

## **LETTER OF UNDERSTANDING**

**between**

**REDLANDS COMMUNITY HOSPITAL**

**and**

**REDLANDS UNIFIED SCHOOL DISTRICT**

This agreement is made and entered into by and between Redlands Community Hospital ("Hospital") and Redlands Unified School District ("District").

### **RECITALS**

Whereas, the Hospital has licensed staff qualified to provide Tuberculosis (TB) Screening; and

Whereas, the District wishes to contract with the Hospital to provide TB Screening from the Hospital for School employees; and

Whereas, the Hospital has agreed to provide contracted services in accordance with the terms and conditions of this agreement.

### **1. TERM**

The term of the agreement shall be from July 1, 2024, through June 30, 2025.

### **2. RESPONSIBILITIES OF HOSPITAL**

- a. Hospital will supply personnel and supplies as needed to provide the TB Screening. TB Screening includes review of the TB questionnaire and the administration of a PPD injection with interpretation, if not contraindicated.
- b. Hospital shall bill District for each TB Screening performed at the clinic or an external location at the rate of fifteen (\$15.00) dollars each.
- c. Hospital shall bill District for each PPD injection that is ordered by District and not administered to an employee at the Hospital's cost of two dollars and fifty cents (\$2.50) each.
- d. Hospital will supply personnel to perform either the TB skin test or Risk Assessment.

### **3. RESPONSIBILITIES OF SCHOOL**

- a. District will be responsible for notifying all participants of the dates, times, and locations for the TB Screening, testing and readings.
- b. District will be responsible for providing the TB Screening forms and the forms will be triplicate so there is one form for the District (confidential medical information removed), one complete form for the participant, and one complete form for the Hospital.
- c. District will be responsible for providing a sign-in sheet to be used each day the testing and readings are performed. The sign-in sheet will contain the names of all of the participants and be in alphabetical order. There will be space for the participant's signature and contact phone number.

RESPONSIBILITIES OF SCHOOL (continued)

- d. District will be responsible for providing clerical support of the days on the testing and reading days. This support is to maintain the sign-in process.
- e. District will be responsible for payment of services and/or supplies within 30 (thirty) days of receipt of the billing in the agreed upon format.

4. LIABILITY

- a. Each entity will be responsible for any and all liability resulting from claims for loss, expense or injury or damages resulting from the performance of this agreement by its officers, agencies and employees and will hold the other party harmless.
- b. Each party will maintain, at its own expense, liability insurance to cover the obligations pursuant to this agreement.

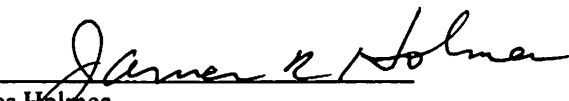
5. INDEPENDENT CONTRACTORS

While performing hereunder, the Hospital is an independent contractor and is responsible for all employment taxes, workers compensation insurance and other administrative requirements associated with the employees provided the Hospital to perform the services covered under this agreement.

6. AMENDMENT

This contract can only be amended by mutual agreement of the parties and only in writing.

IN WITNESS WHEREOF, the undersigned parties agree to all terms of the agreement as written above:

  
\_\_\_\_\_  
James Holmes  
President/CEO  
Redlands Community Hospital  
Tax ID #95-1643347

\_\_\_\_\_  
Jason Hill  
Assistant Superintendent, Business Services  
Redlands Unified School District

5/23/24  
\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed