# Meeting Agenda: Mohawk Area Public Health Coalition

**Date**: March 16, 2020  
**Location**: CONFERENCE CALL ONLY!  
**Call-In Number**: (425) 436-6370  
**Access Code**: 372022  
**Facilitators**: Carolyn Shores Ness & Norene Pease, Co-Chairs  
**Time**: 4:30-6:30 p.m.  
**Duration**: 2 Hours

<table>
<thead>
<tr>
<th>Agenda Items</th>
<th>Point Person(s)</th>
<th>Time</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcoming remarks/agenda/introductions</td>
<td>Co-Chairs</td>
<td>4:30 p.m. (5 minutes)</td>
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</tr>
<tr>
<td>2. Review/approval of February 10 and March 2, 2020 minutes</td>
<td>Co-Chairs</td>
<td>4:35 p.m. (5 minutes)</td>
<td>Vote to approve or amend</td>
</tr>
</tbody>
</table>
| 3. Old business  
   a. Staff report  
   b. MAPHCO one-year planning study update  
   i. Status  
   ii. Where to go from here  
   iii. Impact on hiring  
   c. HMCC update  
   d. Joint Information System update  
   e. All-MAPHCO EDS exercise | a. Tracy  
   b. Tracy  
   c. Mark  
   d. Co-chairs  
   e. Co-chairs | 4:40 p.m. (60 minutes) | a. Report  
   b. Discussion  
   c. Report  
   d. Report  
   e. Report |
| 4. New business  
   a. Isolation and quarantine overview  
   b. PPE request to WRHSAC  
   c. Policies for sharing regional supplies | a. Mark  
   b. Carolyn  
   c. Tracy | 5:40 p.m. (40 minutes) | a. Training  
   b. Discussion  
   c. Discussion |
| 5. Roundtable updates | Co-chairs | 6:20 p.m. (5 minutes) | Discussion |
| 6. Business not reasonably anticipated 48 hours prior to the meeting | | 6:25 p.m. (5 minutes) | Discussion |
| 7. Wrap up and adjourn | Co-chairs | 6:30 p.m. | |

**Parking at the Transit Center**: Limited FRCOG guest parking is available in the lot above the Transit Center (behind the brick building with the Loft Apartments sign). The visitor spots (# 42-44) are designated with signs. Otherwise, the Greenfield Parking Garage is open across Olive Street from the Transit Center. “Pay to park” lots are on Hope Street at the end of Olive Street and on Olive Street across from the Transit Center.
Street from the Transit Center. “Pay to park” lots are on Hope Street at the end of Olive Street and on Olive Street across from the Transit Center. Metered spots are available on Bank Row. Daytime meeting attendees may not use the short term parking in the Transit Center parking lot. Thank you!

This meeting is wheelchair accessible. Please call the facilitator with any requests for accessibility. 🚶‍♂️
# Meeting Minutes: Mohawk Area Public Health Coalition Steering Committee

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Facilitator:</th>
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<tbody>
<tr>
<td>February 10, 2020</td>
<td>FRCOG 12 Olive St Greenfield, MA Library</td>
<td>Carolyn Shores Ness &amp; Norene Pease, Co-Chairs</td>
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<tr>
<td>Time</td>
<td>Duration</td>
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<tr>
<td>4:30-6:30 p.m.</td>
<td>2 Hours 33 minutes</td>
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## ATTENDEES:
- Dan Wasiuk, Montague Health Director
- Donna Gibson, Williamsburg BOH
- Carolyn Shores Ness, Deerfield BOH
- Betsy Kovacs, Heath BOH
- Mike Friedlander, Colrain BOH
- Deb Coutinho, Shelburne BOH
- Duncan Colter, Ashfield BOH
- Norene Pease, Shutesbury BOH
- Carolyn Shores Ness, Deerfield BOH
- Betsy Kovacs, Heath BOH
- Mike Friedlander, Colrain BOH
- Deb Coutinho, Shelburne BOH
- Duncan Colter, Ashfield BOH
- Norene Pease, Shutesbury BOH

## ABSENT:
- Valerie Bird, Greenfield Health Director
- John Hillman, Leverett BOH
- Deb Coutinho, Shelburne BOH
- Duncan Colter, Ashfield BOH
- Norene Pease, Shutesbury BOH

## FRCOG STAFF:
- Mark Maloni
- Greg Lewis
- Xander Sylvain
- Lisa White

## GUESTS:
- Michael Nelson, MDPH OPEM
- Gina McNeely

## Agenda Items

<table>
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<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Welcoming remarks/agenda/introductions</td>
<td>Called to order by Carolyn at 4:30 p.m.</td>
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<tr>
<td>2.</td>
<td>Review/approval of December 16, 2019 minutes</td>
<td>Betsy moved to accept the December 16, 2019 minutes; Caroline seconded. Passed unanimously 4:40 p.m.</td>
</tr>
</tbody>
</table>
| 3.   | Old business | a) Greg has been focusing on exercise design for the upcoming ttx. He has also been working with LBH on non-pharmaceutical intervention training and risk communication around non-pharmaceutical interventions to the public. Greg assisted PHEP Region 4B with a TTX.  
   b) Greg has continued to survey LBH and has collected enough data to confidently report on trends in the region. Most LBH are comfortable participating in a PH role during a disaster response. However, overall trend shows the many LBH do not feel entirely prepared to lead a pandemic response without assistance in their community. Overall trend for surveyed EMD’s show they often responded positively to the idea of a multi- |
|      | a) Staff report | |
|      | b) MAPHCO One-Year Planning Study Update | |
|      | c) Purchasing | |
|      | d) HMCC Update | |
discipline emergency management team, that includes PH, within their community.

- **c)** Approx. $11,000.00 dollars remain in the budget. Carolyn made a motion to purchase an additional 2-3 vaccine refrigerators (Greenfield, Montague, and West County) pending the AAR/IP results from the upcoming TTX. Motion seconded by Donna, all in favor and motion passed at 05:09 p.m.
- **d)** Mark provided update on the HMCC; 2/7/20 TTX for long term care, there is an upcoming coalition meeting that will focus on cybersecurity within the health and medical sector, and there is additional HMCC funding available to be used in the region by all HMCC disciplines. All HMCC disciplines have been asked to submit proposals for any regional purchases.

### 4. New business

<table>
<thead>
<tr>
<th>a) Novel Coronavirus (2019-nCoV) &amp; Related Preparedness for LBOH</th>
<th>a) MAPCHO discussed current state of 2019-nCoV and would like standardized messaging they could use around nCoV. Greg presented a list of recommendations/best practices for what LBH can do to prepare their town for a pandemic outbreak. Steering Committee will convene a special 2019-nCoV workshop to address LBH messaging and create a standardized pamphlet/leaflet for the region. This workshop will be open to MAPCHO members with a tentative date of Feb 20, 2020 at 03:00 p.m.</th>
</tr>
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<tr>
<td>b) All-MAPHCO EDS Exercise</td>
<td>b) 25 participants have registered for the ttx so far, attendance will likely be higher. Greg presented the draft of the ttx and asked if the steering committee had any additional capabilities/areas to test. Steering committee concerned about how they would implement priority prophylactics and perform cold chain management for vaccines.</td>
</tr>
<tr>
<td>c) WebEOC Interactive Demonstration</td>
<td>c) Michael provided an interactive demonstration for the steering committee.</td>
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### 5. Roundtable updates

| a. | As requested by the steering committee last meeting, Michael presented the results of the WebEOC quarterly drill. The last quarterly drill showed approx. 30% of LBH in the Commonwealth successfully logged in and participated. The steering committee is concerned about the low participation and how this is indicative of the overall local and State public health emergency preparedness in the Commonwealth. DPH and OPEM are aware of this trend and have not addressed the issue. |

### 6. Business not reasonably anticipated 48 hours prior to the meeting

| a. | No new business |

### 7. Adjourned

| a. | Donna moved to adjourn the meeting; Betsy seconded. Adjourned at 6:33 p.m. |
# Meeting Minutes: Mohawk Area Public Health Coalition Steering Committee

**Date**: March 2, 2020  
**Location**: FRCOG  
12 Olive St  
Greenfield, MA  
Library  
**Facilitator**: Carolyn Shores Ness & Norene Pease, Co-Chairs  
**Time**: 4:15-5:00 p.m.  
**Duration**: 40 minutes

## Attendees
- John Hillman, Leverett BOH
- Duncan Colter, Ashfield BOH
- Norene Pease, Shutesbury BOH
- Carolyn Shores Ness, Deerfield BOH
- Betsy Kovacs, Heath BOH
- Valerie Bird, Greenfield Health Director
- FRCOG Staff: Greg Lewis
- Guests: Michael Nelson, MDPH OPEM

## Absent
- Mike Friedlander, Colrain BOH
- Dan Wasiuk, Montague Health Director
- Deb Coutinho, Shelburne BOH
- Donna Gibson, Williamsburg BOH

## Agenda Items

1. **Welcoming remarks/agenda/introductions**
   
   Called to order by Norene at 4:20 p.m.

2. **Steering Committee Concurrence Vote re BP2 grant funding and work plan**
   
   Greg presented the BP2 funding proposals from OPEM’s conference call. The Region 1B PHEP coalition (MAPHCO) would be allocated level funding. Norene noted the high percentage of the PHEP grant spent on OPEM’s fringe and overhead. The group also noted the dependency of the state laboratory’s budget on PHEP funding and that it receives the largest share, more than is allocated to local public health.

   Norene moved to concur with the BP2 budget and workplan proposal; Caroline seconded. Passed unanimously 4:30 p.m.

3. **Updates on MAPHCO Joint Information System (JIS)**
   
   Norene updated Duncan and John on the recently formed JIS Sub-Committee and its initial progress in organizing and a simultaneous operation to develop MAPHCO messaging to LBOHs. Norene relayed the JIS purpose and goals.

   Betsy moved to adopt a monthly Steering Committee meeting schedule; Carolyn seconded. Passed unanimously 4:45 p.m.
Betsy notified the group that although she will be traveling until March 24th, she asked Sheila Litchfield to join the JIS Sub-Committee as her alternate PIO. Betsy will also call in to meetings.

| 4. Adjourned   | Betsy moved to adjourn the meeting; Carolyn seconded. Adjourned at 4:50 p.m. |
MAPHCO Joint Information System (JIS) Actions Tracking 2020

Feb 20

- Reviewed roles and function of a JIS – handout available
- Activated JIS Sub-committee within MAPHCO
- Identified JIS Sub-committee members – Greenfield, Heath, Montague, Shutesbury and South Deerfield represented
- Identified JIS Sub-committee Co-Chairs – Carolyn Shores Ness/Norene Pease
- Established meeting time and place

Feb 26

- Adopted JIS mission, goals and objectives
- Identified Co-Chairs as Communications Coordinators and PIOs with support from others as needed
- Initiated process for centralized resource gathering/verification (websites/information bulletins/articles) Tracy Rogers and Betsy Kovacs coordinating
- Determined overall messaging to be consistent with MAPHCO mission, goals and objectives – directed to local boards of health, others?
- Reviewed a draft of an initial public health message issued in February
- Approved Cat Hilton, Member and Clerk, Shutesbury BOH as chief sub-committee writer and editor with others to assist – message to address: emerging COVID 19 threat, provide credible information sources, and provide actions citizenry can take.
- Set an ongoing meeting time during COVID 19 ramp up for Thursdays 1:30-3:00 FRCOG Offices

Mar 12

- Added MEMA to source of incoming information
- Changed meetings to Tuesdays at 1:30 p.m.
- Tracy will write message #3
- Add MAVEN training and choose MAVEN backups for each town
- Iso & quarantine highlights Monday night
• 5:00 – 5:05: Welcome - Laura Kittross, Director, BCBOHA, Public Health Manager, BRPC
• 5:05 – 5:20: Situational Update & NPIs: Allison Egan, Senior Planner, BCBOHA/BRPC
• 5:20 – 5:25: Public Health Nursing Coordination: Leslie Drager, Public Health Nurse, Berkshire Public Health Alliance
• 5:25 – 5:35: Emergency Medical Services: Brian Andrews, President, County Ambulance
• 5:35 – 5:45: Hospital: Michael Perrault, Director of Infection Prevention & Control, Berkshire Medical Center
• 5:45-5:50: Mark Maloni, Planning and Operations Coordinator, Health and Medical Coordinating Coalition (HMCC)
• 5:50 – 5:55: Robert Barry, Local Coordinator, Massachusetts Emergency Management Agency (MEMA)
• 5:55 – 6:05: Break
• 6:05 – 6:45: Isolation & Quarantine Training for Boards of Health
ISOLATION & QUARANTINE FOR THE LOCAL BOARD OF HEALTH

Berkshire County Boards of Health Association
March 10, 2020
Adapted from the Local Public Health Institute On Your Time Training
Goals & Objectives

- Distinguish among isolation, quarantine and social distancing
- Brief historical context that led to current quarantine and isolation laws
- Understanding of requirements of 105 CMR 300.000 for infectious diseases investigated by the LBOH
- Explain how to obtain voluntary compliance with isolation and quarantine requirements
- Describe the administrative and legal process required for LBOH to implement isolation and quarantine with non-compliant individuals
- Understand the requirements of isolation and quarantine
DEFINITIONS

- **Quarantine**: Separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. People in quarantine are not yet sick, and do not show symptoms. Quarantine lasts long enough to ensure the person is not sick (incubation period).

- **Isolation**: prevents the spread of an infectious disease by separating those who are sick from those who are not. Isolation lasts as long as the disease is contagious.

- **Social Distancing**: keeps people from interacting closely with each other or frequently enough to spread infectious disease. Social distancing may involve closing schools and other gathering places (movie theaters, malls, etc.) and cancelling sporting events and religious services.
History of Early Isolation & Quarantine Rules

• The earliest public health measures were directed toward isolation of the ill & quarantine of travelers as epidemics like the plague, cholera and smallpox swept through Europe in the 18th century.

• In 1701 Massachusetts passed laws for isolation of smallpox patients and for ship quarantine as needed.

• Large scale isolation and quarantine were common public health practices during epidemics in the 19th and early 20th century before disease transmission was completely understood.

• In the 20th century a more formal process was created in the US, and the Centers for Disease Control and Prevention (CDC) became the federal authority overseeing the control of disease.

• Although the CDC is the federal authority overseeing the control of disease including isolation and quarantine, the state, and local boards of health retain authority over their jurisdictions.
• 1878: Federal Quarantine – National Quarantine Act. Allowed inspection and quarantine of ships, cargo or passengers if suspected of the presence of a contagious disease.

• 1918: last time the federal government had to enforce large-scale/mass quarantine during the flu pandemic.

• 1944: Authority over federal quarantine transferred to the US Public Health Service (today US Dept. of Health & Human Services). Tasked with responsibility of preventing introduction, transmission and spread of communicable diseases from foreign countries into the US.

• 1987: Quarantine authority delegated to the Centers for Disease Control & Prevention (CDC). CDC establishes 55 quarantine stations located at every seaport, airport and major border crossing into the US.

• Today: 20 quarantine stations located at points of entry where international travelers come into the US.
• 300.110: Case reports by the Local Boards of Health. Electronic reporting through MAVEN is now required for all LBOH. Must report full demographic, clinical and epidemiologic information to DPH for specified diseases.

• 300.160: Must also report a case of unusual illness or outbreak of disease.

• 300.200: Isolation & Quarantine Requirements: Upon report of a case or suspected case of disease declared dangerous to the public health, the LBOH and DPH are authorized to implement and enforce the requirements outlined in 105 CMR 300.200.
  • Minimum requirements found in 105 CMR 300.200(A)
  • Depending on circumstances, the case and/or any contacts may be required to comply with additional control measures.

• The general Public Health Laws found in MGL Chapter 111 will also give support for the LBOH authority.

• Only the Local Board of Health, DPH, CDC or a court can issue a legally binding quarantine or isolation order.
Quarantine and isolation help slow the spread of disease which allows the healthcare system to adequately care for those who need it without becoming overwhelmed.
If you have a resident who needs to be quarantined or isolated

Because isolation and quarantine temporarily limits an individual’s right to liberty, it is important that the LBOH follow proper legal procedures and minimize the inconvenience to the individual by using the least restrictive measures while also protecting the public from harm.
Voluntary Compliance

• All efforts should be made to obtain voluntary compliance. Use education and persuasion to gain voluntary compliance. This can be done verbally and/or in a letter. Document all communication in the case file.

• Typically when people understand what they are being asked to do and why they comply voluntarily.

• In 2003, in Toronto, only 27 out of 13,291 people refused to voluntarily quarantine after being notified they might have been exposed to SARS. After a formal quarantine order all but 1 complied. That person attempted to appeal the quarantine order, but later withdrew his appeal after the seriousness of the disease and potential for transmission were explained to him.
If someone fails to voluntarily comply with isolation or quarantine.

- If someone does not voluntarily comply or fails to remain isolated/quarantined for the defined period of time, the LBOH must issue an official written administrative order. An order from the LBOH has the force of law and remains in effect until rescinded by the BOH or a court.

- Examples can be found on www.bcboha.org or the HHAN

- If a delay in imposing the order would pose a serious, imminent danger to the public health, an oral order can be given, as long as a written order follows within 24 hours.

- Order must state the following items:
  - Identity of the individual (or group)
  - Date and time when isolation or quarantine must begin
  - Duration of the isolation or quarantine
  - Reason for isolation or quarantine
  - Location of isolation or quarantine
  - Special instructions or precautions
  - Legal Authority for the order
  - Statement about appeals rights

- Notify your town/city counsel at this time in case legal action becomes necessary.
If the Order is violated, court action will become necessary

- Town Counsel should work with LBOH/DPH to ascertain the facts of the case and fill out the complaint. Sample complaints are available.
- File complaint in court and ask for same-day hearing. Obtain temporary restraining order (TRO), warrant and other documents
- Serve documents on patient or patient’s attorney and arrange for execution of the warrant by law enforcement
- Patient will be removed to the hospital or police officer will be posted outside the house, depending on specific court order
- Hearing within 10 days.
• The health status of isolated or quarantined individuals shall be monitored regularly to determine if they required continued isolation or quarantine.

• The needs of isolated or quarantined individuals shall be addressed in a systematic and competent fashion, including, but not limited to, providing adequate food, medication, competent medical care and crisis counseling or other mental health services as needed.

• To the extent possible, cultural and religious beliefs and existing disabilities should be considered in addressing the needs of individuals.
In addition

• Isolated individuals shall be confined separately from quarantined individuals.
• Quarantined individuals shall be moved to isolation when and if necessary to protect the public health (i.e., they develop symptoms).
• Premises used for isolation and quarantine shall be maintained in a safe and hygienic manner and be designed to minimize the likelihood of further transmission (no cruise ships!)
• Health care workers, mental health workers, PCAs, parents of minor children and others shall be permitted to access individuals as necessary to meet their needs. Service animals should be allowed.
• No unauthorized person shall enter isolation or quarantine premises or they may be subject to isolation or quarantine.
Meet now with your Board of Health, Police Chief, Selectboard/Mayor, Emergency Management Director and other relevant town or city officials to ensure everyone knows what to do in case of quarantine or isolation.

Ensure your Town or City Counsel is aware of isolation and quarantine regulations/laws.

Download sample forms now.

Have a procedure for calling emergency BOH meetings

Make sure your Public Health Nurse has a cell phone contact for the Board of Health, and make sure you have the Public Health Nurse’s cell phone number.
Get information from reputable sources!


• Berkshire Health Systems: https://www.berkshirehealthsystems.org/body.cfm?id=4261&fr=true
Berkshire County Board Boards of Health Association
www.bcboha.org
info@bcboha.org
MAPHCO’s Equipment/Supply Cache Policy

Purpose

MAPHCO has caches of equipment and supplies located throughout the region. Local boards of health may request these supplies during emergencies by contacting MAPHCO staff. Staff will ask the requestor to sign the form below before receiving supplies.

Normal Allocation Criteria

1. When there are enough supplies to meet demand, supplies will be distributed on a first-come-first-served basis.
2. Preference will be given to health and healthcare entities serving one of MAPHCO’s 26 member municipalities.
3. If equipment is damaged, it is the borrower’s responsibility to repair the equipment before returning it to the cache.
4. If supplies are consumed, it is the borrower’s responsibility to replenish said supplies.

Allocation Criteria for Scarce Resources

When resources are scarce, for example, a supply chain shortage of N95 masks during a pandemic, MAPHCO staff will use the following criteria to determine who is allowed to receive equipment and supplies and the quantity they are allowed to receive. MAPHCO may define a quantity of supplies that must be reserved to protect its core board of health members.

1. Staff will work with the requestor to determine the minimum quantity needed and the time by which they need it.
2. The following factors will be considered to assist with prioritization:
   a. Definitive needs will be prioritized over possible needs. For example, an agency actively working with infected patients will be prioritized over one that may see infected patients in the future.
   b. Resources needed immediately will be prioritized over those needed in the future.
3. Distribution of resources will be prioritized as follows:
   a. To MAPHCO boards of health
   b. To healthcare entities, including emergency medical services, serving one of MAPHCO’s 26 municipalities
   c. To healthcare entities serving one of the 94 municipalities in Region 1, as defined by the MA Department of Public Health
   d. To healthcare entities serving one of the 351 municipalities in Massachusetts
   e. To healthcare entities serving a municipality within the United States
### Bleeding Control Training Kit Borrowing Form

<table>
<thead>
<tr>
<th>Item Description</th>
<th># Borrowed</th>
<th># Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bleeding Control Training Kit #1:</strong></td>
<td>10 instructional booklets</td>
<td>10 instructional booklets</td>
</tr>
<tr>
<td></td>
<td>5 blue training C-A-T™ tourniquets</td>
<td>5 blue training C-A-T™ tourniquets</td>
</tr>
<tr>
<td></td>
<td>1 SWAT tourniquet</td>
<td>1 SWAT tourniquet</td>
</tr>
<tr>
<td></td>
<td>8 QuikClot® moulage trainers</td>
<td>8 QuikClot® moulage trainers</td>
</tr>
<tr>
<td></td>
<td>2 Z-Medica hemorrhage control training™legs</td>
<td>2 Z-Medica hemorrhage control training™legs</td>
</tr>
<tr>
<td></td>
<td>1 instructional poster</td>
<td>1 instructional poster</td>
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<tr>
<td></td>
<td>12 pairs protective gloves</td>
<td>12 pair protective gloves</td>
</tr>
<tr>
<td><strong>Bleeding Control Training Kit #2:</strong></td>
<td>10 instructional booklets</td>
<td>10 instructional booklets</td>
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<tr>
<td></td>
<td>5 blue training C-A-T™ tourniquets</td>
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<tr>
<td><strong>Bleeding Control Training Kit #3:</strong></td>
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<tr>
<td><strong>Bleeding Control Training Kit #4:</strong></td>
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<td>10 instructional booklets</td>
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<td></td>
<td>5 blue training C-A-T™ tourniquets</td>
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</table>
Check-Out
In borrowing the above supplies, I agree to take responsibility for returning the item/s in the same condition as
borrowed and to replace all consumable items. I have read and agree to adhere to the HMCC Policy for Borrowing
Resources.

Borrower Signature ________________________________________________ Date ______________________

Borrower Name (print) ____________________________ Borrower Title ____________________________

Borrower Organization _____________________________________________

Borrower Phone_______________________________ Borrower Email _____________________________

As a representative of the HMCC, I verify the above number of items was borrowed.

HMCC Signature ________________________________________________ Date ______________________

HMCC Name (print) ______________________________________ HMCC Title _______________________

Check-In
As a representative of the HMCC, I verify the above number of items borrowed have been returned in satisfactory
condition.

HMCC Signature ________________________________________________ Date ______________________

HMCC Name (print) ______________________________________ HMCC Title _______________________