



# Westchester Community College

State University of New York

OnBase: 78728

August 19, 2020

To: Board of Acquisition and Contract

From: Belinda S. Miles, President

Re: Authority to enter into an affiliation agreement with St. John's Riverside Hospital, a member of Riverside Health Care System, Inc. for the provision of supervised laboratory/clinical education and instruction in Respiratory Care for Westchester Community College students effective on or about September 1, 2020.

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Westchester Community College (the "College"), through its School of Health Careers, Technologies & Applied Learning, offers a number of programs in the healthcare field. The College offers supervised laboratory/clinical education and instruction for matriculated Westchester Community College students who are pursuing a degree or certificate in conjunction with various organizations.

Authority is hereby requested to enter into an affiliation agreement and execute documents related to the provision of these services with St. John's Riverside Hospital, a member of Riverside Health Care System, Inc. (St. John's) for the provision of supervised clinical education and instruction in Respiratory Care for the College's students who are pursuing a degree or certification for a term commencing on or about September 1, 2020 and continuing in full force and effect unless terminated by either party upon written notice.

Due to the recent pandemic there will be a cost to the College in connection with this agreement for the provision of Personal Protective Equipment and related Fit Testing that will be provided to the students participating in this program at St. John's. The cost for FY 2020-2021 shall not exceed \$5,000.00. In accordance with the terms of the agreements, the College shall be required to defend, indemnify and hold harmless St. John's from and against any and all expenses, claims, lawsuits, judgments, including reasonable attorney's fees resulting from negligence or misconduct of the College, its students, faculty or staff.

I believe that it is in the best interest of the College to provide clinical education and instruction programs, and I, therefore, recommend that you act favorably on the annexed proposed resolution.

BSM:smg  
Attachment

## RESOLUTION

Upon a communication from the President, Westchester Community College, be it hereby

**RESOLVED**, that the County of Westchester, acting by and through Westchester Community College (the "College") is hereby authorized to enter into an agreement with St. John's Riverside Hospital, a member of Riverside Health Care System, Inc. for the provision of supervised laboratory/clinical education and instruction in Respiratory Care for Westchester Community College students effective on or about September 1, 2020 and continuing in full force and effect unless terminated by either party upon written notice; and be it further

**RESOLVED**, that the College will pay St. John's Riverside Hospital an amount not to exceed \$5,000.00 for the FY 2020-2021 for the provision of Personal Protective Equipment and related Fit Testing for use by the students participating in the Respiratory Care program. In accordance with the terms of the agreements, the College shall be required to defend, indemnify and hold harmless St. John's from and against any and all expenses, claims, lawsuits, judgments, including reasonable attorney's fees resulting from negligence or misconduct of the College, its students, faculty or staff; and be it further

**RESOLVED**, that the County Executive or his authorized designee is hereby authorized to execute all instruments and take all actions reasonably necessary to implement this resolution.

Account to be Charged/Credited	Fund	Dept.	Major Program, Program & Phase Or Unit	Object/ Sub Object	Trust Account	Dollars
	010	0630		4435		\$5,000.00

Budget Funding Year(s) 2020-2021 Start Date: 9/1/20 End Date: 08/31/21

(must match resolution)

Funding Source: Tax Dollars \_\_\_\_\_ Contractor Federal I.D. No./  
Social Security No.:

State Aid \_\_\_\_\_

\$5,000.00 Federal Aid \_\_\_\_\_ Vendor No.: \_\_\_\_\_

(must match resolution)

Other \$ 5,000.00 (Covid) Encumbrance No.: \_\_\_\_\_