



Eastern Healthcare Preparedness Coalition BY-LAWS

Name

This coalition shall be known as the Eastern Healthcare Preparedness Coalition (EHPC).

MISSION

To facilitate coordination and cooperation throughout the region of Eastern North Carolina by ensuring partners have the capability to mitigate, prepare, respond, and recover from critical health events.

PURPOSE

1. To coordinate the emergency preparedness efforts of its members across the region to enhance the likelihood of a effective and efficient response in a disaster.
2. To coordinate medical and health response activities and services during a disaster.
3. Foster communication between local, regional, and state entities on a community wide emergency planning and response.
4. Ensure overall readiness through the coordination of community wide training and exercise related to medical and health issues.
5. Promote preparedness in the healthcare community through use of efficient and effective standardized practices and integration of medical and health capabilities elements with other partner resources.
6. Develop and manage the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP) grant in a fiscally prudent manner in order to meet the APSR Healthcare Capabilities and other Department of Health and Human Services requirements germane to health and medical preparedness.
7. Maintain resources and assets of the EHPC HPP program and of the SMAT II.

MEMBERSHIP

Section A. Membership to the Eastern Healthcare Preparedness Coalition is based on the following:

1. Essential Partners: Hospitals and other healthcare providers, EMS Systems, Public Health, Disaster Medical Director, Long Term Care facilities, Emergency Management Agencies, Public Safety, mental and behavioral health providers, private entities associated with healthcare, specialty service providers, support service providers, primary care providers,

community health centers, VOADs, federal entities and EHPC Coordinator (Coordinator) based in the region;

2. Law enforcement, fire departments, schools, social services, public works, transportation services, etc.;
3. Regional agencies who would assist in a medical and health response to a disaster are invited to participate as non-voting members. This would include behavioral health agencies, Red Cross, Urban Search and Rescue, or any volunteer agencies or schools and colleges;
4. Healthcare and Emergency Management (EM) planning regions and associations that support healthcare preparedness. (i.e. NC EM Domestic Preparedness Regions [DPR], Public Health Preparedness & Response Regional Representatives, NC Association of EMS Administrators, NC Hospital Association, NC Emergency Management Association, NC Association - Long Term Care, NC Assisted Living Association, NC Law Enforcement Officers' Association, etc.)
5. Any state agency (i.e. NC Department of Public Safety – Emergency Management, NC Office of EMS, NC Hospital Association, NC Public Health, NC Dept. Ag., NC National Guard) who would assist in the planning or response may be included as non-voting members.

Each entity shall designate a primary and secondary representative.

Section B. Membership Responsibilities

1. Provide representation and active participation at coalition meetings and activities.
2. Participate in collaborative regional planning efforts.
3. Participate in the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans.
4. Contribute to meeting coalition priorities, goals, and contractual deliverables.
5. Vote on questions placed before the membership
6. Respond to regional emergencies and disasters in collaboration with other members, as available.
7. Participate in sub-committees and workgroups as requested by members and organized under the umbrella of the coalition.

Section C: Contact List

- (1) A contact list of member organizations will be maintained by EHPC staff and updated bi-annually. This contact list will be published with the agenda of the coalition meeting and will be housed on the secure pages of the EHPC website (when updated) .

Section D. Voting Privileges

- (2) Although the EHPC encourages consensus, at times votes will be required. For the purposes of voting, the following rules shall apply:
 - For general business, all member agency or facility will be vested with one vote. Only one vote per organization will count.

- ASPR HPP Grant Approval: Essential Partners in Membership Section A1 will be vested with one vote per agency or facility.
- (3) Electronic Voting – EHPC voting may be conducted in an electronic format. Only one vote from each agency or organization will be counted toward the results. The electronic voting will remain open for a minimum of three (3) business days.

Section E. Conflict of Interest

- (1) Good faith - Members shall exercise good faith in all transactions touching upon their duties to the EHPC. In their dealings with and on behalf of the EHPC, they are each held to a rule of honesty and fair dealings between themselves and the EHPC. They shall not use their positions as members, or knowledge gained there from, to their personal benefit and to the detriment of the EHPC.
- (2) Exclusion from voting - Any member having a conflict of interest on a matter shall disclose such interest and abstain from voting as appropriate.

Section F. The following Hospitals, EMS Systems, and Public Health are listed for EHPC Region

County	Hospital	EMS	Public Health
Beaufort	Vidant Beaufort	Beaufort Co. EMS	Beaufort Co. PH
Bertie	Vidant Bertie	Bertie Co. EMS	
Camden		Pas-Camden Co. EMS	
Carteret	Carteret General Hospital	Carteret Co. EMS	Carteret Co. PH
Chowan	Vidant Chowan	Chowan Co. EMS	
Craven	CarolinaEast Medical Center	Craven Co. EMS	
Currituck		Currituck Co. EMS	
Dare	The Outer Banks Hospital	Dare Co. EMS	Dare Co. PH
Duplin	Vidant Duplin	* SERAC	
Edgecombe	Vidant Edgecombe	Edgecombe Co. Rescue Squad	Edgecombe Co. PH
Gates		Gates Co. EMS	
Greene		Greene Co. EMS	
Halifax	Halifax Regional Medical Center	Halifax Co. EMS	
Hertford	Vidant Roanoke Chowan	Hertford Co. EMS	
Hyde		Hyde Co. EMS	
Jones		Jones Co. EMS	
Lenoir	Lenoir Memorial	Lenoir Co. EMS	
Martin	Martin General	Martin Co. EMS	MTW PH
Nash	Nash Health Care Systems	Nash Co. EMS	
Northampton		Northampton Co. EMS	
Onslow	Onslow Memorial Hospital	* SERAC	
Pamlico		Pamlico Co. EMS	
Pasquotank	Sentara Albemarle Medical Center	Pas-Camden Co. EMS	Albemarle Regional Health Service
Perquimans		Perquimans	
Pitt	Vidant Medical Center	Pitt Co. EMS & EastCare	Pitt Co. PH & NC PH ERO
Tyrrell		Washington Co. EMS	MTW PH
Wayne	Wayne Memorial Hospital	Wayne Co. EMS & Johnston Amb. Ser.	
Washington	Washington County Hospital	Washington Co. EMS	MTW PH
Wilson	Wilson Medical Center	Wilson Co. EMS	

Section G. Dues

- (1) There are no membership dues.

Section H. Terms of memberships

- (1) There are no limits on membership terms.
- (2) Any member may resign by giving notice to the Chair or the Coordinator of the ~~RAC~~ Coalition, to be effective upon receipt or any later date specified in the notice.
- (3) Members who breach conflict of interest/confidentiality may be removed by a majority vote of members present. The issue would be brought before the Board of Directors for consideration by the full membership.

OFFICERS

- (1) Officers

The officers of the EHPC shall include the following:

Chair
Vice-Chair

These individuals shall be elected at the last meeting of the calendar year. Nominations will be taken from the floor at the third meeting of the calendar year.

- (2) Terms

Officers shall be elected by the voting membership at the annual meeting and shall serve one year or shall remain in office until a successor is elected.

- (3) Removal and Resignation

Any officer may resign by giving written notice to the Board/Chair to be effective upon receipt or any later date specified in the notice. An officer who has more than 50% unexcused absences within a year will be deemed voluntarily resigned.

- (4) Vacancies

Any vacancy caused by death, resignation, removal or otherwise of any officer shall be filled by the Board for the remainder of the unexpired term.

- (5) Duties

The officers shall perform the duties usually performed by such officers and any other duties defined in these bylaws.

CHAIR:

The chair shall preside at all meetings of the EHPC and shall serve as the executive officer of the eCoalition. He/She shall appoint all committees not otherwise provided for in these bylaws and be an ex-officio member of all committees. He/She shall exercise general supervision over all affairs of the coalition, and see to it that all orders, resolutions, and policies of the EHPC are implemented. He/She shall have the usual powers and duties customarily vested in the office of chair and shall perform such duties as may be assigned to him/her by the coalition.

VICE-CHAIR:

The vice chair shall preside at the meetings of the EHPC and the ~~Board of Directors~~ executive meeting in the absence of the chair, complete the vacant term, and remain in office for the term to which he/she was elected.

MEETINGS

- (1) Meetings are held quarterly. Each meeting is announced by email one month, then two weeks in advance of the meeting. In the case of a special meeting, such notice will state the purpose of the meeting and will be sent five (5) business days in advance. Additional EHPC sub-committees meet as needed determined by the EHPC Regional Healthcare Preparedness Coordinator and/or EHPC Executive Committee.
- (2) The ASPR Grant Application requires recipients of funding to send a representative to the quarterly meetings. Attendance will be monitored at EHPC meetings and other HPC related meetings and voting members or designees shall maintain a minimum of a 50% attendance record at both the EHPC and subcommittee meetings to be eligible for ASPR funding per steering committee discretion.
- (3) At least 20 members will need to be present to meet the Quorum.
- (4) In the event of severe weather or an emergency, the coalition meeting maybe canceled by the Chair and/or the Healthcare Preparedness Coordinator. The HPC will be responsible for securing a location and time for rescheduling the meeting.

SUB-COMMITTEES

- (1) The following standing sub-committees have been established.
 - A. Executive Committee
 - B. Exercise/Education Committee
 - C. Other sub-committees as needed

- (2) Each committee shall be tasked with assignments based on the needs of the region and directives outlined in the “Scope of Work” for the regional Healthcare Preparedness Coordinator.
- (3) The regional Healthcare Preparedness Coordinator and/or the Executive Committee shall appoint sub-committees to address the needs of the Region.
- (4) Executive Committee
 - A. Purpose
 - (i) Develop and maintain the strategic plan for the Eastern Healthcare Preparedness Coalition.
 - (ii) Coordinate regional approach to community wide emergency planning, training and response.
 - (iii) Specify the composition and direct the activities of sub-committees based upon information received from the Eastern Healthcare Preparedness Coordinator or consensus of the EHPC membership.
 - (iv) Consider for approval recommendations made by sub-committees and work groups.
 - (v) Develop and approve regional projects for the ASPR HPP grant submissions.
 - (vi) Define and recommend processes and/or standard operating guidelines of the EHPC to include, but not limited to, review of the EHPC Regional Response and Recovery Plan.
 - (vii) Assist the Eastern Healthcare Preparedness Coordinator with decisions regarding resource allocation, when requested
 - (viii) Additional activities as requested
 - B. Membership
 - (i) Membership to the EHPC – Executive committee is chosen by the members of the EHPC. It includes the following disciplines:
 - (a) Trauma Center
 - (b) 3 Hospital
 - (c) 4 EMS
 - (d) Community Health Center/ Home Health/ Hospice
 - (e) Local Public Health
 - (f) Long Term Care
 - (g) Local Emergency Management
 - (h) Healthcare Preparedness Coordinator – non vote
 - (i) Coalition Chair – Ex officio vote for a tie
 - (ii) Members will serve a term of 2 calendar years and may be re-elected.
 - (iii) Candidates may be nominated by any member of the committee or the regional healthcare preparedness coordinator (HPC). A person must receive a majority of the votes of those present for the meeting.
 - (iv) If a member finds it necessary to resign from the committee, they are encouraged to remain until a replacement can be selected and to provide as much notice as possible. A replacement will be nominated and elected by

the above standards. If a member resigns in the middle of the term, the new committee member will serve the rest of the term.

- (v) Regular attendance is vital to the purposes of the committee. A Member may be automatically removed from the committee if (s)he misses two (2) consecutive posted meetings or 30% of the scheduled meetings in any year without arranging for a proxy.
- (vi) In the event that a committee member seat is vacant, the Committee will nominate a replacement to the EHPC for approval.
- (vii) A committee member wishing to vote by proxy must prepare a statement in writing and submit it to the HPC stating their authorization of a specifically named alternate from their discipline to attend the meeting and/ or cast a vote in his/ her absence. A proxy shall only be valid at the meeting for which it is executed.
- (viii) The chair of the coalition will serve on the committee and be the ex-officio vote for the event of a tie.

C. Meetings

- (j) Will be held at least quarterly, unless needed to be more frequently.

D. Officers

- (i) Chair
- (ii) Vice – Chair
 - a. Officers will be elected once per year. There will be no term limits for these positions.

PARLIAMENTARY PROCEDURE

- (1) The members present, physically or via use of telephone or web-based communication, at any properly announced meeting will be considered a quorum. All issues to be voted upon will be decided by a simple majority of those present at the meeting or by electronic voting unless otherwise specified in the bylaws.

CONFIDENTIALITY

- (1) Unless otherwise authorized by state or federal law, confidential information of the participating facilities shall remain confidential.

AMENDMENTS

- (1) These By-Laws may be amended at any properly announced meeting by two-thirds (2/3) vote of those present and voting or by electronic voting as specified in the bylaws.

AMENDMENT ONE.

REGIONAL HAZARD VULNERABILITY ASSESSMENT

- (1) A Regional Hazard Vulnerability Assessment (HVA) will be maintained for planning purposes. This Regional HVA will be reviewed at the First Quarterly Meeting on a Biennial basis. Each member should bring their local HVA for review during this workshop. Should a novel threat become known and the coalition indicates that the HVA should be reviewed, then a special meeting will be called (face to face or via webinar) or a special HVA workshop will be held at the next quarterly meeting.

Phil Ricks – Halifax EMS
Coalition Chair

Joanne Bailey – Outer Banks Hospital
Coalition Vice Chair

Cindy Worthy – Nash Health Care
Steering Committee Chair

Vacant
Steering Committee Vice Chair
