



TOWN OF NORTH HAMPTON, NEW HAMPSHIRE

CAPITAL IMPROVEMENT PLAN COMMITTEE
MINUTES

REGULAR MEETING – JULY 24, 2015 – 8:30 A.M.
MARY HERBERT CONFERENCE ROOM
233 ATLANTIC AVENUE

The meeting was called to order by the Chair, Cynthia Swank, at approximately 8:35 a.m. Rick Stanton, David O’Heir, John Kohlmorgen, Anne Ambrogi and Nancy Monaghan were also present on the Committee. James Sununu joined the meeting at approximately 9:00 a.m. Dickie Garnett was absent. Paul Apple, the Town Administrator, and Michael Tully, the Chief of the Fire Department, were also present.

The Board considered the Minutes of the July 17, 2015 meeting.

MOTION. Mr. O’Heir moved to accept the minutes as written. Mr. Stanton seconded the motion. Ms. Monaghan suggested that the following sentence be added at Line 75: “He further suggested that future DPW trucks have eight foot beds, rather than the current six foot beds, so they can be repurposed for use as a forestry truck.” Mr. Stanton suggested that the following sentence be added at Line 24: “He updated the Committee on the increase in the ambulance fee schedule, and agreed to provide additional information at the next meeting.” The consensus of the Committee is that the changes proposed were acceptable. Mr. Stanton moved to accept the minutes as amended. Mr. Kohlmorgen seconded the motion. There was no additional discussion. The vote was unanimous in favor of the motion, with Mrs. Ambrogi abstaining; and, the Chair declared the motion passed.

Ms. Swank asked if there had been any volunteers to serve on the Committee. The Town Administrator responded that the notice had appeared in the Friday Folders and been announced at Select Board meetings and that there had been no volunteers.

Chief Tully continued with the Fire Department’s CIP requests. He explained he had understood the term for requests to be five years rather than six, and submitted two additional requests for FY 2022 for the tanker truck and the ambulance.

1. Comstar Rates. Exhibit A.

Chief Tully explained that the rate changes are effective on July 1. The “Average Bundled Comstar” column includes area towns and private ambulance companies. North Hampton’s rates are in the mid-to-upper rate range. The billing system is based on tasks. Paramedic services are billed at ALS1 or ALS2, although most of the Town’s paramedic service is billed at ALS1. The basic level of service is billed at the BLS rate.

He also explained that increased paramedic services currently being offered resulted in both greater revenue and increased costs because much of the equipment used in paramedic service is more expensive.

The increased service rates apply to people with private insurance or who pay out-of-pocket. Medicare reimbursement rates are set by the Federal Government. There are write-offs, because some people do not pay, or there is a difference between the price charged and what Medicare will reimburse for a particular service. Some people do make payment plans for outstanding charges. The write-off process is handled by the Fire Chief so that the Select Board does not have to consider private information in public.

The anticipated change of revenue as a result of the rate increase is from about \$76,000 to \$106,000.

53 Chief Tully also explained that the billing system will change, beginning in FY 18, because of the Affordable Care Act. The
54 system will reimburse based on patient benefit rather than task, but no one is exactly sure how the system will actually work.

55
56 Ms. Swank asked how the Town pays Comstar. Chief Tully responded that the Town pays a percentage of every bill actually
57 collected. She asked of Comstar maintains records, and the Chief replied that Comstar does, in electronic and paper form.

58
59 2. Engine 2. Exhibit B.

60
61 Chief Tully explained that the primary engine normally has a 10 year life span and the back up engine has a 10 year life span.
62 Thereafter, a new vehicle may be purchased or, more commonly, the Town undertakes to refurbish a particular vehicle.
63 "Refurbish" can mean several different things, from completely rebuilding the pump, to more cosmetic changes. Last year,
64 Engine 2 was refurbished, but it was not comprehensive. The total cost was \$50,000. About \$30,000 was in paint as Engine 2
65 has had significant areas of rust. Engine 1 has also had significant "paint problems."

66
67 Engine 2 has had many other problems and Chief Tully believes it might stay in service beyond FY 20; but, he recommended
68 that the Committee keep it on the schedule for 2020. He said we should resolve the quint issue before deciding to replace
69 Engine 2. Ms. Monaghan asked Chief Tully if he felt a quint would be available in 2020 that would be suitable for North
70 Hampton, and Chief Tully said no; but, a quint might be suitable in the future.

71
72 Mr. Stanton asked if Chief Tully were familiar with the regional asset inventory submitted last year by Chief Cote. Exhibit C.
73 Chief Tully responded that he was not, and Mr. Stanton asked that he update it. Chief Tully agreed.

74
75 Ms. Monaghan asked if Chief Tully had changed his opinion about the viability of a quint in North Hampton at present. Chief
76 Tully stated that he did not think a quint would work right now.

77
78 Mr. Stanton asked if the proposed \$500,000 expenditure is for a used vehicle, and Chief Tully responded affirmatively.

79
80 3. The Command Vehicle. Exhibit D.

81
82 Chief Tully said that the vehicle is used primarily for officer transportation and for mobile command of a scene. Specifically,
83 portable radio communication in North Hampton is difficult because of line-of-site and repeater access challenges and range
84 issues. The command vehicle has a truck-based radio that is more reliable.

85
86 Mr. Stanton asked if the Chief would agree to remove "Chevy" from the request and Chief Tully reiterated that the Chevy is
87 what we have now, but that he would look at all available makes and models when replacing the vehicle. Mr. Stanton also
88 asked Chief Tully to draft a list of specifications for the vehicle (e.g., four-wheel drive, size, etc.) Chief Tully agreed.

89
90 Chief Tully said that we had purchased the existing vehicle on a state bid and that he would recommend doing the same again
91 since it results in a competitive price.

92
93 Mr. Stanton asked about the \$60,000 price since an Explorer could be purchased for about \$40,000. Chief Tully anticipated
94 additional radio costs, and brought the Committee up to date on the vehicle based radios in the Fire Department. The
95 manufacturer will no longer support the existing radios as of now. He has acquired obsolete radios from the Police
96 Department and can reprogram them if one of the existing radios breaks; but, a replacement program will have to be
97 developed. He just learned of the situation before the CIP process began this year, and thought it would be better to develop
98 the back-up system for this year and then come to the Committee next year with a proposal on replacement.

99
100 Mrs. Ambrogi asked if we had sufficient radios, and Chief Tully said we do.

101
102 Ms. Swank asked if there had been a radio article on the FY 16 Warrant. Chief Tully responded that there had been an article
103 for the purchase of portable radios, whereas these radios were vehicle radios.

104
105 Mr. O'Heir asked about an approximate cost, and Chief Tully said that it is between \$4,000 and \$6,000, depending on the
106 number of heads. For example, there are two heads in the engine: one in the cab and one at the pump.

107
108 4. Chest Compression. Exhibit E.
109
110 Chief Tully said that the save rate for cardiac arrest incidents is about 35%, which is pretty good. He explained that CPR
111 keeps oxygenated blood circulating in the patient. The "shock" is designed to restart the rhythm. In responding to a cardiac
112 incident, there are a number of independent functions: 1. Compressions; 2. Oxygen; 3. Electricity; and 4. Drug
113 administration to improve the rhythm. The town responds with 3 officers when fully-staffed and 2 when running short.
114
115 The compression system proposed would essentially replace an officer. Chief Tully demonstrated proper compression
116 technique on a test dummy. He said the research suggests that an officer does it correctly for about two minutes, and
117 thereafter becomes tired. On an actual scene, officers are rotated about every five to 15 minutes. The compression system is
118 automatic and results in a better save rate.
119
120 Chief Tully said he had rated this proposed expenditure as Priority 8, not because he believes it is less important, but because
121 the hose replacement is more fundamentally important.
122
123 Mrs. Ambrogi asked if North Hampton fire fighters had used the system. Chief Tully said they had seen them used because
124 Exeter ALS has a device. She asked if it were adjustable to fit any patients, and Chief Tully said that it was.
125
126 Mr. Stanton asked about the warranty, and Chief Tully said it was 5 years. He is not sure about the life span. He said it is a
127 needs-filled proposal and is cheaper than hiring an employee to do the same task. The task is a specific need, but more
128 generally, the work load in the department would justify adding an employee. The machine fills the need and avoids
129 additional personnel who might not be fully utilized.
130
131 Ms. Monaghan said it appeared to be worth-while and Mrs. Ambrogi agreed.
132
133 Mr. Stanton asked if the Town could pay for the device out of the capital reserve account. The Chief said that we could. Mr.
134 Stanton said this is the type of article that should get voter approval, and Ms. Swank said that this is exactly the kind of article
135 that voters would approve.
136
137 Mr. Stanton asked about the cost of replacing the aerial device in the same year, and Chief Tully responded that replacing the
138 aerial device is inevitable. Mr. Stanton said a year-by-year assessment was necessary on the aerial, especially given the
139 extensive costs of an emergency repair.
140
141 Ms. Swank asked if Chief Tully were recommending the Lucas brand specifically. Chief Tully said he would look for
142 different brands if the purchase were authorized.
143
144 Mr. O'Heir asked if private ambulance companies carried the device. Chief Tully said some do, but that he wasn't sure about
145 all of them.
146
147 Ms. Ambrogi asked if this device would become the standard of care in years to come and would it increase revenue. Chief
148 Tully said it might.
149
150 5. The Tanker. Exhibit F.
151
152 Chief Tully next presented the proposed tanker replacement. He indicated that the current tanker is in good shape and that it
153 is likely that the vehicle could be refurbished because it is not used as much and is not subject to the same kind of abuse as
154 the front-line engines. Mr. Stanton asked if the vehicle is inspected annually. Chief Tully said that it is. The vehicle is
155 inspected in the same way a commercial truck is, but by a company that specializes in fire apparatus. The pumps are
156 inspected separately. The proposed cost is \$300,000 to replace the vehicle, but the estimate is for an expense in FY 22 and
157 would have to be revised.
158
159 Ms. Swank asked what the cost to refurbish is, and Chief Tully responded that it is at least \$100,000. Mr. O'Heir asked if the
160 Town can reuse the tank. Chief Tully said probably not. First tanks improve in design and manufacture over time and second,

161 a new one might not fit the old truck. He also says that the Department uses the truck as a back-up engine sometimes,
162 although it doesn't do the same job.

163
164 6. Ambulance. Exhibit G.

165
166 Mr. Stanton asked if the title of this project could be titled "Current Technology Ambulance." Chief Tully said that the height
167 is not a problem for the current building, but the width may be. We have a medium duty vehicle. The ambulance is the most
168 important piece of the equipment for life safety and revenue. The life span is about 8-10 years. If there's a failure, creates a
169 significant problem because there is no back up plan. A major failure would also eliminate revenue. If there were a failure,
170 we would probably borrow an ambulance for as long as we could from Portsmouth or we have obtained a loaner in the past.

171
172 The Town Administrator asked if we should consider running a second ambulance. Chief Tully responded that we don't yet
173 have the call volume for that. If we start running full paramedic service, we could contract with one of the surrounding towns
174 without service. Chief Tully anticipates full-time

175
176 Mr. Stanton asked about trade-in value, and Chief Tully responded that trade-ins have virtually no value.

177
178 Chief Tully said he anticipates full time paramedic service to develop with three paramedics by the fall and maybe a fourth
179 by January. There is a minor issue with the collective bargaining agreement in replacing a medic with a medic if there is an
180 absence but he believes the issue can be resolved.

181
182 The Chair asked the Town Administrator for a brief presentation on the Facilities Committee. Mr. Apple, Director Page and
183 Chief Tully relayed that Ron Lamarre had produced two drawings, and that he had met with the chiefs to discuss space
184 allocation. The costing of the plans will take place over the month of August. The Chair announced that the Committee
185 would meet with Facilities on or about September 10.

186
187 Chief Tully asked for some clarification about a letter to residents specifying the need for an aerial device that had been
188 discussed earlier in the year. The Chair indicated that he should explain the "what" and the "why."

189
190 The Chair called for additional business, and hearing none, adjourned the meeting at approximately 10:00 a.m.

191
192 Respectfully submitted,

193
194
195 Paul L. Apple, Town Administrator

196
197 Date prepared: July 23, 2015

198 Date approved: July 24, 2015, as amended.



Ambulance Billing Service

8 Turcotte Memorial Drive, Rowley, MA 01969
 Ph: 978-356-3344 FAX: 978-356-2721

**NORTH HAMPTON AMBULANCE
 2015 Rate Change Form**

Charges	2015 Medicare	Avg Bundled	Current Rates	New Rates
	Fee Schedule Allowed Amounts			Comstar Top 50
BLS EMERGENCY BASE RATE	\$376.39	\$1205.00	\$533.28	<u>7/1/15</u> <u>\$ 885.90</u>
BLS NON-EMERGENCY BASE RATE	\$235.24	\$1205.00	\$533.28	<u>\$ 885.90</u>
ALS NON-EMERGENCY BASE RATE	\$282.29	\$1950.00	\$971.45	<u>\$ 1644.92</u>
ALS1 EMERGENCY BASE RATE	\$446.96	\$1950.00	\$971.45	<u>\$ 1644.92</u>
ALS2 EMERGENCY BASE RATE	\$646.91	\$3010.00	\$1,455.30	<u>\$ 2598.98</u>
SPECIALTY CARE TRANSPORT	\$764.53	\$3462.00	\$1,601.87	<u>\$ 2858.88</u>
MILEAGE	\$7.27	\$32.00	\$9.14	<u>\$ 16.97</u>

[Signature]
 Signature -- Authorized Signer

5/13/15
 Date

Michael J. Tully
 Printed Name -- Authorized Signer

Deputy Fire Chief
 Title -- Authorized Signer

Please scan and email completed Rate Change form to:
ratechange@comstarbilling.com

CAPITAL IMPROVEMENTS PROGRAM
Capital Project Worksheet and Submission Form

Exhibit B

Department: **Fire & Rescue**

For the fiscal year FY: 2020

Type of Project:

(place an "x" in one box)

Primary effect of project is to:

- Replace or Repair existing facilities or equipment
- Improve quality of existing facilities or equipment
- Expand capacity of existing service level/facility
- Provide new facility or service capacity

Department Priority: of Priority Coding: U Urgent (U) Safety/Health (S) Preserve Asset (P)

Project Title 1997 Central States Engine

Project Description:

The Fire & Rescue Department would like to replace the 1997 Central States Engine

Narrative Justification:

The 1997 Central States Engine was purchased brand new by the town in 1997. It was the first due engine until 2013 when Engine 1 was purchased. At that time it was refurbished and moved to the second due engine replacing the 1987 FMC (Engine 3). Engine 2 is used as a water supply piece feeding the primary engine and acts as a primary engine when Engine 1 is tied up on another run.

Cost Estimates:

Capital Costs

Check Impact on Staffing, Operations & Maintenance

If apply

Project Cost for year \$ 500,000.00

Total Project Cost \$ 500,000.00

(if multi-year)

<input type="checkbox"/> Increased O & M Costs	\$
<input type="checkbox"/> increased Personnel Cos	\$
<input type="checkbox"/> Decreased O & M Costs	\$
<input type="checkbox"/> Reduce Personnel Costs	\$

Sources of Funding:

Grant - Source

61-4215-10-740

Grant Amount	\$
Capital Reserve Fund	\$
Lease/Purchase Agreement	\$ 500,000.00
Special Revenue Fund	\$
User /Impact Fees & Charges	\$
Revolving Fund	\$
Special Assessment	\$
Current Revenue	\$
General Obligation Bond	\$
General Fund Balance	\$
Other	\$

Total funding needed: 500,000.00

Form Prepared By:

Michael J. Tully
(Name)

Fire Chief
(Title)

Fire & Rescue
(Department/agency)

1-Jul-15
Date Prepared



NORTH HAMPTON FIRE & RESCUE

235 Atlantic Avenue
North Hampton, New Hampshire 03862
Business Phone: 603.964.5500 Fax: 603.964.7249
www.northhampton-nh.gov



Engine 2 Replacement

- Total project cost \$500,000.00
- Financed through FD Capital Reserve and special assessment
- General rule for engines is 10 years as primary and 10 years as secondary. E2 was refurbished in 2013 and may have a longer life span than 2020 though the refurbishment was not on all portions of the truck.
- Discussions on quint should be settled

LOCAL MUNICIPAL INVENTORY OF FIRE EQUIPMENT

Municipality	Ambulances	Engines	Aerial	Forestry	Tankers	Other
Portsmouth	first due	3	2	1	0	5
	reserve	2	0	0	0	
Exeter	first due	2	1	1	0	4
	reserve	1	0	0	0	
Hampton	first due	2	1	0	0	4
	reserve	2	0	0	0	
North Hampton	first due	1	1	1	1	2
	reserve	0	0	0	0	
Greenland	first due	2	0	0	1	1
	reserve	0	0	0	0	
Newington	first due	1	1	0	1	2
	reserve	0	0	0	0	
Stratham	first due	1	0	1	1	2
	reserve	1	0	0	0	

REC'D CIP 22 AUG 14

Municipality	Ambulances	Engines	Aerial	Forestry	Tankers	Other
Rye						
first due	1	1	1	1	1	1
reserve	0	1	0	0	0	
			<i>QUINT</i>			
New Castle						
first due	0	1	0	1	0	1
reserve	0	1	0	0	0	
Newfields						
first due	0	1	0	0	1	2
reserve	0	1	0	0	0	
Newmarket						
first due	1	1	1	1	1	2
reserve	1	1	0	1	0	
			<i>QUINT</i>			
Seabrook						
first due	1	1	1	1	0	3
reserve	2	1	0	0	0	
			<i>QUINT</i>			
East Kingston						
first due	1	1	0	1	1	1
reserve	0	1	0	0	0	
Brentwood						
first due	1	1	0	1	1	
reserve	1	2	0	0	0	

Department: **Fire & Rescue**

For the fiscal year FY: 2019

Type of Project:

(place an "x" in one box)

Primary effect of project is to:

- Replace or Repair existing facilities or equipment
- Improve quality of existing facilities or equipment
- Expand capacity of existing service level/facility
- Provide new facility or service capacity

Department Priority: 7 of 8 Priority Coding: S Urgent (U) Safety/Health (S) Preserve Asset (P)

Project Title 2007 Chevy Command Vehicle

Project Description:

The Fire & Rescue Department would like to replace the 2007 Chevy Command Vehicle

Narrative Justification:

The 2007 Chevy Command Vehicle was purchased brand new in 2007 and replaced the 1996 Ford Explorer Command Vehicle. The command vehicle is used to assist the Fire Chief in commanding incidents. It has mobile radios as well as information the Fire Chief may need on the scene of an emergency. It is also used as transportation to educational classes and department related meetings.

Cost Estimates:

Capital Costs

Check Impact on Staffing, Operations & Maintenance

Project Cost for year

\$ 60,000.00

If apply

Increased O & M Costs

\$

Total Project Cost

\$ 60,000.00

Increased Personnel Cos

\$

(if multi-year)

Decreased O & M Costs

\$

Reduce Personnel Costs

\$

Sources of Funding:

Grant - Source

61-4215-10-740

Grant Amount	\$
Capital Reserve Fund	\$ 60,000.00
Lease/Purchase Agreement	\$
Special Revenue Fund	\$
User /Impact Fees & Charges	\$
Revolving Fund	\$
Special Assessment	\$
Current Revenue	\$
General Obligation Bond	\$
General Fund Balance	\$
Other	\$

Total funding needed: 60,000.00

Form Prepared By:

Michael J. Tully
(Name)

Fire Chief
(Title)

Fire & Rescue
(Department/agency)

1-Jul-15
Date Prepared



NORTH HAMPTON FIRE & RESCUE

235 Atlantic Avenue
North Hampton, New Hampshire 03862
Business Phone: 603.964.5500 Fax: 603.964.7249
www.northhampton-nh.gov



Command Vehicle Replacement

- **Project cost \$60,000**
- **Used as a mobile command unit at emergency incidents**
- **Expected life span expected to be slightly greater than previous command vehicle**

CAPITAL IMPROVEMENTS PROGRAM
Capital Project Worksheet and Submission Form

Exhibit E

Department: **Fire & Rescue** | For the fiscal year FY: 2018

Type of Project: (place an "x" in one box) Primary effect of project is to:

<input type="checkbox"/>	Replace or Repair existing facilities or equipment
<input type="checkbox"/>	Improve quality of existing facilities or equipment
<input checked="" type="checkbox"/>	Expand capacity of existing service level/facility
<input type="checkbox"/>	Provide new facility or service capacity

Department Priority: 8 of 8 Priority Coding: S Urgent (U) Safety/Health (S) Preserve Asset (P)

Project Title Lucas 2 Chest Compression System

Project Description:
The Fire & Rescue Department would like to purchase a Lucas 2 Chest Compression System. This piece of equipment automates chest compressions during a cardiac arrest incident.

Narrative Justification:
During an emergency event manpower is always an issue. This piece of equipment performs chest compressions which allows personnel to better care for the patient by performing other critical skills like defibrillation, airway management and drug intervention. Quality chest compressions provide oxygenated blood to the cells, most importantly in the heart and brain. Keeping these cells alive until defibrillation can be used to correct electrical impulses in the heart is imperative. By automating this skill several positive changes result. Compressions are now standardized providing the correct amount of blood flow on each down stroke. As providers tire during compressions the depth of the compression changes. This will affect the outcome of the pt. even after defibrillation occurs. Additionally, by automating aspects of our job it leads to savings do to the additional costs associated with employees, for example injury liability, retirement and health insurance costs

Cost Estimates:	<u>Capital Costs</u>	Check if apply	<u>Impact on Staffing, Operations & Maintenance</u>	
Project Cost for year	\$ 14,997.00	<input type="checkbox"/>	Increased O & M Costs	\$
Total Project Cost (if multi-year)	\$ 	<input type="checkbox"/>	Increased Personnel Cos	\$
		<input type="checkbox"/>	Decreased O & M Costs	\$
		<input checked="" type="checkbox"/>	Reduce Personnel Costs	\$ TBD

Sources of Funding:

Grant - Source	Grant Amount
31-4215-10-740	
Capital Reserve Fund	\$ 14,997
Lease/Purchase Agreement	\$
Special Revenue Fund	\$
User /Impact Fees & Charges	\$
Revolving Fund	\$
Special Assessment	\$
Current Revenue	\$
General Obligation Bond	\$
General Fund Balance	\$
Other	\$
Total funding needed:	\$ 14,997.00

Form Prepared By:

Michael J. Tully
(Name)

(Title)

Fire & Rescue
(Department/agency)

8-Jun-15
Date Prepared



NORTH HAMPTON FIRE & RESCUE

235 Atlantic Avenue
North Hampton, New Hampshire 03862
Business Phone: 603.964.5500 Fax: 603.964.7249
www.northhampton-nh.gov



Lucas 2 Chest Compression System

- Total project cost \$14,997.00
- Performs compressions during cardiac arrest which assists with manpower issues
- Better quality compressions leads to better save rates

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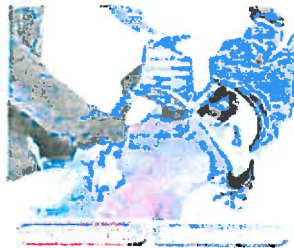
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- Family Practice/ Internal Medicine
- Immunology
- Laboratory



Our Price: ~~\$14,995.00~~
\$14,495.00

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Additional Views:



- Back Plate Grip Tape - 3-Pack (11576-000053) [Add \$92.00]
- Additional Patient Straps - 3 Pack (11576-000051) [Add \$235.00]
- Additional Suction Cups - 3-Pack (11576-000046) [Add \$125.00]
- Additional Suction Cups 12-Pack (11576-000047) [Add \$445.00]
- 12V Car Cable (11576-000048) [Add \$115.00]

[Add to Wish List](#)

Details

Now electrically powered, the life-saving medical device offers the most compact, lightweight and portable solution to maintain circulation in cardiac arrest patients.

The second generation LUCAS™2 builds upon the well-proven LUCAS™1 technology, with a change of driving source from pneumatic to electric. LUCAS™2 operates for 45 minutes on the latest battery technology (with no test-cycles or reconditioning required) and may also be connected to and operated from electricity wall outlets or car outlets. The battery is neatly integrated in the hood, making LUCAS™2 a lightweight and compact device to store and carry.



Features and Benefits

- 100 compressions per minute with a depth of 4-5 cm.
- 50/50 duty cycle, for compression and decompression.
- Complete chest recoil before next compression. Tireless - minimizing "no-flow" time.
- The same quality for all patients and over time, independent of transport conditions, rescuer fatigue, or variability in experience level of the caregiver.
- Can be applied within seconds and is designed to minimize interruptions of manual CPR during application.
- Frees up caregivers to focus on other life-saving tasks; ventilation, medication, defibrillation as well as decision making on continued care and therapy.
- Small and lightweight Back Plate facilitates application in confined spaces.
- Two compression modes; 30:2 mode or a continuous mode with ventilation alerts.
- Quieter operation than Lucas 1.
- Allows access to patient's chest to place defibrillation pads.
- Smart Restart function allows for an immediate resumption of compression after change of battery as it remembers the patient settings during 60 seconds.



Videos

Survival Story



Service Video

Free Stethoscope!



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[My Orders](#)
[My Cart](#)
[My Wishlist](#)
[My Profile](#)
[My Address](#)
[My Payment](#)
[My Account Settings](#)
[My Account Information](#)
[My Account Security](#)
[My Account Preferences](#)
[My Account Notifications](#)
[My Account History](#)
[My Account Reviews](#)
[My Account Feedback](#)
[My Account Support](#)
[My Account Help](#)
[My Account Contact](#)
[My Account Support Center](#)
[My Account Support Team](#)
[My Account Support Hours](#)
[My Account Support Phone](#)
[My Account Support Email](#)
[My Account Support Chat](#)
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[My Account Support Blog](#)
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[My Account Support Facebook](#)
[My Account Support LinkedIn](#)
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Desc



- LUCAS 2 Chest Compression System
- Carrying Case
- 2 Patient Straps
- 2 Stabilization Straps
- 3 Suction Cups
- 1 Rechargeable Battery

Chest Compressions

- Rate: 100 per minute
- Depth: 4-5 cm
- Equal compression/decompression duty cycle.
- Allows for full chest recoil.

Patients Eligible for Treatment

- Sternum height of 17-30.3 cm
- Maximum chest width of 44.9 cm
- Not restricted by patient weight.

Power Source and Operation

- Electrical operation with rechargeable Lithium Ion Polymer (LiPo) battery alone or together with External Power Supply.
 - 12-24V DC car outlet.
 - 100-240V, 50/60Hz AC wall outlet.
- Battery run time: 45 minutes (typical)
- Operating temperature: 0-40°C
- Battery recharge time in external charger: < 4 hours at room temperature
- Battery expected service life: 200 uses or 3 years
- Battery classification: IP44

Physical Characteristics

- Weight (including battery): 7.8kg
- Dimensions (H x W x D): 57 x 52 x 24 cm
- Dimensions in carrying bag (H x W x D): 65 x 33 x 25 cm

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Danish | Portuguese | Spanish

Currency Display:

US Dollar

Order Details Summary: Total: \$1,234.56 (including shipping and handling fees). All prices are in US Dollars. Currency conversion rates may vary. Displayed currency is for informational purposes only.

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CAPITAL IMPROVEMENTS PROGRAM
Capital Project Worksheet and Submission Form

Exhibit F

Department: **Fire & Rescue**

For the fiscal year FY: 2022

Type of Project:

(place an "x" in one box)

Primary effect of project is to:

- Replace or Repair existing facilities or equipment
- Improve quality of existing facilities or equipment
- Expand capacity of existing service level/facility
- Provide new facility or service capacity

Department Priority: 0 of 0 Priority Coding: S Urgent (U) Safety/Health (S) Preserve Asset (P)

Project Title 2003 International Tanker

Project Description:

The Fire & Rescue Department would like to replace the 2003 International Tanker Truck.

Narrative Justification:

The 2003 International Tanker Truck is utilized to provide large amounts of water in non hydrant districts. It is also used as a second due Piece in the event that the primary Engine is out of service or tied up on another emergency. At this point the truck appears to be in excellent condition. Though I am planning of the worst case scenario of replacement, serious consideration should be taken in 2022 on refurbishing this truck depending on the condition at that time as opposed to replacement.

Cost Estimates:

Capital Costs

Check Impact on Staffing, Operations & Maintenance
if apply

Project Cost for year \$ 300,000.00

Total Project Cost \$ 300,000.00

(if multi-year)

<input type="checkbox"/> Increased O & M Costs	\$
<input type="checkbox"/> increased Personnel Cos	\$
<input type="checkbox"/> Decreased O & M Costs	\$
<input type="checkbox"/> Reduce Personnel Costs	\$

Sources of Funding:

Grant - Source

61-4215-10-740

Grant Amount	\$
Capital Reserve Fund	\$ 300,000.00
Lease/Purchase Agreement	\$
Special Revenue Fund	\$
User /Impact Fees & Charges	\$
Revolving Fund	\$
Special Assessment	\$
Current Revenue	\$
General Obligation Bond	\$
General Fund Balance	\$
Other	\$

Total funding needed: 300,000.00

Form Prepared By:

Michael J. Tully
(Name)

Fire Chief
(Title)

Fire & Rescue
(Department/agency)

23-Jul-15
Date Prepared

CAPITAL IMPROVEMENTS PROGRAM
 Capital Project Worksheet and Submission Form

Exhibit G

Department: **Fire & Rescue**

For the fiscal year FY: **2022**

Type of Project:
 (place an "x" in one box)

- Primary effect of project is to:
- Replace or Repair existing facilities or equipment
 - Improve quality of existing facilities or equipment
 - Expand capacity of existing service level/facility
 - Provide new facility or service capacity

Department Priority: **0** of **0** Priority Coding: **U** Urgent (U) Safety/Health (S) Preserve Asset (P)

Project Title **2013 Ford Ambulance**

Project Description:

The Fire & Rescue Department would like to replace the 2013 Ford Ambulance.

Narrative Justification:

The ambulance is utilized to transport sick and injured patients to the hospital. In FY15 ambulance revenue received into the FD Capital Reserve Account was Approx. \$78,000. Projected revenue increase to approx. \$106,000 is expected going forward due to the increase in ambulance rates as of July 1, 2015. Historically attempting to keep an ambulance in service as a primary transport vehicle past 9 years has caused a substantial amount of downtime resulting in loss of ambulance revenue. In 2022 the condition of the ambulance should be assessed and a determination made on whether the current ambulance should be kept as a back up or second ambulance for the Town.

Cost Estimates:

Capital Costs

Check Impact on Staffing, Operations & Maintenance

Project Cost for year \$ **225,000.00**

Total Project Cost \$ **225,000.00**
 (if multi-year)

If apply

<input type="checkbox"/>	Increased O & M Costs	\$	
<input type="checkbox"/>	Increased Personnel Cos	\$	
<input type="checkbox"/>	Decreased O & M Costs	\$	
<input type="checkbox"/>	Reduce Personnel Costs	\$	

Sources of Funding:

Grant - Source

61-4215-10-740

Grant Amount	\$	
Capital Reserve Fund	\$	225,000.00
Lease/Purchase Agreement	\$	
Special Revenue Fund	\$	
User /Impact Fees & Charges	\$	
Revolving Fund	\$	
Special Assessment	\$	
Current Revenue	\$	
General Obligation Bond	\$	
General Fund Balance	\$	
Other	\$	

Total funding needed: **225,000.00**

Form Prepared By:

Michael J. Tully
 (Name)

Fire Chief
 (Title)

Fire & Rescue
 (Department/agency)

23-Jul-15
 Date Prepared

CAPITAL IMPROVEMENTS PROGRAM
Capital Project Worksheet and Submission Form

Exhibit H

Department: **Public Safety/Campus Plan** |

For the fiscal year FY: 2017

Type of Project:
 (place an "X" in one box)

- Primary effect of project is to:
- Replace or Repair existing facilities or equipment
 - Improve quality of existing facilities or equipment
 - Expand capacity of existing service level/facility
 - Provide new facility or service capacity

Department Priority: 1 of 1 Priority Coding: U Urgent (U) Safety/Health (S) Preserve Asset (P)

Project Title Public Safety Building/Campus Planning

Project Description:

This update on a Public Safety Facility is based on new planning by the Select Board and the Fifth Municipal Facilities Committee. As many are aware, last year's Warrant was based on the most recent plan to build a new Public Safety Facility at the corner of Aiden Avenue and Atlantic Avenue, and to utilize the old police station and the current town offices for the new Town Office/Administration building. I am currently appointed by the Select Board to the Fifth Municipal Advisory Committee along with six residents from North Hampton. This committee is now charged by the Select Board to cost out any and all plans and ideas that came out of a previous Municipal Facilities Advisory Committee also known as the "Chauncey Committee". The actual plan for a combined Public Safety Facility will be decided by the recommendations of the Fifth Municipal Advisory Committee and the decisions of the Select Board.

Narrative Justification:

Current fire and police facilities are undersized and in need of serious replacement and renovation based on the 2007 MRI Studies on both departments and the Structural Assessments completed on the Fire Station by Foley, Buhl, Roberts and Associates. There have now been four previous committees that have reviewed the Mires Plans, the Warrenstreet Plan, the Bonnette Page and Stone Plan, and the Lavallee-Brensiger Plan that all include Public Safety Buildings along with Library and Town Administration Buildings. Although costs and procedure have been closely scrutinized in these plans, many agree that the facilities are in terrible condition, are undersized, and need to be addressed. I have used the cost estimate for just a Public Safety Building from last year within this CIP Request, in hopes that a closer cost will be available to all of us once the Fifth Municipal Advisory Committee completes their work.

Cost Estimates:

Capital Costs

Check Impact on Staffing, Operations & Maintenance

Project Cost for year \$ 3,750,000

Total Project Cost \$ 3,750,000

(if multi-year)

if apply

<input type="checkbox"/>	Increased O & M Costs	\$
<input type="checkbox"/>	Increased Personnel Costs	\$
<input checked="" type="checkbox"/>	Decreased O & M Costs	\$ TBD
<input type="checkbox"/>	Reduce Personnel Costs	\$

Sources of Funding:

Grant - Source

Grant Amount	\$
Capital Reserve Fund	\$
Lease/Purchase Agreement	\$
Special Revenue Fund	\$
User /Impact Fees & Charges	\$
Revolving Fund	\$
Special Assessment	\$
Current Revenue	\$
General Obligation Bond	\$ 3,750,000
General Fund Balance	\$
Other	\$

Total funding needed: 3,750,000.00

Form Prepared By:

Brian P. Page
 (Name)

Director of Public Safety
 (Title)

Fire and Police
 (Department/agency)

7-Jul-15
 Date Prepared

CAPITAL IMPROVEMENTS PROGRAM
Capital Project Worksheet and Submission Form

Department: Library Department Priority: 1 of 4 projects

Type of Project:
 (place an "x" in one box)

Primary effect of project is to:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Replace or Repair existing facilities or equipment |
| <input checked="" type="checkbox"/> | Improve quality of existing facilities or equipment |
| <input checked="" type="checkbox"/> | Expand capacity of existing service level/facility |
| <input checked="" type="checkbox"/> | Provide new facility or service capacity |
| <input type="checkbox"/> | Region |
| <input checked="" type="checkbox"/> | Municipality |
| <input checked="" type="checkbox"/> | Local School District |
| <input type="checkbox"/> | Regional School District |

Service Area of Project:
 (place an "x" in one box)

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | I/B/R District |
| <input type="checkbox"/> | Neighborhood |
| <input type="checkbox"/> | Street |
| <input type="checkbox"/> | Other Area |

Specify: _____

Project Description:

New library on homestead property

Rationale for Project:

(Place an "x" in the boxes that apply and elaborate below)

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Removes imminent threat to public health or safety |
| <input checked="" type="checkbox"/> | Alleviates substandard conditions or deficiencies |
| <input checked="" type="checkbox"/> | Responds to federal or state requirement to implement |
| <input checked="" type="checkbox"/> | Improves the quality of existing services |
| <input checked="" type="checkbox"/> | Provides added capacity to serve growth |
| <input checked="" type="checkbox"/> | Reduces long-term operating costs |
| <input checked="" type="checkbox"/> | Provides incentive to economic development |
| <input type="checkbox"/> | Eligible for matching funds available for a limited time |

Narrative Justification:

Based on a 12,000 sq ft building, using the Town Campus figures as a base guide. The actual square footage may be less. Based on RSMeans Construction Cost Estimates for libraries <http://www.rsmeans.com/Square-Foot-Cost-Estimates/>

Cost Estimate:

Capital Costs

Impact on Operating & Maintenance

	Dollar amount (in current \$)		Costs or Personnel Needs
(itemize as necessary)	\$ _____	Planning/Feasibility analysis	<input type="checkbox"/>
	\$ <u>192,000.00</u>	Architectural & Engineering Fees 8%	<input type="checkbox"/>
	\$ _____	Contractor Fees 25%	<input type="checkbox"/>
	\$ <u>1,608,000.00</u>	Construction	<input type="checkbox"/>
	\$ _____	Furnishings and equipment	<input type="checkbox"/>
	\$ _____	Vehicles & Capital equipment	<input type="checkbox"/>
			Dollar Cost or Impacts if Known:
			+ \$ _____
			- \$ _____
		Target Fiscal Year:	<u>FY17</u>
\$	<u>2,400,000.00</u>	Project Cost	

Sources of Funding:

Trustees matching funds for		
Grant from: <u>capital reserve warrant articles</u>	\$	<u>250,000.00</u>
Loan from: _____	\$	_____
<u>Donation/Bequest/Private</u>	\$	<u>944,000.00</u>
<u>User Fees & Charges</u>	\$	_____
<u>Capital Reserve Withdrawal</u>	\$	<u>262,000.00</u>
<u>Impact Fee Account</u>	\$	_____
<u>Current Revenue</u>	\$	_____
<u>General Obligation Bond</u>	\$	<u>944,000.00</u>
<u>Revenue Bond</u>	\$	_____
<u>Special Assessment</u>	\$	_____
_____	\$	_____
_____	\$	_____
Total funding needed:	\$	<u>2,400,000.00</u>

Form Prepared By:

Susan Grant
Library Director
 (Title)
Library
 (Department/agency)

July 3, 2015
 Date Prepared

CAPITAL IMPROVEMENTS PROGRAM

Capital Project Worksheet and Submission Form

Department: North Hampton Public Library **Department Priority:** 2 4 projects

Type of Project:

(place an "x" in one box)

Primary effect of project is to:

<input checked="" type="checkbox"/>	Replace or Repair existing facilities or equipment
<input type="checkbox"/>	Improve quality of existing facilities or equipment
<input checked="" type="checkbox"/>	Expand capacity of existing service level/facility
<input type="checkbox"/>	Provide new facility or service capacity

Service Area of Project:

(place an "x" in one box)

<input type="checkbox"/>	Region
<input checked="" type="checkbox"/>	Municipality
<input type="checkbox"/>	Local School District
<input type="checkbox"/>	Regional School District

<input type="checkbox"/>	I/B/R District
<input type="checkbox"/>	Neighborhood
<input type="checkbox"/>	Street
<input type="checkbox"/>	Other Area

Specify:

Project Description:

Replace HVAC system with propane system per Lamprey Energy

Rationale for Project:

(Place an "x" in the boxes that apply and elaborate

<input checked="" type="checkbox"/>	Removes imminent threat to public health or safety
<input checked="" type="checkbox"/>	Alleviates substandard conditions or deficiencies
<input checked="" type="checkbox"/>	Responds to federal or state requirement to implement
<input checked="" type="checkbox"/>	Improves the quality of existing services
<input type="checkbox"/>	Provides added capacity to serve growth
<input checked="" type="checkbox"/>	Reduces long-term operating costs
<input type="checkbox"/>	Provides incentive to economic development
<input type="checkbox"/>	Eligible for matching funds available for a limited time

Narrative Justification:

Items of most urgency for the next 5-10 years.

Cost Estimate: Capital Costs

Impact on Operating & Maintenance

CAPITAL IMPROVEMENTS PROGRAM
Capital Project Worksheet and Submission Form

Department:

Department Priority:

projects

Type of Project:
 (place an "x" in one box)

Primary effect of project is to:

- Replace or Repair existing facilities or equipment
- Improve quality of existing facilities or equipment
- Expand capacity of existing service level/facility
- Provide new facility or service capacity

Service Area of Project:
 (place an "x" in one box)

- | | | |
|---|----------------------|----------------|
| <input type="checkbox"/> Region | <input type="text"/> | I/B/R District |
| <input checked="" type="checkbox"/> Municipality | <input type="text"/> | Neighborhood |
| <input type="checkbox"/> Local School District | <input type="text"/> | Street |
| <input type="checkbox"/> Regional School District | <input type="text"/> | Other Area |

Specify:

Project Description:

Rationale for Project:

(Place an "x" in the boxes that apply and elaborate)

- Removes imminent threat to public health or safety
- Alleviates substandard conditions or deficiencies
- Responds to federal or state requirement to implement
- Improves the quality of existing services
- Provides added capacity to serve growth
- Reduces long-term operating costs
- Provides incentive to economic development
- Eligible for matching funds available for a limited time

Narrative Justification:

Cost Estimate: Capital Costs

(itemize as \$ necessary)	Dollar amount (in current \$)	
	<u>26,450.00</u>	Duct work proposal 2010
	<u>2,645.00</u>	10% increase since 2010
	<u>29,095.00</u>	
	<u>34,914.00</u>	20% increase for 2016
	<u> </u>	
	<u> </u>	
	<u> </u>	
	<u> </u>	
	<u> </u>	
	<u> </u>	

Impact on Operating & Maintenance

	Costs or Personnel Needs
<input type="text"/>	Add personnel
<input type="text"/>	Increased O & M Costs
<input type="text"/>	Reduce Personnel
<input type="text"/>	Decreased O & M Costs

Dollar Cost or Impacts if Known:

+ \$

- \$

Target Fiscal Year:

\$ _____ **Project Cost**

Sources of Funding:

Grant from: _____

\$ 5,819.00 cost increase 10% from 2010

Loan From: _____

\$ 29,095.00

Donation/Bequest/Private

\$ _____

User Fees & Charges

\$ _____

Capital Reserve Withdrawal

\$ 0.00 Capital Reserve funds

Impact Fee Account

\$ _____

Current Revenue

\$ _____

General Obligation Bond

\$ _____

Revenue Bond

\$ _____

Special Assessment

\$ _____

\$ _____

Total funding needed:

\$ 34,914.00

Form Prepared By:

Susan Grant
(Name)

Director
(Title)

Library
(Department/agency)

July 3, 2015
Date Prepared

CAPITAL IMPROVEMENTS PROGRAM
Capital Project Worksheet and Submission Form

Department:

Department Priority:

Type of Project:

(place an "x" in one box)

Primary effect of project is to:

- Replace or Repair existing facilities or equipment
- Improve quality of existing facilities or equipment
- Expand capacity of existing service level/facility
- Provide new facility or service capacity

Service Area of Project:

(place an "x" in one box)

- | | | | |
|-------------------------------------|--------------------------|--------------------------|----------------|
| <input type="checkbox"/> | Region | <input type="checkbox"/> | I/B/R District |
| <input checked="" type="checkbox"/> | Municipality | <input type="checkbox"/> | Neighborhood |
| <input type="checkbox"/> | Local School District | <input type="checkbox"/> | Street |
| <input type="checkbox"/> | Regional School District | <input type="checkbox"/> | Other Area |

Specify:

Project Description:

Rationale for Project:

(Place an "x" in the boxes that apply and elaborate

- Removes imminent threat to public health or safety
- Alleviates substandard conditions or deficiencies
- Responds to federal or state requirement to implement
- Improves the quality of existing services
- Provides added capacity to serve growth
- Reduces long-term operating costs
- Provides incentive to economic development
- Eligible for matching funds available for a limited time

Narrative Justification:

Cost Estimate: Capital Costs

(itemize as \$ necessary)

Dollar amount (in current \$)
 Repair parking lot

Impact on Operating & Main

Costs or Personnel Ne

- Add personnel
- Increased O & M Costs
- Reduce Personnel
- Decreased O & M Cost

Dollar Cost or Impacts if I

+ \$

- \$

Target Fiscal Year:

\$ 33,000.00 Project Cost

Sources of Funding:

Form Pre

Grant from: _____ \$ _____

Loan From: _____ \$ _____

Donation/Bequest/Private _____ \$ _____

User Fees & Charges _____ \$ _____

Capital
Reserve
funds

Capital Reserve Withdrawal _____ \$ _____ 0.00

Impact Fee Account _____ \$ _____

Current Revenue _____ \$ _____

General Obligation Bond _____ \$ _____

Revenue Bond _____ \$ _____

Special Assessment _____ \$ _____

_____ \$ _____

_____ \$ _____

Total funding needed: _____ \$ 33,000.00

Susan Gr
(Name)

Director
(Title)

Library
(Departm

July 3, 20
Date Pre

projects

aintenance

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