



MEMORANDUM OF AGREEMENT

Between

Lakewood School District
And Snohomish Health District

Concerning

EMERGENCY USE OF FACILITIES

1. Purpose. This Memorandum of Agreement (“Agreement”) is made and entered effective on the last date executed below between Lakewood School District (LSD) and the Snohomish Health District (SHD). The parties mutually desire to reach an understanding that will result in making LSD available to SHD for use during an emergency requiring mass immunization or antibiotic clinics. With the full execution of this Agreement, LSD will be recognized as a potential designated site for selected emergency operations by SHD.

2. Recitals.

- a) To help fulfill its role of preparing for and providing immediate response to disasters or other emergencies, SHD, in conjunction with other Snohomish County entities, provides emergency mass clinic services on behalf of individuals and families who are victims of or otherwise affected by disasters or other emergencies.
- b) LSD is authorized to permit SHD to use its facility as a mass distribution center for pharmaceuticals or mass vaccination center, and desires to cooperate with SHD for such purposes.

3. Use of Facility.

In consideration of the mutual benefits, promises, and undertakings set forth herein, the parties mutually agree as follows:

- a) LSD will permit SHD, to the extent of its ability and upon request, to use the facility as a mass distribution center for distribution of pharmaceuticals and/or a mass vaccination center. Such use and occupancy shall be limited to necessary and appropriate portions of the facility and grounds.
- b) SHD agrees that it shall exercise reasonable care in the conduct of its activities in the facility and further agrees to replace or reimburse the facility for any supplies used by SHD in the conduct of its activities at the facility or for any damages it may cause. SHD agrees to coordinate with the Snohomish County Chapter of the American Red Cross to ensure adequate mass shelter, mass distribution, and vaccination space is available should the facility be needed for these purposes.



- c) SHD shall hold harmless, indemnify and defend LSD from and against any and all claims, actions, suits, liability, loss, expenses, damages and judgments of any nature, whatsoever, for injury, disability, death to persons, or damage to property or business, caused by or arising out of SHD's actions or inactions arising out of this contractual relationship at the above-referenced premises. LSD agrees to appoint a designated representative to serve as liaison to SHD for all purposes under this Agreement, and to notify SHD in writing of the name, address, telephone number, email address, and emergency after hours contact information for the liaison. LSD further agrees to inform SHD by written notice within 5 days of any change in the designated representative or the contact information for said representative.
- d) LSD agrees to inform SHD at least 60 days in advance of any change in ownership of property that would affect this agreement.
- e) SHD and LSD agree to separately maintain their own errors and omissions coverage, with limits of not less than \$2 million per occurrence, \$3 million annual aggregate. In addition, SHD and LSD agree to maintain commercial general liability, with limits of not less than \$2 million per occurrence. If the District self- insures against such liability, then such self-insurance shall be deemed to satisfy the requirements of this paragraph.
- f) This Agreement shall be valid for five years from the last signature date below, unless the parties agree to a different term in writing executed by both parties.
- g) SHD and LSD acknowledge and agree that, in the event an emergency is declared pursuant to RCW 38.52 et seq. or other local, state or federal legal authority, then to the extent that local, state or federal law applicable in such emergency contradicts or differs from the rights of the parties as set forth herein, then such law(s) shall control the rights, duties and obligations of the parties to one another and shall supercede this Agreement.
- h) SHD will make every effort to avoid damage to LSD's facility during emergency use. In the event SHD uses LSD and no declaration of emergency is issued by the state or federal authorities, then SHD agrees to cause to repair or reimburse LSD reasonable costs to repair the facility damaged by SHD use or occupancy. Should any federal, state, or local law provide for liability for property damage in such manner that SHD would not be liable, then that law shall supercede this paragraph. In the event a declaration of emergency is issued by the state, then RCW 38.52.180 shall control liability for property damage.

4. Scope of Use. LSD shall be used for the purposes enumerated under Section 3(a) of this Agreement at the discretion of the SHD Health Officer or his or her designee . Said use shall be initiated by written notice from SHD to LSD prior to or coincident with usage. Said use shall be terminated by written notice from SHD to LSD as soon as is practical following passage of the emergency event. LSD shall have the right to terminate SHD's use or



**SNOHOMISH
HEALTH
DISTRICT**

**Bioterrorism Illness Surveillance
& Communicable Disease Control**

3020 Rucker Avenue, Suite 300
Everett, WA 98201-3900
http://www.snohd.org
425.339.5278 Fax: 425.339.8706

Healthy Lifestyles, Healthy Communities

occupancy of its facility upon (5) days written notice should LSD determine that SHD's use or occupancy substantially interferes with LSD 's programs.

5. Termination. This agreement may be terminated by either party with 60 days written notice.

IN WITNESS THEREOF, Dennis Haddock, Superintendent has caused this Agreement to be executed by LSD, and SHD has caused this Agreement to be executed by its Health Officer, each of whom have authority to bind their respective entities.

SHD Health Officer

Lakewood School District

Gary Goldbaum, MD, MPH

~~Dennis Haddock~~, Superintendent

Date: _____

Date: 7/25/11

Point of Dispensing Facility Worksheet

1

| | | | |
|---|------------------------------|---|--|
| County Name: Snohomish | | Region: 1 | |
| Facility Name: Lakewood Schools (sites pending) | | Facility Code: JC1 | |
| Facility Address: 17023 11 th AVE NE | | Cross Street: 172 nd ST NE/State Route 531 | |
| Facility Owner: Lakewood School District #306 | | Phone Number: 360-652-4500 | |
| Primary Point of Contact (POC) | | Alternate Point of Contact (APOC) | |
| Name/Title: Dennis Haddock/ Superintendent | | Name/Title: Joyce Scott/ Support Services Director of HR & Learning | |
| Day Phone: 360 652-4500 ext 1012 | | Day Phone: 360 654-2134 | |
| Evening Phone: 360 757-1798 | | Evening Phone: 425 359-3855 | |
| <input checked="" type="checkbox"/> Cell Phone <input type="checkbox"/> Pager: 425 501-3193 | | <input checked="" type="checkbox"/> Cell Phone <input type="checkbox"/> Pager: 425 359-3855 | |
| E-mail address: dhaddock@lwsd.wednet.edu | | E-mail address: jscott@lwsd.wednet.edu | |
| Facility capacity: 1116 in the bleachers | Total Square footage: | Number of Parking Stalls: 250 | |
| Facility Attributes | | | |
| <input checked="" type="checkbox"/> Electricity (adequate outlets in clinic area) <input checked="" type="checkbox"/> Fencing; <input checked="" type="checkbox"/> around facility <input type="checkbox"/> around loading area <input type="checkbox"/> Backup power source <input type="checkbox"/> Loading dock(s) <input checked="" type="checkbox"/> Adequate road access <input checked="" type="checkbox"/> Telephone system, Number of external lines 6 <input checked="" type="checkbox"/> Water source: Marysville Water <input checked="" type="checkbox"/> Adequate HVAC capacity to maintain "normal" temperature in area <input checked="" type="checkbox"/> ADA restrooms, # of stalls: accessible <input type="checkbox"/> Showers available for staff, <input type="checkbox"/> Sewer <input checked="" type="checkbox"/> On-site sewage system <input type="checkbox"/> Clinic plan customized to fit facility <input checked="" type="checkbox"/> Helicopter landing pad: <input type="checkbox"/> on-site <input checked="" type="checkbox"/> nearby <input type="checkbox"/> MOU/MOA/MAA completed <input checked="" type="checkbox"/> Alternate transportation available: Community Transit on 172 nd /SR 531 <input type="checkbox"/> | | | |
| Facility Plan Coordination | | | |
| Public Health Jurisdiction: _____ | | Law Enforcement Agency: _____ | |
| Emergency Management: _____ | | Fire Service Agency: _____ | |

Last updated: June 14, 2006

Facility use agreement reviewed: June 14, 2006

Form version: June 14, 2006

Point of Dispensing Facility Worksheet

2

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|--------------------------------|-----------------------|
| Chief Elected Officials: _____ | Facility Owner: _____ |
|--------------------------------|-----------------------|

| | | | | | | | | | |
|---|---|---|--|---|--|--|---|--|---|
| Facility Name: _____ | Facility Code: _____ | <u>Dropdown1</u> | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p style="text-align: center;">Available equipment on-site</p> <p><input checked="" type="checkbox"/> Printer <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> Copier <input checked="" type="checkbox"/> Computer-located in office</p> <p><input checked="" type="checkbox"/> Audio/video equipment, <input checked="" type="checkbox"/> VCR, 4 <input checked="" type="checkbox"/> TV, 4</p> <p><input checked="" type="checkbox"/> Tables, #20 lunch tables in commons/cafe/tertia</p> <p><input type="checkbox"/> Chairs, #1000 Type:</p> <p><input checked="" type="checkbox"/> Hand Washing facilities near clinic area</p> <p><input checked="" type="checkbox"/> Janitorial supplies to match expected needs (i.e., toilet paper, paper towels, etc.)</p> <p><input checked="" type="checkbox"/> Refrigeration, Type: refrigerator located in concession stand</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p style="text-align: center;">Access to clinic area</p> <p><input checked="" type="checkbox"/> ADA access to clinic area from parking lot</p> <p><input checked="" type="checkbox"/> Adequate covered area to handle que / overflow</p> <p><input checked="" type="checkbox"/> Bus loading/unloading area</p> <p><input type="checkbox"/> Break Area/room</p> <p><input type="checkbox"/> Cafeteria</p> </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <p style="text-align: center;">Communications</p> <p><input checked="" type="checkbox"/> Internet access, <input type="checkbox"/> modem <input checked="" type="checkbox"/> LAN, DSL, cable</p> <p><input checked="" type="checkbox"/> Adequate cell phone coverage <input checked="" type="checkbox"/> outside <input checked="" type="checkbox"/> inside building</p> <p><input checked="" type="checkbox"/> Telephone jacks in clinic area, # in locker rooms adjacent to gym</p> <p><input checked="" type="checkbox"/> PA system</p> <p><input checked="" type="checkbox"/> Intercom system; located in school office</p> </td> <td style="padding: 5px; vertical-align: top;"> <p style="text-align: center;">Potential facility staff availability</p> <p><input type="checkbox"/> Maintenance Staff, #</p> <p><input type="checkbox"/> Cafeteria staff, #</p> <p><input type="checkbox"/> Bus drivers, #</p> <p><input type="checkbox"/> IT support, #</p> <p><input type="checkbox"/> Others, #</p> </td> </tr> <tr> <td colspan="2" style="padding: 5px; vertical-align: top;"> <p style="text-align: center;">Security</p> <p><input type="checkbox"/> Security plan completed</p> <p><input type="checkbox"/> Secure lockable storage area near loading dock</p> </td> <td style="padding: 5px; vertical-align: top;"> <p><input type="checkbox"/> Coordinated with facility, public health, and law enforcement staff</p> <p><input type="checkbox"/> Ability to limit access only to clinic area</p> </td> </tr> </table> | | | <p style="text-align: center;">Available equipment on-site</p> <p><input checked="" type="checkbox"/> Printer <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> Copier <input checked="" type="checkbox"/> Computer-located in office</p> <p><input checked="" type="checkbox"/> Audio/video equipment, <input checked="" type="checkbox"/> VCR, 4 <input checked="" type="checkbox"/> TV, 4</p> <p><input checked="" type="checkbox"/> Tables, #20 lunch tables in commons/cafe/tertia</p> <p><input type="checkbox"/> Chairs, #1000 Type:</p> <p><input checked="" type="checkbox"/> Hand Washing facilities near clinic area</p> <p><input checked="" type="checkbox"/> Janitorial supplies to match expected needs (i.e., toilet paper, paper towels, etc.)</p> <p><input checked="" type="checkbox"/> Refrigeration, Type: refrigerator located in concession stand</p> | <p style="text-align: center;">Access to clinic area</p> <p><input checked="" type="checkbox"/> ADA access to clinic area from parking lot</p> <p><input checked="" type="checkbox"/> Adequate covered area to handle que / overflow</p> <p><input checked="" type="checkbox"/> Bus loading/unloading area</p> <p><input type="checkbox"/> Break Area/room</p> <p><input type="checkbox"/> Cafeteria</p> | <p style="text-align: center;">Communications</p> <p><input checked="" type="checkbox"/> Internet access, <input type="checkbox"/> modem <input checked="" type="checkbox"/> LAN, DSL, cable</p> <p><input checked="" type="checkbox"/> Adequate cell phone coverage <input checked="" type="checkbox"/> outside <input checked="" type="checkbox"/> inside building</p> <p><input checked="" type="checkbox"/> Telephone jacks in clinic area, # in locker rooms adjacent to gym</p> <p><input checked="" type="checkbox"/> PA system</p> <p><input checked="" type="checkbox"/> Intercom system; 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| Potential Site limitations, special instructions, and remarks _____ _____ _____ | | | | | | | | | |

Last updated: June 14, 2006

Facility use agreement reviewed: June 14, 2006

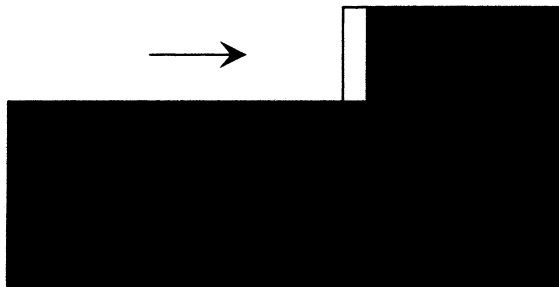
Form version: June 14, 2006

Point of Dispensing Facility Worksheet

3



Building layout showing loading dock/area



Directions from closest major highway (I-5, I-90, Hwy 101)

- 1
- 2
- 3
- 4
- 5
- 6

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