics, and other providers have a human nature to deliver rapid and hard ventilations with a BVM. Increasing ventilation rate or tidal volume during CPR increases the mean intrathoracic pressure and reduces venous return to the heart, increase lung volume and pulmonary vascular resistance, reduces cardiac output, decreases coronary perfusion and aortic blood pressure.

This issue would be resolved with a device able to deliver a pre-selected rate and tidal volume of oxygen to patients in need of ventilatory assistance. It would remove the human factor from delivering an excessive amount of tidal volume or not enough tidal volume to have adequate chest rise and tissue re-perfusion.

Tamarac Fire Rescue has not purchased any pre-hospital positive pressure devices, which can deliver a regulated volume of air and supplemental oxygen to patients requiring respiratory support. The fact that Tamarac Fire is without a device for adequate delivery of tidal volume and rate for their residents will have a negative impact on cardiac arrest events.

*2020 BROWARD COUNTY EMS GRANT APPLICATION*

*"Funding to improve or expand prehospital EMS Systems"*

**9. EMS Improvement and Expansion to Resolve Problem or Address Needs:**

Describe proposed solutions to the problem and/or need (question #8 – problem description). State the improvements that are reasonably foreseeable and measurable. Use data, scientific, or anecdotal information to support the agency's request. Explain how the project will improve and/or expand prehospital EMS in Broward County. Be specific.

The solution proposed to remedy this unmet need is for the Broward County EMS Grant committee to purchase nine (9) pre-hospital ventilators, for Tamarac Fire Rescue. This would be one pre-hospital ventilator for every front line Advanced Life Support (ALS), apparatus, plus one pre-hospital ventilator for back up use, and to be put in service for special events such as hurricanes.

This would effectively give Tamarac Fire Rescue the ability to properly ventilate persons who require a pre-measured amount of tidal volume for tissue perfusion.

**2020 BROWARD COUNTY EMS GRANT APPLICATION**

*“Funding to improve or expand prehospital EMS Systems”*

<b>10. Measurable Outcomes:</b> Outcomes should be viewed from the perspective of the project and provide for: improved conditions/service - for patients as well as EMS personnel; expanded services; new knowledge; or improved knowledge. <b>Outcomes must be measurable and attainable. (Attach additional pages, as needed.)</b>	
<b>A. Project</b>	The purchase and inservice training on pre-hospital ventilators for all paramedics employed with Tamarac Fire Rescue.
<b>B. Activities</b>	All firefighter/paramedics employed by Tamarac Fire Rescue will be trained in the use and capabilities for pre-hospital ventilators.
<b>C. Outcomes</b>	ROSC and pre-hospital survival statistics for persons needing pre-hospital ventilators will be cultivated and monitored for improved patient outcomes.
<b>D. Indicators</b>	Training will be documented within Target Solutions training software for one hundred percent compliance.
<b>E. Data Source</b>	Pre and post cardiac arrest data from mycares.org
<b>F. Data Collection Method</b>	Manual excel spread sheet, mycares.org cardiac outcomes utilizing the Utstein method for cardiac arrest.

**2020 BROWARD COUNTY EMS GRANT APPLICATION**  
*"Funding to improve or expand prehospital EMS Systems"*

**11. Project Schedule:** Please complete the table below. Insert additional rows if needed.

Months after Grant is Executed	Activity
1	Training site for operation and capabilities
2	Deployment of pre-hospital ventilators on apparatus
3	Monitor training for one hundred percent compliance
4	Evaluate patient outcomes
12	Close out grant

**12. Supporting Research or Literature?**  Yes (Attachment A)  No  
 (Required if this is a Pilot Project.)

**13. Letters of Support or Reference?**  Yes (Attachment B)  No

**14. Budget:** Do not use brand names when listing items. Use only generic names. Round up/down to the nearest dollar. Please use the table below. Insert additional rows if needed. Do not include extended warranties.

Item	Unit Cost	Quantity	Total
o-Two CAREvent ALS	\$1995.95	9	\$17,963.55
Delivery charges, if any			
<b>Total</b>			<b>\$17,963.55</b>

**15. Future Expenses:** Estimate the maintenance or other required recurring expenses per unit after the first grant year (if applicable). Note: No funding will be provided for these expenses under this grant program and must be absorbed by the grant recipient(s). Discuss this issue with your agency as it may affect its budget.

Items	Cost
Training hours (two hours per paramedic, x 113=226 training hours)@\$40.00	\$9040.00

**Grant monies cannot be used to replace existing equipment.**

**JSF**

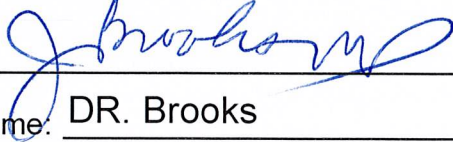
Initials of authorized signatory acknowledging the individual understands this statement.

2020 BROWARD COUNTY EMS GRANT APPLICATION

"Funding to improve or expand prehospital EMS Systems"

16. **Medical Director Approval:** For all projects requiring approval from the agency's Medical Director in accordance with Chapter 401, Florida Statutes, or Chapter 64J-1, Florida Administrative Code.

The undersigned, as Medical Director for this agency, supports and approves this project.

Signature:  Date: 09/16/2019  
Printed Name: DR. Brooks

17. **Partial Funding:** Will the agency accept partial funding?  
(Note: If the agency is awarded partial funding, an amendment to the outcomes and budget forms must be submitted).

- Yes, the agency will accept partial funding  
 No, the agency will not accept partial funding

Signature: \_\_\_\_\_  
(Authorized Signatory)  
Printed Name: \_\_\_\_\_

AGENCY NAME: Tamarac Fire Rescue  
AUTHORIZED SIGNATORY:   
DATE: 9/18/19  
PRINT AUTHORIZED SIGNATORY NAME: Michael Annese  
TITLE: Assistant Chief  
PROJECT MANAGER'S SIGNATURE:   
PRINT PROJECT MANAGER'S NAME: Jonathan Frasher  
TITLE: Division Chief  
TELEPHONE: 954-6-597-3807  
EMAIL: jonathan.frasher@tamarac.org

*2020 BROWARD COUNTY EMS GRANT APPLICATION*

*"Funding to improve or expand prehospital EMS Systems"*

**If this is a Single Agency Project, this is the last page of the application.**

**If this is a Multiple Agency/Countywide Project (excluding Countywide training projects), please continue by completing the Participating Agency Summary Sheet (Form A) and Section II for each Participating Agency.**

**Grant Application Submission Deadline:**

**TBD**

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**2020 BROWARD COUNTY EMS GRANT APPLICATION**  
*"Funding to improve or expand prehospital EMS Systems"*

**Form A**

**Participating Agency Summary Sheet**  
**(Attach a copy of negative responses)**

Agency Name	Not Interested	No Response	Quantity Requested
	<input type="checkbox"/>	<input type="checkbox"/>	
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*2020 BROWARD COUNTY EMS GRANT APPLICATION*

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**SECTION II**

**(Complete for ALL "Multiple Agencies" or "Countywide" Projects,  
EXCLUDING Countywide Training Projects)**

**Does your agency desire to participate in the grant project?**

If No, ignore the remaining questions and return the form to the Project Manager (GRANTEE).

\_\_\_\_\_  
**Initials of authorized signatory for Participating Agency**

If Yes, complete remaining items and return to:

Project Manager (name) \_\_\_\_\_

The undersigned Participating Agency \_\_\_\_\_  
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the \_\_\_\_\_ (GRANTEE) on a Project Application for

(Project Title and Summary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

as part of the BROWARD COUNTY EMS GRANT FUNDING. The Participating Agency acknowledges that, to be included as a Participating Agency under the agreement between BROWARD COUNTY and GRANTEE for BROWARD COUNTY EMS GRANT FUNDING ("Agreement"), it will be required to agree to the terms and conditions for the funding.

**1. Medical Director Approval:**

For projects requiring approval from the agency's Medical Director in accordance with Chapter 401, Florida Statutes, or Chapter 64J-1, Florida Administrative Code, the agency's Medical Director must complete the following:

**As Medical Director for above Participating Agency, I support and approve this project.**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*2020 BROWARD COUNTY EMS GRANT APPLICATION*

*"Funding to improve or expand prehospital EMS Systems"*

**2. Recurring Expenses after the grant year:**

The estimate for maintenance or other required expenses per unit after the first grant year, if applicable, are listed below. These costs will be absorbed by the grant recipient(s) (including each Participating Agency) and not paid from grant funds.

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

\_\_\_\_\_ Initials of authorized signatory for \_\_\_\_\_  
(Participating Agency)

**3. State the number of items requested or Training Participants.** \_\_\_\_\_

**4. PARTICIPATING AGENCY AUTHORIZED SIGNATORY:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**5. PARTICIPATING AGENCY PROJECT LEADER SIGNATURE:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**PARTICIPATING AGENCY PROJECT LEADER TITLE:**

\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**6. PROJECT MANAGER (GRANTEE'S RESPONSIBLE AGENT) SIGNATURE:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**PROJECT MANAGER TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_



REQUEST A CATALOG

Search by keyword or item number

SEARCH

EMS Physician Offices Teaching & Training Diabetic First Aid Deals Loyalty

Home > Automatic Ventilators > O-Two CAREvent ALS

SALE



Enlarge

### O-Two CAREvent ALS

by O-TWO MEDICAL TECHNOLOGIES

01CV3000 - O-TWO MEDICAL CAREVENT ALS

U of M: 1 EACH

This item requires a completed License Authorization Form (LAF). Learn More.

Regular Price: ~~\$2,742.99~~

**Your Price: \$1,995.95**

You Save: \$747.04

Qty:

Add to Cart

Add to Supply List

Features Specifications Shipping

The O-Two ALS handheld automatic transport resuscitator is designed to provide a safe and effective means of providing artificial ventilation during respiratory and/or cardiac arrest.

These pneumatically powered, time/volume cycled resuscitators have the added feature of a manually actuated, automatic ventilation override button (manual button). The single slider control for the simultaneous adjustment of ventilation frequency and tidal volume has six, preset automatic and manual override settings for a range of patients from 20 kg body weight to large adults. An off position is provided so that they can be left attached to the gas supply with the supply turned on ready for immediate use. No electrical supply or batteries are required to operate the devices.

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