



Fire Department

401 South Broadway
Redondo Beach, California 90277
www.redondo.org

tel 310 318-0663
fax 310 376-3407

June 30, 2021

Sent via email to kfruhwirth@dhs.lacounty.gov

Los Angeles County Emergency Medical Services Agency
Measure B Advisory Board
Attention: Kay Fruhwirth
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

RE: Grant Request Approval Letter – AutoPulse Systems

Please accept this letter as an approval for the submission of the Redondo Beach Fire Department 2021 Measure B Grant request for (6) Zoll AutoPulse Systems and corresponding warranties. These items will be added into the Fire Department Operating budget.

Sincerely,

Keith Kauffman
Interim Fire Chief

Los Angeles County Measure B Funding Proposal 2021

Measure B funding will be allocated on a one-time basis with all expenditures to be completed within 12 months of award. If the proposal requires year to year funding the proposer must provide supporting documents on how they will cover the on-going costs in future years.

Requesting Entity Name:	Redondo Beach Fire Department
Point of Contact Name:	Issac Yang
Point of Contact Phone:	310-658-4232
Point of Contact email address:	issac.yang@redondo.org
Amount of Funding Requested:	\$138,318.55
Brief Project Description:	The Redondo Beach Fire Department (RBFD) seeks to equip (6) paramedic assessment units in its response fleet with Zoll AutoPulse Systems. If awarded, Zoll AutoPulse Systems could be placed in service from all RBFD fire units for those that experience sudden cardiac arrest in Redondo Beach and neighboring South Bay cities.
Describe the gap in Emergency Medical Services, Trauma Services or Bioterrorism Preparedness that the requested funds addresses: <i>Discuss the current situation, strategy to solve the identified gap and how the allocation of Measure B funds benefits the citizens of Los Angeles Count)</i>	<p>Since the Fall of 2020, the Redondo Beach Fire Department has deployed (2) Zoll AutoPulse Systems on its (2) paramedic rescues. Since that time, ROSC percentages have increased from 30% to 71.8%. Currently, (2) RBFD paramedic units are equipped with Zoll AutoPulse Systems and the balance of the RBFD paramedic assessment unit (PAU) fleet is not. The service gap exists when the (2) RBFD paramedic units are delayed or unavailable (on a simultaneous in-city response, on a simultaneous auto/mutual aid response, following up at local ED, etc.), and responding RBFD PAUs do not have Zoll Autopulse Systems to deploy on sudden cardiac arrest patients.</p> <p>With the award of this grant, all Redondo Beach Fire Department response units will be equipped with Zoll AutoPulse Systems. This capability will not only enhance</p>

	<p>services for those in Redondo Beach who experience sudden cardiac arrest, but based on area mutual and automatic aid agreements, all South Bay cities (El Segundo, Manhattan Beach, Hermosa Beach, and Torrance) will benefit from this grant provision.</p>								
<p>Justification: <i>Place a checkmark next to each of the applicable statements and incorporate comments into your brief 2-3 paragraph narrative justification.</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Achieves compliance with legal requirements, mandate, citation or audit.</td> <td><input type="checkbox"/> Provides a new service for patients.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Increases capacity to meet patient care demand.</td> <td><input checked="" type="checkbox"/> Improves efficiency.</td> </tr> <tr> <td><input type="checkbox"/> Provides for improvements in emergency preparedness activities.</td> <td><input checked="" type="checkbox"/> Increases patient safety/reduces risk.</td> </tr> <tr> <td><input type="checkbox"/> Improves timely access to healthcare.</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>Narrative Justification:</p> <p>The provision of this grant request will increase the capacity to meet patient care demands. In Redondo Beach and the South Bay at large, as medical aid call volume continues to rise, equally equipping paramedic and paramedic assessment units with Zoll AutoPulse Systems ensures that automated compression devices are available for every medical aid response involving sudden cardiac arrest.</p> <p>The equipping of Zoll AutoPulse Systems will improve efficiency as the Zoll AutoPulse System is implemented as the singular automated compression device amongst South Bay fire agencies. Area first responder familiarity with the Zoll equipment adds to immediate and reliable deployment of this life-saving system.</p> <p>Application of the Zoll AutoPulse System increases patient safety / reduces risk as the device applies consistent, equal circumferential compressions to the torso of sudden cardiac arrest patients. Device indicators ensure proper equipment placement that will allow for maximum positive result and minimal patient harm.</p>	<input type="checkbox"/> Achieves compliance with legal requirements, mandate, citation or audit.	<input type="checkbox"/> Provides a new service for patients.	<input checked="" type="checkbox"/> Increases capacity to meet patient care demand.	<input checked="" type="checkbox"/> Improves efficiency.	<input type="checkbox"/> Provides for improvements in emergency preparedness activities.	<input checked="" type="checkbox"/> Increases patient safety/reduces risk.	<input type="checkbox"/> Improves timely access to healthcare.	<input type="checkbox"/> Other
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<p>Timeline <i>When funds will be needed, how long will it take to implement. Explain/list the major milestones to</i></p>	<p>Immediate award of project funding will allow for most expeditious deployment. Because the Zoll AutoPulse System is already in service in the Redondo Beach Fire Department, the major milestone to implementation is</p>								

achieve implementation and the approximate timeline for each.

manufacturer delivery time of the equipment. Estimated order/delivery time is one month. Upon receipt and inventory, Zoll AutoPulse Systems can be packaged and assigned to the RBF fleet in one week.

Provide as separate attachments the following supporting documents:

- List of equipment and price quotations for equipment purchases.
- Financial statements will be required for funding request to offset the operational loss for providing a specific service (e.g. Trauma Services). The financial statements must clearly show direct expenses incurred and revenue received and expected to be received from all sources (including subsidy and donations) for providing the service, with the request for Measure B funding no more than the gap between the revenue and expenses.
- For proposed new services or activities, a detailed budget must accompany the funding request, that includes a list of personnel, equipment, supplies and services costs, and an explanation of how these costs are determined.
- When a request requires the hiring of personnel or incurring other long-term financial obligations (e.g. lease) for future years, the requesting entity must provide supporting documentation demonstrating how they will cover the personnel cost and these obligations if Measure B funding is not available in future years.
- If the requesting entity is a Los Angeles County department, provide a letter from the Chief Executive Office approving the addition of the requested item to the department's budget.
- Project Timeline: Include how soon project would begin once funded. For one-time funding, indicate the total time needed to complete project and major milestones along the timeline.

Submit all documents via mail or email no later than July 15 of the year to:

Los Angeles County
Emergency Medical Services Agency
Measure B Advisory Board
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670
Attention: Kay Fruhwirth
kfruhwirth@dhs.lacounty.gov



TO: Redondo Beach City Fire Department
401 South Broadway
Redondo Beach, CA 90277

Attn: **Chief Issac Yang**

email: Issac.Yang@redondo.org

ZOLL Medical Corporation

Worldwide Headquarters
269 Mill Rd
Chelmsford, Massachusetts 01824-4105
(978) 421-9655 Main
(800) 348-9011
(978) 421-0015 Customer Support
FEDERAL ID#: 04-2711626

QUOTATION 382775 V:2

DATE: June 25, 2021

TERMS: Net 30 Days

FOB: Shipping Point

FREIGHT: Free Freight

ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
1	8700-0730-01	AutoPulse® System with Pass Thru - Generates consistent and uninterrupted chest compressions, offering improved blood flow during cardiac arrest. Includes Backboard, User Guide, Quick Reference Guide, Shoulder Restraints, Backboard Cable Ties, Head Immobilizer, Grip Strips, In-service Training DVD, and one year warranty.	6	\$11,324.85	\$10,775.10	\$64,650.60 *
2	8700-0753-01	Autopulse SurePower Charger, U.S. Tests, Charges and automatically verifies battery charge level. Includes User Guide and U.S Power Cord. Standard one (1) year warranty.	6	\$2,363.85	\$2,249.10	\$13,494.60 *
3	8700-0752-01	AutoPulse® Li-Ion Battery - for use with the AutoPulse Platform.	24	\$849.75	\$808.50	\$19,404.00 *
4	8700-0706-01	LifeBand® 3 pack - Single-use chest compression band. (3 per package)	6	\$386.25	\$367.50	\$2,205.00 *
5	8700-000850-40	AutoPulse® Quick Case, Blue - All-in-one carrying case and patient moving sheet for the Autopulse Resuscitation System.	6	\$509.85	\$485.10	\$2,910.60 *
6	8700-0709-01	AutoPulse® Shoulder Restraint - AutoPulse Patient Shoulder Restraint.	18	\$61.75	\$58.75	\$1,057.50 *
7	8700-0717-01	AutoPulse® Hygiene Barrier - AutoPulse Hygiene Barrier, one each.	60	\$12.36	\$11.76	\$705.60 *

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <http://www.zoll.com/GTC> and for software products can be found at <http://www.zoll.com/SSPTC> and for hosted software products can be found at <http://www.zoll.com/SSHTC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

1. DELIVERY WILL BE MADE 60-90 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.
2. PRICES QUOTED ARE VALID FOR 60 DAYS.
3. APPLICABLE TAX, SHIPPING & HANDLING WILL BE ADDED AT THE TIME OF INVOICING.
4. ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTABLE BY ZOLL.
5. FAX PURCHASE ORDER AND QUOTATION TO ZOLL CUSTOMER SUPPORT AT 978-421-0015 OR EMAIL TO ESALES@ZOLL.COM.
6. ALL DISCOUNTS OFF LIST PRICE ARE CONTINGENT UPON PAYMENT WITHIN AGREED UPON TERMS.
7. PLACE YOUR ACCESSORY ORDERS ONLINE BY VISITING www.zollwebstore.com.

Bryan Pank
Sr. EMS Account Executive
617-901-6565



TO: Redondo Beach City Fire Department
401 South Broadway
Redondo Beach, CA 90277

Attn: **Chief Issac Yang**

email: Issac.Yang@redondo.org

ZOLL Medical Corporation

Worldwide Headquarters
269 Mill Rd
Chelmsford, Massachusetts 01824-4105
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8		Estimated Sales Tax at 9.5%				\$9,920.65
9	8778-8704	AutoPulse 4 Year Extended Factory Warranty At Time of Sale. Extended Factory Warranty is a continuation of the Standard Manufacturer's Warranty for the AutoPulse Resuscitation® System. Benefits of purchasing an Extended Warranty include: service loaner shipped overnight at no charge; AutoPulse replacement battery discount of 50% off list; 20% discount on new software features; shipping of the device to and from ZOLL Circulation. *Reflects National Purchasing Partners (NPP) Contract Pricing.	6	\$3,995.00	\$3,995.00	\$23,970.00

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TOTAL \$138,318.55

Bryan Pank
Sr. EMS Account Executive
617-901-6565

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