**North Shore & Cape Ann** **Emergency Preparedness Coalition**

**Principles of Operation**

Massachusetts Public Health Emergency Preparedness Region 3

Adopted: January 22, 2004

Amended: June 29, 2011

Re-adopted: June 27, 2012

Re-adopted: June 26, 2013

Re-adopted: June 5, 2014

Amended July 22, 2015

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Amended February 28, 2018

Amended March 27, 2019

Amended October 23, 2019

Amended August 3, 2020

The following document sets forth the principles of operation including the governing structure adopted by the North Shore and Cape Ann (NSCA) Emergency PreparednessCoalition in the Massachusetts Department of Public Health Emergency Preparedness Region 3. The members are the local health directors or other agents of the local public health authority for the 15 cities and towns that make-up this public health sub-regional coalition. For the purpose of this document, the term “Coalition” shall refer to this North Shore and Cape Ann Emergency Preparedness Coalition, consisting of the member municipalities of Beverly, Danvers, Essex, Gloucester, Hamilton, Lynn, Manchester-by-the-Sea, Marblehead, Nahant, Peabody, Rockport, Salem, Saugus, Swampscott, and Wenham.

## Purpose & Duties

The members of this public health coalition in Region 3 agree to work collaboratively to enhance communities’ collective capacity to share resources and respond to public health threats and emergencies, including terrorism and outbreaks of infectious diseases. Specifically, coalition members will work collaboratively to:

1. Assess and monitor regional emergency planning and response needs;

2. Make funding decisions to enhance regional emergency planning and response capacity;

3. Submit plans, needs, and requests to the Massachusetts Department of Public Health, Center for Emergency Preparedness, as directed by MDPH or Coalition vote.

4. Be accountable and responsible for the use of CDC funding;

5. Coordinate with other sub-regional coalitions (if applicable) to ensure that all municipalities in the Region are represented in a coalition and to enhance overall preparedness throughout the Region;

6. Share knowledge, lessons learned, and best practices throughout the Commonwealth by participating in regional and statewide meetings;

7. Coordinate efforts to further emergency preparedness with other existing regional or local plans (e.g., CEMP and MEMA plans);

1. Meet the other goals associated with the Massachusetts Department of Public Health Emergency

Preparedness initiatives as well as other regional public health efforts.

### **Membership**

Membership of this coalition shall consist of a member or designee of the local public health authority from each member community in good standing. This designee shall be the Health Agent or Director of Health, or his/her representative, unless otherwise petitioned in writing by the authorized Board of Health.

Member in "good standing" refers to the community, rather than the individual. For the community to be in “good standing”, a qualified delegate of the community must attend monthly meetings. As a member in good standing, each entity has the right to vote on coalition issues and contracted employee appointments, volunteer for various committees and activities, provide support for projects, and participate in other important functions of the North Shore – Cape Ann Emergency Preparedness Coalition.

1. Each member of this North Shore – Cape Ann Emergency Preparedness Coalition shall attend a minimum of three out of the past four regularly scheduled monthly meetings.

2. A qualified delegate is defined by:

a. An individual with active knowledge of coalition activities working in the health department or board of health of a specific community covered by the North Shore – Cape Ann Coalition

b. A health administrator from the predefined community

c. A public health nurse from the predefined community

d. A health inspector/sanitarian with experience in health issues and emergency preparedness activities

3. Coalition members should review all documents presented at the meeting, i.e. the minutes and decisions before the next monthly meeting.

4. Each member community in good standing shall have one (1) vote, for a maximum total of 15 votes for this coalition.

**3. PHEP-Funded Communication Devices**

Per MDPH Office of Preparedness and Emergency Management’s Grants Management Manual, phones and tablets are allowable for “24/7 points of contact who have a defined role in responding to after-hours incidents and emergencies in a community” and are identified as such as 24/7 points of contact in their HMCC Regional Coordination Plan. In addition, a Region 3D PHEP member who is eligible to receive a PHEP-funded phone or tablet must hold one of the following public health roles: Public Health Director; Public Health Agent; Asst. Public Health Director; Asst. Public Health Agent; Public Health Nurse; or Inspector.

If, in a case there is not a Public Health Director/Agent listed as a 24/7 point of contact for a community, an exception may be considered by the Executive Committee regarding the above guidelines.

**4. Conference and Training Requests**

Funding for conferences and trainings should be clearly identified in the Coalition’s budget.

Those requesting to attend an approved conference or training first must be a qualified delegate. A qualified delegate is defined above, under Membership. In addition, a qualified delegate requesting to attend an approved conference or training must be a part of a community in good standing, as defined above within the second paragraph under Membership.

Attending such educational sessions must benefit emergency preparedness efforts or address a previously identified gap.

**5. Administration**

**Sponsoring Organization**

The **Sponsoring Organization** serves as the fiscal and administrative agent/conduit for this public health coalition. The Sponsoring Organization for FY 2019-20 is Metropolitan Area Planning Council.

1. **Staffing the Coalition:**
   1. **Coalition Coordinator:** The Coalition Coordinator, under the supervision & direction of the Executive Officers, shall be responsible for assuring that the coalition’s records are maintained, tracking income and distribution of monies and expenses, coordinating activities including sending out meeting announcements and agendas, finalizing meeting location and logistics, distributing meeting minutes, completing required DPH fiscal and programmatic reports and paperwork, and other related duties as may be determined by the Coalition.
   2. **Coalition Staff/Contractors:** The coalition may hire additional staff or contractors to carry out duties upon approval by coalition vote and sufficient funding. Staff may be employed directly, or contracted by, the Sponsoring Organization on behalf of the Coalition.

Alternatively, communities who use their own staff to assist with specific Coalition tasks may be compensated by the Coalition for staff time. This requires a specific allocation of funds in the coalition budget. Any local public health staff who work under this arrangement are supervised by their regular manager, in accordance with their local reporting structure. Accountability to the coalition resides with the Health Department Director/Health Agent of the community being compensated.

1. **Annual Report & Other Reporting Requirements**: Each year, the Sponsoring Organization for this coalition shall prepare or cause to be prepared in August, or other time as required by the Massachusetts Department of Public Health, a report of finances, program and personnel, and other matters of interest for the preceding fiscal year. These reports shall be distributed to all members. The fiscal year for this report and all financial matters will begin on the first date of the funding fiscal year. In addition, the Sponsoring Organization shall complete or cause to be completed other contract, financial, and program reports as required by the Massachusetts Department of Public Health on a quarterly or bi-annual basis.

**Officers**

Each June the Coalition shall elect officers through a nomination and majority election procedure for the following offices – Chair, Vice-Chair and Secretary. Each member shall submit one vote for each office. All voting members of the Coalition, including alternates, are eligible to run for the Executive Committee.  This includes nurses, inspectors and anyone else designated as a municipal representative. At least one of the Executive Committee Officer roles will be voted on to be held by an NSCA Public Health Nurse. Votes shall be submitted by sealed ballot, collected by the current Coalition Chair and shall be opened and counted during a regular meeting. If during a time and circumstance when an in-person meeting is not possible, votes shall be submitted via email, confidentially, to either the current PHEP Coordinator or an impartial third-party member, to be tallied and revealed during the following regular meeting.

The office shall be held by the individual, rather than the community represented. Terms of office shall be for the next 2 fiscal years, with the exception of the secretary for a 1-year term. Any vacancy may be voted upon and filled through the remainder of the fiscal year if such action is voted upon by a majority of members at a regular meeting. The Chair delegates day-to-day administrative responsibilities to a staff person employed or contracted by the Sponsoring Organization, but who works under the supervision and direction of the Coalition. Executive Committee members review and approve spending decisions (including spending requests for community allocations) and financial reports presented to the Massachusetts Department of Public Health and the Sponsoring Organization.

**1) Executive Committee:** The elected officers will act as the Executive Committee in the event of an emergency prohibiting a timely meeting of the Coalition. As such, they are authorized to take required action/vote on behalf of the Coalition. The Executive Committee may act at a scheduled meeting in the absence of a quorum in the event of a required action/vote prior to the next scheduled meeting. When acting as the Executive Committee, each officer shall have one vote. Notice to all Coalition members of such action/vote must occur within 2 business days of the emergency action.

**2) Terms:** Chair and Vice Chair will serve 2-year terms, Secretary will serve 1 year. Officers will be eligible for re-election for up to 3 terms.

**3) Duties & Responsibilities of the Chairperson:** The Chairperson schedules regular and special meetings of the Coalition, presides at all meetings, appoints and dissolves subcommittees, working groups, and leaders of same, and serves as the official public spokesperson of the Coalition.

**4) Duties & Responsibilities of the Vice-Chair.** The Vice Chair shall act as Chair in his / her absence.

**5) Duties & Responsibilities of the Secretary:** The Secretary will be responsible for reviewing the minutes prior to distribution to the Coalition. A coalition staff person/contractor or the secretary may take minutes.

###### Meetings

**1. Quorum:** A majority of the members in good standing of the coalition shall constitute a quorum. A quorum is necessary for the purposes of transacting business. In the event of an even number of member in good standing communities, a quorum shall consist of 50% or more.The coalition may act by a simple majority of members in good standing present and voting.

The Executive Committee may act at a scheduled meeting in the absence of a quorum in the event of a required action / vote prior to the next scheduled meeting. When acting as the Executive Committee, each officer shall have one vote.

The Executive Committee may act by a simple majority of members voting unless otherwise provided in these principles.

**2. Meeting Schedule:** The coalition shall meet at least quarterly, at an agreed place and time. Meetings may be scheduled more frequently as necessary. Notices of meetings must be posted in compliance with all applicable laws.

**3. Committees:** The Coalition or Chair may create committees and working groups as needed. Members of the region may form committees or work groups among themselves to consider matters of interest. Proposals or projects developed by committees or work groups are subject to review and ratification by the Coalition.

**4. Voting:** Each member in good standing of the coalition shall have one (1) vote. The member shall be responsible for briefing his / her respective board of health or other legally designated health authority about actions pending and taken by the coalition.

**5. Notice:** Notice of each meeting shall be given to each member by email not less than three (3) days before the meeting. Notice should include agenda and previous minutes. Notice for emergency meetings will be given as much advance notice as possible. Per Open Meeting Law, the meeting agenda must be posted in each community 48 hours in advance of the meeting.

**6**. **Amendments**

These principles may be amended by a two-thirds majority vote of the members in good standing of this coalition. A proposal to amend the principles may be initiated by any member. The proposed amendment shall be submitted in writing to the Chairperson of the Coalition or the Sponsoring Organization staff person at least 30 days prior to the next regularly scheduled meeting so that it may be distributed to all coalition members in advance of the next regularly scheduled meeting, at which time the proposed amendment will be considered. Advanced notice may be waived at a meeting by a majority vote.