**PortaCount Machine Utilization Scope**

The Healthcare Coalition of Maine (HCCME) has utilized Hospital Preparedness Program (HPP) funding to purchase and maintain two PortaCount machines for coalition use. The machines will be available for member organizations statewide.

*NOTE: Submission of the request form does NOT guarantee a PortaCount will be sent to your facility on your preferred dates***,** *as use of a PortaCount machine is subject to meeting all eligibility requirements and the availability of HCCME’s two PortaCounts.*

**Eligibility Requirements**

In order to be eligible to request and utilize a PortaCount machine, the requesting organization must have first:

* Trained personnel to conduct fit testing. HCCME is not responsible for supplying fit-testing training or technical assistance
* Have a Respiratory Protection Plan in place
* Have an HCCME [Organization Agreement Form](https://form.jotform.com/212344059391151) on file (or submit an updated form)
* Reviewed the [PortaCount Reservations Calendar](https://www.mainehccs.com/portacount-reservations?view=calendar&month=10-2021) to see availability of the machines

**Responsibilities**

HCCME services shall be limited to the coordination of PortaCount machines between coalition member organizations and the reimbursement of allowable costs listed within this agreement. HCCME is not responsible for providing fit testing training to the requesting coalition member organization.

**HCCME** **is responsible for providing the following coordination**:

* Process all requests received for PortaCount utilization within the week that they are received
* Maintain a current schedule PortaCount of reservations
* Provide the current location and Point of Contact (phone and email) to the requesting organization of the PortaCount machine that they have been assigned. This will aid in agency-to-agency transfer of the equipment.
* Process reimbursement forms submitted; Reimburse organizations for eligible costs, listed in the “Reimbursement Procedures” section of this terms and conditions
* As needed, coordinate ancillary fit testing kit supplies to the requesting organization (i.e., fit testing probe kits, isopropyl alcohol).

**Requesting Organization will be responsible for and agrees to the following:**

* Agrees to conduct an agency-to-agency transfer of the PortaCount machine. HCCME will supply the requesting organization with contact information and location of the PortaCount machine.
* Agrees to be responsible for the PortaCount machine for the approved time frame in their request form. If maintenance is needed on the machine, the requesting organization will contact TSI at 800-680-1220. The receiving organization can also refer to this [TSI Troubleshooting document](https://tsi.com/getmedia/86e108c1-0edf-4e54-99a1-2929483bdc36/PortaCount_Tips%20_Tools_Troubleshooting_Guide-RFT-018-A4?ext=.pdf).
* Agrees to complete the “Check In/Check Out” form to confirm when they have received the PortaCount machine (Check In- taking inventory of parts included in the case when received) as well as when they are transferring machine to next requesting organization (Check Out).
* Responsible for reporting any damages to the PortaCount machine or missing parts to HCCME, utilizing the “Check In/Check Out” form**.**
* Responsible for providing safe storage of the PortaCount machine and any ancillary supplies in the event that there is not an immediate agency-to-agency transfer scheduled.
* Responsible for all necessary internal fit testing planning, procedures, equipment, training, etc. requirements for respiratory protection per [CFR 1910.134.](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134)

**Reimbursement Procedures**

HCCME can reimburse the requesting organization for the following expenses incurred during the use of a PortaCount machine:

* Mileage incurred to acquire the PortaCount machine (at the current Federal reimbursable rate)
* Courier costs incurred to ship the PortaCount machine

In order to receive reimbursement, the requesting organization must submit a completed [HCCME PortaCount Reimbursement Form](https://www.mainehccs.com/s/HCCME-PortaCount-Reimbursement-Form.xlsx) to HCCME at [HCCME@AllClearEMG.com](mailto:HCCME@AllClearEMG.com) no later than 30 days following the last day of usage of the PortaCount machine.

**Acknowledgement of Terms and Conditions**

The requesting organization will acknowledge and agree to these terms and conditions by virtue of completing the request form. HCCME will maintain a record of all acknowledgements received.