

# Charter

## Capital Area Public Health and Medical Preparedness Coalition

### **Purpose**

The purpose of this document is to outline the local organization, operational concepts, responsibilities, and procedures of the Capital Area Public Health and Medical Preparedness Coalition (“the coalition”) in order to accomplish coordinated public health and medical services to reduce death and injury during planned events and emergency situations.

### **Overview**

The Capital Area Trauma Regional Advisory Council (CATRAC) Executive Board (“Board”) and the Capital Area Council of Governments (CAPCOG) Homeland Security Task Force (HSTF) recognizes the Capital Area Public Health and Medical Preparedness Coalition for the geographic area encompassing TSA-O (“trauma service area” O). TSA-O includes Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, San Saba, Travis, and Williamson counties. The coalition serves as a multi-disciplinary coordinating group to facilitate collaboration and cooperation throughout the region to ensure partners have the capability to mitigate against, prepare for, respond to, and recover from emergency and planned public health and medical events.

The coalition functions as the Public Health and Medical Committee of the CAPCOG HSTF as defined in the HSTF By-laws. The coalition also functions as the healthcare preparedness coalition for the CATRAC under the grant requirements for the federal Healthcare Preparedness Program (HPP).

### **Goal / Mission**

The goal of the coalition is to coordinate public health and healthcare community planning and emergency preparedness to natural and man-made disasters affecting the TSA-O region by providing an aligned forum for public health and healthcare agencies

### **Coalition Membership**

Membership: Membership in the coalition is open to all organizations, providers, and entities within or surrounding the TSA-O geographic boundaries that agree to work collaboratively on public health and healthcare preparedness activities. Membership includes but is not limited to:

- Hospitals
- Emergency Medical Services (EMS)
- Public Health (local, regional, state)
- Community Health Centers Agencies
- Emergency Management Agencies
- Home Health/Long Term Care Providers
- Mental/Behavioral Health Providers
- Clinics
- Private Physician Groups
- Urgent Care Centers
- Medical Examiners/Coroners/Justices of the Peace

- Specialty and Support Service Providers<sup>1</sup>
- Fire Departments
- Law Enforcement Agencies
- Animal Control Agencies
- Amateur Radio Emergency Services (ARES)
- Emergency Volunteers/Medical Reserve Corps/Community Emergency Response Teams
- Non-Governmental Organizations (NGOs) (e.g., Salvation Army, American Red Cross, etc.)
- Capital Area Trauma Regional Advisory Council (CATRAC)
- Capital Area Council of Governments (CAPCOG)

Member Organization Responsibilities/Expectations:

- Designate a representative and proxy to assure ongoing participation in the coalition.
- Attend regularly scheduled meetings.
- Educate and inform individual member organizations on coalition activities.
- Participate in establishing priorities for the coalition.
- Participate in the development of emergency response plans and agreements.
- Participate in committees and/or work groups.
- Participate in coalition sponsored training, exercises and drills.
- Select Chair and Vice-Chair of the Coalition.

Attendance: Members of the coalition are expected to attend and actively participate in all meetings. If a member is unable to attend, the designated proxy may represent the agency.

Member Resignation: If an individual representing an organization withdraws from participation, a new representative should be appointed within 90 days.

Voting

- Membership Voting: Each member organization will have one vote. A member may represent more than one organization however they will only have one vote per agency. A proxy may be selected for a voting member.
- Proxy Vote: If a member is unable to attend a scheduled meeting, they may transfer their vote to a proxy.
- Decisions will be made by a majority vote of voting members in attendance at any meeting.
- The Chair or Vice-Chair shall preside at all meetings.

**Operation / Leadership**

Leadership: The work of the coalition will be guided by a Chair and Vice-Chair and its work will be performed in subcommittees, workgroups, and *ad hoc* workgroups which are assembled as needed for special projects.

The chair and vice-chair shall not be from the same agency or the same discipline (i.e., hospitals, EMS, public health, etc.). These positions will be elected annually from the Membership at the October meeting and serve from January through December. Leadership positions may serve for two consecutive years.

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<sup>1</sup> Support Service Providers (e.g., dialysis, pediatrics, woman's health, stand-alone surgery, urgent care) and Specialty Service Providers (e.g., laboratories, pharmacies, blood banks, poison control)

### Chair and Vice-Chair Selection:

A chair and vice-chair shall be elected from the following membership organizations:

- Hospitals
- EMS agencies
- Public Health
- Local Emergency Management.

### Duties of the Chair and Vice-Chair:

- Approve the agenda of the coalition meetings as drafted by CATRAC staff members;
- Preside at all general coalition meetings;
- Represent the coalition, as required, at meetings of the CATRAC Executive Board and the CAPCOG HSTF;
- Perform the duties of Chair and Vice-Chair of the CAPCOG HSTF Public Health and Medical Committee;
- Perform other duties as requested by the coalition;
- Develop and update annually a strategic plan for the coalition that is coordinated with the CAPCOG Homeland Security Task Force Strategic Plan;
- Ensure the activities of the committees are coordinated and consistent with the coalition's strategic plan;
- Approve the creation and scope of work of subcommittees and *ad hoc* work groups; and
- Identify operational and planning gaps and concerns bringing to the attention of the coalition for resolution.

### **Coalition Meetings**

The Coalition will meet regularly. Special meetings may be called by the Chair or Vice-Chair. CATRAC will provide administrative support to the coalition and distribute meeting materials.

### **Standing Committees/Workgroups**

The work of the coalition will also be performed by three standing committees—Healthcare Facilities, Pre-Hospital, and Public Health—and subcommittees and *ad hoc* work groups assembled as needed for special projects. Work conducted in the standing committees, subcommittees, and *ad hoc* workgroups will be discussed in the general coalition meetings.

Each of the standing committees shall select their own chair and vice chair.

#### Healthcare:

- Coordinate healthcare regional disaster / emergency preparedness and response through collaboration with other coalition stakeholders
- Facilitate and promote healthcare disaster / emergency planning, training, and education
- Promote consistency throughout the region with regard to healthcare equipment and response needs
- Identify opportunities to leverage funding among regional partners to maximize preparedness and response efforts
- Conduct assessments to identify and plan for emergent health and medical events
- Build capacity to handle surges of patients during disaster response

#### Pre Hospital:

- Monitor and develop regional systems for patient care and transport among pre-hospital care providers
- Enhance relationships with regional healthcare partners to efficiently maintain continuity of care for patients
- Develop common communications criteria in the region
- Develop and review annually regional protocols for pre-hospital care
- Develop and promote emergency standards of care in disasters

#### Public Health:

- Share best practices in public health surveillance and epidemiological investigations to facilitate collaboration
- Facilitate sharing of public information and warning messages to the community during emergency response situations
- Facilitate capabilities for mass prophylaxis to include response to all-hazards events
- Enhance resources for the rapid dispensing of pharmaceuticals and medical countermeasures
- Share best practices in non-pharmaceutical interventions
- Conduct assessments to identify and mitigate disaster public health risks
- Support collaboration and development of public health, medical, and disaster mental/behavioral health partnerships
- Share best practices related to the needs of populations that may be at higher risk for adverse health outcomes
- Coordinate situational awareness and information dissemination regarding emerging threats

#### **Additional Provisions**

This Charter shall not be interpreted or construed to create a legal relationship, association, joint venture, separate legal entity or partnership among the member bodies, nor to impose any partnership obligation or liability upon any member. Further, no member shall have any authority to act on behalf of or as or be an agent or representative of, or to otherwise bind, any other member body.

No member of the coalition shall be required under this Charter to indemnify, hold harmless and defend any other member from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from the activities of any coalition officer, employee or agent.

*APPROVAL OF CHARTER: The charter is adopted and may be revised by a majority vote of the coalition membership and ratified by the CATRAC Executive Board and the HSTF. The Charter will be open for revision at least annually.*