



To Protect and Promote the Health and the Environment of the People of Kittitas County

Memorandum of Understanding

This Memorandum of Understanding is by and between the Kittitas County Public Health Department located at 507 N Nanum St., Suite #102 Ellensburg, WA 98926, herein after referred to as "KCPHD"

and

Kittitas County Sheriff's Office located at 307 W Umptanum Rd, WA 98926, herein after referred to as "KCSO"

THE PURPOSE OF THIS MEMORANDUM OF UNDERSTANDING is to establish an agreement for utilization by KCPHD of KCSO staff in Kittitas County for the investigation, notification, monitoring, and enforcement of disease investigations and other public health hazards, which also includes isolation and/or quarantine of a patient or patients.

SCOPE OF SERVICES: KCSO will act as law enforcement for KCPHD initiated cases of isolation and/or quarantine as established under Revised Code of Washington (RCW) 43.20.050 (5) and 70.05.120, and Washington Administrative Code (WAC) 246-100-040.

RESPONSIBILITIES OF KCPHD include the following:

1. Alert KCSO when there are KCPHD initiated health orders for disease investigation and/or public health hazards that require assistance from law enforcement.
2. Alert KCSO when there are KCPHD initiated cases of isolation and/or quarantine.
3. Provide technical information regarding the nature of the illness and appropriate protective actions and equipment to be used while responding to investigations or the enforcement of isolation and/or quarantine.

RESPONSIBILITIES OF KCSO include the following:

1. Assist with the enforcement of KCPHD health orders in regards to disease investigation and/or public health hazards that require assistance from law enforcement.
2. Assist with the notification of isolation and/or quarantine per KCPHD's request.
3. Consult with KCPHD for cases requiring enforcement such as patient sample collection, transportation, enforcement of health orders, etc.
4. Assist KCPHD in monitoring isolation and/or quarantine in response to irregularities such as patient failure to respond.

TERM: The term of this Memorandum of Understanding begins on June 1, 2015 and ends on December 31, 2020.

TERMINATION: Any party may terminate this Memorandum of Understanding by giving thirty (30) days notice in writing either personally delivered or mailed postage-prepaid by certified mail, return receipt requested, to the party's address as indicated above.



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INDEMNIFICATION: Each party agrees to be responsible and assume liability for its own wrongful and/or negligent acts or omissions or those of its officials, officers, agents, or employees to the fullest extent required by law, and further agrees to save, indemnify, defend, and hold the other party harmless from any such liability.

VENUE AND CHOICE OF LAW: In the event that any litigation should arise concerning the construction or interpretation of any of the terms of this Memorandum of Understanding, the venue of such action of litigation shall be in the Superior Court of the State of Washington in and for the County of Kittitas. This Agreement shall be governed by the laws of the State of Washington.

PARTICIPATION IN SIMILAR ACTIVITIES: This instrument in no way prohibits the parties from executing additional agreements with, or participating in similar activities with, other public or private agencies, organizations, and individuals.

AMENDMENTS: No change, addition, or erasure of any portion of this agreement shall be valid or binding upon either party. There shall be no modification of this agreement, except in writing.

BOTH KCPHD and KCSO agree to provide all necessary documentation in the defense of a legal action brought against one or both parties to the Memorandum of Understanding.

BOTH KCPHD and KCSO shall comply with all applicable laws of local, state, and federal governments.

BOTH KCPHD and KCSO shall not discriminate against any client, patient, or use of service because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, or the presence of any sensory, mental, or physical handicap.

THIS MEMORANDUM OF UNDERSTANDING is hereby acknowledged:

A handwritten signature in blue ink, appearing to be "R. H. R.", written over a horizontal line.

Kittitas County Public Health Department

A handwritten date "7/21/15" in blue ink, written over a horizontal line.

Date

A handwritten signature in blue ink, appearing to be "G. D.", written over a horizontal line.

Kittitas County Sheriff's Office

A handwritten date "7/22/2015" in blue ink, written over a horizontal line.

Date