

IAEM-USA

Healthcare Caucus

Bylaws

Approved June 11, 2010

By the IAEM-USA Board at the Midyear Meeting,
Emmitsburg, MD

Executive Summary & History

In November 2008, at the IAEM Annual Conference, a white paper was submitted to the IAEM-USA Board, proposing a special interest subcommittee that focused on emergency management within the hospitals and healthcare arena. The rationale was that healthcare emergency management had many specific regulations and requirements beyond general emergency management, which should be fostered and supported through the formation of a special interest group within IAEM-USA.

On November 16, 2008 IAEM President, Russ Decker utilized the authority vested in him to create a ‘special interest sector’ subcommittee entitled “Hospitals and Health Care Facilities” to represent the issues, goals and objectives of hospitals and healthcare facility emergency management practitioners. The IAEM Board of Directors then approved the creation of this committee.

On June 2, 2009, The IAEM-USA Board of Directors reclassified subcommittees to a “Caucus” to reflect their special interest sector focus and perpetuity.

On July 29, 2009, the Hospitals and Healthcare Facilities changed the name of the Caucus to the IAEM Healthcare Caucus, in order to more accurately reflect the mission and membership of the Caucus.

Authority

In accordance with Article III, Section A of the International Association of Emergency Managers – USA Administrative Policies and Procedures (APP), approved June 5, 2009:

“New groups can be formed with the approval of the IAEM-USA Board by presenting an issue paper identifying the group purpose, tasks and composition.”

Administration

In accordance with Article III, Section A of the International Association of Emergency Managers – USA Administrative Policies and Procedures (APP), approved June 5, 2009:

“The Association has Standing Committees, Ad Hoc Committees and Caucuses. Standing Committees are bodies with an ongoing, operational function. Ad Hoc Committees are formed to complete a specific assignment of limited duration. Caucuses are groups with a special focus or function within the practice of emergency management.”

“The IAEM President will nominate chairs and vice chairs for each group at least 30 days before the current chair’s term expires or within 30 days after a position becomes vacant. Nominations will be made from members in good standing and will be approved by the Board of Directors.

Some committees are active by the very nature of their assignment. Others need and deserve guidance and structure.

- a. Each committee will establish goals and priorities for the year at the Annual Conference, with a published meeting schedule (quarterly, monthly, etc.) to facilitate attainment of these goals. Such meetings may be via internet, teleconference or other meeting arrangements conducive to the advancement of committee goals.
- b. All committees will provide written progress reports to the Board of Directors via the President and Executive Director on a quarterly basis.
- c. Committees without established goals and active meeting schedules will be automatically removed unless the Board directs specific activity. If a committee is inactive for a 6-month period, the President has the responsibility to re-assign the chair or co-chair duties.

Chairs of standing committees will serve 2-year terms. The terms of service for chairs and co-chairs should be staggered. At the discretion of the Board of Directors, the chairs for the ad hoc committees may serve for the duration of their assignment or if the committee exists for more than two years.

The selection of members of committees shall consist of a geographic representative group, may include all categories of membership, and shall represent various interests, if possible.

Each standing committee also shall appoint its chair, vice chair or other designee to serve on the Strategic Plan Committee.

Within 30 days of appointment the Committee Chair(s) shall determine the committee's membership, with Board approval. Sources of membership may include: individuals from the IAEM headquarters volunteer database; Regional President recommendations; and individuals who express an interest to the Chair(s).

The President may assign members of the Board of Directors to serve as liaison to specific committees to monitor the committee's progress throughout the year and report to the Board of Directors.

Recommendations for appointment to any committee may result from a consideration of the following factors:

1. The appointed party must be a member in good standing;
2. Capability to attend the Annual and Mid-year Conferences;
3. Capability to attend additional meeting during the year, if funded by the Association;

4. Capability to devote eight or more hours a month to Association business, as may be required;
5. Capability to weigh and consider issues in an objective manner;
6. Capability to communicate with other committee members in an open and direct manner.

The Chair(s) may appoint an Advisory Panel to their Committee composed of individuals who are not IAEM members but have knowledge, skills, and abilities that would enhance the function of the Committee. Advisory Panel members will have no voting authority on the Committee.”

Title

This special interest group shall be known as the “Healthcare Caucus.” Acceptable abbreviations include “IAEM-HC Caucus” or simply, “IAEM-HCC”.

Mission

The mission of the Healthcare Caucus is to represent the emergency management issues unique to the hospital and healthcare setting. Although a part of the communities to which they serve, healthcare institutions and organizations have special and sometimes unique considerations when preparing their patients, staff, and visitors for responding to, recovering from and mitigating against emergencies. The purpose of this caucus is to provide emergency managers within the healthcare arena a voice on a national and international scale to ensure their needs are being addressed by government and industry officials.

Caucus Organization

The Caucus shall have the following composition:

- 1.) Chair
- 2.) Vice-Chair
- 3.) Secretary (2nd Vice-Chair)
- 4.) Immediate Past Chair
- 5.) IAEM USA Council - Region 1 Representative
- 6.) IAEM USA Council - Region 2 Representative
- 7.) IAEM USA Council - Region 3 Representative
- 8.) IAEM USA Council - Region 4 Representative
- 9.) IAEM USA Council - Region 5 Representative
- 10.) IAEM USA Council - Region 6 Representative
- 11.) IAEM USA Council - Region 7 Representative
- 12.) IAEM USA Council - Region 8 Representative
- 13.) IAEM USA Council - Region 9 Representative
- 14.) IAEM USA Council - Region 10 Representative
- 15.) IAEM USA Council - Student Region Representative

Membership Eligibility

All members of this caucus shall be designated as a healthcare emergency management practitioner, or have a majority interest in healthcare emergency management within their profession.

A “healthcare emergency management practitioner” is defined as an individual who is working or volunteering in the healthcare arena and whose primary duties include the addressing the four phases of emergency management within that arena.

It is strongly encouraged, although not required, that caucus members possess AEM/CEM certification.

Caucus Board

In accordance with IAEM-USA Bylaws (adopted as of Oct. 15, 2009):

“Within thirty (30) days after taking the Oath of Office, the President shall, with the consent of the Board of Directors, appoint chairs and vice chairs to the standing committees, ad hoc committees and caucuses, submitting appropriate amendments to the lists, in the Administrative Policies and Procedures. The President shall then appoint and give a mandate to each.”

Chair

Nominations will be made from IAEM-USA members who meet the aforementioned membership eligibility requirements and will be approved by the IAEM-USA Board of Directors.

The Chair will serve a 2-year term beginning and ending at the Annual IAEM-USA Conference. At the discretion of the next IAEM President, the Chair may serve multiple consecutive terms.

The Chair shall seek nominations for Caucus members to fill the identified Regional Representative seats as identified under Caucus Organization.

Vice-Chair & Secretary (2nd Vice-Chair)

Nominations will be made from IAEM-USA members who meet the aforementioned membership eligibility requirements and will be approved by the IAEM-USA Board of Directors.

The Vice-Chairs will serve a 2-year term beginning and ending at the IAEM-USA Annual Conference. At the discretion of the next IAEM-USA President, the Vice-Chairs may serve multiple consecutive terms.

The Vice-Chair will be responsible for developing, updating, and monitoring the progress of the Caucus Strategic Plan and By-Laws.

The Secretary (2nd Vice-Chair) will be responsible for ensuring all official Caucus business is documented, including but not limited to issuance of meeting agendas and minutes.

Immediate Past Chair

The Caucus Immediate Past Chair previously had been nominated by the IAEM-USA President, installed, and served one or more terms as Chair of the Caucus and does not occupy the position of Caucus Chair for the current term.

In addition, the Immediate Past Chair must meet the aforementioned membership eligibility requirements during his/her term.

The Immediate Past Chair will serve a term that coincides with the Chair, beginning and ending at the Annual IAEM-USA Conference.

The Immediate Past Chair shall serve as an advisor to the Chair and Caucus, serve on workgroups as designated by the Chair, and be delegated other duties and projects at the Chair's discretion.

Regional Representatives

Appointments will be made from IAEM-USA members who meet the aforementioned membership eligibility requirements.

To promote the diversity of the Caucus, a Regional Representative should not work for the same institution as either the Chair or Vice-Chairs.

Regional Representatives will serve one-year terms, beginning and ending at the IAEM-USA Annual Conference. Regional Representatives may serve multiple consecutive terms if appointed by the Chair to do so.

Regional Representatives shall solicit input from healthcare emergency management practitioners within their region on topics before the Caucus, as appropriate. They shall foster active dialogue of all organizations and members by encouraging them to join appropriate discussion groups, email list serves, and obtain IAEM-USA membership.

Each Regional Representative is to designate one (1) Alternate who can fulfill the roles and responsibilities of the Representative in his/her absence at meetings and conferences. Alternates are subject to the same membership eligibility requirements. To encourage diversity and increased participation, alternates should not represent the same institution as the primary Representative.

Regional Representatives are permitted, and strongly encouraged, to create regional sub-structures as they see fit to efficiently administer the roles and responsibilities of their office.

Workgroups

As necessary to further the Strategic Plan of the Caucus, the Chair may establish Workgroups to address specific issues. The Workgroup shall be lead by a member of the Caucus (Chair, Vice-Chair, or Regional Representative). The Workgroup membership is appointed by the Caucus Chair and may include any individual deemed appropriate for the task, regardless of Caucus membership. Workgroups are limited to the term of the appointing Chair and may be reconvened by subsequent Caucus Chairs as needed.

Special Project Coordinators

As necessary to further the Strategic Plan of the Caucus, the Chair may designate Special Project Coordinators to work on specific projects or issues that do not necessarily rise to the level of a full Workgroup. The Caucus Chair may designate any individual as Special

Project Coordinator deemed appropriate for the task, regardless of Caucus or IAEM membership. Special Project Coordinators are limited to the term of the appointing Chair and may be reconvened by subsequent Caucus Chairs as needed.

Associate Members

The designation of “Associate Member” may be granted to any current IAEM-USA member who serves in a tangential, but related role, to healthcare emergency management. It is only a form of recognition. It does not reflect any special role, responsibility, position, status, or privilege with respect to the Caucus.

Advisory Panel

In accordance with IAEM-USA Administrative Policies and Procedures approved June 5, 2009, the Caucus Chair(s) may appoint an Advisory Panel to their Caucus composed of individuals who are not IAEM-USA members but have knowledge, skills, and abilities that would enhance the function of the Caucus. Advisory Panel members have no voting authority on the Caucus.

The Healthcare Caucus may have an Advisory Panel not to exceed ten (10) persons.

Appointments to the Advisory Panel will be made by the Caucus Chair for a term not to exceed one (1) year at a time. Appointments may be renewed if deemed necessary.

Advisory Panel members may be an:

- 1.) Emergency management practitioner with interests in a healthcare, who does not maintain current IAEM-USA membership, or,
- 2.) Emergency management practitioner from a level of government (local, state or Federal), who is an IAEM-USA member in good standing, and can contribute to the goals and objectives of the Caucus, or,

3.) Other emergency management consultant or academic, who is an IAEM-USA member in good standing, and can contribute to the goals and objectives of the Caucus, or,

4.) Other subject matter experts, regardless of IAEM-USA membership, with insight on evolving issues, when necessary.

IAEM-USA Board Liaison

The IAEM-USA Board will designate one of its members to serve as Board Liaison to the Caucus. The Board Liaison serves as an intermediary with the IAEM-USA Board, in addition to the relationship between the IAEM-USA President and Caucus Chair. The Board Liaison is strongly encouraged to participate in all Caucus meeting and activities, but has no voting rights.

Guest Representatives from other IAEM Caucuses

In an effort to further the Caucus's mission, the Caucus Chair may invite representation from other IAEM Caucuses. An IAEM Caucus Representative to this Caucus shall be a member in good standing of the respective IAEM Caucus. The IAEM Caucus Representative is nominated by the members of their respective Caucus and appointed by that IAEM Caucus Chair. The Caucus Representative shall be known by the title of their home Caucus.

It is preferred, although not required, that a Caucus Representative possess CEM certification.

IAEM Caucus Representatives to this Caucus have full participatory rights as do Regional Representatives, less voting rights.

IAEM Caucus Representatives will serve one-year terms, beginning and ending at the IAEM-USA Annual Conference. IAEM Caucus Representatives may serve multiple consecutive terms if appointed by the Chair to do so.

IAEM Caucus Representatives shall solicit input from healthcare organizations or groups within their own Caucus on topics before the Caucus, as appropriate. They shall foster active dialogue of all organizations and groups by encouraging them to join appropriate discussion groups, email list serves, and obtain IAEM Caucus membership.

Each IAEM Caucus Representative is to designate one (1) Alternate who can fulfill the roles and responsibilities of the Representative in his/her absence at meetings and conferences. Alternates are subject to the same membership eligibility requirements. To encourage diversity and increased participation, alternates should not represent the same institution as the primary Representative.

Regional Representatives are permitted, and strongly encouraged, to create regional sub-structures as they see fit to efficiently administer the roles and responsibilities of their office.

Meetings, Dialogue

The Caucus shall meet, in physical person, at a minimum of once per year at the IAEM-USA Annual Conference.

As needed, additional in-person meetings may be scheduled to address specific issues of an important or urgent nature.

To further the advancement of the caucus goals, additional virtual meetings, whether by internet, teleconference or other meeting arrangements, shall be held at least quarterly.

Ongoing dialogue between Caucus Members via e-mail, telephone, and/or online discussion board is strongly encouraged.

Official Business, Quorum, Voting

Official business can be conducted at any publicized, scheduled meeting.

In order to conduct official Caucus business, a quorum must be established. A quorum is defined to be at least half of the current Caucus membership (Chair, Vice-Chairs, Immediate Past Chair, and Regional Representatives). The participation of either the Chair or a Vice-Chair is required.

Regional Representatives may send their designated alternate to attend a meeting on their behalf. The designated alternate may be counted to establish quorum.

A simple majority vote of quorum is required to approve official business, unless otherwise specified in the IAEM-USA Bylaws or Administrative Policies and Procedures. Each Caucus member (Chair, Vice-Chairs, Immediate Past Chair, and Regional Representatives) is allotted one vote.

If unable to attend a meeting where official business is conducted, Regional Representatives may delegate their vote by proxy to their designated Alternate from their same region. Votes may also be delegated by written proxy to other Regional Representatives, Chair, or Vice-Chair on the Caucus.

Standing Goals

In addition to the annual goals and priorities established at the IAEM-USA Annual Conference, the Caucus will always address the following standing goals:

Goal #1: To promote the importance of developing organized, comprehensive, all-hazard and integrative emergency management at all levels within healthcare.

Goal #2: To facilitate networking, communication and best-practice sharing between healthcare emergency management practitioners.

Goal #3: To promote the inclusion of healthcare emergency management practitioners in the multi-jurisdictional, multi-disciplined and multi-hazard emergency planning conducted at the facility, local, regional, state and federal levels.

Goal #4: To facilitate awareness of current legislative and planning issues in emergency management and interpretation of their effects on healthcare.

Goal #5: To promote professionalism and professional development of healthcare emergency management practitioners and/or programs.