

# 5<sup>th</sup> District Medical Response Coalition Bylaws



## Article I. Organization Name and Location

The name of this organization is the 5<sup>th</sup> District Medical Response Coalition (henceforth referred to as the “Coalition”). The nine Michigan counties included in the 5<sup>th</sup> District (a.k.a., Region 5) as designated by the Michigan Department of State Police and the Michigan Department of Health and Human Services are Allegan, Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Van Buren, and St. Joseph.

The address of the Coalition is:

5<sup>th</sup> District Medical Response Coalition  
c/o Western Michigan University Homer Stryker M.D. School of Medicine  
1000 Oakland Drive  
Kalamazoo, MI 49008-8060.  
269-337-6600 office

## Article II. Mission and Purpose

Mission Statement:

*The 5<sup>th</sup> District Medical Response Coalition is a healthcare coalition comprised of a diverse group of public health, healthcare, emergency management, and other professionals serving the nine counties of southwest Michigan. The mission of the Coalition is to assure the highest quality response to emergencies utilizing the full potential of the many resources in the 5<sup>th</sup> District.*

The 5DMRC is a Healthcare Coalition (HCC). It is a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. The primary function of the HCC in Region 5 includes regional healthcare system emergency preparedness activities involving the member organizations. This includes planning, organizing and equipping, training, exercising and evaluating. During disaster response, the HCC represents healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command or unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support. The 5<sup>th</sup> District Medical Response Coalition seeks to...

- Promote collaboration and cooperation among all stakeholders in the emergency response community.
- Maximize interoperability.

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- Communicate effectively across jurisdictions and disciplines.
- Promote an “all hazards” approach to emergency preparedness.
- Partner with our neighboring counties, regions, and adjacent Indiana jurisdictions.
- Respect organizational autonomy

### **Article III. Members/Representation**

The 5<sup>th</sup> District Medical Response Coalition is a collective, non-voting body that includes the following constituents:

- A. Hospitals & other healthcare institutions (long term care, assisted living, homes for the aged, dialysis, public, governmental, and private specialty facilities)
- B. Public Health
- C. Emergency Medical Services / Medical Control Authorities
- D. Colleges & Universities
- E. Emergency Management
- F. Behavioral and Mental Health
- G. County Medical Examiners
- H. Service organizations such as the American Red Cross and Salvation Army
- I. The region’s Native American Tribes
- J. Other appropriate stakeholders as interested
- K. Region 5 staff, to include the Coordinator, Assistant Coordinator and Medical Director as required by the ASPR/State of Michigan Healthcare Preparedness Program, chosen by the planning board with approval from the funding entity.

### **Article IV. Meetings**

- A. The 5<sup>th</sup> District Medical Response Coalition will meet regularly on the second Tuesday of even months.
- B. The Planning Board, (formerly known as The Executive Board; described in Article V), with input from Coalition membership is empowered to modify Coalition meeting structure, content, location, and frequency.
- C. The Coalition’s Planning Board will meet with sufficient frequency to accomplish their administrative responsibilities, but no less than once every six months.

### **Article V. Planning Board (a.k.a. Executive Board)**

- A. The 5<sup>th</sup> District Medical Response Coalition is governed by a Planning Board (a.k.a. Executive Board), which is composed of ten (10) voting members and several ex-officio, non-voting members.

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- B. General Powers: Planning Board members are responsible for the business and affairs of the Coalition and are governed by these bylaws.
- C. The Planning Board members are selected as needed by their respective subcommittees.
- D. Planning Board Representation (voting members):
  - a. Public Health: Two members are elected by the Public Health Committee
  - b. Local Emergency Management: One member is elected from Local Emergency Management Coordinators/Directors.
  - c. Regional Emergency Management: The Michigan State Police Emergency Management Division's 5<sup>th</sup> District Emergency Management Coordinator.
  - d. Healthcare Systems: Three members are elected by the Hospital Committee to serve on the Planning Board.
  - e. Long Term Care: One representative will be selected by the Long-Term Care Workgroup.
  - f. EMS Representative: The above members will jointly select an EMS representative, either from an MCA or EMS response agency, who will serve as a voting Planning Board member.
  - g. At-Large Representative: The above nine members jointly select a member, who serves as an "At-Large" voting member on the Planning Board.
- E. Ex-Officio Planning Board members (non-voting) include the
  - a. Regional Healthcare Preparedness Project Medical Director,
  - b. Regional Healthcare Preparedness Coordinator
  - c. Regional Healthcare Preparedness Assistant Coordinator,
  - d. Regional Trauma Coordinator
  - e. Regional Epidemiologist.
- F. Planning Board Officers: The Planning Board members will elect a Chair, Vice-Chair and Secretary from the Planning Board membership.
- G. Passage of Executive Planning Board motions requires support by a majority of the voting Planning Board members.
- H. The Planning Board is empowered to create and dissolve committees, as they deem necessary to meet Coalition objectives and needs.

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- I. If at any time the Executive Planning Board determines that the replacement of a Board member is necessary, the Board will meet with the relevant committee of the Coalition's general membership to facilitate the selection of an appropriate replacement.
- J. Executive Planning Board Officers and their responsibilities:
  - a. The Chairperson may officiate Coalition and Planning Board meetings. The Chairperson may appoint members to specific focus sub-committees as necessary. The Chairperson will convene Planning Board meetings as deemed necessary by the Planning Board.
  - b. The Vice-Chairperson will perform the duties of the Chairperson in the absence of the Chairperson and will perform other duties assigned by the Chairperson.
  - c. The Secretary will record minutes of the Planning Board meetings and will provide support and assistance as assigned by the Chairperson.
- K. Duties of the Planning Board:
  - a. The Planning Board will (with the assistance of the Regional Coordinator) develop an exercise, training, and education plan in accordance with ASPR requirements annually.
  - b. The Planning Board will (with the assistance of the Regional Coordinator) plan a budget for the spending of grant monies received, in accordance with ASPR requirements, annually.
  - c. The Planning Board will vote on implementation requests to spend any funds provided by ASPR to Region 5.
    - i. Majority (6 or more) vote of Planning Board voting members will pass the implementation request.
    - ii. All voting on implementation requests will be recorded via email response, or in the minutes of an in-person meeting. Voting records will be attached to the paperwork for the implementation request.
    - iii. All implementation requests will be presented to the Planning Board via the Regional Coordinator for both in-person and email requests for a vote.
    - iv. Once an implementation request has passed the Planning Board vote, the Regional Coordinator will send a request to the Planning

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Board Chair for signatures on the appropriate forms.  
Documentation of voting results will accompany this request.

- v. Once the appropriate signatures are obtained, the Regional Coordinator will send the implementation request and documentation of voting results to the MDHHS/DEPR/BETP/HCC Financial Analyst in charge of implementation approval at the State level.
- vi. Any documentation pertaining to the spending of Regional funds must be made available upon request in writing to any Planning Board member, by the Regional Coordinator.

### Article VI. Advisory Board

- A. The advisory body of the Region 5 Healthcare Coalition as required by the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Grant Program (HPP) is called the Advisory Board. The membership of the Board is renewed on an ongoing basis. The Advisory Board is comprised of the following voting entities:
  - a. A representative and alternate appointed by each licensed acute care hospital located within Region 5.
  - b. A representative and alternate from each of the following specialty facilities: Battle Creek Veterans Medical Center; Kalamazoo Psychiatric Hospital.
  - c. A representative and alternate appointed by each Medical Control Authority located within Region 5.
  - d. A representative and alternate from Western Michigan University's Health Center
  - e. An EMS representative from each of the 9 Medical Control Authorities, and the single Air Medical Transport. (Does not need to be the Medical Director)
  - f. A Long-Term Care representative and alternate appointed by the Region 5 Long Term Care Workgroup.
  - g. A representative from each of the Region's Tribes.
  - h. A Behavioral Health representative and alternate appointed by the Region 5 Behavioral Health Workgroup.

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- i. A Voluntary Organization Active in Disaster (VOAD) representative and alternate appointed by the Planning Board.
- j. Members from other specialty disciplines may be designated and appointed by the Planning Board.
- k. The appointed members of the Planning Board (as described in Article IV.) if not already assigned a role as a representative of their area.

### B. Duties of the Healthcare Advisory Board

- a. The Advisory Board does not have a set, regularly scheduled meetings. Communication with the Advisory Board may take place virtually or in person whichever is deemed necessary for the task at hand.
- b. The Advisory Board is a consulting body that primarily provides input on behalf of the Region 5 Healthcare Coalition regarding the activities of the Coalition.
- c. Input is solicited by and returned to the Regional Coordinator via e-mail. Advisory Board members may also bring questions, suggestions, or concerns to the Regional Coordinator from their respective discipline or workgroups.

### Article VII. Committees

- A. Committees of the 5th District Medical Response Coalition are diverse. Some serve as workgroups, which have only a short-term focus, and others are long-term standing committees. Committees meet and report back to the Coalition membership at Coalition meetings. The Regional Medical Director, the Regional Healthcare Preparedness Coordinator and Regional Healthcare Preparedness Assistant Coordinator may be members of these Committees.
- B. Standing Committees may include, but are not limited the following:
  - a. Public/Community Health Committee
  - b. Hospital Committee
  - c. Medical Control / EMS Operations Committee
  - d. Emergency Management Committee
  - e. Long Term Care Workgroup
  - f. Behavior and Mental Health Workgroup
- C. Committees with limited or specific focus may include, but are not limited to workgroups such as the following:
  - a. Public Information & Education Workgroup
  - b. Public Health Mutual Aid Compact Task Force
  - c. Medical Surveillance Committee

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- d. Mass Care Workgroup
- e. Behavioral/Mental Health Issues Workgroup
- f. Mass Fatality Workgroup

D. Committee meeting notes will be submitted to Coalition staff/Planning Board Secretary for inclusion with regular Coalition meeting materials.

## **Article VIII. Parliamentary Authority**

**Robert's Rules of Order Newly Revised shall be used as a guide for meetings and decision-making as needed.**

## **Article IX. Amendments to the Coalition Bylaws**

These bylaws will be reviewed annually and may be altered, amended, revised or repealed by the affirmative 2/3 majority vote of the Coalition's Planning Board.