**REGION 2NORTH HEALTHCARE COALITION**

**Request for Pre-Deployment of Regional Assets Guidelines**

The Region 2 North Healthcare Coalition as many regional assets that are planned for use in response to incidents. Due to the timeliness of potential needs, there might be times when these assets should be pre-deployed for large events for either use by potential first responders or to stage for quick use for trauma incidents. The guidelines below explain the request and approval process for the assets and the responsibilities of the requesting agencies.

General guidelines:

1. Requests for assets will be reviewed for availability and deployment by the R2N Regional Medical Coordination Center (RMCC).
   1. For actual urgent incidents, assets may be deployed with the agreements signed after deployment.
   2. For requests for pre-deployment or requests for temporary use that are non-urgent, the agreement should be signed before deployment.
2. If approved, the R2N RMCC will notify the State of the deployment using the State asset deployment form.
3. All local (within R2N) requests for a disaster support pre-deployment of assets shall be reviewed by the local County Emergency Management Office Emergency Operations Center (EOC). Requests for assets from outside of Region 2 North will still go through the local County Emergency Operations Center activated, either fully or partially, to support the event outside of the region.
4. The requesting agency (the agency requesting the assets might not be the local EOC) agrees to return the assets in the condition and quantity received if not used in a response. If used in a response, the non-consumable asset(s) will be returned in good condition (trailers, wheel chairs, furniture, radios, etc.). Determination of the consumable assets replacement will take place after the response (mega movers, evacuation blankets, tourniquets, evacuation bags, etc.)

**Region 2 North Asset Pre-Deployment or**

**Equipment Use Request Form**

Requesting Agency Information:

Name of agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person making request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person phone number\_ \_ \_ - \_ \_ \_-\_ \_ \_ \_

Local Emergency Management (if not requesting agency)

Name of agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person making request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person phone number\_ \_ \_ - \_ \_ \_-\_ \_ \_ \_

Assets Requested:

\_\_\_Tourniquets \_\_\_Moulage Kits \_\_\_ Sound System

\_\_\_ ACS trailer \_\_\_Evacuation trailer \_\_\_Radios

\_\_\_Oxygen trailer \_\_\_Incident Command trailer \_\_\_Emergency vest

\_\_\_Morgue trailer \_\_\_Stop the Bleed Kits

\_\_\_Other (describe below)

Reason for the Request:

Incident or event or drill/exercise, please describe the reason for the request:

Date(s) needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) expected to be returned: \_\_\_\_\_\_\_\_\_\_\_\_

Location Needed:

Name of location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review by local EOC:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R2N RMCC Review: \_\_\_Deployment Approved \_\_\_Deployment Denied

Reason for decision:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region 2 North Healthcare Coalition

Equipment Use Receipt

Region 2 North Healthcare Coalition has deployed the following equipment to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (User Agency) on \_\_\_\_\_\_\_\_\_\_\_\_(Date)

|  |  |  |
| --- | --- | --- |
| Description (include detailed description and quantities) | R2N Signature | Agency Signature |
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Comments/Notes:

For Region 2 North Healthcare Coalition: For the User:

NAME OF Region 2 North REPRESENTATIVE NAME OF REQUESTING AGENCY

TITLE OF Region 2 North REPRESENTATIVE PRINTED NAME AND TITLE OF REQUESTING AGENCY REPRESENTATIVE

SIGNATURE DATE SIGNATURE DATE

Region 2 North Healthcare Coalition

EQUIPMENT USE AGREEMENT (For trailers, ventilators, and other large items)

This Equipment Use Agreement is between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(User) and the Region 2 North Healthcare Coalition (R2N) in support of the R2N Preparedness Program.

The parties agree to the following:

1. Equipment. The temporary use and possession of the following equipment shall be granted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Equipment)

1. Period of Possession. The term of use is for a period of , commencing on (date) and terminating on

(date), or the date User returns the equipment as provided for below, whichever is sooner. The term of use may be extended by mutual written agreement of the parties.

1. Condition of Equipment. User agrees to inspect the condition and operation of the Equipment immediately upon receipt of possession and to notify the R2N regional staff promptly, in writing, of any defects in the condition or operation of the Equipment.
2. Maintenance and Repair. User agrees at User’s sole expense to maintain and clean the Equipment while in User's possession or control, and to keep the Equipment in good repair and operating condition during the term of use, and to return the Equipment to the region in the same condition as at the commencement of this Agreement, normal wear and tear excepted.
3. User is permitted to use the Equipment as intended for emergency response or day to day use as needed to maintain competency of Equipment. User agrees not to alter, disfigure, or cover up any numbering, lettering, or insignia displayed on the Equipment, nor alter, bypass or disengage any safety or operational features of or on the Equipment.
4. Operation of Equipment. User agrees to operate the Equipment in accordance with the Equipment manufacturer's instructions and owner's manual, and in conformance with all applicable laws. If the Equipment use or operation requires a license or special training, then User agrees that only individuals with such license or training will be allowed to use or operate the Equipment. User agrees not to subject the Equipment to unnecessary rough usage, and to only allow the Equipment to be used in accordance with its intended use and design.
5. Risk of Loss or Damage. User will be responsible for risk of loss or damage to the Equipment from the time User accepts possession, including any period of delivery or return of the Equipment to User, unless regional staff agree to deliver the Equipment to a specific destination. User agrees to indemnify the lending party against all loss or damage to Equipment during its possession or control of the Equipment. If any item of Equipment is damaged, destroyed or lost while under User's possession or control, User’s liability will be the replacement cost of the Equipment as of the date of

loss.

1. Indemnify and Hold Harmless. User agrees to indemnify and hold harmless the lending party, their respective stakeholders, directors, officers, employees, agents, successors and assigns from any claim, action, liability, loss, damage or suit, of any kind or nature, including reasonable attorney fees and court costs, arising from the User’s use, misuse, operation and/or possession of the Equipment and/or User's breach of this Agreement, including injury to persons resulting therefrom.
2. Assignment by User. User will not assign this Agreement or the use or possession of the Equipment, without the prior written consent of Regional staff.
3. Location of Equipment. Equipment will be located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the duration of use unless user receives prior consent to relocate equipment from regional personnel.
4. Return of Equipment. User understands the nature of borrowing Regional assets and agrees to return possession and control of the Equipment to Regional staff upon termination of this Agreement or at the request of Regional staff, if sooner, and to deliver the Equipment at User’s own expense, in good condition, allowing for reasonable wear and tear, and free and clear of encumbrances, to

(location) or to such other location as Regional staff may designate, which would not increase the cost of delivery.

1. Enforcement of Agreement. Upon default, the User agrees to pay all reasonable attorneys’ fees, court costs and cost of repossession and collection incurred by the Region in enforcing this Agreement.
2. Availability. Items requested are ultimately subject to availability. Requests for equipment may be denied based on regional scarcity of resources, in which case, regional staff will determine the allocation of requested resources. Critical items chosen by the region may be denied for request if available supplies of the requested item have not yet been exhausted from the surrounding agencies of the party making the request.
3. Entire Agreement. This Agreement embodies the entire agreement between the parties with respect to the subject matter hereof, and may only be extended or modified by a written amendment hereto that is signed by each party hereto. If any provision of this Agreement is invalid it will be considered deleted from this Agreement, and will not invalidate the remaining provisions.

For Region 2 North Healthcare Coalition: For the User:

NAME OF Region 2 North REPRESENTATIVE NAME OF REQUESTING AGENCY

TITLE OF Region 2 North REPRESENTATIVE PRINTED NAME AND TITLE OF REQUESTING AGENCY REPRESENTATIVE

SIGNATURE DATE SIGNATURE DATE

Region 2 North Healthcare Coalition

Equipment Return Receipt

Region 2 North Healthcare Coalition has received the following equipment from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (User Agency) on \_\_\_\_\_\_\_\_\_\_\_\_ (Date)

|  |  |  |
| --- | --- | --- |
| Description (include detailed description and quantities) | R2N Signature | Agency Signature |
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The equipment has been cleaned and in proper working order unless specified below.

**No exceptions pertain to this/these items**

|  |  |  |
| --- | --- | --- |
| Description (include detailed description and quantities) | R2N Signature | Agency Signature |
|  |  |  |
|  |  |  |
|  |  |  |

Comments/Notes:

For Region 2 North Healthcare Coalition: For the User:

NAME OF Region 2 North REPRESENTATIVE NAME OF REQUESTING AGENCY

TITLE OF Region 2 North REPRESENTATIVE PRINTED NAME AND TITLE OF REQUESTING AGENCY REPRESENTATIVE

SIGNATURE DATE SIGNATURE DATE