

MEMORANDUM OF UNDERSTANDING

For Achieving Healthcare Emergency Preparedness in Okanogan County Healthcare District #4

This Memorandum of Understanding, herein referred to as "MOU," is entered into between the City of Tonasket, herein referred to as Tonasket City Hall and Okanogan County Healthcare District #4, (DBA North Valley Hospital District) herein referred to as "OCHD#4" to be effective on the 24th day of January, 2018. The parties to this MOU understand and agree as provided herein.

The OCHD#4 refers to the volunteer and paid staff of North Valley Hospital District and other healthcare professionals and volunteers, to administer care, treatment, and referral to patients at pre-designated triage and alternate care sites in OCHD#4. Any agreements or contracts with other healthcare partners for the provision of volunteers, staff, and other resources in healthcare emergencies are considered separate from this document.

Section A: Purpose

To minimize and mitigate potential loss or damage to human life in OCHD#4 in the event of a major public health emergency.

Section B: Scope

This MOU authorizes the use of Tonasket City Hall, (as described in Attachment A: Property Description Form) for needs of Incident Command, a Labor Pool, or another non-patient care use in an emergency.

Section C: Facility Access and Use Conditions

The use of the described Tonasket City property by OCHD#4, will occur only as directed by the Health Officer or his/her designated replacement, during an active Declaration of Emergency in Okanogan County having an active mission number assigned by Washington State Military Department, Emergency Management Division, if applicable.

The Tonasket City Hall agrees to provide two contact persons, each of whom, are able to:

1. Unlock the facility.
2. Provide pertinent facility information such as the location of shut-off switches or valves, fire extinguishers, roof access, and other information related to the facility's integrity or maintenance.
3. Provide contact numbers for maintenance issues with heating and air conditioning units, phone lines, data ports, etc.
4. Be 'on-call' in order to help troubleshoot problems that may come up within or surrounding the facility.

The Tonasket City Hall agrees that:

1. Regular sanitation and maintenance has occurred prior to the facilities' use.
2. A facility floor plan is available for review, including the location of any utility shut-off locations.
3. The facility meets fire code standards.

The OCHD#4 will be responsible to ensure that the facility is adequately sanitized in accordance with its intended use; to occur before, during and after its occupation.

The OCHD#4 will ensure that materials belonging to the Tonasket City Hall which are used, discarded, or damaged by OCHD#4 employees or emergency worker volunteers, will be replaced. Some of these items may include paper, cleaning supplies, office equipment and supplies.

The OCHD#4 as a government entity will assist the facility owner with request(s) for disaster funds, as appropriate, to address costs incurred regarding the infrastructure and integrity of the facility should any damages occur while in use as a triage or treatment alternate care site.

For description(s) of the areas to be used at the Tonasket City Hall, refer to Attachment A: Property Description Form.

Section D. Period of Performance and Termination

This MOU shall be effective from 1-24-2018 until one or both parties terminate, upon 30 days prior written notification to the other party.

Section E. Indemnification

The OCHD#4 and its local healthcare partners agree to indemnify and hold the Tonasket City Hall, its employees and officials harmless from and against any liability, loss, or claims of injury or damages arising out of the performance of the terms of this MOU, but only to the extent that those liabilities, losses, or claims of injury or damages are not the direct result from negligent or intentional acts or omissions of the Tonasket City Hall.

This MOU supersedes any previous and contemporaneous oral representations, statements, negotiations or agreements with the OCHD#4 and its local healthcare partners.

Section F. Execution

Signed:

City of Tonasket

Jim Brown Mayor 1-24-2018
(name, title) Date

City of Tonasket

Alice Ottwood Clerk-Treasurer 1-24-2018
(name, title) Date

North Valley Hospital District

[Signature] CEO 1/19/18
(name, title) Date

North Valley Hospital District

Kim Jacobs Safety Officer 1/18/18
(name, title) Date

This form includes the description of the Tonasket City Hall to be used according to the terms within the corresponding Memorandum of Understanding (MOU). If more than one facility or complex has been identified for use, please attach additional page(s).

Facility Name: Tonasket City Hall
Facility Address: 209 S. Whitcomb Ave Tonasket WA 98855

Primary Contact Person: Alice Attwood
Title: Clerk - Treasurer
Day Phone: 509-486-2132
Evening Phone: 509-322-2098
Other (cell/pager):

Alternate Contact Person: Deniece Miller
Title: Deputy - Clerk - Treasurer
Day Phone: 509-486-2132
Evening Phone: 509-389-2164
Other (cell/pager): 509-223-4197

Alternate Contact Person: Darren Johnson
Title: City Superintendent
Day Phone: 509-486-4664
Evening Phone: 509-322-7432
Other (cell/pager):

Describe the area(s) of the facility that may be accessed or used:

City Hall Council room

Describe the area(s) of the facility that cannot be accessed or used:

City Hall office & library.

Describe any equipment, including its location, that cannot be used:

If answer is yes, mark box with an "x"

- A facility floor plan has been provided to OCHD#4 for operations planning.
 Utility shut-off locations have been provided.
 The facility meets fire code and passes annual school safety inspections.

Other: