

**REGION 7 HEALTHCARE
MUTUAL AID AGREEMENT**

Revised: April 21, 2009

This Region 7 Healthcare Inter-Jurisdictional Mutual Aid Agreement ("Agreement") is made and entered into by the signatory Healthcare Agencies within Region 7 in the State of Washington that operate a Hospital or Clinic individually with all other signatory Party Healthcare agencies legally joining the Agreement.

PURPOSE

The undersigned Parties confront numerous threats to the public's health, including but not limited to, Public Health Incidents, Emergencies and/or Disasters that could overwhelm the capabilities of an immediate local response. None of the Parties to this Agreement possesses all of the necessary resources to cope with every possible Public Health Incident, Emergency or Disaster by itself, and a more efficient, effective response can best be achieved by the application and leveraging of collective resources.

Each Party desires to voluntarily aid and assist each other by the interchange of healthcare resources and services in the event that a Public Health Incident, Emergency or Disaster situation should occur. The Party finds it necessary and desirable to execute this Agreement for the interchange of such mutual Assistance on a county and/or regional basis.

The Parties to this Agreement have determined it is in their collective best interest to develop and implement a Plan, and incorporate mutual aid response into their existing emergency response plans. Training and exercising Mutual Aid protocols, in advance of a Public Health Incident, Emergency or Disaster, will enhance the efficiency and effectiveness of each responding party.

The Parties desire to cooperate with one another to receive state and/or federal resources, provided such cooperation does not compromise a Parties own healthcare response. The Parties desire to engage in frequent consultation and to allow free exchange of information, plans, and resource records related to Assistance activities.

ARTICLE I

DEFINITIONS

Assisting Party: A Party providing Assistance to a Requesting Party from another healthcare agency that has requested Assistance to confront a Public Health Incident, Emergency or Disaster.

Assistance: Assistance means personnel, equipment, materials, supplies, facilities, services, and/or related resources.

Authorized Representative: The person or persons designated by each Party in the Plan to request Assistance from or grant Assistance to another Party pursuant to the terms of this Agreement.

Mutual Aid: A prearranged written Agreement and Plan whereby Assistance is requested and may be provided between two or more healthcare jurisdictions during a Public Health Incident, Emergency or Disaster under the terms of this Agreement.

Mutually Agreed Upon: As it pertains to the “Withdrawal of Assistance” in Article VI. A condition or set of conditions that both parties verbally conclude to be fair and appropriate prior to agreeing to send or receive resources, with a written document to follow in a timely manner.

Period of Assistance: The period of time beginning with the departure of any personnel, equipment, materials, supplies, services, and/or related resources of the Assisting Party from any point for the purpose of traveling to provide Assistance exclusively to the Requesting Party, and ending on the return of all of the Assisting Parties personnel, equipment, materials, supplies, services, and/or related resources to their regular place of work or assignment, or otherwise terminated through written or verbal notice of the Authorized Representative of the Assisting Party With respect to facility use, the Period of Assistance shall commence on the date agreed upon between the Requesting and Assisting Party and shall end when the Requesting Party returns possession of the facility to the Assisting Party, or when otherwise terminated through written or verbal notice of the Authorized Representative of the Assisting Party.

Plan: a written regional healthcare inter-jurisdictional Mutual Aid Plan that meets the requirements set forth in Article VII.

Public Health Incident, Emergency, or Disaster: Any occurrence, or threat thereof, whether natural or caused by man, in war or in peace, to which any Party may respond pursuant to its authority under chapter 70.05 or 70.46 RCW, or other applicable law, and that, in the judgment of the Requesting Party, results or may result in circumstances sufficient to exceed the capabilities of immediate local or regional healthcare response.

Portal to Portal Method: The Assisting Party’s resources compensable time starts at the moment the resource leaves the Assisting Party’s location and concludes when that resource returns to this same location.

Requesting Party: A Party that has requested Assistance from a Party from another healthcare agency participating in this Agreement.

ARTICLE II

IMPLEMENTATION

This Agreement shall become effective immediately upon its execution by any two Parties. After the first two such executions, this Agreement shall become effective as to any other Parties in

Region 7 in the State of Washington upon its execution by such Party. The Agreement shall remain in effect as between each and every Party until participation in this Agreement is terminated by a withdrawing Party in writing pursuant to Article XVII. Termination of participation in this Agreement by a withdrawing Party shall not affect the continued operation of this Agreement as between the remaining Parties.

ARTICLE III

PARTICIPATION

The Parties have a desire to be of help to one another in response to a request for Assistance related to a Public Health Incident, Emergency or Disaster. The Parties agree that this Agreement, however, does not create a legal duty to provide Assistance. The Parties agree that any and all actions taken pursuant to this Agreement shall be voluntary. A Party may elect to voluntarily furnish such Assistance to another Party as is available, and shall take into consideration whether such actions might unreasonably diminish its capacity to provide basic health services to its own locale.

ARTICLE IV

HOW TO INVOKE ASSISTANCE

The Authorized Representative of a Party may request Assistance of another Party by contacting the Authorized Representative of that Party. The provisions of this Agreement shall only apply to requests for Assistance made by and to Authorized Representatives or their designee. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing before the Period of Assistance begins to the extent it is practical.

ARTICLE V

LIABILITY RELATED TO DELAY OR FAILURE TO RESPOND

No Party shall be liable to another Party for, or be considered in breach of or default under this Agreement on account of any delay in or failure to perform any obligation under this Agreement, except to make payment as specified herein.

Nothing in this Agreement shall be construed to create any rights in or duties to any third party, nor any liability to or standard of care with reference to any third party. This Agreement shall not confer any right or remedy upon any person other than the Party. This Agreement shall not release or discharge any obligation or liability of any third party to any Party.

ARTICLE VI

WITHDRAWAL FROM ASSISTANCE

An Assisting Party may withdraw Assistance by giving verbal or written notice to the Requesting Party. Each Assisting Party that is providing Assistance to a Requesting Party agrees to give reasonable notice to the Requesting Party under the circumstances as they exist at the time before withdrawing Assistance. No Party shall be liable to another Party for, or be considered in breach of or default under this Agreement on account of, any withdrawal of assistance.

The Requesting Party, at the time a resource request is made shall make every effort to notify the Assisting Party of the intended time a resource is needed. By sending a resource, the Assisting Party agrees to the requested time frame or shall clarify this point with the Requesting Party prior to resource departure, if alternate time frames are desired.

If an Assisting Party's resource needs to depart an assignment prior to the agreed upon time frame the Assisting Party will make every effort to supply a replacement and avoid a gap in the service provided by the resource. If the Assisting Party is unable to supply a substitute resource in a timely manner, they are requested to work with other hospitals or agencies to make every effort to replace said resource, but all parties must understand that resources may be in short supply during a crisis.

ARTICLE VII

PLANNING, MEETING AND TRAINING

Parties are expected to:

- 1) ensure that other Parties have their most current contact information;
- 2) participate in scheduled meetings to coordinate operational and implementation matters, and
- 3) participate in Region 7 Healthcare Coalition emergency response planning.
- 4) pre-deployment training shall insure that assisting employees are aware of their obligation to inform their requesting party's immediate supervisor in the command structure if dangerous conditions exist, or if the assignment is not appropriate or if the assignment is inconsistent with safety regulations or their training. Said pre-deployment training is the responsibility of the Assisting Party, prior to resource departure. Curriculum for such training will be provided by the Region 7 Healthcare Coalition covered in Annex E.

Parties agree to incorporate protocols related to this Agreement into regular emergency preparedness exercises and trainings, and will train in accordance with the Plan. Requesting Parties agree to provide "Just In Time Training" during Public Health Incidents, Emergencies or Disasters on their policies, procedures and protocols for Assisting Parties personnel. Parties

agree to exchange their emergency preparedness plans, and other documents that may be beneficial in preparing personnel from another Party to respond to a request for Assistance.

ARTICLE VIII

COMMAND AND CONTROL

Resources from the Assisting Party shall be under the operational control of the Requesting Parties emergency leadership. All personnel provided by an Assisting Party will be under the authority of the Local Health Officer in the Requesting Parties jurisdiction, and under the direction of NIMS the Assisting Party's resources are working for the Requesting Party's Incident Commander. The Party intends to follow the National Incident Management System's "Incident Command System" when such system is activated. The ultimate responsibility for resource tracking falls upon the Requesting Party.

ARTICLE IX

ASSISTING PARTY EMPLOYEES

Employees of an Assisting Party shall at all times while performing Assistance continue to be employees of the Assisting Party for any purpose. Wages, hours and other terms and conditions of employment of Assisting Party shall remain applicable to all of its employees who perform Assistance under this Agreement. Assisting Parties shall be solely responsible for payment of its employees' wages, any required payroll taxes and any benefits or other compensation. Requesting Party shall not be responsible for paying any wages, benefits, taxes or other compensation to Assisting Parties employees.

ARTICLE X

INJURY COMPENSATION AND DEATH BENEFITS

Each Party shall provide for the payment of Workers' Compensation benefits to its own injured personnel and/or to representatives of its own personnel in case such personnel sustain injuries or are killed while rendering aid under this Agreement, in the same manner and on the same terms as if the injury or death were sustained within its own jurisdiction.

Nothing in this Agreement shall abrogate or waive any Parties right to reimbursement or other payment available from any local, state or federal governments or abrogate or waive the effect of any waiver, indemnity or immunity available to a Party under local, state or federal law or other governmental action. To the extent that such reimbursement, payment, waiver, indemnity or immunity does not apply, then each Party shall remain fully responsible as employer for all taxes, assessments, fees, premiums, wages, withholdings, Workers' Compensation, and other direct and indirect compensation, benefits, and related obligations with respect to its own employees. Each Party shall provide Workers' Compensation in compliance with the statutory requirements of the State of Washington.

ARTICLE XI

REIMBURSEMENT OF COSTS AND CONDITIONS OF LOAN

The Requesting Party agrees to reimburse the Assisting Party for the costs of personnel, equipment, materials, supplies, facilities, services, and/or related resources used during the Period of Assistance on the basis of mutually accepted costs associated with these resources. When an Assisting Party deploys employees under the terms of this Agreement to a Requesting Party, the Assisting Party will be reimbursed by the Requesting Party equal to the Assisting Parties full cost, including employee's salary or hourly wages, call back or overtime costs, benefits and overhead, and consistent with the Assisting Parties personnel union contracts, if any, or other conditions of employment.

Assisting Parties will bill for supplied resources using the Portal to Portal method.

Specialized resources or equipment, supplied by the Assisting Party may need to be supplied with a technician to operate or train emergency users. Such situations will be discussed by both parties prior to dispatch and appropriate costs and time frames will be agreed upon prior to dispatch of said resources.

Basic accommodations, covering nutrition and sleeping arrangements for the Assisting Party's resources will be discussed and agreed upon prior to dispatch.

Reusable materials and supplies that are returned to the Assisting Party in clean, damage free condition, excepting normal wear and tear, shall not be charged to the Requesting Party and no rental fee shall be charged. The Assisting Party shall determine whether items are returned in clean and damage free condition, and any items found to be damaged shall be treated as partially consumed and/or as non-returnable materials and supplies. Equipment and supplies shall be billed at the dollar amount it costs the assisting party to purchase the supplies originally.

The Assisting Party shall be entitled to receive payment for the cost of repair or replacement of damaged and consumed materials and supplies. The Assisting Party shall send the Requesting Party an invoice or invoices for all valid Assistance Costs within 30 days of incurred cost, and the Requesting Party shall pay the invoice(s) within sixty (60) days of receipt of each invoice. The actual cost associated with sending resources will be invoiced and paid, but a provision will be included that allows the requesting party to challenge a bill, if a charge exceeds established current market place valuation of product or service.

ARTICLE XII

WORKER REGISTRATION, LIABILITY AND DISPUTE RESOLUTION

1. **WORKER REGISTRATION AND LIABILITY.** The Parties to this Agreement agree that each will take all actions necessary to qualify and maintain qualification of its own personnel, employees and volunteers as emergency workers, or covered volunteer

emergency workers, to the extent possible and as appropriate, pursuant to RCW 38.52 et seq., WAC 118-04 et seq., and any other applicable statute, regulation or law. The Parties agree that prior to invoking a request for Assistance under this Agreement for a large event, the Requesting Party through its local department of emergency management; will request the issuance of a mission number from the Washington military department, emergency management division. A Party may condition its willingness to respond and the continuance of its response under this Agreement on the issuance of a mission number, and compliance with RCW 38.52 et seq., WAC 118-04 et seq., or other law, by the Assisting and Requesting Party.

2. In the event local, state and/or federal governments or laws provide waiver, immunity, indemnification, reimbursement or other payment related to liability that would otherwise be the responsibility of a Party then such waiver, immunity, indemnification, reimbursement or other payment shall limit a party's liability. The Parties agree to exhaust their rights to waiver, immunity, indemnification, reimbursement or other payment from local, state, and/or federal governments. However, to the extent that local, state or federal governments or laws do not provide complete waiver, immunity, indemnification, reimbursement or other payment related to Party liability, then the following provisions will apply:

- A. Each party to this Agreement shall be legally responsible for its own acts and omissions arising under this Agreement, and that of its respective appointed and elected officials, employees, officers, agents, agencies, assigns and representatives. Each party agrees to defend, indemnify, and hold harmless the other party, and its respective appointed and elected officials, employees, officers, agents, agencies, assigns and representatives from and against any and all liability, loss, cost, damage and expense arising or alleged to have arisen directly or indirectly out of or in consequence of the performance of this Agreement by the indemnitor.
- B. GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT. Any Party shall not be required under this Agreement to release, indemnify, hold harmless or defend any other Party from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from the activities of any Parties officers, employees, or agents acting in such a manner that constitutes willful misconduct, gross negligence or bad faith.
- C. LIABILITY FOR PARTICIPATION. In the event of any liability, claim, demand, action or proceeding, of whatever kind or nature arising out of the rendering of Assistance through this Agreement, the Requesting Party agrees, to indemnify, hold harmless, and defend, to the fullest extent of the law, each signatory to this Agreement, whose only involvement in the transaction or occurrence which is the subject of such claim, action, demand, or other proceeding, is the execution and approval of this Agreement.

- D. LITIGATION PROCEDURES. Parties' personnel shall cooperate and participate in legal proceedings if so requested by another Party and/or required by a court of competent jurisdiction.
 - E. TORT CLAIMS ACT. No provision of this Agreement shall remove from any Party any protection provided by any applicable Tort Claims Act.
 - F. WAIVER OF RIGHTS. Any waiver at any time by any Party of its rights with respect to a default under this Agreement, or with respect to any other matter arising in connection with this Agreement, shall not constitute or be deemed a waiver with respect to any subsequent default or other matter arising in connection with this Agreement. Any delay in asserting or enforcing any right, except those related to the statutes of limitations, shall not constitute or be deemed a waiver.
3. DISPUTE RESOLUTION. If a dispute between the parties to this Agreement arises out of or related to this Agreement, or the breach thereof, and if the dispute cannot be settled through direct discussions, the Parties in dispute agree to first endeavor to settle the dispute in an amicable manner by mediation. Thereafter, any unresolved controversy or claim arising out of or related to this Agreement, or breach thereof, may be settled in a court having jurisdiction thereof. The Parties may seek to resolve disputes pursuant to mediation or arbitration, but are not required to do so.

ARTICLE XIII

LICENSES AND PERMITS

When invoking Assistance, the Requesting Party shall define as precisely as possible the licensure requirements of personnel being requested from the Assisting Party. The Assisting Party agrees to exercise reasonable diligence in verifying personnel's licensure and in responding to the specific licensure requirements requested by the Requesting Party. A form located in Annex B, signed and authenticated by the Human Resource Manager of each Assisting Party will be presented at Incident Check-In, by all employees to certify their credentials.

ARTICLE XIV

RECORD KEEPING

Time sheets and/or daily logs showing hours worked and equipment and materials used or provided by the Assisting Party will be recorded on a shift by shift basis by the Requesting Party and/or the loaned employee(s) and will be provided to the Assisting Party as needed. Additionally, the Assisting Party will provide shipping records for materials, supplies, equipment and/or related resources, and the Requesting Party is responsible for any required documentation of use of materials, supplies, equipment, facilities, services, and/or related resources for state or federal reimbursement. Under all circumstances, the Requesting Party remains responsible for ensuring that the amount and quality of all documentation, uses appropriate ICS forms found in

Annex A and is adequate to enable state or federal reimbursement but responding employees should keep a time log, using appropriate ICS forms, during their deployment and review this information with the Requesting Party prior to departure.

ARTICLE XV

OTHER OR PRIOR AGREEMENTS

This Agreement is not intended to be exclusive among the Parties. Any Party may enter into separate agreements with any other entity. No such separate agreement shall terminate any responsibility under this Agreement.

ARTICLE XVI

EFFECT OF DECLARATION OF EMERGENCY

The Parties recognize that state or federal declarations of emergency, or orders related thereto, may supersede the arrangements made or actions taken for rendering Assistance pursuant to this Agreement.

ARTICLE XVII

MODIFICATION/TERMINATION OF AGREEMENT

No provision of this Agreement may be modified, altered or rescinded by any individual Party without the unanimous concurrence of the other Parties. Modifications to this Agreement must be in writing and will become effective upon the approval of the modification by Parties. Modifications must be signed by each Party.

A Party opting to terminate this Agreement shall provide written termination notification to the Authorized Representatives of all Party. Notice of termination becomes effective upon receipt by all Authorized Representatives. Any terminating Party shall remain liable for all obligations incurred during its Period of Assistance until the obligation is satisfied.

ARTICLE XVIII

ENTIRE AGREEMENT

This Agreement constitutes the entire agreement amongst the Parties.

ARTICLE XIX

SUCCESSORS AND ASSIGNS

This Agreement is neither transferable nor assignable, in whole or in part, and any Party may terminate its participation in the Agreement pursuant to Article XVII.

ARTICLE XX

GOVERNING LAW

This Agreement shall be interpreted, construed and enforced in accordance with the laws of the State of Washington.

ARTICLE XXI

INVALID PROVISION

The provisions of this Agreement are severable. If any portion of this Agreement is determined by a court to be void, unconstitutional or otherwise unenforceable, the remainder of this Agreement will remain in full force and effect.

ARTICLE XXII

NOTICES

Except as otherwise provided herein, any notice, demand, information, report, or item otherwise required, authorized or provided for in this Agreement shall be given in writing and shall be deemed properly given if (i) delivered personally, (ii) transmitted and received by telephone facsimile device and confirmed by telephone, (iii) sent by United States Mail, postage prepaid, to the Authorized Representatives of all affected Parties at the address designated by such Authorized Representative, or (iv) sent by email with electronic signature of the Parties Authorized Representative.

ARTICLE XXIII

NO DEDICATION OF FACILITIES

No undertaking by one Party to the other Party under any provision of this Agreement shall constitute a dedication of the facilities or assets of such Party, or any portion thereof, to the public or to the other Party. Nothing in this Agreement shall be construed to give a Party any right of ownership, possession, use or control of the facilities or assets of the other Party.

ARTICLE XXIV

NO PARTNERSHIP

This Agreement shall not be interpreted or construed to create an association, joint venture or partnership among the Parties or to impose any partnership obligation or liability upon any Party. Further, no Party shall have any undertaking for or on behalf of, or to act as or be an agent or representative of, or to otherwise bind any other Parties.

This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. For purposes hereof, a facsimile copy of this Agreement, including the signature pages hereto, shall be deemed to be an original.

IN WITNESS WHEREOF, this Agreement has been executed and approved and is effective and operative as to each of the Parties as herein provided.

SIGNATORS PAGE FOR REGION 7 HEALTHCARE MUTUAL AID AGREEMENT

RECEIVED JUN 21 2009

SIGNATORS PAGE
FOR
REGION 7 HEALTHCARE
MUTUAL AID AGREEMENT
DATED: _____
Page ____ of ____

Cascadia Medical Center

By: Bill Leake
Title: Pres. of Board
Date: 07 July 09

Bill Leake
President of Board
7/14/09

Central Washington Hospital

By: [Signature]
Title: [Signature]
Date: 5/11/09

Jack Evans
President & CEO
Central Washington Hospital
5/15/2009

Columbia Valley Community Health

By: Carol Dieck
Title: Acting CEO
Date: 5/11/09

Carol Dieck
Acting CEO
5/11/09

Columbia River Hospital

By: [Signature]
Title: CEO
Date: 26 June 09

Robert Reeder
CEO
6-26-09

SIGNATORS PAGE
FOR
REGION 7 HEALTHCARE
MUTUAL AID AGREEMENT
DATED: _____
Page ____ of ____

Croft Community Hospital

By: [Signature]
Title: CEO
Date: 7/7/09

Tom Jones
CEO
7/11/09

Kititas Valley Community Hospital

By: _____
Title: _____
Date: _____

Lake Chelan Community Hospital

By: [Signature]
Title: CEO - Administrator
Date: 4-23-09

David R. R. R.
CEO & Administrator
4-23-09

Mid-Valley Hospital

By: [Signature]
Title: CEO
Date: 4/21/2009

Michael B. B.
CEO
4-21-09

SIGNATORS PAGE
FOR
REGION 7 HEALTHCARE
MUTUAL AID AGREEMENT
DATED: _____
Page ____ of ____

RECEIVED AUG 31 2009

North Valley Hospital

By: [Signature]
Title: Administrator
Date: April 24, 2009

D'Anna R. R.
Administrator
4-21-09

Okanogan-Douglas Hospital

By: [Signature]
Title: Administrator
Date: 4/14/09

Dale Polla
Administrator
4-21-09

Quincy Valley Medical Center

By: [Signature]
Title: Administrator
Date: 04/21/2009

Alvin H. H.
Administrator
4-21-09

Wenatchee Valley Medical Center

By: [Signature]
Title: Asst. Administrator
Date: 7/10/09

Jay Johnson
Associate Administrator
7/10/09

SIGNATORS PAGE
FOR
REGION 7 HEALTHCARE
MUTUAL AID AGREEMENT
DATED: _____
Page ____ of ____

Samaritan Hospital

By: [Signature]
Title: CEO
Date: 7/9/09

Andrew B. B.
CEO
7/9/09

Family Health Centers

By: [Signature]
Title: CEO
Date: July 21, 2009

Michael H. H.
CEO
7/24/09

By: _____

Title: _____

Date: _____

Organization: _____

By: _____

Title: _____

Date: _____

**SIGNATURES FOR
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT**

Chelan County Sheriff's Office – Department of Emergency Management

Name KEVIN Sisson Date 02-17-11

Signature Kevin Sisson

Chelan County Coroner

Name Wayne G. Harris Date 2-17-11

Signature Wayne G. Harris

Douglas County Sheriff's Office – Department of Emergency Management

Name Michael M. Doyle Date 2-17-11

Signature Michael M. Doyle

Douglas County Coroner/Prosecutor

Name _____ Date _____

Signature _____

Grant County Department of Emergency Management

Name SAIM H. LORENTZ Date 02/17/2011

Signature Saim H. Lorentz

Grant County Coroner/Prosecutor

Name _____ Date _____

Signature _____

**SIGNATURES FOR
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT**

Kittitas County Emergency Management

Name _____ Date _____

Signature _____

Kittitas County Coroner/Prosecutor

Name _____ Date _____

Signature _____

Okanogan Sheriff's Office -- Department of Emergency Management

Name _____ Date _____

Signature _____

Okanogan County Coroner/Prosecutor

Name _____ Date _____

Signature _____

Funeral Home Directors/Association

Facility Name: _____ County _____

Name _____ Date _____

Signature _____

Facility Name: _____ County _____

Name _____ Date _____

Signature _____

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: GRANT COUNTY CORONER

Chief Executive Officer (or designee):

Signature: _____

Print Name: CRAIG MORRISON

Title: CORONER

Date: 10-5-2016

Agency Emergency Preparedness and Response Coordinator:

Signature: _____

Print Name: _____

Title: _____

Date: _____

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Okanogan County Department of Emergency Management

Chief Executive Officer (or designee):

Signature: _____

Print Name: Maurice Goodall

Title: Emergency Management Director

Date: 10/19/2016

Agency Emergency Preparedness and Response Coordinator:

Signature: _____

Print Name: Gloria M. Bruneau

Title: EM Specialist

Date: 10/20/2016

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Yitititas County Coroner's Office

Chief Executive Officer (or designee):

Signature: _____

Print Name: N. C. Henderson

Title: Coroner

Date: 11/22/2016

Agency Emergency Preparedness and Response Coordinator:

Signature: _____

SAME AS ABOVE

Print Name: _____

Title: _____

Date: _____

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Kittitas County Public Health

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Robin Read

Title: Administrator

Date: 12/17/16

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Karen Knutson

Title: Health Promotion Supervisor

Date: 12/12/16

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Okanogan County Public Health

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Lauri Jones

Title: Community Health Director

Date: 11/15/2016

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Lauri Jones

Title: Community Health Director

Date: 11/15/2016

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Chelan County Emergency Management

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Brian Russell

Title: Chelan County Sheriff

Date: 10/22/16

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Kent Sisson

Title: Asst. Emergency Manager Chelan Co. Sheriff's Office

Date: 09-29-2016

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Chelan County Coroner

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Wayne E. Harris

Title: Coroner

Date: October 5, 2016

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Wayne E. Harris

Title: Coroner

Date: October 5, 2016

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Family Health Centers

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Jessie Hernandez

Title: CEO

Date: 10/4/2016

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Danette Weller

Title: Risk Manager

Date: 04 Oct 16

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Chelan-Douglas Health District

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Betsy Kling

Title: Administrator

Date: 10/18/16

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Maria Jorga

Title: Regional Local Emergency Response Coordinator

Date: 10/19/16

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: MOSES LAKE COMMUNITY HEALTH CENT

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: SHIELA CHILSON

Title: CEO

Date: 10-28-16

Agency Emergency Preparedness and Response Coordinator:

Signature: _____

Print Name: _____

Title: _____

Date: _____

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Grant County Health District

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Theresa Adkinson

Title: Administrator

Date: September 28, 2016

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Jon Ness

Title: Local Emergency Response Coordinator

Date: September 28, 2016

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Quincy Valley Medical Center

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Jerry Hawley

Title: CEO

Date: 10/3/2016

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Michael Pirkey

Title: Quality Director

Date: 10/3/16

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Three Rivers Hospital

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: J. Scott Gordon

Title: CEO

Date: 10-3-2016

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Robert Wylie

Title: Maintenance Manager

Date: 10/6/16

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Samaritan Healthcare

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Becky Dumas

Title: CNO / COO

Date: 10/3/16

Agency Emergency Preparedness and Response Coordinator:

Signature: _____

Print Name: _____

Title: _____

Date: _____

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Columbia Valley Community Health

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: David Olson

Title: CEO

Date: 9/30/16

Agency Emergency Preparedness and Response Coordinator:

Signature: _____

Print Name: _____

Title: _____

Date: _____

September 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Kittitas Valley Healthcare

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Julie Peterson

Title: CEO

Date: 9/29/16

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Jim Allen

Title: Director Cardiopulmonary Services & Disaster Coordinator

Date: 9/29/16

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Mid Valley Hospital

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Michael D. Billing

Title: CEO

Date: 9-29-2016

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Andrew A. Baker

Title: Emergency Preparedness Response Coordinator

Date: 10/05/2016

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Lake Charles Community Hospital

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Kevin Abel

Title: CEO

Date: 10-1-2016

Agency Emergency Preparedness and Response Coordinator:

Signature: _____

Print Name: _____

Title: _____

Date: _____

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: North Valley Hospital District

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Ron O'Halloran

Title: I/CEO

Date: 10/13-16

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Kim Jacobs

Title: Safety Officer

Date: 10/13-16

September, 2016

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Cascade Medical

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Diane Blake

Title: CEO

Date: 10-5-16

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Gig Horton

Title: Facilities Director / Emergency Preparedness Coordinator

Date: 10-5-16

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Columbia Basin Hospital

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Rosalinda Kirby

Title: Administrator

Date: 11/18/16

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Cammy W Zabalza

Title: Radiology Supervisor

Date: 11/18/16

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: CONFLUENCE HEALTH

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: Peter Ruthers

Date: 09/24/2016

Hospital Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Douglas A. Rasmussen

Date: 09-25-16

SIGNATURES
REGION 7 HEALTHCARE COALITION
MUTUAL AID AGREEMENT

I have read the Region 7 Mutual Aid Agreement and agree with the principals set forth within the document.

Agency Name: Coolidge Medical Center

Chief Executive Officer (or designee):

Signature: [Signature]

Print Name: JEFFREY A. O'NEILL

Title: CEO

Date: 9/28/2016

Agency Emergency Preparedness and Response Coordinator:

Signature: [Signature]

Print Name: Bryan McClean

Title: Director Plant Operations

Date: 9/28/2016

Kittitas County
Review Form
Grants & Contract Agreement



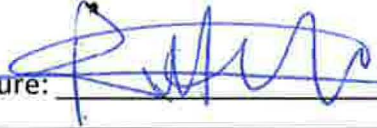
#35193

Today's Date 10/25/2016	Agenda Date 12/6/16
Fund/Department 116-Public Health	

Contract/Grant Information


Contract /Grant Agency: Region 7 Healthcare Mutual Aid Agreement	
Period Begin Date: Upon execution	Period End Date: Upon termination in writing by either party
Total Grant/Contract Amount: \$0	
Grant/Contract Number:	
Contract/Grant Summary: The Region 7 Healthcare Inter-Jurisdictional Mutual Aid Agreement is made and entered into by the signatory Healthcare Agencies within Region 7 in the State of Washington. Each party desires to voluntarily aid and assist each other by the interchange of healthcare resources and services in the event that a Public Health Incident, Emergency or Disaster situation should occur. The party finds it necessary to execute this agreement for the interchange of such mutual assistance on a county and/or regional basis.	

Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature: 	Administrator	Date: 12/9/16
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Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM: *only*

 11-22-16
Signature of Prosecutor's Office Date

 11/29/16
Signature of Auditor's Office Date

Signature of Board of Health member Date

Financial Information

Total Amount \$	State Funds \$	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#
	In-Kind \$ Explain	
Is Equipment being purchased?	Who owns equipment?	
New Personnel being hired?	Contact HR hiring – reporting requirements	
Future impacts or liability to Kittitas County:		

Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code		

Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

Submitted

Signature:	Date:
Department:	

Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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