

**MEMORANDUM OF UNDERSTANDING**

**(MOU)**

**FOR ALTERNATE CARE SITE**

**A MEMORANDUM OF UNDERSTANDING (MOU) Between:**

**BIG SOUTH FORK MEDICAL CENTER (BSFMC) 18797 Alberta Street, TN 37841**

**AND**

**ONEIDA HIGH SCHOOL (OHS), JEANNY HATFIELD, OSSD Director of Schools.**

**I. PURPOSE**

Big South Fork Medical Center and Oneida High School of the Oneida Special School District to establish an **ALTERNATE CARE SITE (ACS)** either in the main **Gymnasium** of **Oneida High School (OHS)** and or the **Performing Arts Facility** of **Oneida High School (OHS)**.

- i. **The School, OHS**, shall provide the following support to Big South Fork Medical Center (BSFMC) in the event evacuation or major patient overflow is encountered as a result of either an internal or external mass casualty event occurring within the Facility or Scott and surrounding Counties:

The use of the High School Gymnasium and/or Performing Arts Center and needed/required utilities for the purpose of housing either patients or as a refuge center for Hospital Staff and families during times of mass casualty events that causes an influx of casualties or evacuation beyond the physical plant capacity of BSFMC.

**BSFMC** shall use the **ACS** on **OSSD Authorized** property for the sole purpose of locating/relocating patients and or staff in the event of a Natural or Man Made Mass Casualty circumstance that overwhelms the physical plant capabilities of **BSFMC**. Upon relief of the mass casualty event **BSFMC** shall, as soon as possible, return the **OSSD Authorized** property to the full control and operation of the **Oneida Special School District**.

**II. AUTHORITY OR LEGAL STATUS**

The Authority of this **MOU** is mandated by The Centers for Medicare/Medicaid Services (**CMS**) **42 CFR parts 403, 416, 418, 441, 460, 482 – 486, 491, 49**; along with Local, State and Federal Guidelines/Regulations, to coordinate an all Hazard Response Plan with Community involvement at all levels (TEMA, FEMA and DHS).

**III. ROLES AND RESPONSIBILITIES**

**BSFMC** and **OSSD** will work together in planning, preparation and implementation of this **MOU** for the greater good of our citizens. **BSFMC** shall provide personnel, supplies and materials

required ensuring quality care of any and all individuals utilizing the **ACS** on **OSSD Authorized** property. **BSFMC** will conduct training exercises and will include **OSSD** Authorized property personnel where applicable as well as assist with training OHS staff as needed or required. **OSSD** will provide access to the physical plant(s) to serve as the Alternate Care Site(s) as a Mass Casualty event should occur. **OSSD** will provide updates to **BSFMC** on any physical plant changes to the agreed upon Alternate Care Site(s) that may result from renovation or new construction. **OSSD** will provide **BSFMC** with clear ingress and egress diagrams and instructions for the use of the agreed upon areas.

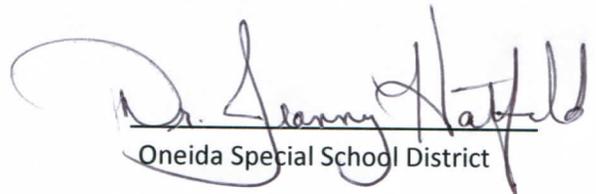
**IV. GENERAL TERMS AND CONDITIONS**

- The **MOU** shall be a living document to be amended, changed or sections deleted as needed or required by either party to complete the mission/task of each occurrence that may arise.
- Revue of the **MOU** by both parties, **BSFMC** and **OSSD**, shall occur on an annual basis.
- The **MOU** may be canceled by either **BSFMC** or **OSSD** with a **90** day written notice with an explanation of the reason for termination of **MOU** agreement.
- As may be required periodically either **BSFMC** or **OSSD** may submit any amendments for approval or review as the need may arise that will improve the efficiency and mutual benefit of **BSFMC** and **OSSD** in the implementation of this **MOU**. Any amendments or changes must be mutually agreed upon by both **BSFMC** and **OSSD** before they are initiated.
- **BSFMC** and **OSSD** retain individual Liability Insurance policies that will cover both entities during the use of the Alternate Care Site facilities in the event of a Natural or Man Made Mass Casualty event.
- This **MOU** shall remain in effect for a period of **3** years from the date of execution.

**V. SIGNATURES**

\_\_\_\_\_  
Big South Fork Medical Center

\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
Oneida Special School District

9-15-17  
\_\_\_\_\_  
DATE