

INTERGOVERNMENTAL MEMORANDUM OF UNDERSTANDING

REGION SIX PUBLIC HEALTH-SEATTLE & KING COUNTY & SNOQUALMIE INDIAN TRIBE

This Memorandum of Understanding (MOU) is effective upon signing, by and among Public Health-Seattle & King County (PH-SKC) located in Region Six and the Snoqualmie Indian Tribe (Tribe), the designated representatives of which have signed hereto.

It is understood that ***this MOU is not a legally binding document***, but rather signifies the belief and commitment of the signatory PH-SKC and the Tribe that in the event of a region-wide disaster, the needs of the community may be best met if they cooperate and coordinate their response efforts.

The Snoqualmie Tribe and King County are both signatories to the Regional Disaster Plan (RDP) for Tribal, public and private organizations in King County, and will follow this plan during a disaster or emergency when the RDP is activated. The Omnibus Legal and Financial Agreement ("Omnibus Agreement") for organizations participating in the RDP would provide the legal platform for resource sharing between the Snoqualmie Tribe and PH-SKC.

I. COMMUNICATION BETWEEN THE REGION SIX, PUBLIC HEALTH AND THE SNOQUALMIE TRIBE DURING A DISASTER

Public Health-Seattle & King County and the Tribe may:

- Communicate and coordinate efforts to respond to a disaster primarily via their health officers, department directors, public information officers, liaisons, and incident commanders.
- Communicate with each other's Departments, Clinics, or Emergency Operations Center (EOC) by phone, fax, email, radio, WASECURES, or other available means to maintain contact with one another during a region-wide disaster, or if designated as regional lead local health jurisdiction (LHJ) during a region-wide disaster.
- Release information through a designated Public Information Officer (PIO) or spokesperson during a disaster to allow public relations personnel to communicate with each other and release consistent educational/advisory messages to the community and media. Each signatory may choose to

designate a PIO who may be the local health liaison with their EOC. If there is no PIO, messages may be coordinated through the local EOC.

II. ONGOING COMMUNICATION ABSENT A DISASTER

PH-SKC and the Tribe may:

- Meet a minimum of yearly to discuss continued emergency response issues and coordination of response efforts.
- Identify primary point-of-contact and back-up individuals for ongoing communication purposes. These individuals may be responsible for determining the distribution of information within their health care organization.

III. SHARING OF STAFF, MEDICAL/PHARMACEUTICAL, RESOURCES OR MATERIALS

In the event public health staff persons are needed by either the Tribe or PH-SKC, and public health staff persons are in surplus at PH-SKC or the Tribe and lacking at the other, PH-SKC or the Tribe may share the surplus staff persons with each other to help ensure that the region is adequately staffed with public health workers during a disaster.

In the event medical/pharmaceutical supplies are needed by either the Tribe or PH-SKC, and resources/materials are in surplus at PH-SKC or the Tribe and lacking at the other, PH-SKC or the Tribe may share the surplus medical/pharmaceutical supplies and resources/materials with each other to help ensure PH-SKC and the Tribe have necessary medical/pharmaceutical supplies and resources/materials during a disaster.

The sharing process described in the preceding paragraph may occur in cooperation between the health officers, department directors, or incident commanders at PH-SKC or the Tribe. Costs associated with the staff medical/pharmaceutical resources or materials shared should be tracked carefully for reimbursement after the event is over.

IV. MISCELLANEOUS PROVISIONS

This MOU and any attached exhibits constitute the entire MOU between PH-SKC and the Snoqualmie Indian Tribe. Amendments to this MOU must be in writing and signed by PH-SKC and the Tribe. PH-SKC may at anytime terminate its participation in the MOU by providing sixty-day written notice to the signatories to this agreement.

Unless amended, this MOU is effective from the last date signed below through September 30, 2010.

Region Six- Public Health-Seattle King County

BENJAMIN HOFFER
Print Name

CHIEF ADMINISTRATOR
Print Title

401-5TH AVE #1300 SEATTLE 98104
Address

Benjamin Hoffer
Signature

10-12-07.
Date

Snoqualmie Indian Tribe

Matt Mattson
Matt Mattson

TRIBAL ADMINISTRATOR
Tribal Administrator

PO Box 969 SNOQUALMIE, WA. 98065
Address

[Signature]
Signature

9/24/07
Date

EXHIBIT A

DEFINITION OF TERMS

Local Health Jurisdiction. Public health services are population-based, focusing on improving the health status of the population, rather than simply treating individuals. This responsibility is shared by the State Department of Health and 34 local public health jurisdictions serving Washington's 39 counties

Disaster. A situation where the resource requirements of an incident exceed available resources.

Emergency Operations Centers (EOC). The coordination center for emergency response to an incident. The State, Tribes, County, City, and affected hospitals may each have their own EOC or Command Center for their portion of the event, but liaison efforts among such centers are of critical importance.

Incident Command System (ICS). ICS is used by response agencies to identify the command structure and operational branches during an emergency. An incident commander is a component of the incident command system.

Public Information Officer (PIO). A person designated by an agency or group to speak on behalf of all during an emergency to assure consistent messages and flow of information to the community.

Medical Supplies. Those medical supplies that are not in use and may be in surplus in one or more of the LHJ's or Tribes, and may be lacking in another, the LHJ and Tribe with the surplus may choose to share their medical supplies to help ensure patients in the region receive necessary treatment during a disaster.

National Incident Management System (NIMS). NIMS is the nationally recognized system to be used in conjunction with ICS to manage emergencies in a structured manner.

Pharmaceuticals. Those pharmaceutical supplies that may be in surplus at PH-SKC or the Tribe, and may be lacking in another, the PH-SKC or the Tribe with the surplus may choose to share their pharmaceutical supplies to help ensure patients in the region receive necessary treatment during a disaster.

Resources/materials. Those resources/materials that may be available at PH-SKC or the Tribe, and may be lacking in another, the PH-SKC or the Tribe with the surplus may choose to share their resources/materials to help ensure PH-SKC and the Tribe have the necessary resources/material during a disaster.

Staff. Personnel who are currently employed/assigned to either PH-SKC or the Tribe that may be able to provide assistance to PH-SKC or the Tribe when those parties are lacking key personnel or simply overwhelmed by the disaster, PH-SKC and the Tribe may choose to make available those personnel to help ensure adequate personnel staffing in the region during a disaster.

Tribal Clinic. Tribal health services clinics that are tribal population-based, focusing on improving the health status of the tribe's population, and providing all aspects of health care within its resources to members of each tribal community, and the surrounding community.