

**Memorandum of Understanding for Points of Dispensing (POD)**

This Memorandum of Understanding is entered into by and between the **HEALTH DEPARTMENT NAME** and

\_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Primary Contact Person)

The purpose of the Memorandum of Understanding (MOU) is to define the relationship between the **HEALTH DEPARTMENT NAME** and the **SCHOOL DISTRICT NAME** (referred to as the “Organization”) during a public health emergency/crisis.

For this purpose, a public health emergency/crisis, means an occurrence or condition which results in an actual or imminent threat of harm to public health and safety due to Bioterrorism or terrorism events, outbreaks or release of dangerously contagious or infectious disease, natural occurrences, infectious agents, chemical agents or other situations that possess substantial probability of death, long-term disability, or future harm in the affected population.

The Organization acknowledges the intent to serve as a local Point of Dispensing Site (POD) to the Strategic National Stockpile (SNS). SNS is a cache of pharmaceuticals and other medical supplies that would be delivered to **CITY**. during a public health emergency/crisis. A POD is a location where the SNS materials and medication will be dispensed to the public. The Organization will not be used unless there is a large-scale public health emergency/crisis and it is determined that there is a need to request a large quantity of medication. Multiple schools within the Organization’s district may be used simultaneously throughout the event.

**The School/Organization agrees to the following:**

1. Allow use of its facilities, grounds and equipment:  
After it is determined that the Strategic National Stockpile will be activated and upon the request of the **HEALTH DEPARTMENT NAME**, the Organization will permit the use of its facilities, grounds and equipment to **HEALTH DEPARTMENT NAME/ACRONYM** and its associates, to the extent of it’s ability, within 12 hours of the request and for the time period being requested for the purpose of mass dispensing clinics for disease prevention and control activities. Facility use may include, but it not limited to:
  - Office equipment, including telephones, computers, internet access, copy machines, printers and fax machines
  - Tables, chairs, desks, cots, wheelchairs, dollies
  - Rest rooms, refrigerators, and water fountains
  - Parking areas

2. Designate three points-of-contact in case of an emergency:
  - An *Administrative* point-of-contact will serve as the primary point-of-contact. This person should have the authority and ability to open the facility/building at any time.
  - A *Facilities* point-of-contact will work with HEALTH DEPARTMENT NAME/ACRONYM personnel to move tables, chairs, etc.
  - A *Security* point-of-contact will work with HEALTH DEPARTMENT NAME/ACRONYM and local law enforcement in making security plans. This person should have the authority and ability to open the building(s).
3. Allow facilities to be visited by members of HEALTH DEPARTMENT NAME/ACRONYM for the development and maintenance of a mass-dispensing plan. Visits will be made after receiving prior approval from the principal or primary point-of-contact.
4. Allow the facility/building to be listed in a confidential HEALTH DEPARTMENT NAME/ACRONYM Public Health Emergency Response Plan. A copy of the plan will be kept on file at HEALTH DEPARTMENT NAME/ACRONYM, CITY. Office of Emergency Management, and at the STATE HEALTH DEPARTMENT/OFFICE OF EMERGENCY MANAGEMENT.
5. List primary and backup point-of-contacts and notify the HEALTH DEPARTMENT NAME/ACRONYM of changes in this contact information.
6. Encourage school personnel and especially school nurses to volunteer at the POD during a public health emergency/crisis.

**The HEALTH DEPARTMENT NAME/ACRONYM agrees to the following:**

1. Provide a point-of-contact person to answer questions or concerns about these arrangements.
2. After the event and as possible, work with appropriate reimbursing Federal/State Agencies to ensure the replacement or reimbursement to the Organization for any food, supplies, and utilities (including telephone charges, faxes, copying machines, copy paper, etc) that may be used by the HEALTH DEPARTMENT NAME/ACRONYM in conducting mass dispensing operations.
3. Assure that health and security professionals will triage at the entrance of the facilities and, to the best of their ability, prevent contagious people from entering.
4. Assure that any post-event clean-up is performed.
5. Provide Just-in-Time Training to staff working with HEALTH DEPARTMENT NAME/ACRONYM during a public health emergency/crisis.
6. Include the Organization Administrators and staff volunteers working with HEALTH DEPARTMENT NAME/ACRONYM during a public health emergency/crisis in the priority prophylaxis population.

**Time of Performance**

This agreement shall be effective from the date it is signed through LENGTH OF TIME and will be reviewed for renewal 90 days prior to the expiration of this agreement. One or all of the

parties may terminate this contract at any time by giving 90 days written notice of intention to the other party. This contract may be immediately terminated upon consent of all parties.

**Liability**

1. The Organization, by volunteering to be used as a POD site without any compensation for its use, is designated as a volunteer of CITY. All liability policies covering CITY facilities, including but not limited to professional liability, tort liability, and premises liability, are applicable to the Organization during its use as a point-of-dispensing site.
2. In the event that an incident is not covered then:
  - a. Any and all claims, demands, expenses, liabilities, and losses as a result of incidents or damages to any facilities, which may arise out of any acts or failure to act of HEALTH DEPARTMENT NAME/ACRONYM, its employees, agents, volunteers or contractor, in connection with the performances of dispensing services provided by HEALTH DEPARTMENT NAME/ACRONYM will be compensated through Federal and Missouri state emergency and disaster funds.
  - b. The facility/organization shall be liable for any and all claims, demands, expenses, liabilities, and losses as a result of incidents or damage to the facilities which may arise out of any acts or failures to act of the Organization, its employees, agents or contractors, in connection with the performance of the services provided by the facility/organization to this Memorandum of Understanding.
3. Property damage not covered by any of the above conditions shall be the responsibility of the Organization.

The parties to the Agreement hereby agree to any and all provisions as stipulated above.

**Organization Representative**

**HEALTH DEPARTMENT  
NAME/ACRONYM Director**

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Memorandum of Understanding for Points of Dispensing (POD)

Organization Point-of-Contact Information

1. Administrative Point-of-Contact

Name and Title:  
Address:  
Work Number:  
Home Number:  
Cell Number:  
Pager Number:  
Other:

2. Facilities Point-of-Contact

Name and Title:  
Address:  
Work Number:  
Home Number:  
Cell Number:  
Pager Number:  
Other:

3. Security Point-of-Contact

Name and Title:  
Address:  
Work Number:  
Home Number:  
Cell Number:  
Pager Number:  
Other:

**HEALTH DEPARTMENT NAME/ACRONYM** Point-of-Contact Information

1. Primary Point-of-Contact

Name and Title:  
Address:  
Work Number:  
Home Number:  
Cell Number:  
Pager Number:  
Other:

2. Backup Point-of-Contact

Name and Title:  
Address:  
Work Number:  
Home Number:  
Cell Number:  
Pager Number:  
Other: