

K19-1001

MEMORANDUM OF AGREEMENT Closed Point of Dispensing Site

We, the undersigned, hereby enter into the following Memorandum of Agreement with the Louisiana Department of Health/Office of Public Health (OPH) to provide mass prophylaxis to the residents, employees, and employees' families of the New Orleans Fire Department under the direction and following the guidance of the Louisiana State Health Officer or designee during an emergency.

In the event of a specific threat incident, the State Health Officer or designee will provide the location for medication collection, safe handling and transport information, and guidelines for use of vaccine or medication based on the specific threat incident. Vaccines will only be distributed to facilities that employ Louisiana licensed immunization providers and the facility must be able to provide written Cold Chain Policy management procedures (standards of practice to ensure the cold chain is maintained for vaccines and minimizes the risk of compromising the efficacy and safety of the vaccines).

This facility agrees to provide vaccines or medications to all employees, employees' families, and residents (if applicable), following the guidelines provided for the specific threat incident.

This facility agrees to provide to OPH the current total number of staff and employees, 550, and the current total licensed beds, units, or prisoners, 0. (if applicable for a hospital, nursing home, penal institution, assisted living site, dormitory, or other type of domiciliary unit that is part of a closed POD).

OPH will not be responsible for the security of vaccine or medication after the facility receives and signs for the medications. Security and dispensing will solely be the facility's responsibility.

This facility will provide to OPH documentation including the name, date of birth, address, date, , the specific vaccine or medication provided to each person along with all approved OPH forms.

The facility also agrees to provide OPH with current facility telephone numbers, as well as three contact names with 24/7 hour phone numbers who coordinate the facility's operation.

Unless host submits to OPH a *Memorandum of Agreement and Point of Dispensing Plan* within 90 days from the date of host's signature below, this Memorandum of Agreement will automatically become null and void.

Please place facility name, address, and point of contact information in the space provided below.

Facility Name	Street Address City/Zip	Parish
New Orleans Fire Department	701 Rosedale New Orleans, LA 70124	Orleans

Facility Phone Number	OPH Region	GPS Coordinates
504-658-4722	Region One	Latitude: 29.9849 Longitude: -90.109121

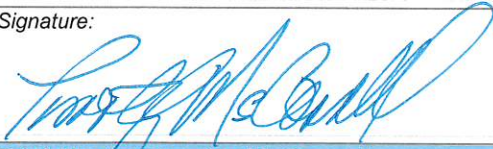
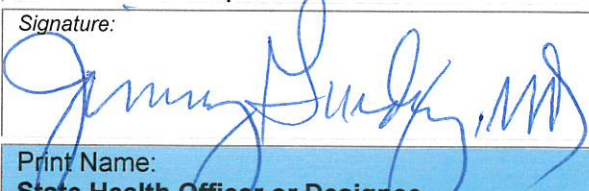
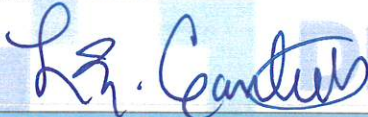
Facility Point of Contact Names	Emergency Phone Number(s)	Email Address
Primary: James Vance	Office: 504-658-4722 Cell: 504-301-7474	jvance@nola.gov
Alternate: Dean Disalvo	Office: 504-658-4761 Cell: 504-312-3906	ddislavo@nola.gov
Alternate: Roman Nelson	Office: 504-658-4721 Cell: 504-628-0532	rnelson@nola.gov

LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH
BUREAU of COMMUNITY PREPAREDNESS
EMERGENCY PREPAREDNESS AND RESPONSE
STRATEGIC NATIONAL STOCKPILE

SPECIFY TYPE OF FACILITY:

- ☐ Clinic ☐ College/University ☐ Community-Based Agency
☐ Governmental Agency ☐ Military Installation
☐ Prison/Jail ☐ Private Business
☐ Residential ☐ Tribal Nation
☐ Other (describe) _____

This Memorandum of Agreement shall last for a term of four years from the date of host's signature below, provided, however, that either party may terminate this agreement upon 30 days written notification to the other party.

Signatures	
Facility	Department of Health
Signature:  Print Name: Timothy McConnell Title: Superintendent of Fire, City of N.O. Email: tmconnell@nola.gov Date: March 13, 2020	Signature:  Print Name: State Health Officer or Designee Louisiana Department of Health Date:
Signature:  Print Name: LaToya Cantrell Title: Mayor, City of New Orleans Email: Date: March 13, 2020	Signature:  Print Name: Alexander Billieux Assistant Secretary Office of Public Health Date: 8.11.20
Signature:  Print Name: Title: Email: Date:	Signature:  Print Name: Doris G. Brown Public Health Executive Director or Designee Bureau for Community Preparedness Date: 7/24/2020

All MOAs must be registered with the respective regional office and then forwarded to the Bureau of Community Preparedness. Please forward one (1) signed original to the following address:

Region _____
 (Insert regional address here)
 (Insert regional phone number here)

FORM AND LEGALITY APPROVED:


 Legal Department, City of New Orleans