

# BUTTE-GLENN EMERGENCY PREPAREDNESS HEALTHCARE COALITION CHARTER/BYLAWS

## Section I – Purpose

The purpose of the Butte-Glenn Emergency Preparedness Healthcare Coalition (Coalition) shall be to address issues that affect emergency preparedness, response and recovery within Butte and Glenn counties.

Coalition goals include:

- Promoting quality in the delivery of disaster patient/victim care services, by assessing the level of healthcare preparedness and making recommendations on activities that should be implemented to address identified gaps.
- Supporting the needs of healthcare organizations while ensuring the needs of the community are met.
- Developing and implementing effective practices including planning, education, and evaluation as they relate to emergency preparedness.
- Promoting interaction and collaboration across all sectors of the healthcare community to ensure a coordinated and effective response to disasters.
- Integrating with existing state, local, and member-specific incident management structures and roles.
- Providing recommendations on Operational Area procedures regarding medical/health emergency preparedness.
- Providing a common understanding of how information will be communicated and the process for requesting and sharing information and resources in Butte and Glenn counties during a disaster.
- Preparing to meet the needs of groups disproportionately impacted by emergencies in the Operational Area.
- Continue to improve communication redundancy through regular drills and exercises.
- Work together to prepare for the hazards identified in the HVA.

## Section II – Membership

Membership for this group may include, but are not limited to, the following:

- Behavioral Health
- Clinics
- County and City Departments (such as Law Enforcement, Fire, Social Services, etc.)
- Dialysis Centers
- Emergency Medical Care Council (EMCC) Members
- Emergency Medical Services (EMS)
- Federal facilities (e.g. US Department of Veterans Affairs (VA) Medical Centers)
- Health Officer

- Home Health Agencies
- Hospitals
- HPP Entity
- Infrastructure companies (e.g. utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local Emergency Management Services Authority (LEMSA)
- Local public safety agencies (e.g. law enforcement and fire services)
- Long-Term Care Facilities
- Medical Health Operational Area Coordinator (MHOAC) Program
- Non-governmental organizations (e.g. American Red Cross and amateur radio operators)
- Office of Emergency Services (OES)/Office of Emergency Management (OEM)
- Outpatient health care delivery
- Private Medical Providers
- Public Health
- Regional Disaster Medical Health Specialist (RDMHS)
- Skilled Nursing Facilities
- Support services providers (e.g. laboratories, pharmacies, radiology, etc.)
- Tribal Health facilities
- Veterinarians

Each person representing an entity should have intimate knowledge of the entity's emergency planning efforts and the ability to fully represent the entity's commitment to emergency planning and response.

There is no monetary membership required. All entities that are a part of the Hospital Preparedness Program (HPP) grant must follow the requirements for membership as set out in the HPP grant. However, allied entities that wish to be a part of this group are also welcome. Core Coalition members will include, at a minimum, the following:

- Hospitals (2 acute care)
- Emergency Medical Services (EMS), including inter-facility and other non-EMS patient transport systems)
- Public Health

The Coalition will designate a Lead Hospital and a Co-Lead Hospital, whose responsibilities are outlined below.

### **Section III – Leadership**

Butte County Public Health Department will be the lead agency for the Coalition, and the Coalition will have three governing positions: Chair, Co-Chair and Secretary. The Butte County HPP Coordinator will serve as the Chair and the Glenn County HPP Coordinator will serve as

the Co-chair. The secretary position will alternate annually between the Butte County and Glenn County Public Health Emergency Preparedness staff.

The Coalition will designate a Readiness and Response Coordinator(s) on an annual basis during the Hospital Preparedness Program (HPP) grant application process. This position can be filled by one or more persons.

The Coalition will designate a Clinical Advisor(s) on an annual basis during the HPP grant application process. This position can be filled by one or more persons.

Per federal guidelines, the roles of Readiness and Response Coordinator(s) and Clinical Advisor(s) will be funded collectively at 1.0 FTE (full time equivalency.) The funding can be direct or via in-kind contribution.

Each member entity maintains their autonomy, but agrees to collaborate with other member entities on preparedness, response, and recovery activities.

## **Section IV – Roles and Responsibilities**

### **Chair:**

- Schedule and chair Coalition meetings
- Collaborate with Co-Chair and other Leadership Team members to prepare meaningful, preparedness-oriented meeting agendas
- Notify members of meetings and any other information that may need to be disseminated
- Facilitate meeting participation and Coalition member collaboration
- Support Coalition partners and assist with emergency plan development, updating and integration

### **Co-chair:**

- Assist the Chair, with above duties
- In the absence of the Chair, the Co-chair will fulfill the duties of the Chair
- Coordinate with other counties to develop and implement trainings for Butte-Glenn area

### **Secretary:**

- Distribute agenda and record minutes of meetings
- Maintain By-Laws
- Maintain Membership list

### **Lead and Co-Lead Hospitals:**

- Provide hospital leadership to the Coalition.
- Review and provide input on Coalition plans, exercises and educational activities to assure accuracy and relevance.
- Act as an advocate and resource to encourage involvement and participation in Coalition activities.

### **Readiness and Response Coordinator:**

- Oversee planning, training, exercising, operational readiness, financial sustainability, and evaluation of the Coalition.

### **Clinical Advisor:**

- Provide clinical guidance and coordination pertaining to acute medical surge readiness and response for CBRNE, trauma, burn, and pediatric emergencies.
- Be clinically active and associated with the lead or co-lead hospital or health care organization.

### **Partnership Coalition Members:**

- Attend and actively participate in meetings and planning
- Collaborate with other Coalition members on emergency preparedness planning and response
- Identify gaps in medical/health preparedness and recommend solutions to the Coalition
- Encouraged to sign the mutual aid memorandum of understanding between Coalition members
- Participate in emergency preparedness exercises and trainings

## **Section V – Meetings**

The Coalition will meet as a group bi-monthly. Additional meetings may be convened as necessary to facilitate the goals of the Coalition.

Meetings between specific members for the purpose of collaborating between two or more entities may be convened by the entities involved. Local Public Health should be invited to any such meetings to integrate meeting results into other Coalition planning activities.

## **Section VI – Membership Terms**

Membership in the Coalition is ongoing and does not expire. Member entities may opt out by informing the lead agency through means of written communication. Entities leaving the Coalition may be required to return to the Coalition any resources provided to them by HPP grant funding.

Each Coalition member representative shall serve at the pleasure of the entity they represent.

## **Section VII – Approval Process**

Changes may be made to the Bylaws, and any other Coalition document, as required by the grant funding source and/or requested by Coalition members. Proposed changes should be sent via e-mail to the Chair and Co-Chair.

Proposed changes will be presented to the Coalition, either as an agenda item at a regularly scheduled meeting or via email, if necessary. The Chair and Co-Chair will solicit input from

Coalition members on the proposed change(s). Any entity not responding within the timeframe identified by the Coalition Leadership will be deemed as agreeing with the changes.

The Approval Process can be applied to any item requiring the consensus of the Coalition membership.

## **Section VIII – Policies & Procedures**

This section reserved for future use.