

PLACER COUNTY
MEMORANDUM OF UNDERSTANDING (MOU) FOR USE OF FACILITIES
IN THE EVENT OF A MASS MEDICAL EMERGENCY

Placer County, and (name of facility) agree that:

In the event of a mass medical emergency in the State of California, local and state health and medical Infrastructure and associated resources will be quickly committed to providing the necessary treatment and/or prophylaxis to effectively respond. Resources from the state, federal, and private sector will be mobilized and deployed to augment local medical and health resources as soon as possible. Such an event may require a facility to support the activation of an Alternate Care Site (ACS). The ACS will serve as a site where supportive care can be provided to victims of a large-scale mass casualty or bio-event.

Placer County and (name of facility) enter into this partnership as follows:

1. Facility Space: Placer County accepts designation of (name of facility) located at (address of facility) as an Alternate Care Site (ACS), in the event the need arises.
2. Use of the Facility: Request to use facility as an ACS will occur as soon as possible through the local Emergency Operations Center. Designation and use of (name of facility) will be mutually agreed upon by all parties to this agreement.
3. Modification or Suspension of Normal Facility Business Activities: (name of facility) agrees to alter or suspend normal operations in support of the ACS as needed.
4. Use of Facility Resources: (name of facility) agrees to authorize the use of facility equipment such as forklifts, buildings, communications equipment, computers, Internet services, copying equipment, fax machines, etc. Facility resources and associated systems will only be used with facility management authorization and oversight to include appropriate orientation/training as needed.
5. Costs: All reasonable and eligible costs associated with the emergency and the operation of the ACS that include modifications or damages to the facility structure, equipment and associated systems directly related to their use in support of the ACS facility operations will be submitted for consideration and reimbursement through established disaster assistance programs.
6. Liability: [INSERT CA STATUTE - Emergency Services Act, Government Code, Disaster Service Workers] addresses immunity from liability for services rendered voluntarily and without compensation in support of emergency operations during an emergency or disaster declared by the Governor.
7. Contact Information: (name of facility) will provide Placer County the appropriate facility 24 hour/7 day contact information, and update this information as necessary.
8. Duration of Agreement: The minimum term of this MOU is two years from the date of the initial agreement. Subsequent terms may be longer with the concurrence of all parties.
9. Agreement Review: A review will be initiated by Placer County and conducted following a disaster event or within two years after the effective date of this agreement. At that time, this agreement may be negotiated for renewal. Any changes at the facility that could impact the execution of this agreement will be conveyed to the identified primary contacts or their designees of this agreement as soon as possible. All significant communications between the Parties shall be made through the contacts or their designees.
10. Amendments: This agreement may be amended at any time by signature approval of the signatories or their respective designees.
11. Termination of Agreement: Any Party may withdraw at any time from this MOU, except as above, by transmitting a signed statement to that effect to the other Parties. This MOU and partnership created thereby will be considered terminated thirty (30) days from the date non-withdrawing Party receives the

notice of withdrawal from the withdrawing Party.

12. Capacity to Enter into Agreement: The persons executing this MOU on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOU on behalf of the entity for which they sign.

Facility Official _____ Date _____

(County) Official _____ Date _____

Public Health Department Official _____ Date _____

Hospital Official _____ Date _____

To authorize facility use, call:

Name

Daytime phone number

After-hours/emergency phone number

To open facility, call:

Name

Daytime phone number

After-hours/emergency phone number

Alternate contact to open facility, call:

Name

Daytime phone number

After-hours/emergency phone number