

Bylaws

of the Massachusetts

Public Health Emergency Preparedness Region 4A

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Purpose

1. The following constitutes the bylaws adopted by the members of the Massachusetts Department of Public Health Emergency Preparedness Region 4A (“coalition”) to establish the governance structure and operational framework of the coalition. These bylaws shall take effect immediately upon their adoption and shall replace in full any and all prior documents of the coalition addressing the same purpose.

The members of the coalition agree to collaborate to meet the goals associated with the Massachusetts Department of Public Health Emergency Preparedness initiatives, other regional public health efforts, and to strengthen local public health emergency preparedness capabilities for each of the member municipalities and the region as a whole.

Membership

2. Membership

The following municipalities shall be members of the coalition: Acton, Ashland, Bedford, Boxborough, Burlington, Carlisle, Concord, Dover, Framingham, Holliston, Hopkinton, Hudson, Lexington, Lincoln, Littleton, Marlborough, Maynard, Medfield, Millis, Natick, Norfolk, Sharon, Sherborn, Southborough, Stow, Sudbury, Walpole, Waltham, Wayland, Weston, Wilmington, Winchester, Woburn, and Wrentham.

3. Representation

Each member municipality shall have one (1) representative. Representatives shall be appointed by the member municipality's highest public health authority and shall be either members of the Board of Health or paid public health employees. Appointments shall be reported to the executive committee in writing prior to participation in meetings.

Representatives may name a designee in writing to attend coalition meetings and act on behalf of the member municipality, provided such designee is otherwise qualified to serve as the member's representative.

Structure

4. Governance

The coalition shall be governed by an assembly comprised of all representatives of the member municipalities. The executive committee shall be constituted and possess such powers and duties as provided for in these bylaws and as otherwise granted by majority vote of the coalition. The chair and vice-chair of the executive committee shall serve as chair and vice-chair of the coalition.

5. Sub-regions

The members of the coalition shall be organized into three (3) sub-regions as delineated in Appendix A to foster smaller scale organization and coordination. Sub-regions may meet to consider issues peculiar to their sub-regional interests and shall have a right to approach the executive committee on any matter through their respective executive committee members.

6. Executive Committee

There shall be an executive committee comprised of nine (9) representatives, with each sub-region represented by three (3) members. The executive committee shall see to the administration and management of coalition activities, and may delegate such duties and powers as it deems prudent. The executive committee shall develop plans and policies for the coalition, hire contractors, and oversee acquisitions based on guidance from the coalition and consistent with the annual work plan and budget as approved by the coalition. The executive committee shall oversee the services of the host agency and shall review and approve all services, accounts and reports submitted by that agency.

The coalition shall semi-annually, at its meetings in April and October, elect one (1) executive committee member from each sub-region who shall serve for a term of eighteen (18) months. Executive committee members may be elected only upon nomination by vote of their respective sub-regions. The executive committee shall, at its meetings in April and October, elect a chair and a vice-chair who shall serve for a term of six (6) months. In the absence of the chair, the vice-chair shall preside at coalition and executive committee meetings. In the absence of both the chair and vice-chair, the committee shall elect a chair pro temp, who shall preside.

The executive committee shall meet regularly on the second Thursday of each month and upon such other occasions as it deems necessary. Representatives may attend executive committee meetings, but may not participate without consent of the committee. Executive committee members may authorize another executive committee member to vote on their behalf pursuant to the proxy voting requirements of Section 13 - Voting.

7. Medical Reserve Corps Committee

There shall be a medical reserve corps committee comprised of six (6) representatives, appointed by vote of the executive committee, of which three (3) members shall be from the executive committee and three (3) shall be from among the remainder of the coalition at-large. No sub-region shall be represented by more than two (2) members. Initially, the three executive committee members and the three at-large members shall be appointed for 6, 12, and 18 month terms, and thereafter all shall be appointed for eighteen (18) month terms.

The committee shall be responsible to oversee and administer the activities of the MRC on behalf of the executive committee and to the benefit of all members of the coalition. It shall elect a chair and a vice-chair, who shall serve for six (6) months. It shall meet as often as it deems necessary, but no less than two (2) times per year in January and July. The committee shall provide the executive committee with regular reports of its activities and that of the MRC. It shall report to the coalition as directed by the executive committee.

8. Committees and Working Groups

The coalition by vote, and members through informal collaborations, may create committees and working groups, provided such bodies do not duplicate the purpose or powers of the coalition or the executive committee. Such bodies shall keep the executive committee informed of their purpose, intentions and progress, which in turn shall bring before the coalition all matters that require its action and that the executive committee deems to be in the interest of the region as a whole. Proxy voting, as described in Section 13, is not applicable to Committees and Working Groups established under this section.

Meetings

9. Coalition Meetings

Regular meetings of the coalition shall occur normally on the second Thursday of the month. The coalition shall meet no less often than quarterly, during the first month of each calendar quarter, and on such other frequency as deemed necessary by the executive committee.

The chair of the executive committee shall preside at all meetings of the coalition. The chair shall recognize all representatives wishing to address a meeting of the coalition, subject to fair and normal rules of procedure and order. The chair's rulings on such matters may be overturned by a majority of those present upon a "challenge" from the floor, which shall take precedence over all other business.

10. Notice of Meetings

Each representative shall be notified of coalition and executive committee meetings no less than five (5) calendar days in advance of the designated meeting date. Such notification shall specify the time, date and location of the meeting and shall include a copy of the

agenda for the meeting. Meeting agendas shall be approved by the chair of the executive committee and may not be altered thereafter except as voted by the meeting.

11. Quorum

The presence of no fewer than fourteen (14) representatives shall constitute a quorum for coalition meetings. The chair may not call to order a coalition meeting absent a quorum. Once a coalition meeting is underway, only an adopted motion to adjourn shall end a meeting. The absence of a quorum shall not automatically end a coalition meeting.

The presence of no less than a majority of members shall constitute a quorum for all meetings of committees established by bylaw. Such committees may not continue to meet in the absence of a quorum.

12. Motions

The executive committee shall place its recommendations before a coalition meeting in the form of a motion. All motions shall require a second to qualify for a vote. Motions introduced by the Executive Committee may be amended during a coalition meeting by a majority vote of the representatives present. A simple majority vote of the representatives present shall be required to carry a motion placed before a meeting. Original motions introduced during a coalition meeting shall require an affirmative vote by a super-majority of two-thirds (2/3) of the representatives present to be heard, and a two-thirds (2/3) vote of the representatives present to be approved. Motions to adopt an annual work plan and budget, and amendments thereto, shall be by a show of hands. The chair may call all other votes based on a voice vote and shall call for a show of hands if the call is challenged.

The executive committee shall cause motions that carry to be implemented in a timely manner. Motions that fail to carry may be returned, along with the comments of the meeting, to the executive committee for reconsideration. Motions from the Executive Committee may not be acted upon by a meeting if not preceded by a written recommendation of the Executive Committee distributed to the representatives at least 5 calendar days prior to a meeting.

13. Voting

Each member of the coalition shall have one (1) vote that shall be cast by its representative.

Each representative shall ensure that its local public health authority is kept informed of actions pending before and taken by the coalition, and that votes cast represent the interests of the member.

Representatives may authorize a designee or another representative to attend coalition meetings and vote on their behalf by signed proxy presented to the chair prior to participation in a meeting. Such writing shall establish the eligibility of the proxy to participate and may limit the motions upon which the proxy may act for the member.

14. Records of Meetings

The chair shall cause a record of all coalition and executive committee meetings to be kept in a manner consistent with the requirements of Massachusetts law. Such records shall approved by the bodies to which they apply.

Funding

15. Use of Funds

Funding for the region shall be provided by the Massachusetts Department of Public Health for the development, expansion, and support of local public health agencies and regional activities related to emergency preparedness. Purchases of support services, equipment, and other activities using these funds must be in accordance with applicable grant requirements.

16. Return of Unused Funds; Reimbursement for Improper Use

Funding and continued funding shall depend on delivery of final products from the town, city or subgroup receiving funds from the region. Municipalities failing to use allocated funds prior to the beginning of the final month of a grant cycle, or otherwise failing to use such funds according to the cited timelines and/or guidelines, and any other applicable requirements or conditions imposed by the coalition, hereby agree to the reallocation of said funds for other regional expenditures.

17. Public Records

All materials and products created with the support of funding from the Massachusetts Department of Public Health to the coalition, including all publications including but not limited to electronic materials, videos, instructional materials, newsletters, protocols, web

pages and other products shall be in the public domain. Such materials and products must be made available to the public free of charge for use and reproduction.

Administration

18. Fiscal Year

The fiscal year of the coalition shall extend from September 1st through August 31st.

19. Host Agency

The Executive Committee shall designate one or more host agencies, subject to confirmation by the coalition, to receive grants awarded to the coalition, to serve as its fiscal agent and to carry out such other duties as described in agreements entered into with the Massachusetts Department of Public Health and the coalition. Such duties shall include, at a minimum; preparation for and taking minutes for executive committee and coalition meetings; accounting for all funds received and disbursed by and on behalf of the coalition; arranging for and processing the acquisition of goods and services within applicable guidelines and as authorized by vote of the coalition; developing and administering all contracts and financial agreements authorized by the coalition; and the provision of a monthly report of the financial status of the coalition to the executive committee.

20. DPH Regional Support Staff

Regional staff support provided by and through the Massachusetts Department of Public Health shall serve as the principle liaisons between DPH and the coalition and shall perform such duties as determined by DPH. A copy of the most current delineation of such roles and duties shall be attached to these bylaws as Appendix B.

21. Reports

The executive committee shall cause a quarterly report of the financial status of the coalition to be distributed to all representatives. The executive committee shall also cause all reports required by the Massachusetts Department of Public Health to be provided within DPH established timelines, and shall provide copies of such reports to representatives upon request.

Amendments

- 22.** These bylaws may be amended by a majority show of hands vote of the coalition. A proposal to amend the bylaws may be offered by a member at any time by written submittal to the executive committee. The executive committee shall consider the proposed amendment(s) after a properly noticed hearing held at its next regular meeting and shall formulate a recommendation to be offered to the next meeting of the coalition.

Appendix A – Sub-region Delineations

Northern

Acton, Bedford, Boxborough, Burlington, Carlisle, Concord, Lexington, Lincoln, Littleton, Winchester, Wilmington, Woburn.

Central

Framingham, Hudson, Marlborough, Maynard, Natick, Southborough, Stow, Sudbury, Wayland, Weston, Waltham

Southern

Ashland, Dover, Holliston, Hopkinton, Medfield, Millis, Norfolk, Sharon, Sherborn, Walpole, Wrentham

Appendix B – DPH Regional Support Staff Roles and Duties

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH Emergency Preparedness Regional Roles and Contact Information

Regional Health Educator	Regional Coordinator	Regional Hospital Coordinator
<p>Primary Audiences: Local Boards of Health, Healthcare Providers and Infection Control Specialists</p> <p>Other Audiences: Local Public Safety, Emergency Management, School Health and others who have a role in emergency preparedness planning and response.</p> <p>Mission: Assess the public health infrastructure relative to education and training needs for emergency preparedness, surveillance, reporting and control of infectious diseases, and response to all-hazards public health emergencies on a regional and statewide basis. Based on the assessment(s), conceptualize, implement and evaluate education and training initiatives, including curriculum development and train-the-trainer programs, through a variety of formats to suit regional needs.</p> <ul style="list-style-type: none"> • Collaborate with MDPH Bureaus within the Center for Emergency Preparedness, and relevant associations and agencies, to coordinate education and training. Develop partnerships with local boards of health professional associations, schools of public health, medicine, public safety and others. • Collaborate closely with other MDPH regional staff to ensure programmatic coordination and efficiency. • Work with Center for Emergency Preparedness staff in the promotion and implementation of the Local Public Health Institute (an administrative umbrella for local public health education and training). • Collaborate with local health officials and others to develop and implement regional or statewide drills, simulations, and other events. • Assist with response to public health emergencies as needed. 	<p>Primary Audiences: Local Boards of Health</p> <p>Other Audiences: Local Public Safety, Emergency Management, Regional Homeland Security Councils, the healthcare delivery system and others who have a role in emergency preparedness planning and response.</p> <p>Mission: Provide consultation and support regionally to local boards of health to strengthen the capacity to respond to public health needs, including assistance with needs assessment, organizational and coalition development, and strategic all-hazards emergency preparedness efforts.</p> <ul style="list-style-type: none"> • Work with local boards of health, hospitals, local public safety, and other local and regional stakeholders to assist in developing all-hazards public health emergency response plans to supplement local comprehensive emergency management plans and to enhance their response capability to disaster situations. • Identify and implement MDPH Center for Emergency Preparedness program goals and objectives regionally. • Integrate MDPH Center for Emergency Preparedness initiatives and strategies with those of local health officials within their respective regions. • Collaborate closely with MDPH central and regional staff to ensure programmatic coordination and efficiency. • Collaborate with local health officials and others to develop and implement regional or statewide drills, simulations, and other events. • Assist with response to public health emergencies as needed. 	<p>Primary Audiences: Hospitals</p> <p>Other Audiences: Local and regional EMS, Public Safety, Emergency Management, the healthcare delivery system and others who have a role in emergency preparedness planning and response.</p> <p>Mission: Provide consultation, coordination and support to hospital emergency preparedness programs to strengthen their capacity to respond to public health needs, particularly in response to mass casualty incidents such as acts of bioterrorism, natural disaster and pandemic.</p> <ul style="list-style-type: none"> • Work with hospital emergency preparedness personnel to assist them in developing emergency preparedness plans, hazard vulnerability assessments and enhancing their response capability to disaster situations. • Coordinate region-wide preparedness activities among all of the hospitals in the region including participation in statewide emergency communications systems. • Assist the hospitals in working with local and regional boards of health, local and regional public safety, EMS and other local and regional stakeholders to develop and enhance regional and local emergency response plans. • Collaborate closely with MDPH central and regional staff to ensure programmatic coordination and efficiency. • Collaborate with hospital emergency preparedness personnel and various state and local emergency medical and public safety agencies to develop and implement regional exercises and simulations to test preparedness plans. • Assist with response to public health emergencies as needed.