

CONTRACT ROUTING FORM

1. Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.

Department: Emergency Management

Department contract file name (use effective date): DecedentStorage_EmergencyManagement_20240918

Project Code: Click here to enter text.

Contract type: Agreement

Contracted Services/Goods: Agreement for Decedent Storage and Examination Facility

Contract Component: Other

Change Order Number/Addendum Number: Click here to enter text.

Vendor Name: NC DHHS Office of the Chief Medical Examiner

Effective Date: 9/18/2024

Approved by: County Manager

Date approved by the BOC: Click here to enter text.

Ending Date: Click here to enter a date.

Total Amount: \$0.00

Please Return Contract to:

Name: Steve Newton

Email: steve.newton@chathamcountync.gov

Special Instructions for Clerks

Office:

2. Department Head or his/her designee has read the contract in its entirety.

By: S. Newton  (Department Head signature required)

3. County Attorney has reviewed and approved the contract

County Attorney has reviewed and rejects the contract Reason: _____

This is an automatic renewal and does not require approval from the County Attorney: Yes No



If this box is checked the County Attorney's Office has reviewed the contract but has not made needed changes to protect the County because the contract is a sole source contract and the services required by the County are not available from another vendor.

4. Technical/MIS Advisor has reviewed the contract if applicable. Yes No

5. Vendor has signed the contract. Yes No

6. A budget amendment is necessary before approval. Yes No

If budget amendment is necessary, please attach to this form.

7. Approval

Requires approval by the BOC - contracts over \$100,000.00. Follow Board submission guidelines.

Requires approval by the Manager – contracts \$100,000 or less.

8. Submit to Clerk.

Clerk's Office Only

Finance Officer has signed the contract

The Finance Officer is not required to sign the contract

NC Department of Health and Human Services
Division of Public Health
Office of the Chief Medical Examiner
Agreement for Decedent Storage and Examination Facility

This agreement is hereby entered into by and between the North Carolina Department of Health and Human Services, Division of Public Health ("Division") and the County ("County") listed.
CHATHAM COUNTY, NORTH CAROLINA

Print County Name

BACKGROUND

Pursuant to North Carolina General Statute § 130A-381. **Additional Services and Facilities**
In order to provide proper facilities for investigating deaths as authorized in this Part, the Chief Medical Examiner may arrange for the use of existing public or private laboratory facilities. **Each county shall provide or contract for an appropriate facility for the examination and storage of bodies under Medical Examiner jurisdiction.** The Chief Medical Examiner may contract with qualified persons to perform or to provide support services for autopsies and other studies and investigations. (1967, c. 1154, s. I; 1973, c. 476, S. 128;]983, C. 891, S. 2; 2007]87, S. 5.)

PURPOSE

The purpose of this Agreement is to ensure that each county provides or designates an appropriate facility for the examination and storage of bodies under Medical Examiner jurisdiction.

ACCORDINGLY, the undersigned County agrees as follows:

A. DEFINITIONS

For all purposes of this Agreement, the following terms shall have the following meanings:

- 1) "ME" shall mean a county Medical Examiner.
- 2) "Full examination" shall mean an external exam, autopsy, and/or any other study authorized by the Office of the Chief Medical Examiner (OCME) or Regional Autopsy Center (RAC) or local Medical Examiner (ME).
- 3) "Decedent" shall mean any dead human body and/or remains believed to be human under Medical Examiner jurisdiction. It may include blood, tissue, or other samples required for medicolegal death investigation.
- 4) "State" shall mean the State of North Carolina.

B. REQUIREMENTS

State law requires each county, through its governmental structure and local health department, to provide a facility where bodies can be stored pending a decision on death investigation, examination by the ME, transportation to an autopsy facility, notification of next of kin, or arrangements for final disposition. The facility is used for deaths under ME jurisdiction.

In many counties, hospitals have served as the place where ME bodies can be taken and held until they are examined by the ME and then released to the next of kin. North Carolina Administrative Code 10A NCAC 44 .0204 permits hospitals to assess the State a fee of \$40.00 per decedent when a county medical examiner orders a body taken to the hospital and later examines the body in that facility.

10A NCAC 44 .0204 Hospital Fee

A fee of forty dollars (\$40.00) is paid by the State to a hospital when a county medical examiner orders a body taken to the hospital and later examines the body in that facility. No payment is due to a hospital when an autopsy is performed in that facility. No payment is due when the county medical examiner utilizes a hospital emergency room or other hospital facility for examination of a body transported to the hospital for examination.

C. PERFORMANCE STANDARDS

The designated storage facility shall:

- 1) Be a full examination facility that allows space to view the decedent (room to move/roll decedent).
- 2) Ensure 24/7 secure access to local medical examiners.
- 3) Have adequate equipment, including tables and gurneys for full examination.
- 4) Have adequate examination supplies, including towels and gloves.
- 5) Have adequate refrigerated storage at 4°C.
- 6) Have running water.
- 7) Have adequate lighting.
- 8) Have proper disposal method for biohazards (sharps and medical waste).
- 9) Ensure a clean and safe storage and work environment.
- 10) Agree to storing the decedent before and immediately after an autopsy examination or having been transported to the local regional autopsy center.
- 11) Have a receiving and releasing decedents policy and tracking log.

D. DESIGNATED STORAGE FACILITY(IES)

The undersigned County represents that it has come to an agreement with the following entity(ies) to provide adequate decedent storage as is described in Section C, Performance Standards.

Facility Name: Chatham Hospital Morgue

Address: 475 Progress Blvd
Siler City, NC 27344

Contact Name, Title: Steve Newton, Emergency Management Director

Phone & Email: 919-545-8162 (office), 919-542-2911 (24/7),
steve.newton@chathamcountync.gov

List additional facility(ies), if necessary to adequately support the County's needs:

(1) Facility Name: _____

Address: _____

Contact Name, Title: _____

Phone & Email: _____

(2) Facility Name: _____

Address: _____

Contact Name, Title: _____

Phone & Email: _____

In Witness Whereof, the County and the OCME have executed this agreement in duplicate originals, with one original being retained by each party.



County Manager or Designee Signature

Sept 30, 2024

Date

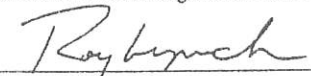
Dan La Montagne

Printed Name

County Manager

Title

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.



Roy Lynch, Finance Officer