



Ventilator & O2 Concentrator Request Form

In response to increased COVID-19 hospitalizations and the need of ventilators, Texas is partnering with the HPP Medical Operations Centers to leverage resources. Medical Operations Centers provide regional medical coordination of resources and information. The RMOC is needed to expedite the deployment of medical ventilators to hospitals across the state. Please fill out the needed information below to request needed resources.

Hospital Name:

Requestor Name:

Hospital Address:

Hospital type:

Number of COVID-19 patients admitted to hospital at time of request:

Number of COVID-19 patients in ICU at time of request:

Number of vents available at time of request:

Are you requesting ventilators?

- Yes
- No

Are you requesting IV Pumps?

- Yes
- No

Are you requesting O2 Concentrators?

- Yes
- No

Total number of classic ventilators available is less than 10?

- Yes
- No

Are 75% of the facility's available classic ventilators in use?

- Yes
- No

Is staffing available to sustain additional ventilators?

- Yes
- No

Do you understand that ventilators are on loan and must be returned at the close of this STAR request?

- Yes
- No

Do you understand that you must follow any instruction manuals that come with the item on loan to keep the item in working condition?

- Yes
- No

Do you understand that your facility will be responsible for this item in its entirety until this item is signed back in with the appropriate state agency upon the item's retrieval?

- Yes
- No

Is your facility actively following CDC Hospital Staff guidelines for response and mitigation practices? Please see the link below:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

- Yes
- No

Please print and sign below to affirm that you have read and understood all of the above terms, stipulation and information:

Requestor's Print

Requestor's Signature

Supervisor/COO Print

Supervisor/COO Signature



Property Assignment/Housing Agreement

This Property Assignment/Housing Agreement is made effective as of _____ (date) by and between Piney Woods Regional Advisory Council (RAC-G) and _____ (facility name).

1. RAC-G owns the following property:

Item:

Make:

Model:

Serial Number:

2. RAC – G and _____ (facility name) are parties to the TSA Health Care Coalition Agreement and/or Texas EMTF Memorandum of Agreement. Under these agreements, _____ (facility name) has agreed to participate as a Provider, Subcontractor, or Facility in the TSA and/or the Emergency Medical Task Force (EMTF-4) in which RAC-G is the Lead RAC.
3. In consideration of the participation by _____ (facility name) in, RAC-G assigns the Property _____ (facility name) for its use and operation. It is understood and agreed that title to the Property shall remain with RAC-G at all times. So long as the TSA agreements and/or the Texas State EMTF MOA remains in force and effect, including through any extensions or renewals, and so long as _____ (facility name) complies with all terms of the Coalition Membership Agreement and requirements, _____ (facility name) shall have the right to possess, use, and operate the Property in the normal course of business.

At all times during its possession of the Property, _____ (facility name) shall maintain insurance covering the property for any loss or damage in an amount at least sufficient to replace the property in the event of a total loss. Further, _____ (facility name) shall also maintain at all times liability insurance that will extend to its use or operation of the property in an amount of no less than operational equipment purchased directly by the agency for daily use, for death or personal injury and no less than (\$1,000,000) for property damage. RAC-G will be listed on the insurance as an additional insured on all applicable insurance policies concerning the Property or any claims arising out of its use or operation by _____ (facility name). Upon the execution of the agreement and at the beginning of each policy period thereafter, _____ (facility name) will provide to RAC-G proof of insurance. If the hospital does not have the ability to sustain or provide short term insurance for the property, the hospital agrees to take full responsibility for the property and agrees to pay for repairs or replacement cost.

4. During possession, use, and operation of the Property, _____ (facility name) shall have responsibility for costs of the normal maintenance of the property, and any repairs not covered by insurance reimbursement. _____ (facility name) is not expected to replace or purchase Capital item expenditures due to tenure and age of the medical equipment; this responsibility will stay with the RAC/G program. In the event of any damage to the Property during the term of this Agreement, _____ (facility name) will advise RAC-G in writing by fax, email or letter within 48 Hours of knowledge of the occurrence of such event.

