

BUDGET COMMITTEE FEBRUARY 16TH, 2005

SUPPLEMENTARY REPORT ON PUBLIC ACCESS DEFIBRILLATION PROGRAM

Recommendation

The Fire Chief and City Manager, in consultation with the Director of Recreation & Culture, the Director of Buildings & Facilities, the Director of Reserves and Investments, the Director of Human Resources, the Manager of Health & Wellness Programs and the Manager of Special Projects, Licensing & Permits Insurance Risk Management, recommends:

1. That funding of \$110,000 required in excess of the existing \$40,000 allocated for Phase 1 of the Heart Alive Public Access Defibrillation Program, to allow implementation in up to 15 City of Vaughan facilities (Community Centres, Civic Centre, Annex/Temporary Offices and JOC), including the acquisition of up to 27 automatic defibrillators and direct and indirect training costs for up to 81 employees as Targeted Responders, be considered in the 2006 Budget Process;
2. That all future City-provided mandatory or voluntary Standard First Aid & CPR training courses for employees include the provision of automatic defibrillator training and recertification;
3. That the Heart Alive Public Access Defibrillation program will eventually provide publicly accessible defib units in major community facilities and the provision of trained Targeted Responders will be on a "best-efforts", but not guaranteed availability basis;
4. That the Vaughan Fire & Rescue Service continues responsibility for the implementation of the Heart Alive Program in collaboration with the Community Services Department, Human Resource Services and other department representatives as deemed appropriate; and
5. That Council be kept informed of the implementation progress.

Purpose

The purpose of the report is to provide additional information as directed by Committee of the Whole (Budget) Meeting January 31, 2005, "for a further comprehensive report, including financial, legal and risk management implications".

Background - Analysis and Options

The following will address the financial and legal and risk management implications, as well provide additional information regarding public access defib programs in our neighbouring Municipalities.

Financial Implications:

The original report (attachment #1) identified full implementation costs of about \$148,000 of which there was previous budget approval for \$40,000 (\$20K each in Capital and Operating for the first phase of implementation). An additional \$15,000 has since been identified for staffing costs for some of the training time.

Committee requested an estimate of on-going Operating Budget impact for future years. The attached Heart Alive Program Cost Estimate 2005-2008 (attachment #2) indicates that about \$33,000 to \$35,000 would be required annually, as follows:

	2006	2007	2008
Annual Service Maintenance Agreement:	\$7,695	\$7,695	\$7,695
New Targeted Responder Training:	\$9,450	\$1,750	\$1,750
Targeted Responder Recertification:	\$2,700	\$8,100	\$8,100
Staff back-filling, paid training hours & overtime:	\$15,000	\$15,000	\$15,000
Total:	\$34,845	\$32,545	\$32,545

It is understood that a great deal of the training would be incorporated into the time that staff are already assigned to Standard First Aid and CPR training, whether voluntary or condition of their respective job descriptions or work assignments. Some special training sessions requiring after-hours or staff back-filling would impose additional wage costs, not previously quantified, but suggested in the original report's suggested recommendation: *"That staff further report on the indirect cost impact of the training requirements that creates back-filling situations, overtime obligations or additional un-budgeted hourly rated program staff time, as may be required for additional Targeted Responders;"*

The Director of Recreation & Culture and the Director of Buildings & Facilities have indicated that they require additional time to fully analyze the staffing-hours impact of upgrading existing or implementing additional standard first aid/CPR and defib training for their respective departments.

The City of Vaughan Human Resources Department currently funds a limited amount of Standard First Aid and CPR training courses, at no cost to the user-department (other than their respective staff regular wages). It is understood that the Health & Wellness-sponsored First Aid/CPR training is offered on a 'voluntary' basis for interested employees and those that have volunteered to be 'Designated First Aiders' at various facilities or workplaces, in addition to those employees who require first aid and CPR skills as part of their jobs, i.e. lifeguards and fitness instructors, etc. Whereas, fire fighter first aid/CPR/defib training is budgeted and provided within the VFRS departmental budget. About \$3,000 is spent each year by Health & Wellness for voluntary and non-fire fighter first aid/CPR training. To upgrade the course cost to include the Target Responder training and recertification would impact the funding for Health & Wellness-provided courses by about \$750 on the basis of 15 employees who voluntarily attended that kind of training in 2004 (\$125 cost per student would become \$175 when the defib component is added).

The replacement life-cycle of the defibrillation equipment is estimated to be at least six years, although there is an understanding that the manufacturer should support this type of equipment for up to 10 years. After about six years, the equipment would be carefully assessed annually for its continued reliability, suitability or obsolescence and replacement units would be requested as justified, through the normal Capital Budget deliberation process.

Finance Comments:

Phase 1 of the Heart Alive Public Access Defibrillation Program was approved by Council during the 2003 Operating and Capital Budget deliberations in the amount of \$40,000 with taxation as the source of funding. To date, these funds are available and Phase 1 of the program can proceed. The balance of the Heart Alive program roll-out in existing facilities is estimated to cost about \$110,000.

The recommended appropriate source of funding for the second phase is taxation. There is currently no taxation funding identified or available in either the proposed 2005 Operating or Capital Budget for the funds requested in the amount of \$110,000.

Legal and Risk Management Implications:

Staff consulted with the Commissioner of Legal and Corporate Services and the Manager of Special Projects, Licensing and Permits Insurance Risk Management, who sought information from Frank Cowan Company, the City's insurers.

The following table describes Cowan's published risk management considerations in the left column and Staff's comments in the right column, to address how those specific considerations will be achieved:

<p>The City's insurers suggest that the following risk management considerations be made prior to implementing a public access defibrillation program:</p>	<p>Staff's comments address how those considerations will be achieved:</p>
<p>1. All legal requirements must be adhered to, and the Ministry of Health protocols or guidelines should be followed by the organization proposing implementation of the defibrillation program.</p>	<ul style="list-style-type: none"> • The York Region Health Service's, Heart Alive Program as administered by York Region EMS, ensures development of appropriate protocols and guidelines. • Provincial Base Hospital Guidelines for Public AED Providers will be utilized.
<p>2. Approval and cooperation from a Medical Director must be obtained prior to proceeding with this program.</p>	<ul style="list-style-type: none"> • Medical Direction will be provided through the Heart Alive Program Medical Director—Dr. David Austin who is also Chief of Emergency Medicine at Markham Stouffville Hospital and Medical Director of the York Region Base Hospital Program.
<p>3. Strict policies and procedures should be established regarding the administration of such a program, including certification training and retraining.</p>	<ul style="list-style-type: none"> • Appropriate budget approval to endorse the implementation of the Heart Save program and to provide the training on an on-going basis achieves this consideration. • Corporate written policy to be developed.
<p>4. An appropriate communication program that clearly educates the public of the intent of this program should be conducted. For instance, this program does not replace the standard 911 emergency procedures, and there is no guarantee that there will always be certified staff on site to administer defibrillation.</p>	<ul style="list-style-type: none"> • Staff will seek the assistance of the Corporate Communications Department to prepare the appropriate 'media roll-out' • Appropriate signage will be provided at each defib installation. • Council endorsed 'best efforts' policy.
<p>5. This program should be integrated with the existing 911 emergency response system</p>	<ul style="list-style-type: none"> • Proposed defibrillator equipment will be fully-compatible with Vaughan Fire & Rescue Service and York-EMS defibrillator equipment. • Heart Alive training program teaches proper procedures for accessing emergency response services.
<p>6. All employee and union concerns should be considered prior to implementing this type of program (where the Insurer suggests specific existing collective agreement language may prevail in some jurisdictions)</p>	<ul style="list-style-type: none"> • Targeted Responders are provided the legal protection of the Good Samaritan Act. • Liability issues will be covered in the Heart Alive training program.

	<ul style="list-style-type: none"> Concerns of employees and union representatives will be addressed. Staff is not aware of any significant employee or union concerns being raised in other jurisdictions.
7. A formalized system of inspection, maintenance and documentation should be established for the defibrillation equipment - in accordance with manufacturer's instructions.	<ul style="list-style-type: none"> As part of Heart Alive Program, designated targeted responders will regularly inspect and report on the condition of the equipment A service maintenance agreement with the defib vendor will ensure proper functioning of defib equipment.
8. All insurance coverage issues should be addressed, including property insurance on the equipment itself and notifying your insurer of your proposed program due to the potential malpractice and liability exposures.	<ul style="list-style-type: none"> Insurance agent has been advised of the proposed program and a list of assets will be sent accordingly. Partnering with York Region's Heart Alive program provides assurance of appropriate program administration and practice.

Our insurers further suggest that if municipalities or organizations carefully consider all aspects of a public access defibrillation program, along with the previously mentioned risk management suggestions, the goal to save more lives can be achieved while minimizing the risk of liability!

Status of Other Public Access Defib Programs:

Further to the meeting on January 31st, staff has enquired with neighbouring Municipalities to determine the extent of their respective public access defibrillation programs, and can report as follows:

Newmarket:

- Eight units in Arenas, Pool and Seniors building
- Not aware of formal training program
- Orientation training for a limited number of staff.

Georgina:

- Plan is to have EMS facilitate training in February
- Hope to have 5-8 units by end of 2005

Richmond Hill:

- Not aware of any units in Richmond Hill buildings

Markham:

- 14 of 28 facilities
- Budgeting about \$6,000 to \$8,000 in 2005 and 2006 for on-going defib training and equipment-maintenance (no allowance for-recapitalization-reported)
- No apparent staffing or back-filling budgeting (assuming absorbed by departments)

Mississauga:

- All recreation facilities

Oshawa:

- 1 per location plus 1 per pool

Toronto:

- 34 community and public facilities

King Township:

- 4 locations/units

Whitby:

- 1 library

Program Responsibility:

Although the Fire Chief was previously directed by Council to bring the Heart Alive Program forward, as an extension of the original Fire Fighter Defibrillator Program in consultation with York Region EMS, it is acknowledged that the future equipment asset acquisition, maintenance and recapitalization, should become a responsibility of the Building & Facilities Department. Further, the majority of Targeted Responders to be trained and re-certified annually, will likely be employees of the Recreation & Culture and Buildings & Facilities Departments.

As part of the implementation of the program, the Vaughan Fire and Rescue Service will continue to play a coordinating role with departments until the Heart Alive Public Access Defibrillation Program has been implemented at all major city facilities. Once this is complete, staff believes that the Community Services Department could then assume responsibility for the Heart Alive Program. Should the Community Services Department assume program responsibility in the future, it is appropriate that Vaughan Fire & Rescue Service and Human Resource Services continue to provide budget-approved program support. VFRS could assist with such areas as post-defib-use-incident staff debriefing, defib 'expertise' and liaison with York Region Health Services, EMS, Base Hospital and Medical Director and potential to seek approval to allow fire service defib instructors to assist with Targeted Responder training and re-certification (which may require future course funding for train-the-trainer certification). H. R. Health & Wellness would continue to budget for the direct costs of standard first aid/CPR/defib training and recertification for all employees except fire fighters.

Staff has been verbally advised by York Region EMS that official correspondence from York EMS is 'in-the-mail' to the City of Vaughan, announcing the completion of the Heart Alive program implementation in 28 Regional worksites and that 300 York Region employees have been trained accordingly. York EMS is now in the position to offer the program administration and training services to the Local Municipalities; further indicating that they have been engaged to assist the Town of Georgina and the York Regional Police, in their respective Heart Alive programs.

Conclusion

Staff has brought forward recommendations as revised following Committee's discussion of the item on January 31, 2005 and further consultation with the City's insurers and other City Staff, however, it has not been determined what the full impact of staff hours and backfilling will be, to conduct all desired Targeted Responder training and an estimate is presented in the Heart Alive Program Cost Estimates 2005-2008 (attachment #2), subject to what future review may determine. Any such staffing cost implications encountered during Phase 1 implementation will be reported to Council accordingly.

Staff intends to proceed with the previously approved Phase 1 of the Heart Alive Program in 2005, now that York Region EMS has announced its long-awaited expansion of the Heart Alive program beyond Regional worksites. Staff will use the Phase 1 implementation process to elaborate on the multi-department collaboration and coordination required to implement Heart Alive across the City, in preparation of the second phase—especially the 2006 budget deliberations; and development of a life-saving program in consideration of sustainable funding and appropriate due diligence.

The balance of the roll-out to place sufficient defibrillators in all existing major City of Vaughan facilities, totaling \$110,000 should be deferred for consideration during the 2006 Budget deliberations.

Attachments

1. Budget Committee January 31, 2005 Item #3: Public Access Defibrillation Program
2. Heart Alive Program Cost Estimate 2005-2008

Report prepared by:

John B. Sutton, Fire Chief 905-832-8585 x8205

Respectfully submitted,

John B. Sutton
Fire Chief

Michael DeAngelis
City Manager

PUBLIC ACCESS DEFIBRILLATION PROGRAM

Recommendation

The Fire Chief recommends:

1. That the report of the Fire Chief be received; and
2. That direction be provided on the accelerated implementation of the Public Access Defibrillation program.

Purpose

The purpose of the report is to provide an update on the existing multi-year phased-implementation of the Public Access Defibrillation program and to seek direction on an accelerated implementation as suggested in the conclusion to this report.

Background - Analysis and Options

Upon adjournment of the Committee of the Whole (Budget) Meeting January 18, 2005, there was a request that staff provide an update on the Public Access Defibrillation program and further asking that staff also bring forward an estimate of costs associated with installing defibrillators at every community centre/public building, to the next Budget Committee Meeting.

York Region Health Services announced the launch of the Heart Alive Public Access Defibrillation program in Fall-2002, for first phase implementation in Regional facilities in 2003, while seeking commitments from local Municipalities to join-in also—which the City of Vaughan committed \$40,000 in the 2003 budget, for Vaughan's initial phase (which amount has been carried forward through 2004 and 2005 budgets and later phases deferred to 2006 and beyond). However, program support to Vaughan has only recently become available to allow Vaughan's start in the program with the original limited funding level.

York Region acquired the necessary equipment late in 2003 and commenced training selected Regional employees as 'Target Responders' in 28 Regional facilities throughout 2004. Following staff's inquiry on January 19, 2005, the YR-EMS Program Manager has indicated EMS is now ready to provide Heart Alive program support and Target Responder training by YR-EMS Paramedics, to the local Municipalities.

Subject to an assessment of every site to determine the exact number of defib installations required in each facility to meet the immediacy requirements, it is estimated that about 27 defibrillator units would be required at a Capital cost of about \$108,000 and direct program implementation operating costs, such as service agreements, recapitalization funding and training fees for the first year of about \$41,000 for a program total of about \$149,000 less the \$40,000 already available in the 2005 budget, for a net-cost increase of \$109,000. These costs do not include indirect costs associated with regular hours or overtime costs for staff time while training or replacement workers to cover staff away attending training courses.

Fortunately, the cost of defib equipment has come down substantially since the concept of Public Access Defibrillation programs several years ago. Defib units that were originally budgeted at more than \$5,000 each are now available for less than \$4,000 each including special wall-display storage cabinets and incidental costs to install them.

Training costs for Paramedic Instructors, program materials and incidental expenses are estimated to be about \$175 per Targeted Responder, of which the Heart Alive program

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recommends a minimum of three employees who work in close proximity to each installed defib unit, be trained as Targeted Responders. In subsequent years, additional Target Responders will need training and all Target Responders will need to be re-certified each year at a cost estimated to be about \$100 each. At this time, Heart Alive program administrators will not recognize or allow VFRS first-aid/defib instructors to deliver the Heart Alive training programs.

In the absence of trained Targeted Responders, the defibrillators are mounted in display cabinets, fully accessible to any member of the public, who are encouraged to use the equipment by following the posted instructions—in the same manner as defibrillators now installed in airport terminals.

The Heart Alive Target Responder 2-day training program consists of three components: Standard First Aid, CPR and Defibrillation. Staff believes that current first aid and CPR training programs that City of Vaughan Health & Wellness staff provide to employees as part of the Workplace Safety Program, could be expanded in the future to include the defibrillation component to demonstrate compliance with Workplace Safety and Heart Alive program requirements. Operating budget funding for future-year Heart Alive training programs may be considered for allocation to the Human Resource Services Health & Safety function.

Other operating budget cost impacts will be 24-month service maintenance agreements at a cost of \$570 per unit and an annual contribution to a reserve fund for future replacement, at an amount of one-sixth the purchase value (estimating a minimum life cycle of six years). Modification of the service agreement or deferral of the re-capitalization to commence in year-2 of the program and revision of the life-cycle replacement could defer some of the operating cost impacts for 2005. It is understood the equipment leasing may be an option that reduces start-up year costs, but would likely be more costly over future years—although quicker turn over of defib units would provide current technology improvements sooner. Leasing options have not been fully explored.

Operating budget funding for future-year Heart Alive equipment, service agreements and re-capitalization, may be considered for allocation to the Property & Facilities function, as the asset is allocated City-wide and becomes a facility fixture—much like the provision of fire extinguishers for emergency use.

Further to the original request to Staff, the Budget Committee Chair has asked that the 2005 Fire Station 7-6 Capital Budget project for expansion of the building be modified to allow the funding of the accelerated implementation of the Public Access Defibrillation program.

Conclusion

Staff will undertake to revise the Fire Station 7-6 expansion project by an approximate reduction of 20% floor-space/estimated costs, to provide sufficient additional funding to allow significant implementation of the Heart Alive program in 2005.

Staff is confident that public access defibrillation units can be acquired and increasing numbers of trained Target Responders can become available during most of the normal operating hours in most Community Centres or public buildings late in 2005 or early 2006; however, some locations may require additional units and training based on finalized site assessments and indirect staffing-hours impact, which would be brought forward as a 2006 funding request.

Should Council concur, Staff suggests the following recommendations:

1. That Staff be authorized to implement the Heart Alive Public Access Defibrillation program in up to 15 City of Vaughan facilities (Community Centres, Civic Centre, Annex and JOC), including the acquisition of up to 27 automatic defibrillators and

direct training costs for up to 81 employees as Targeted Responders, who can be approved for training time within their normal work schedules;

2. That funding required in excess of the existing \$40,000 for defibrillators be re-allocated from the 2005 Capital Budget Fire Station 7-6 expansion project at the determination of the Fire Chief following site assessment, vendor negotiations and finalization of current year direct program operating costs;
3. That staff further report on the indirect cost impact of the training requirements that creates back-filling situations, overtime obligations or additional un-budgeted hourly rated program staff time, as may be required for additional Targeted Responders;
4. That staff further report on the cost impact of ensuring that all future City-provided mandatory or volunteer First Aid & CPR training courses for employees include the provision of automatic defibrillator training and recertification; and
5. That Council be kept informed of the implementation progress.

The VFRS is pleased to take the lead during the Heart Alive Public Access Defibrillation program implementation and will consult extensively with York Region Health Services Staff and City of Vaughan Health & Wellness Staff, Property & Facilities Staff, Recreation Staff and Finance Staff, during the implementation and future year program development and funding allocations.

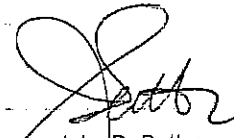
Attachments

1. York Region Health Services Heart Alive Program
2. City of Vaughan Heart Alive Program Cost Estimates

Report prepared by:

John B. Sutton, Fire Chief 905-832-8585 x8205

Respectfully submitted,



John B. Sutton
Fire Chief

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ROLES & RESPONSIBILITIES

REGION	MUNICIPALITIES	COOPERATIVE
PROVIDE TARGETED RESPONDER COURSE AND LOCATION	PROVIDE PARTICIPANT LIST FOR PLANNING PURPOSES	DETERMINE SITES AND EQUIPMENT NEEDS
PROVIDE COURSE MATERIALS AND TRAINING EQUIPMENT	PURCHASE/LEASE AEDs AND ALL ASSOCIATED EQUIPMENT	DEVELOP LOCAL "RESPONSE TO MEDICAL EMERGENCY"
POTENTIAL TRAINING DATES	INSTALL CABINETS (USING HA GUIDELINES)	DETERMINE NUMBER OF STAFF TO BE TRAINED
COLLECT SITE MONITOR DATA	PROVIDE EQUIPMENT SERIAL NUMBERS AND EXPIRY DATES	APPOINT SITE MONITOR* (TARGETED RESPONDER)
COLLECT EVENT DATA	PROVIDE EVENT DATA	CRITICAL INCIDENT STRESS (CIS) RESPONSE
REFRESHER/RECERTIFICATION	INSTALL HEART ALIVE SIGNAGE	
PROVIDE HEART ALIVE SIGNAGE		

***SITE MONITOR ROLE:**

- Complete Weekly visual inspection, including documentation. (Site Monitor Checklist - provided)
- Notify Heart Alive of any problems related to weekly checks immediately
- Contact equipment manufacturer (if maintenance plan in place) for AED problems
- Forward completed Site Monitor Checklist to Heart Alive at the end of each month
- Recruit an alternate Site Monitor to perform duties in your absence. (illness or on vacation)
- Notify Heart Alive immediately if you are no longer able to continue your role as Site Monitor
- Notify Heart Alive if Targeted Responders leave/relocate workplace
- Ensure all staff are familiar with "Response to Medical Emergency" plan and Targeted Responders are identified





HeartAlive

YORK REGION HEALTH SERVICES

JAN 31 2005
COPV



Heart Alive Training

2-Day Targeted Responder Course

A minimum number of hours must be spent on specific portions to meet the guidelines set out by the Heart & Stroke Foundation and the Workplace Safety Insurance Board.

It is our desire to present a thorough, holistic approach to training that is refreshing and challenging to those who have experienced First Aid and CPR training before, and comprehensible to those participating for the first time.

The goal of the course is to arm Targeted Responders with the knowledge and skills necessary to respond in a medical emergency, but perhaps more importantly, to inspire the confidence needed to take action.

The 2-day course includes Certification in:

- Standard First Aid (approved by WSIB-Workplace Safety Insurance Board)
- Heart & Stroke Foundation BLS-B Heart Saver Plus CPR
- Heart & Stroke Foundation Automated External Defibrillator Provider

The course is comprised of both practical and didactic components:

- "Chain of Survival"
- Role of Targeted Responder
- Priority Approach – systematic approach to medical emergency
- Airway and Breathing
- Cardiopulmonary Resuscitation (CPR)
 - *Adult/Child/Infant*
- Automated External Defibrillation (AED) Provider
- Bleed Control/Spinal Control
- Shock
- Information Gathering
- Heart Health
- Medical Emergencies
 - *Medical*
 - *Trauma*

1-Day CPR and AED Awareness Course

A minimum number of hours must be spent on specific portions to meet the guidelines set out by the Heart & Stroke Foundation

The 1-day course includes Certification in:

- Heart & Stroke Foundation BLS-A Heart Saver CPR
- Automated External Defibrillator Awareness

The course is comprised of both practical and didactic components:

- "Chain of Survival"
- Airway and Breathing
- Cardiopulmonary Resuscitation (CPR)
 - *Adult*
- Automated External Defibrillation (AED) Awareness



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REGIONAL MUNICIPALITY OF YORK HEART ALIVE TRAINING FEE STRUCTURE

2 - Day Targeted Responder Training

Fees are based on a minimum/maximum 6 participants per 1 instructor

	1-6 Participants	7-12 Participants	13-18 Participants
Instructor(s)	\$660.00	\$1,320.00	\$1,980.00
Administrative Costs	\$75.00	\$75.00	\$75.00
Equipment Maintenance and Incidental Costs	\$120.00	\$120.00	\$120.00
Manual, Completion Cards and other Materials	\$150.00	\$300.00	\$450.00
Total Cost	\$1,005.00	\$1,815.00	\$2,625.00

1 - Day Recertification of Targeted Responder Course

Fees are based on a minimum/maximum 6 participants per 1 instructor

	1-6 Participants	7-12 Participants	13-18 Participants
Instructor(s)	\$330.00	\$660.00	\$990.00
Administrative Costs	\$75.00	\$75.00	\$75.00
Equipment Maintenance and Incidental Costs	\$120.00	\$120.00	\$120.00
Manual, Completion Cards and other Materials	\$150.00	\$300.00	\$450.00
Total Cost	\$675.00	\$1,155.00	\$1,635.00

HEART ALIVE PROGRAM COST ESTIMATE 2005-2008

	# Targeted Responders for each AED	# Targeted Responders Annual Recertification	# New AEDs	# Annual Service Maintenance Agreements	Capital Budget Purchase @	Annual Service Maintenance Agreement /Unit @	Targeted Responder Training costs + Misc	Targeted Responder (Fee Recertification (Fee + Misc)	Staff Training Time, Backfill, Overtime, may be required for some employees	Total Annual Operating Cost
2005 Phase 1 Sites TBD*	3				\$4,000	\$285	\$175	\$100		
2005 Backfill, Overtime, some employees	27	9			\$36,000	\$2,565	\$4,725	\$0	\$0	\$7,290
2005 Total:					\$36,000	\$2,565	\$4,725	\$0	\$0	\$7,290
2006 Phase 2 Sites TBD*	54		18		\$72,000	\$5,130	\$8,450	\$0		\$14,580
2006 Add New TRs	0						\$0	\$2,700		\$0
2006 Recertify 2005 TRs		27						\$2,700		\$2,700
2006 Backfill, Overtime, some employees								\$15,000	\$15,000	\$15,000
2006 Phase 1 Sites Maint.				9		\$2,565		\$2,565		\$2,565
2006 Total:					\$72,000	\$7,695	\$9,450	\$2,700	\$15,000	\$34,845
2007 Phase 3 Sites TBD??**	0		0		\$0	\$0	\$0	\$0		\$0
2007 Recertify 2005 TRs		27						\$2,700		\$2,700
2007 Recertify 2006 TRs		54						\$5,400		\$5,400
2007 Add New TRs	10						\$1,750			\$1,750
2007 Backfill, Overtime, some employees								\$15,000	\$15,000	\$15,000
2007 Phase 1 Sites Maint.				9		\$2,565		\$2,565		\$2,565
2007 Phase 2 Sites Maint.				18		\$5,130		\$5,130		\$5,130
2007 Total:					\$0	\$7,695	\$1,750	\$8,100	\$15,000	\$32,545
2008 Phase 4 Sites TBD??**	0		0		\$0	\$0	\$0	\$0		\$0
2008 Recertify 2005 TRs		27						\$2,700		\$2,700
2008 Recertify 2006 TRs		54						\$5,400		\$5,400
2008 Recertify 2007 TRs???		0						\$0		\$0
2008 Add New TRs	10						\$1,750			\$1,750
2008 Backfill, Overtime, some employees								\$15,000	\$15,000	\$15,000
2008 Phase 1 Sites Maint.				9		\$2,565		\$2,565		\$2,565
2008 Phase 2 Sites Maint.				18		\$5,130		\$5,130		\$5,130
2008 Phase 3 Sites Maint.???				0		\$0		\$0		\$0
2008 Total:					\$0	\$7,695	\$1,750	\$8,100	\$15,000	\$32,545
2005-2008					\$108,000					
Equipment # / \$:			27	63		\$25,650				
Maint. Agreement							\$17,675		\$45,000	
Target Responder Trng	101									
Backfill, Overtime, some employees										
Recertification		189						\$18,900		
2005-2008 Total:					\$ 108,000					\$107,225

* Sites to be assessed, to determine priority locations & quantify required in each.

** New facilities not otherwise budgeted in projects, or need for additional units after complete assessments.