



Agenda Item:

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COUNCIL COMMUNICATION

City Manager's Office

GENERAL INFORMATION

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Communication

Roll Call

Submitted by: Phillip C. Vorlander, Chief of the Fire Department

SUBJECT—

2004 Assistance to Firefighters Grant

SYNOPSIS—

The Des Moines Fire Department has prepared a grant application for submission to the United States Department of Homeland Security—Office for Domestic Preparedness 2004 Assistance to Firefighters Grant program to fund the purchase of specialized equipment (outlined below).

FISCAL IMPACT—

Cities with populations greater than 50,000 are required to provide a thirty percent (30%) match to the federal grant monies. The total amount necessary for this program is \$181,170. The amount of the grant, if awarded, would be \$126,819 and the required thirty percent city match would be \$54,130. The Fire Department proposes to fund the required match from the Capital Improvement Program (CIP) Budget, FIR013 Firefighting Equipment, Account 521020, Fund CP041, Organization FIR990000.

RECOMMENDATION—

Approval

BACKGROUND—

For the 2004 program year, the United States Congress appropriated \$750,000,000 for the purpose of providing one-year grants to fire departments to improve their capabilities with respect to fire and fire related hazards. The primary goal of the grant program is to provide assistance to fire departments so that they may better meet their firefighting and emergency response challenges. The Des Moines Fire Department was awarded grants in program years 2002 and 2003.

Staff is requesting grant funding to assist in the purchase of twelve-lead cardiac monitor/defibrillators that would be deployed on department ambulances, necessary calibration equipment, and formal training for twelve-lead electrocardiogram interpretation, including necessary texts.

The incorporation of twelve-lead technology along with the associated training that qualifies our paramedics to interpret a twelve-lead electrocardiogram will provide for early identification of potential candidates for thrombolytic therapy (drugs that, when appropriately administered, can 'clear' a blockage in coronary arteries significantly lessening the damage from heart attack) or give early notice to emergency departments allowing for quicker assembly of an in-hospital cardiac catheterization teams. While not currently under consideration in our system, out-of-hospital administration of thrombolytic agents is included in the protocols of some providers and may be included as part of our protocols in the future. American College of Cardiology and American Heart Association guidelines recommend prehospital twelve-lead electrocardiography for patients who present with non-traumatic chest pain.