

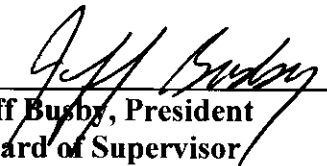
**ORDER: APPROVE APPLICATION TO BECOME CLOSED POINT OF
DISPENSING FOR LAFAYETTE COUNTY EMPLOYEES
WITH MS. STATE DEPARTMENT OF HEALTH**

Motion was made by Robert Blackmon, duly seconded by Mike Roberts to approve application to become Closed Point of Dispensing for Lafayette County employees with the Mississippi State Department of Health.

The vote on the motion was as follows:

Supervisor Mike Pickens, voted yes
Supervisor Jeff Busby, voted yes
Supervisor Robert Blackmon, voted yes
Supervisor Chad McLarty, voted yes
Supervisor Mike Roberts, voted yes

After the vote, President Busby, declared the motion carried, this the 2nd day of June, 2014.



Jeff Busby, President
Board of Supervisor



Sherry Wall, Chancery Clerk

7. Strategic National Stockpile (SNS) and Pandemic Influenza Programs Provider Enrollment



MISSISSIPPI STATE DEPARTMENT OF HEALTH
Strategic National Stockpile (SNS) and Pandemic Influenza Programs
Provider Enrollment

<input checked="" type="checkbox"/> SNS Program	<input type="checkbox"/> Pandemic Influenza Program (Treatment Center Use)	<input type="checkbox"/> Both
<input checked="" type="checkbox"/> Initial Enrollment <input type="checkbox"/> Renewal		

Facility	LAFAYETTE COUNTY		
Address	300 N. LAMAR BLVD	OXFORD MS	38655 LAFAYETTE
Telephone	(662) 234-6123	Fax	(662) 234-5402
1. Facility Contact's Name	JOHNSON, JOSEPH		
Phone:	662-234-6123	E-Mail	jjohnson@lafayettehems.com
2. Facility Contact's Name	SHAW, DAVID		
Phone:	662-234-5607	E-Mail	LafayetteEmu@gmail.com
Facility's Medical Provider Number (if applicable)	N/A		
Coordinating Physician's Name:	DR. TOM FOWLKES		
Medical License	MS 13406		

To participate in the SNS Program and/or the Pandemic Influenza Program and receive, free of cost, Federal Strategic National Stockpile antibiotics, vaccine and medical supplies through the Mississippi State Department of Health, I agree to the following conditions, on behalf of myself and all the practitioners, nurses and others associated with this hospital, nursing home, medical office, group practice, managed care organization, community/migrant/rural clinic, health department, other health delivery facility, detention facility, mental health facility, prison, home health agency, or business of which I am the [please circle] CEO, Business Manager, Minister, or physician-in-chief or equivalent:

MSDH SNS Plan

1. I agree to provide the MSDH with the number of staff and clients to receive medication and/or vaccine, this information will be updated annually upon renewal of Provider Enrollment.
2. I agree to have a coordinating physician who will oversee the dispensing of medications and/or administration of vaccine. The physician does not have to be on-site, but staff will work under his/her direction.
3. The facility will follow the same treatment algorithms as used in the standing orders for the state.
4. A representative from the facility, with proper identification, will pick up medications, vaccines, and/or supplies for clients and staff from the pre-designated Point-of-Dispensing (POD) site. The facility will provide MSDH with the name of the representative designated to pick up medications and/or vaccine prior to pick up.
5. Upon arrival to the designated POD site, the representative will present two personal ID's, one issued by the facility, and a picture ID issued by the state.
6. The representative will sign for all medications, vaccines and/or supplies received.
7. The facility will notify MSDH when the supplies reach the facility and if there are any discrepancies between the order and delivery.
8. The facility will be responsible for administration of the medication vaccine, distribution of information sheets, and collection of completed health information forms. Health information forms will be returned to MSDH within 48 hours for patient tracking.
9. The facility agrees to make no charge for the medication vaccine or for any of the services provided as a part of the administration of the medication/vaccine.
10. For the purpose of State and/or Federal Laws and regulations, I will:
 - a. Maintain and make available all records to the Mississippi State Department of Health, the U.S. Department of Health and Human Services, and/or their assignees or agents;
 - b. Comply with Presidential Executive Order No. 12849, Certification Concerning Debarment and Suspension.
11. The State may terminate this agreement at any time for failure to comply with these requirements and I may terminate this agreement at any time for personal reasons.

James O. Walker 6/2/14
 Signature of Administrative Representative for Facility Date
Thomas O. Walker MD 6/2/14
 Signature of Coordinating Physician Date

This record is to be submitted to and kept on file at the Mississippi State Department of Health, and must be updated in accordance with State policy.

staff employees/facility 260
 # staff employee/faculty's family members 780
 # patient beds N/A
 # enrolled students N/A
 # enrolled student's family members N/A
 TOTAL Number of persons needing medications/vaccinations 1,040

For State Use Only Section:

Date Certified for SNS _____ Month Day Year	Person Approving Application Print _____ Signature _____
Date Certified for Pandemic Influenza _____ Month Day Year	

Original Copy to be kept on file at MSDH District Office by Dist. Surveillance Nurse
 Copy to be sent to SNS Program at MSDH Central Office
 Copy to be given to Facility