

INTERLOCAL COOPERATIVE AGREEMENT

BETWEEN

Skagit County by and through the Skagit County Public Health Department

AND

Skagit Valley Hospital, Island Hospital, and United General Hospital

THIS AGREEMENT is made and entered into by and between SKAGIT COUNTY BY AND THROUGH THE SKAGIT COUNTY PUBLIC HEALTH DEPARTMENT (hereinafter called "SCPHD"), SKAGIT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1, a municipal corporation doing business as SKAGIT VALLEY HOSPITAL (hereinafter called "SVH"), ISLAND HOSPITAL (hereinafter called "IH"), and UNITED GENERAL HOSPITAL (hereinafter called "UGH") pursuant to the authority granted by Chapter 39.34 RCW, INTERLOCAL COOPERATION ACT.

1. **PURPOSE:** To provide Rabies Post Exposure Prophylaxis (PEP), when deemed necessary by SCPHD. Initially, the hospital/provider will see client for animal bite, perform wound care management, administer Td/Tdap if necessary, mail or fax to SCPHD the "Animal Bite/Rabies Exposure Report Form" (Attachment "A"), and refer the client to SCPHD for evaluation of Rabies PEP.

The Emergency Department (ED) in each hospital will collaborate with SCPHD to assure access to Rabies PEP when a significant exposure has been identified, the client does not have a primary care provider, or the primary care provider is unable to administer the preventive treatment. Each hospital pharmacy will collaborate with SCPHD and with each other to assure access to Rabies Immune Globulin (RIG) and Rabies vaccine for Rabies PEP. Hospital Infection Control staff should collaborate with SCPHD staff to assure proper treatment for clients. See Hospital contacts as "Attachment B". When PEP is recommended, and the client has no insurance or ability to pay, the hospitals will provide the service based on their standards of charity care.

2. **RESPONSIBILITIES:**

Skagit County Public Health (SCPHD) Environmental Health (EH) Section will:

- Receive reports of animal bites from the public, medical providers, emergency departments, other Local Health Jurisdictions (LHJ's), and veterinarians.
- Contact the exposed patient; gather information about and assess the incident, determine who was significantly exposed, and provide information and education about Rabies PEP, vaccine side effects and approximate cost.
- EH, the County Health Officer, and Department of Health (DOH) 206-418-5500 consultation is always done prior to determining the need for PEP.

- If PEP is recommended and the client consents to PEP, EH will have the Health Officer contact their Primary Care Provider to determine whether Provider will administer PEP. If the Provider won't provide treatment, or if the client has no Primary Provider, then EH will facilitate the referral of the client using the "Urgent Rabies Exposure" (Attachment "C"), and the "Rabies Exposure Prophylaxis (PEP) Orders" (Attachment "D") referral forms by faxing and/or telephoning to the appropriate Hospital ED/Pharmacy, and will notify the Primary Care Provider of the treatment at the Hospital ED.
- In the event of denial of payment by the clients insurance carrier, with the consent of the client, the Health Officer or Health Director will contact a representative of the insurance carrier to discuss the unique aspects of this post-exposure prophylaxis incident.
- Provide reference materials and education to Hospital ED/Pharmacy and primary care providers as needed.
- Skagit County Immunization Clinic (IZ) will refer Hospital Pharmacist to the manufacturers of Rabies Immune Globulin (RIG) and Rabies vaccine. If client has no insurance and is unable to pay, IZ will refer Pharmacist to access of free vaccine from manufacturer's programs based on the Federal Poverty Guidelines.
- SCPHD Immunization clinic will facilitate exchange of Rabies vaccine as needed to avoid outdate of vaccine, as long as same vaccine manufacturer is used by both entities.
- Complete report of administration of prophylaxis or refusal of the client to follow recommendation, and send the report to State DOH.

Hospital Emergency/Outpatient Departments/Medical Providers will:

- Be first point of entry for a bite, perform wound care management, administer Td/Tdap as appropriate, prepare animal bite report (fax to SCPHD the completed "SCPHD Animal Bite/ Rabies Exposure Report Form"), and refer to SCPHD EH section for evaluation of Rabies PEP.
- Contact SCPHD for recommendations on Rabies PEP.
- If SCPHD is unavailable, consult directly with State DOH Epidemiologist as necessary at (206) 418-5500.
- Coordinate the care of the client(s) exposed to Rabies after "Urgent Rabies Exposure" Referral has been received from a SCPHD EH representative.

- Coordinate the administration of all PEP doses per the “CDC MMWR, Human Rabies Prevention – United States, 2008, Recommendations of the Advisory Committee on Immunization Practices (Attachment “E”), and the “CDC MMWR (2010), Use of a Reduced (4-Dose) Vaccine Schedule for Post exposure Prophylaxis to Prevent Human Rabies, Recommendations of the Advisory Committee on Immunization Practices” (“Attachment F”).
- Bill patient or responsible party.
- Offer charity care if client unable to pay. See “Attachment G” for information on obtaining Rabies Immune Globulin and Rabies Vaccine. See “Attachment H” for information on accessing the Sanofi Pasteur Patient Assistant Program. See “Attachment I” for information on accessing the Novartis Patient Assistance Program.
- Keep a supply of RIG and Rabies vaccine on hand in a quantity sufficient to provide or begin providing PEP to at least 1 individual in each Hospital facility. (Most RIG and Rabies vaccine can be ordered and shipped overnight).
- Notify client’s Primary Provider and SCPHD of start and completion, or refusal to complete PEP treatment (by sending/faxing a copy of completed “Rabies Exposure Prophylaxis PEP Orders and Treatment” form) to them. SCPHD can then complete the Washington State PEP reporting form and send to State DOH.
- Hospital Pharmacies will sell/exchange RIG and Rabies vaccine for PEP to a Primary Care Provider or other Hospital, as needed.

TERMS OF AGREEMENT: The terms of this agreement will be from Execution December 31, 2015.

4. MANNER OF FINANCING: Not applicable

5. ADMINISTRATION: The following individuals are designated as representatives of the respective parties. The representatives shall be responsible for administration of this Agreement and for coordinating and monitoring performance under this Agreement. In the event such representatives are changed, the party making the change shall notify the other party.

5.1 The County's representatives shall be:
 Dr. Howard Leibrand, Health Officer
 Sandi Paciotti, Communicable Disease Supervisor
 Telephone: (360) 336-9380
 Fax machine number (360) 336-9401

5.2 Skagit Valley Hospital's Representative shall be:
 Gregg Davidson, FACHE, Chief Executive Officer

Maryl Skjei, Infection control
Telephone: (360) 428-2343

5.3 Island Hospital's Representative shall be:
Vince Oliver, Chief Executive Officer
Telephone: (360) 299-1327

5.4 United General Hospital's Representative shall be:
Gregory C. Reed, FACHE, Chief Executive Officer
Chris Johnston
Telephone: (360) 856-7112

6. TREATMENT OF ASSETS AND PROPERTY: No fixed assets or personal or real property will be jointly or cooperatively, acquired, held, used, or disposed of pursuant to this Agreement.

7. INDEMNIFICATION: Each party agrees to be responsible and assume liability for its own wrongful and/or negligent acts or omissions or those of their officials, officers, agents, or employees to the fullest extent required by law, and further agrees to save, indemnify, defend, and hold the other party harmless from any such liability. It is further provided that no liability shall attach to the County by reason of entering into this contract except as expressly provided herein.

8. TERMINATION: Any party hereto may terminate this Agreement upon thirty (30) days notice in writing either personally delivered or mailed postage-prepaid by certified mail, return receipt requested, to the party's last known address for the purposes of giving notice under this paragraph. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

9. CHANGES, MODIFICATIONS, AMENDMENTS AND WAIVERS: The Agreement may be changed, modified, amended or waived only by written agreement executed by the parties hereto. Waiver or breach of any term or condition of this Agreement shall not be considered a waiver of any prior or subsequent breach.

10. SEVERABILITY: In the event any term or condition of this Agreement or application thereof to any person or circumstances is held invalid, such invalidity shall not affect other terms, conditions or applications of this Agreement which can be given effect without the invalid term, condition, or application. To this end the terms and conditions of this Agreement are declared severable.

11. ENTIRE AGREEMENT: This Agreement contains all the terms and conditions agreed upon by the parties. All items incorporated herein by reference are attached. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

12. OTHER PROVISIONS: not applicable

DATED this 2 day of April, 2012.

**BOARD OF COUNTY COMMISSIONERS
SKAGIT COUNTY, WASHINGTON**

Kenneth A. Dahlstedt
Kenneth A. Dahlstedt, Chairman

ABSENT

Sharon D. Dillon, Commissioner

Ron Wesen
Ron Wesen, Commissioner

Attest:

Linda Hemmer
Clerk of the Board

For contracts under \$5,000:
Authorization per Resolution R20030146

Recommended:

[Signature]
Department Head

County Administrator

Approved as to form:

M. Hill (3/21/2012)
Civil Deputy Prosecuting Attorney

Approved as to indemnification:

Bruce Gardner 3/23/2012
Risk Manager

Approved as to budget:

Luisa Gagne
Budget & Finance Director

GOVERNMENT AGENCIES:

ISLAND HOSPITAL



Vince Oliver
Chief Executive Officer
Telephone: (360) 299-1327

Date: 7/11/11

Mailing Address:
(Street address required
In addition to P.O. Box)

ISLAND HOSPITAL
1211 24th Street
Anacortes, WA 98221

Telephone: (360) 299-4256

UNITED GENERAL HOSPITAL



Greg Reed *GREGORY C. REED, FACHE*
Chief Executive Officer
Telephone: (360) 299-1327

Date: 1/16/2012

Mailing Address:
(Street address required
In addition to P.O. Box)

UNITED GENERAL HOSPITAL
2000 Hospital Drive
Sedro Woolley, WA 98284

Telephone: (360) 856-7112

SKAGIT COUNTY PUBLIC HOSPITAL DISTRICT #1



Gregg Davidson, FACHE
Chief Executive Officer

Date: 11.18.2011

Mailing Address:
(Street address required
In addition to P.O. Box)

Skagit Valley Hospital
1415 East Kincaid Street
P.O. Box 1376
Mount Vernon, WA 98273-1376

Telephone: (360) 428-2343