

DEPARTMENT: HEALTH

BY: C. B. MOSHER, MD, MPH, H.O.
PHONE: 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Health Officer to sign contract with State for Automatic Electric Defibrulators (AED) to be used in a public area in Mariposa County.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board previously authorized the Health Department to apply for this grant, (Resolution 05-2). The Grant was awarded for an amount of money consistent with purchasing just one machine.

After discussion with numerous people, including Board members and members of the Emergency Medical Care Committee, the Health Department has determined that the most efficient use of the machine would be to install it at the Senior Center, on the south side of the County where the greatest number of high-risk individuals is concentrated at any given time. The machine will be bought, installed and training will be conducted to be certain that Senior Center staff are comfortable with the machine and its use. The AED will only be used in rare circumstances where failure to use it would result in sure death and with the purpose of buying a little bit of time while the ambulance is en route. It will not be used in place of calling 911. If, in the future, funding becomes available for more AED's, it is probably wise to locate one on the Northside of the County where seniors gather and then, perhaps, to consider one in the Visitors Center or some other high volume tourist area.

Funding will be appropriated into the proper revenue and expenditure accounts during final budget adjustments in September.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? (x) Yes () No	Current FY Cost: \$2,000	Annual Recurring Cost: \$ 0
Budgeted In Current FY? () Yes (x) No () Partially Funded		
Amount in Budget:	\$ _____	List Attachments, number pages consecutively
Additional Funding Needed:	\$ 2,000	Short Form Contract EMS 4088
Source: 100% grant funded		_____
Internal Transfer		_____
Unanticipated Revenue	x 4/5's vote	_____
Transfer Between Funds	_____ 4/5's vote	_____
Contingency	_____ 4/5's vote	_____
() General () Other		_____

CLERK'S USE ONLY:

Res. No.: 05-412 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
 Approved
 Minute Order Attached No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
Comments:

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: _____
Deputy

CAO: CBM