



# ***Triad Healthcare Preparedness Coalition***

## **BY-LAWS**

### ORGANIZATION

The name of this organization shall be called Triad Healthcare Preparedness Coalition serving the counties of Alexander, Alleghany, Ashe, Caldwell, Catawba, Davidson, Davie, Forsyth, Guilford, Iredell, Randolph, Rockingham, Rowan, Stokes, Surry, Watauga, Wilkes, and Yadkin.

### MISSION

The mission of the Triad Healthcare Preparedness Coalition is to facilitate coordination and cooperation throughout the Triad region to ensure stakeholders have the capability and capacity to mitigate, prepare for, respond to, and recover from emergent healthcare and community events, incidents, and disasters.

### PURPOSE

1. To coordinate the emergency preparedness efforts of its stakeholders across the region to enhance the likelihood of an effective and efficient response during an event, incident, or disaster.
2. To coordinate and support healthcare community response during an event, incident, or disaster.
3. Foster communication and collaboration between local, regional, and state partners for all hazards planning and response.
4. Ensure overall readiness through the coordination of region wide all hazards training and exercises.
5. Promote preparedness in the healthcare community through use of efficient and effective standardized practices.
6. Integrate regional medical and healthcare capabilities with other partner resources.
7. Develop and manage the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP) grant in a fiscally prudent manner.
8. Maintain resources and assets of the THPC and TRAC SMAT II.

### Review and Revisions

The Triad Healthcare Preparedness Coalition bylaws will be reviewed and revised annually. Once reviewed and revisions are made the THPC Steering Committee Chair and Co-Chair will approve and sign the updated Bylaws.

## STAKEHOLDER CRITERIA

**Section A.** Stakeholders to the Triad Healthcare Preparedness Coalition (THPC) includes (but are not limited to) the following:

### Stakeholders

- Hospitals, Healthcare Agencies, EMS Systems, Public Health, Long Term Care Facilities, Emergency Management Agencies, Public Safety, Hospice, Mental and Behavioral Health Services, private entities associated with healthcare, specialty service providers, support service providers, primary care providers, community health centers, tribal entities, federal entities and THPC Coordinator, based in the Triad region as outlined in the organizational description;

### Associate Stakeholders

- Law enforcement, fire departments, schools, social services, public works, transportation services, etc;
- Regional agencies and non-governmental organizations that would assist in healthcare response to an event, incident, or disaster;
- Healthcare and Emergency Management planning regions and associations that support healthcare preparedness. (i.e. Urban Area Security Initiative [UASI], NCEM 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.)
- Any state agency (i.e. NC Department of Public Safety – Emergency Management, NC Office of EMS, NC Hospital Association, NC Public Health) that would assist in the planning or response to an event, incident, or disaster.

## **Section B.** Stakeholder Responsibilities

1. Stakeholders shall designate a primary and secondary representative and update this information annually with the THPC Coordinator.
2. Associate Stakeholders may designate a non-voting primary and secondary representative.
3. Provide representation at coalition meetings and activities.
4. Participate in collaborative regional planning efforts.
5. Participate in the development of regional healthcare capabilities, mutual aid agreements, and collaborative emergency response plans.
6. Participate in regional information sharing to include best practices, emerging trends, and situational awareness.

7. Contribute to meeting coalition priorities, goals, and contractual deliverables.
8. Respond to events, incidents, and disasters in collaboration with other stakeholders, as requested.
9. Participate in sub-committees and workgroups as requested and organized by the THPC.

### **Section C. Voting**

The THPC encourages a consensus, however at times votes will be required. For the purposes of voting, the following rules shall apply:

- For all coalition business, stakeholder agencies or facilities will be vested with only one vote.
- THPC voting may be conducted in an electronic format. Only one vote from each stakeholder agency or facility will be counted toward the results. The electronic voting period may be limited based on requirements and urgency of the item at hand.

### **Section D. Conflict of Interest**

Good faith - Stakeholders shall exercise good faith in all transactions touching upon their duties to the THPC. In their dealings with and on behalf of the THPC, they are each held to a rule of honesty and fair dealings between themselves and the THPC. They shall not use their knowledge gained from positions as a stakeholder agency, facility, or representative thereof to their personal benefit and/or to the detriment of the THPC.

Exclusion from voting – Any stakeholder agency, facility, or representative thereof having a conflict of interest on a matter shall disclose such interest and abstain from voting as appropriate.

### **Section E. Conflict Resolution**

It is essential that all members maintain a high standard of discernment, discretion, and good judgment in relationships with THPC Stakeholders. All matters should be discussed with mutual respect and a desire to benefit the Coalition. Conflicts within the Coalition or with Steering Committee Members shall involve a meeting of the Steering Committee and relevant stakeholders. Ample time will be allowed for presentation of concern and discussion of differing viewpoints. Concerns will be weighed according to reasonableness and fairness.

The desired outcome is a consensual resolution. If after a reasonable amount of time, a resolution cannot be found, the final decision will be made by the Steering Committee with a 75% consensus of Steering Committee members. The decisions will be binding.

**Section F.** There are no stakeholder dues based on current funding sources.

## MEETINGS

### **Section A.**

#### General Meetings

- Will be held the first Thursday of every even month at the THPC Center unless otherwise announced.
- All Stakeholders are invited to attend General Meetings.
- All meetings will use the NC Emergency Management Training and Exercise Registration Management System (TERMS) to register attendees.

#### Special Meetings

- 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.

#### Committee Meetings

- THPC sub-committees may meet as needed determined by the THPC Regional Healthcare Preparedness Coordinator and/or THPC Steering Committee.

### **Section B.**

The ASPR Grant Application requires recipients of funding to send a representative to the general meetings. Attendance will be monitored at THPC meetings and other HPC related meetings and Stakeholders shall maintain a minimum of a 75% attendance record at both the THPC and related sub-committee meetings to be eligible for ASPR funding per Steering Committee discretion.

THPC meetings will be listed in TERMS and will serve as the preferred record management system for meeting attendance.

## SUB-COMMITTEES

**Section A.** The following standing sub-committees have been established.

1. Steering Committee
2. Exercise / Education Committee
3. Grant / ASPR Funding Committee
4. Other sub-committees as needed

**Section B.** Each committee shall be tasked with assignments based on the needs of the Region and directives outlined by ASPR.

**Section C.** The Regional Healthcare Preparedness Coordinator and/ or the Steering Committee shall appoint sub-committees to address the needs of the Region.

PARLIAMENTARY PROCEDURE

**Section A.** The stakeholders 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.

AMENDMENTS

**Section A.** 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.

---

Myron Waddell- Surry County EMS  
Steering Committee Chair

---

Scott Supernaw- Cone Health System  
Steering Committee Vice Chair

Signature:

Signature:

Date: 17 January 2018

Date: 17 January 2018

---