The Capitol Region
Metropolitan Medical Response System
Hartford, Connecticut

FINAL DRAFT
AUGUST 14, 2004

DELIVERABLE # 10

The Capitol Region MMRS Equipment Plan

Contract No. 233-02-0020
May 24, 2002

Submitted for the City of Hartford, Connecticut

John J. Shaw, DMD, Senior Project Manager

August 20, 2004
10 Deliverable #10: Develop an Equipment Plan


Equipment may include personal protective equipment, detection equipment, and decontamination equipment [both field and hospital]. This Plan shall include a timetable for the procurement of the above items and a plan for equipment maintenance. A Property Officer for all property received and purchased under this contract shall be identified. This Plan shall include a spreadsheet detailing equipment procured from all federal programs [i.e., HHS, DoD, DoJ, FEMA]. This Plan shall be presented to the Project Officer.

Note: all equipment purchases under this contract shall be harmonized with equipment received from all federal programs.

Note: No equipment may be purchased under this contract until these listed items have been submitted and approved by the Project Officer.

Indicators of Fulfillment:

10.01 □ Is the list of equipment consistent with the mission of the MMRS?

10.02 □ Does the plan contain a timetable for procurement of equipment?

10.03 □ Does the plan detail procedures for equipment maintenance and storage?

10.04 □ Does the plan identify a property officer who is responsible for all property received and purchased under this contract?

10.05 □ Are equipment purchases under this contract harmonized with equipment received from DoD, DOJ, and FEMA programs?

10.06 □ Has the plan been submitted to the Project Officer in a timely manner

10.07 Notes:
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Introduction

Summary:

At this time, the planning and preparation for all-hazards incidents in the Capitol region of Connecticut, consisting of 41 communities, 14 hospitals, 19 health districts, and a host of other notable agencies as well as a population approximating 1.2 million citizens, is much more sophisticated than only three years ago. The improvement can be attributed to dedicated leadership among the region’s emergency managers, smart planning that reflects a regional vision of functional preparedness, and a rapid influx of money to fund improvements from a wide variety of sources.

In 2001, responder agencies from 17 communities in north central Connecticut joined forces to form the Capitol Region Emergency Planning Committee [CREPC] under the aegis of the Public Safety Committee of the Capitol Region Council of Governments. The primary functions of CREPC were two-fold: first, to act as a regionalized version of the local emergency planning committees mandated for each of CT’s communities and, second, to create a truly regional response mechanism for the Capitol region that would maximize the efficient utilization of regional response personnel and resources. Due to exceptional leadership, CREPC quickly moved to adopt by-laws and to formalize the entity. The elected officials from each of the 17 communities formally recognized CREPC as their emergency planning agency.

By early 2002, the Capitol Region Emergency Planning Committee had conducted a series of long-term strategy discussions with its member agencies. Through that process, CREPC was able to identify several key areas where augmentation and support of the regional emergency response system was necessary in order to be truly functional and responsive to the needs of its member communities and agencies. The areas of deficiency included:

1. Communications: equipment and training
2. Interoperability
3. Incident command: training and implementation
4. Detection and Identification of lethal agents
5. Field decontamination capacity
6. Responder rehabilitation and safety: equipment and training
7. Personal protective equipment for hospitals and responders
8. Hospital decontamination: equipment and training
9. Training on WMD and BT for all agencies
10. Pharmaceutical stockpile
11. Other medical equipment to manage the first 72 hours

By the spring of 2002, CREPC had conducted surveys of the various response agencies in the Capitol Region. The surveys included inventories by type and quantity of the various equipment assets available to the region in the event of disaster. By the time the Capitol Region MMRS came aboard in June of 2002, the Capitol Region Emergency Planning Committee, mimicking the Emergency Services Functions [ESF] format espoused by FEMA, was fully functional and operating at a high level of organization. The Capitol Region MMRS functions were assigned to ESF 8 [Health and Medical] that already included sub-sections representing public health, EMS, and the region’s hospitals.

The initial CREPC region-wide assessments have impacted significantly on the planned equipment procurement strategies for the region, including that of the CR-MMRS:

- The communities who participate in the CREPC planning process have benefited from the knowledge that, though their individual equipment resources may be limited, their participation in the CREPC regional response planning entity gives them access to all of the region’s considerable resources. Consequently, the number of communities participating in CREPC has increased from 17 in 2002 to 41 towns in 2004, representing fully one third of CT’s population.

- The participating communities have come to understand and appreciate that the CREPC RED Plan is intended to provide augmentation of local resources whenever needed. In effect, the RED Plan provides an effective mechanism for the rapid acquisition and deployment of regional resources, while assuring that incident command and control remains a local function. In 2004 alone, the RED Plan has been activated successfully three times and functionally drilled twice, so the regional response mechanism has been tested and proven effective.

- The surveys allowed CREPC officials accurately to identify significant gaps in equipment and training availability in the Capitol Region, and to begin to develop wish lists and timetables for procurement based on practical priorities.
  - One side effect of this process was a shift in thinking by key responders from insular concerns about what their individual communities needed to a more regional way of thinking that advocated for the development of regional response teams to assure the most effective use of resources.
  - Additionally, CREPC equipment purchases increasingly have supported an all-hazards approach to response planning. Since 09/11/2001, CT and CREPC planning and purchasing focused on
preparation for mass casualty events resulting from weapons of mass destruction. The present shift to all-hazards planning ensures that equipment and training will become more useful to the region over a broader range of incidents.

- Finally, having developed a truly regional inventory of available equipment and training opportunities, CREPC was able to position itself as a negotiating agent for the region’s responder agencies.
  - In 2004, in an extraordinary show of good faith, 36 of the 41 communities in CREPC, including the capitol city of Hartford, agreed to allow CREPC to negotiate on their behalf with the CT Department of Homeland Security [CTDHS]. CREPC argued successfully for the Capitol regional distribution of FY 2004 federal bioterrorism monies rather than for distribution to the individual towns.
  - As a result, 6.2 million dollars of federal homeland security funding has been allocated to CREPC, 50% of which will fund vital equipment purchases to plug the recognized gaps, and 30% more will fund training programs that will be used to benefit the entire region.

While CREPC has been working diligently to close identified gaps in regional equipment inventories, other agencies operating on a statewide level also have allocated funds to improve the resource stockpiles in the Capitol Region. Some of the significant purchases have included:

A. CT Department of Homeland Security Funding:
   - Hospital Decontamination Packages have been purchased and distributed to all of the 31 acute care hospitals in CT. The packages include a portable mass decontamination water system that can be set up in minimum time. This system can decontaminate 50-100 people per hour and includes personal protective equipment [Level B suits with PAPR respirators] so that hospital employees can conduct the decontamination safely. Cost is @ $15,000 per package.
   - A total of 34 decontamination trailers have been ordered for distribution statewide. The trailers have 2 self-contained water heaters, a 12 KW generator, HEPA filtration negative air pressure system, and a control station for the 800 MHz I-TAC/I-CALL System with retractable antenna. The cost of each trailer is @ $127,000 per unit. To date, 24 are deployed, 5 of which are located in the Capitol Region. Full deployment is anticipated by the end of 2004, adding 4 more trailers to the Capitol Region.
   - Personal protective equipment [PPE] has been purchased and is being distributed to each police, fire and EMS agency in sufficient quantity to cover a complete shift.
A medium-sized community will receive 4 Level A, 80 Level B and Level C suits, with Hazmat units receiving an additional 50 Level C suits. More PPE will be purchased through future funding opportunities.

- Portable handheld radios programmed to support tactical command through the 800 MHz I-TAC/I-CALL System have been distributed to every police and fire chief, to EMS and other selected agencies [hospitals, local health departments], and are located on all regional command vehicles. A total of 800 have been distributed, approximately 200 of which are located in the Capitol region.
- Radiation Monitors and a variety of chemical detection devices including APD 2000 monitors have been purchased and distributed to fire services and regional Hazmat teams

B. CT Office of Emergency Management [CTOEM] Funding:
- CTOEM initiated a one-time $10,000 allowance to each hospital to improve its pharmaceutical stockpile for the protection of staff and affiliated first responders. Implementation of these allowances is being administered by the CT Office of Homeland Security.
- In addition, CTOEM has partnered with the CT Department of Public Health [CTDPH] to produce a template to assist the ten identified bioterrorism planning regions in CT in developing and implementing regional preparedness plans. These plans include equipment inventory assessments that will be used to create purchasing priorities for each region, with funding to come from future federal allotments.

C. HRSA and CDC Funding:
- HRSA grant funding has resulted in a rapid increase in the quantities of PPE, environmental monitors and communications equipment at the hospitals.
- CDC funding, distributed through the CT Department of Public Health, has been used to shore up the state laboratory system, to hire regional epidemiologists tasked to develop bioterrorism protocols for health departments, and to contract with regional bioterrorism planners who are charged with facilitating the development of local and regional bioterrorism and smallpox response plans.

In summary, then, the breadth and depth of equipment needs for an all-hazards response capability in the Capitol region of CT are being addressed in a systematic manner through the efforts of both the state agencies and the Capitol Region Emergency Planning Committee. Each passing year has brought a wider variety of training and a broader array of equipment to support the regional response mission. There is no doubt that “more and better” is still an important and unfulfilled expectation for the region, but a review of planned expenditures regionally and statewide seems to indicate that our response capacities in the Capitol region will continue to improve rapidly.
The role of the Capitol Region MMRS thus far has been as a principal planning agency, fully integrated into the ESF 8 component of the CREPC RED Plan, for the development of a comprehensive, effective medical response system in the event of a regional incident. Unlike many MMRS jurisdictions nationally, CR-MMRS has had the enormous advantage of participation in a well-oiled, highly functional regional planning mechanism that, among other plusses, has identified regional equipment needs and is actively pursuing solutions.
The Capitol Region MMRS Purchase Plan

Assumptions

The Capitol Region MMRS has developed an MMRS Purchase Plan that is based on several assumptions:

1. Identification of regional response equipment needs has been completed and is continually updated by CREPC, and sound plans are in place with timelines for the fulfillment of those needs.

2. Adequate funding to accomplish the purchasing to meet the initial timelines established by CREPC is in place through state and federal funding streams including the Department of Homeland Security [HLS], the Centers For Disease Control [CDC] and the Health Resources Services Administration [HRSA]. Funding opportunities for future purchasing is less clear.

3. A clear intent of the MMRS Purchasing Plan is to support the development and implementation of innovative solutions that significantly improve the jurisdiction’s capacity for response, especially those creative approaches that elevate the level of medical care provided to the region in a mass casualty situation.

4. MMRS funding for equipment purchases will be most useful if employed to support the efforts of the Capitol Region MMRS to become operational and deployable, as specified in Deliverable 12: Actions Leading to the MMRS Final Report.

5. Perhaps uniquely among MMRS jurisdictions, the terms operational and deployable as applied to the status of the Capitol Region MMRS has been defined as enabling the MMRS plan to become the driving force for ESF 8 rather than just a planning mechanism.

Rationale For the CR-MMRS Purchase Plan

The national MMRS project, instituted in 1997, began as a Hazmat-oriented program often operated by local fire services. Its conceptual intent was to deploy a kind of medical strike team that allowed for a more thorough response to regional medical emergencies without taxing existing local resources. The early MMRS jurisdictions moved rapidly toward the development of specialized teams with perhaps a greater variety of equipment than a typical Hazmat operation might utilize.

By 2002, when the Capitol Region MMRS came online, the focus of the MMRS deliverables had shifted from an operations mode to a focus on improved
planning capacity within the jurisdiction with emphasis on preparation for bioterrorism and weapons of mass destruction. The operational aspects of MMRS, especially the development of new medical strike teams, was actively discouraged by the national MMRS leadership. In essence, MMRS had moved from an operational focus toward becoming a sophisticated planning mechanism that left operations to other agencies.

The Capitol Region MMRS has fit well into this scenario, with immediate impact on the scope of CREPC planning for a large-scale public health event. CR-MMRS, by virtue of its ability to involve hospital and public health entities in the planning, has significantly improved the capacities of the Capitol region to respond to mass casualty events. The work of CR-MMRS includes:

- CR-MMRS has produced a widely regarded Rapid Action Mass Decontamination Protocol that details regional mass decontamination and ensures that the hospitals will not be overwhelmed. The RAMD protocol has been adapted for use in several CT communities outside CREPC, and in California and Australia.
- The CR-MMRS Forward Movement of Patients Plan [Deliverable 7] has been tested and proven effective.
- The CR-MMRS pharmaceutical stockpile has been a welcome presence, assuring our first responders and offering them valuable protection.
- At present, CR-MMRS is developing a protocol for the on-scene management of multiple victims of a burn incident. Nationally, there is no protocol in existence, so the work is important even beyond the CREPC region.

In summary, CR-MMRS has proven to be an effective planning agent with significant consequences for the region.

Beginning with the MMRS contract modifications of 2003, however, there appeared another, more subtle shift in emphasis in national MMRS thinking. Deliverables and the subsequent expectations of the jurisdictions became more visionary, seeming to urge the local leadership to identify unique operational opportunities for the MMRS entities, and then indicating to the jurisdictions that, once identified, the MMRS would be expected to move to an operational, deployable status in fulfillment of those opportunities.

In 2004, then, the concept of MMRS has come full circle, and the Capitol Region MMRS, now completing its planning functions, is beginning to visualize some possibilities for attaining operational, deployable capacities that are truly unique within the region, and truly useful to the communities of the Capitol Region. We are exploring roles for the MMRS entity that go beyond being a drug distribution center for first responders, beyond being simply a planning group even though that will remain a central role for the MMRS.
Through our discussions here, we have come to realize that there is only one central question to be asked at this juncture. The question is simply stated: what do we in the Capitol Region want the MMRS entity in an operational, deployable capacity to look like in 2006? The addition of the FY 2005 MMRS funding grant, combined with the Deliverable 10 Equipment Purchase Plan and the FY 2004-05 contract modifications, offers with some limitations a wonderful opportunity for the MMRS jurisdictions to think imaginatively and to create a vision for the MMRS for at least the next two years.

There are some caveats to this line of thinking, however. For example, the Capitol Region MMRS has functioned solely on the basis of one full-time project manager since its inception. Is it appropriate then to build a supportive infrastructure as we move to operationalize the Capitol Region MMRS plan, or can we take advantage of existing operational entities to which we can delegate some of the operational, deployable functions of the MMRS?

As another example, in its limited role as a dispenser of pharmaceuticals and as a coordinator of medical resources for the region, the Capitol Region MMRS has a proven, tested capacity as an operational and deployable entity right now, with real and significant impact on Capitol regional emergency operations. However, if we look ahead to identify a few niche areas into which the MMRS might insert itself to further improve medical response capacities in the region, then our options may be limited due to a lack of deployable, trained staff answerable only to the MMRS.

As a two year-old MMRS jurisdiction, the Capitol Region MMRS has not spent much money. As a result, among the various funding streams coming from the FY 2002 contract and its 2003 modifications, from the FY 2004 extension, and now from the FY 2005 grant proposal, there is ample opportunity for the Capitol Region MMRS to identify and to purchase equipment and supplies and training that can significantly improve the emergency medical response capabilities in the Capitol region of Connecticut. At the same time, we want to build the operational capabilities of CR-MMRS so as to support our vision of the Capitol Region MMRS in 2006.
Budget For the Proposed Capitol Region MMRS
Equipment Purchase Plan

A. Expansion and Enhancement of the CR-MMRS Stockpile:
$60,000.00

- The Purchase Plan includes the expansion and enhancement of the MMRS pharmaceutical stockpile to improve its protective capability for first responders and their families, with plans to replace expiring drugs as needed through FY 2006.
  - Despite our status as a relatively “new” MMRS jurisdiction, in point of fact a portion of our stockpile has already reached its expiration date and requires replacement
- Also, as we analyze the capabilities and the limitations of the newly released CT state stockpile plan, we realize that we must expand the variety of medications in the MMRS stockpile to truly offer meaningful protection to our first responders.

B. Public Information Campaign
$20,000

- The public information campaign will be aimed at increasing the average citizen’s awareness of public health preparedness in the event of a mass casualty incident
- The principal venue for public information during 2004-05 will be the publication of an insert for distribution in the largest newspaper in the State of Connecticut. The insert will describe in simple terms the regional preparedness for mitigation of mass casualty incidents accomplished by CREPC, CR-MMRS and other responding agencies
- The intent of the publication is to reduce fear among the general population by assuring them that the Capitol Region is well prepared to respond to a WMD incident

C. Credentialing Technology
$25,000

- The CR-MMRS has reviewed multiple proposals that address the credentialing of emergency medical responders. There is lack of consensus on the most effective methods for a system that is both acceptable to all responding agencies and that complies with legal requirements including HIPPA. In addition, providing the resources required to maintain an up-to-date credentialing tool is challenging and expensive.
CR-MMRS conducted a regional workshop in June 2004 to create an awareness of current technologies for credentialing of health professionals in the event of a mass casualty incident. This discussion included recommendations for credentialing across state lines, using an electronic database shared by Connecticut, Massachusetts, New York and Rhode Island.

CR-MMRS has convened a Taskforce to address the varied issues of credentialing. The Taskforce has been charged with researching best available technologies and with making recommendations to the Region I MMRS Council for a possible New England-wide pilot project.

D. Burn Management Protocols
$10,000

The CR-MMRS Taskforce on burn protocols is charged with creating standards for the on-scene management of severely burned victims of a mass casualty incident. The work of the Taskforce in the Capitol Region will be made available for national dissemination.

To support the work of the taskforce, the CR-MMRS wishes to provide funding for:
  o Best practices research
  o Development of a burn protocol and standards of care
  o Publication of the final report
  o Drills to test the viability of the protocol
    ▪ Note: The CR-MMRS had organized resources and drilled a pilot protocol for the management of burn victims during CREPC’s May 15, 2004 drill.

E. Equipment Purchase for the Capitol Region Medical Reserve Corps: $185,830.20

Rather than develop an MMRS medical strike team for the region with its attendant and on-going expenses for staffing, training, equipment and supplies, we propose a one-time substantial expenditure of MMRS funds to enhance the operational capacities of the Capitol Region Medical Reserve Corps.

a. Generally, the expectations of the MRC program nationally are extravagant while funding is miniscule. CREPC proposes to develop the MRC in this region into a fully operational and deployable team of medical professionals, trained and equipped to perform a variety of specialized medical response functions, and capable of a full medical response during those first 24-72 hours before the federal cavalry arrives in the form of DMAT’s and other, non-local specialty teams.
Through the development of component cadres that are trained, equipped and dedicated to operating the MMRS stockpile deployment mission and other functions properly identified with the MMRS, the Medical Reserve Corps can function in part as the operational arm of the MMRS jurisdiction in times of crisis.

b. MMRS funding, used to purchase equipment and supplies in sufficient variety and quantity so as to speed the process of standing up a deployable Medical Reserve Corps, in effect increases the operational capacities of the Capitol Region MMRS in a greatly accelerated time frame.

The net result is a win-win situation across the region, based on a vastly improved emergency medical response capacity in the field that reflects the values and goals of the MMRS program, while simultaneously fulfilling our expectations of the Medical Reserve Corps concept.

Total Cost of Deliverable 10 Priority Spending Plan: $300,830.20
APPENDIX A

Planned Budget to Support the Capitol Region Medical Reserve Corps

$185,830.20

The Capitol Region Metropolitan Medical Response System
Hartford, Connecticut
20 August 2004
CR-MMRS – CR-Medical Reserve Corps Purchase Plan

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