

IDAHO EMS FOR CHILDREN PEDIATRIC EQUIPMENT GRANT APPLICATION



To be considered for an equipment award, this application must be completed and received or postmarked by **5:00 PM MDT on June 26, 2015.**



Supported in part by H33 MC06687 from the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

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PROGRAM INFORMATION

Background: The Idaho Emergency Medical Services for Children (EMSC) Program's goal is to improve, refine, and integrate pediatric care within the Idaho EMS system. One measure of progress toward this goal is the percent of EMS units in the state that have essential pediatric equipment and supplies as specified by national guidelines and by Idaho's *Minimum Equipment Standards for Licensed EMS Services*.

Purpose: The EMSC Program has purchased several pediatric equipment items to grant to Idaho EMS agencies. These items include Pediatric BLS Jump Kits, EZ-IO Drill Kits, lower extremity traction devices suitable for use on pediatric patients, and pediatric spinal immobilization boards. A complete description of available equipment items can be found on page 3 of this document.

Deadline for Applications: June 26, 2015, 5:00 PM MDT. Applications must be postmarked (as demonstrated by postmark, or 'sent time/date' on attached shipping paperwork, email, or fax) by this date to be considered for the grant. Applications should be delivered to:

Idaho Bureau of EMS & Preparedness
Attention: Erin Shumard
PO Box 83720
Boise, ID 83720-0036
Fax: 208-334-4015
Email: shumarde@dhw.idaho.gov

Eligibility: All currently licensed Idaho EMS agencies are eligible to apply for this grant.

Award Notification Date: July 6, 2015

Selection Criteria: Applications will be reviewed by the EMSC Program and equipment awarded using the following selection criteria:

1. Presentation of a logical needs statement.
2. Agency need, as demonstrated by personnel and financial information.

APPLICATION GUIDELINES

1. The Idaho EMSC Program has discretion in approving or denying grant applications.
2. Applications must be complete, legible, and timely in order to be considered for an equipment grant.
3. Applications must include the all properly completed sections (pages 4-6).

**IDAHO EMS FOR CHILDREN
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AVAILABLE EQUIPMENT**

PEDIATRIC BLS JUMP KIT—Navy Blue Bag with the following contents:		
Infant BVM Resuscitator	Kerlix Small Roll	Triangular Bandages
*with Infant Mask	Stretch Gauze Bandage 2"	4" x 4" Gauze Bandages
Pediatric BVM Resuscitator	Elastic Bandages (2" & 3")	ABD pads 5" x 9"
*with Child Mask	Tape (1" & 2")	Convenience Bag(s)
BVM Mask—Small Adult	Bandage Scissors	Antiseptic Wipes
Oxygen Mask—Infant	NPAs, 16-28 French (1 each)	Pediatric C-Collar
Oxygen Mask—Pediatric	OPAs, 40mm-80mm (1 each)	Sam Splint 36"
Nasal Cannula—Infant	Water Soluble Lubricant	Foil Bunting
Nasal Cannula—Pediatric	Trauma Dressing (10" x 2.5")	OB Kit
NRB Mask—Pediatric	Instant Hot & Cold Packs	Newborn Head Cover
Bulb Syringe	Tongue Depressors	BP Cuff—Infant
"Big Stick" Pharyngeal Suction Tip	Eye Pad(s)	BP Cuff—Child
Sodium Chloride Solution	Thermometer & Covers	Pediatric Stethoscope
Suction Catheters—6, 8, 10, 12 French	Length/weight-based reference for pediatric equipment sizing	Pediatric Pulse Oximeter
Pen Light	Petrolatum Gauze 3" x 9"	Trauma Shears

PEDI-MATE PEDIATRIC RESTRAINT SYSTEM

From the Ferno website: this system "quickly adapts to any ambulance cot to safely transport children ranging in size from 10-40 lb (4.5-18 kg). Fully-adjusting five-point harness system securely holds patient. Nontoxic, easy-to-clean vinyl rolls compactly for storage."



TRACTION DEVICE

The Faretec CT-6 EMS traction splint is lightweight, compact, strong, and fits both adult and pediatric patients.

EZ-IO DRILL KIT

The EZ-IO Drill kit comes with a power driver, 15 mm needle set, 25 mm needle set, and stabilizers in a soft-sided case.



PEDIATRIC BACKBOARD

This pediatric backboard accommodates children up to 90 pounds and 54 inches tall and comes with straps and navy blue carry case.



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ORGANIZATION INFORMATION

1. EMS Agency Name: _____
2. Agency License Number: _____
3. Shipping Address
Street: _____
City: _____
State: ____ Zip: _____
County: _____
4. Agency Administrator: _____
5. Telephone: _____
6. Email Address: _____
7. Grant Contact Person (*if different from above*): _____
8. Telephone (*if different from above*): _____
9. Email Address (*if different from above*): _____

SERVICE DATA

- | | |
|---|--|
| <ol style="list-style-type: none">1. PRIMARY Coverage Area:
Population: _____
Square Miles: _____
<i>Choose one:</i>
Rural
Suburban
Urban2. Call Volume:
Total in 2014: _____
pediatric patients (<i>under 18 years</i>): _____3. Vehicles Listed on EMS License
Transport: _____
Nontransport: _____ | <ol style="list-style-type: none">4. Personnel Type (<i>list numbers for each as applicable</i>)
True Volunteer: _____
Paid Volunteer: _____
Part-time Paid: _____
Full-time Paid: _____
Other: _____
Total: _____5. # Licensed Personnel (<i>count each only once</i>)
EMR: _____
EMT: _____
AEMT/I-85: _____
Paramedic: _____ |
|---|--|

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FINANCIAL DATA

Does your agency receive funding from:

Ambulance Tax District? _____	Yes	No
Fire Tax District? _____	Yes	No
Hospital Tax District? _____	Yes	No
City or County General Fund? _____	Yes	No
Any Other Grants? _____	Yes	No

Does your agency receive revenue from:

Billing for EMS Services? _____	Yes	No
Donations? _____	Yes	No
Investment Income? _____	Yes	No
Any other source? <i>(If yes, please explain in narrative.)</i> _____	Yes	No

For the most recently completed fiscal year, please enter your agency's total Income:

\$ _____

For the most recently completed fiscal year, please enter your agency's total Expenses:

\$ _____

EQUIPMENT REQUEST

Please prioritize the equipment your agency is asking for from 1 (most needed) to 5 (least needed). List how many of each item your agency is requesting and answer the questions for each item as appropriate.

Item	Priority #	Quantity Requested	Does your agency already have similar equipment?	Will your agency replace similar equipment with this grant item?
Pediatric BLS Jump Kit			Yes, on all units	Yes
			Yes, on some units	No
			No	
Pedi-Mate Child Restraint			Yes, on all units	Yes
			Yes, on some units	No
			No	
Faretec CT-6 EMS Traction Splint			Yes, on all units	Yes
			Yes, on some units	No
			No	
EZ-IO Drill Kit			Yes, on all units	Yes
			Yes, on some units	No
			No	
Pediatric Backboard			Yes, on all units	Yes
			Yes, on some units	No
			No	

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NARRATIVE

Part I. Justification of Need. Use additional pages if necessary.

Part II. Explanation for Lack of Available Funds. Use additional pages if necessary.