

## Region VII

There are 12 Acute Care Hospitals, 1- Level 1 Trauma Center, 5 - Level II Trauma Centers, 1- Children's Hospital, 6- Resource Hospitals, Multiple Chem pack sites, Multiple NDMS Hospital participants and several local health departments. Major concert and sports venues, 4- major interstates, many State highways, Multiple train lines, 3-Nuclear Facilities, Several Colleges and Universities, 115 Fire/EMS Departments, Diverse racial and ethnic composition, FEMA Region 5, IEMA Region 3 & 4, PHMSR Region- Chicago, Temporary Medical Treatment Site (TMTS) - Olivet University. Region VII borders the south end of the City of Chicago.

- **Region VII sits in 7 different counties**

Cook, Grundy, Iroquois, Kane, Kankakee, Kendall, Will

- **Region 7 boundary lines:**

**North** - Illinois Route 71 east from the Kendall/LaSalle county line to Illinois Route 126; east on Illinois Route 126 to the Kendall/Will county line; north on the Kendall/Will county line to the Will/DuPage county line; the Will/DuPage county line east to Naperville Road; Naperville Road South to I55; I55 north to Route 83 (Illinois Route 83 is in Region 8); Illinois Route 83 south to junction with Illinois Route 171 (Archer Avenue) (Illinois Route 171 is in Region 8); Illinois Route 171 north to the city limits of Summit; north along the Summit city limits to the Chicago city limits (Summit is in Region 7); south along the Chicago city limits to the Indiana/Illinois State line.

**South** - Grundy/Livingston county line; Kankakee/Livingston, Kankakee/Ford, and Kankakee/Iroquois county lines.

**East** - Illinois/Indiana state line for Cook, Will, and Kankakee counties. **West** - Kendall/LaSalle county line from Route 71 south to Grundy/LaSalle county line; Grundy/LaSalle county line.

[www.regionviiems.com](http://www.regionviiems.com)

## **ARTICLE I**

### **NAME and LOCATION**

The name of this organization is the Region VII HCC Emergency Preparedness Healthcare Coalition; herein referred to as "Region VII HCC".

## **ARTICLE II**

### **PURPOSE and MISSION**

The **purpose** of the Region VII HCC is to develop/enhance plans to unify, coordinate and manage emergency planning, response, and recovery for the healthcare systems within Region VII HCC. During a planned event, unplanned disaster, or emergency, the Region VII HCC participates and supports response efforts in coordination with LEMAs, LHDs, & IDPH OPR. The Region VII HCC also maintains an Emergency Operations Plan [EOP] that supports and strengthens relationships between and among all members. The support shall be in the form of

sharing information and subject matter expertise that will enhance emergency preparedness capacity and proficiency across Region VII during emergencies.

The **mission** of the Region VII HCC is to unify the coordination of Region VII healthcare systems to a level that will be necessary if operations move from conventional to contingency to crisis care. The responsibility of Region VII HCC will in no way supersede, replace or relieve healthcare facilities of their institutional and regulatory responsibilities and requirements during an emergency. In addition, the Region VII HCC does not subvert the authority and responsibility of any community, village, city, and/or county EMAs within the Region. Region VII HCC member participation in emergency response shall be coordinated via the RHCC or designee working with IDPH OPR.

The Region VII HCC shall be able to strategically:

- Increase medical response capabilities in the Region by increasing the ability to care for a surge in patients at regional hospitals
- Integrate plans and activities of all partners into the jurisdictional response plan and the State response plan and the Federal ESF-8 plan
- Prepare for the needs of at-risk populations in Region VII in the event of a large-scale disaster or emergency
- Coordinate activities to minimize duplication of effort among Region VII HCC members
- Maintain continuity of operations in the Region VII HCC vertically with the local jurisdictional emergency management organizations

REGION VII HCC Preparedness Roles:

- Develop a structure and process for members and partners to improve organizational and Regional emergency preparedness through joint-planning and problem-solving, e.g. joint observation during operations and exercises
- Enhance current Region VII HCC infrastructure to allow coordination of medical assets, communications and other assets for the healthcare system
- Develop a multi-year healthcare training and exercise program based on identified hazards and vulnerabilities. This program will include after action and improvement planning processes to assess gaps in healthcare sector and Regional plans to improve preparedness
- Provide trainings, tools and opportunities for educational events based on risk assessments on both a planned, as needed and just-in-time basis

## REGION VII HCC Response Roles:

- Maintain situational awareness through the timely exchange of critical information
- Participate in the Unified Command structure to meet the health and medical needs of the Region
- Provide a structure for the healthcare system to address priorities that arise during a response
- Maximize the healthcare system's emergency response capacity by sharing information and resources through the Public Health Emergency Operations Center [PHEOC]

## **ARTICLE III** **MEMBERSHIP**

Membership in the Region VII HCC shall be open to healthcare organizations that provide healthcare services in Region VII, and other strategically identified partners, who are committed to ensuring that Region VII healthcare is prepared to respond to and recover from all hazard's emergencies and disasters. Membership will include both hospital and non-hospital partners, including, but not limited to emergency medical services [EMS], fire, police, local emergency management agencies, NGO- Red Cross, local health departments, long term care, mental health private medical providers, and County Coroners/Medical Examiner. Membership may be initiated by performing a self-assessment to determine if an organization can meet the following requirements.

### REGION VII HCC membership requirements:

- a representative must be part of an organization that provides, coordinates, or advocates on behalf of healthcare service delivery in Region VII
- has facility level emergency preparedness or operations plans are in place
- operates under an Incident Command Structure [ICS] during emergencies
- has at minimum of two points of contact within the membership organization that have basic knowledge of emergency preparedness. (Demonstration of basic knowledge is described within the Tiers below)
- A representative must
  - Have support for participation by their organizational leadership;
  - Attend and participate in a minimum of 3 meetings per calendar year, trainings and other Region VII HCC -sponsored events and activities.
  - Share information that is relevant for emergency planning , response, and recovery i.e. existing capacity and as requested;
  - Participate in Hospital Available Beds for Emergencies and Disasters [HAvBED] as required by the State of Illinois for acute care hospitals and known as the Illinois Bypass System (Hospital Health Alert Network (HHAN)).

- Participate in coordination and sharing of resources through the Region VII HCC.
- Coalition members shall minimally have one member (including but not limited to Hospitals, EMS, Fire, Police, Local Health Departments, NGO's, long-term care facilities, mental health private medical providers, and county coroners).

There are four tiers of membership within Region VII HCC:

***Full Member Tier:***

*Description*

Full member organizations demonstrate active participation in meetings, drills and other Region VII HCC activities. Full member organization representatives must attend a minimum of one Region VII HCC meeting per quarter; actively participate in Region VII HCC surveys and data calls; consider committee or workgroup participation; engage in daily (on time) bed reporting as required; and share subject matter experts when available. Examples include acute care and specialty hospitals and the hospital systems to which they belong; local health departments; non-governmental agencies such as American Red Cross, Collaborative Healthcare Urgency Group [CHUG], Private Providers Emergency Response Services (PPERS) the Salvation Army; and relevant Region VII HCC Public Safety agencies (Fire/EMS, Police, Local ESDAs, LEPC, LEMAs), College, Universities.

Benefits of full membership include, but are not limited to:

- Access to previously developed products to advance facility-level preparedness
- Allocation of preparedness equipment and supplies, i.e. PPE, emergency medication caches
- Active participation in healthcare system drills and exercises, with formal after action reporting
- Active communication network with local responders and healthcare system partners
- SMOs for pre-hospital emergency preparedness and response systems
- Interoperable communication equipment and connectivity
- Assistance meeting accreditation requirements

*Responsibilities*

- Participation in data information sharing requests to describe current status during unplanned events, planned events and comments for issues and surveys related to preparedness including, but not limited to:

- Surveys
  - After Action Reports (AARs)
  - Emergency Operations Plans (EOPs)
  - Hazard Vulnerability Analyses (HVAs)
  - Pediatric Hazard Vulnerability Analysis (PedsHVA)
  - Inventory Management and Tracking System (IMATS)
  - Other electronic communication and systems
- Utilize HHAN with the following contact designations:
    - Hospital Emergency Preparedness (EP) Contacts
    - Region VII HCC Contacts
    - Emergency Department Managers and Directors
- Receive/Maintain supplies and equipment including, but not limited to:
    - Tactical communication devices
      - Starcom/Ham Radio(s)
    - Pharmaceutical cache
    - 72 Hour cache of Personal Protective Equipment (PPE)
    - Evacuation Equipment
- Participate in joint planning with local first responders and healthcare partners
  - Provide guidance and assistance to developing members as necessary
  - Participate in monthly Region VII HCC Starcom drills
  - Maintain an administrators account for Illinois's current medical federal ESAR-VHP compliant, volunteer management system- Illinois Helps
  - Become/Maintain NIMS Compliance

## ***Developing Member Tier:***

### **Description**

Developing members are defined as those healthcare organizations that have not yet achieved the ability or infrastructure to deliver full participation or those that require additional training and expertise development to become full members. Developing members do not include those organizations whose economy of size or scope would not require full membership, i.e. Funeral Director Associations. Examples of developing members include: Long-Term Care Facilities, Primary Healthcare Facilities, Mental/Behavioral Health Providers, and Specialty Service Providers such as Dialysis, Pediatrics, Women's Health, stand-alone Surgery Centers and Urgent Care Centers.

Benefits for developing members include, but are not limited to:

- Direct access to Region VII HCC members and activities
- Ongoing training, exercising and technical assistance to assist in capability development
- Improvement of facility-level plans and capacity

### **Responsibilities**

- Provide Region VII HCC with basic contact information to facilitate communications and information sharing during disasters or planned events
- Engage in capability development activities by seeking guidance and assistance from Region VII HCC members
- Demonstrate continued development of emergency preparedness capabilities
- Participate in or conduct facility-level hazard/vulnerability assessments (HVAs)
- Participate in Region VII HCC training and exercise activities via observation or direct participation
- Become/Maintain NIMS compliance

## ***Supporting Member Tier:***

### **Description**

Supporting members provide specific goods, services and subject matter expertise to the Region VII HCC. Supporting member participation is defined by the organization's distinct scope of operations. Examples of supporting members include private sector organizations such as, but not limited to, pharmacies, professional organizations, blood banks, poison control centers,

funeral directors associations, private sector businesses, Amateur Radio Operators, volunteers, CERTs, local boy scouts troops, and other coalitions or groups.

### Responsibilities

- Participate and interact on an as-needed basis
- Provide Region VII HCC with basic contact information to facilitate communications and information sharing during disasters or planned events

### ***State/Federal Member Tier:***

#### Description

State/Federal members provide guidance and support to Region VII HCC during planning, response and recovery. State/Federal agencies include but are not limited to:

State:

- Illinois Department of Public Health Office of Preparedness and Response (IDPH OPR)
- Illinois Emergency Management Agency (IEMA)
- Illinois Medical Emergency Response Team (IMERT)
- Emergency Medical Services for Children (EMSC)
- Illinois National Guard (ING)
- Illinois Department of Transportation (IDOT)

Federal:

- US Department of Health & Human Services (HHS):
  - Office of the Assistant Secretary for Preparedness and Response (ASPR)
  - US Centers for Disease Control and Prevention (CDC)
  - National Disaster Medical System (NDMS)
- US Department of Homeland Security (DHS):
  - Federal Emergency Management Agency (FEMA)
  - Office of Health Affairs (OHA)
- Department of Defense (DoD)
- Department of Veterans Affairs
- Federal Bureau of Investigation (FBI)

### Responsibilities

- Information sharing
- Guidance and technical assistance as appropriate

## **ARTICLE IV**

### ***Section 1***

#### **GOVERNANCE STRUCTURE**

The business of the Region VII HCC shall be governed by the Executive Committee (EC) The executive committee member's, roles and responsibilities are outlined in Section 2 and 3 below.

The Region VII HCC structure is described as follows:

The Region VII HCC structure consists of an Executive Committee made up of ASPR HPP required participants. The scope of work will be based on an assessment of capabilities, funding availability/requirements and grant deliverables.

### ***Section 2***

#### **EXECUTIVE COMMITTEE**

The Governance Role of the Region VII HCC Executive Committee is described as follows:

- To provide guidance over the development and evolution of the Region VII HCC
- Establish a mission and strategic direction
- Determine the Region VII HCC organizational response structure
- Determine the scope of services that the Region VII HCC provide
- Review and have the authority to approve or deny coalition grant funded special project requests submitted by coalition members

The Executive Committee also oversees the work of the Region VII HCC's working/standing committees and recommends policy that determines the long-term direction of the Region VII HCC. Executive committee members are expected to participate in scheduled meetings and activities and to facilitate/guide the work of the working/standing committees.

The Executive Committee is also responsible for assuring that each of the committees, strike teams and/or workgroups support development and implementation of local healthcare, Region VII HCC development, maintenance and sustainment, multiagency coordination, healthcare system exercises and evaluation programs, education and training, NIMS compliance and tracking, information sharing/interoperable communications, HHAN compliance and preparedness activities that benefit the following:

- Hospitals,



- At-Risk Populations
- Mental/behavioral healthcare facilities and providers
- Emergency Medical Services/First Responders
- Community Health Centers
- Long-Term Care Facilities
- Pediatric populations
- Radiologic/Nuclear Preparedness Programs

Executive Committee Member Responsibilities:

- Attend and actively participate in meetings
- Review materials that are prepared for meetings
- Consider the needs of the entire healthcare community in Committee deliberations
- Obtain input from other Region VII HCC members from represented healthcare sector partners on planning and response priorities
- Provide feedback on Region VII HCC operations and planning
- Ensure accountability to state and federal government officials and funding agencies via the RHCC
- Become/Maintain NIMS Compliance
- Review and approve or deny submitted written project proposal requests

*Section 3*  
**EXECUTIVE OFFICERS**

The officers of Region VII HCC shall be:

- One nominated and elected Local Public Health representative
- One IDPH Region VII EMS Coordinator (Non-voting member but has the ability to veto decisions made by the executive committee)

One nominated and elected EMS representative

- One nominated and elected EMA representative

- One Region VII RHCC Coordinator

After the acceptance and approval of the By-Laws/Governance, Document will provide elected current Executive Committee Members to serve a three-year term beginning with the 2023-2026).

Nominations will be called, and a new election of the Executive Committee will occur 3 months prior to the start of the upcoming (ASPR BP) grant year. Elections will be held no longer than 2 months later. A call for nominations will also be provided electronically to the Region VII HCC Executive Committee.

In the absence of the-Chair, the Coalition Co-Chair will conduct the meeting, and in absence of both, the meeting will be rescheduled.

Executive Committee member may give proxy vote to one other EC member.

A quorum of three (3) EC members must be present in the meeting or by teleconference in order to allow voting to take place. If there is no quorum, the committee may meet but votes must be postponed until the next meeting.

Executive Committee Chairs shall lead the Committee and have general supervision, direction and control of the meetings within their authority. In the course of their duties, they shall:

- Conduct and preside at all meetings
- Assist with the creation and distribution the meeting/conference call agenda
- Represent the Region VII HCC in relations with other agencies as needed
- The Executive Committee will be convened at a minimum of 2 times per calendar year

The Secretary shall be responsible for taking meeting minutes and correspondence

#### *Section 4* **STANDING WORK GROUPS**

The function of standing committees is to conduct planning on behalf of the healthcare system and develop capacity toward reaching Region VII HCC's goals and objectives, as required by ASPR, IDPH, or local needs. Standing committees are obligated to provide recommendations to the Executive Committee regarding their particular area of focus.

Standing committees are organized around the ASPR HPP Capabilities, but may establish strike teams or sub-planning committees to address specific activities or tasks associated with the larger capability. Not all standing committees are active in every grant year.

REGION VII HCCHCC standing Work Groups may include, but are not limited to:

- Healthcare System Preparedness includes all members of the Executive Committee
  - Exercise/Training
  - Presentations/Guest Speaker
- Healthcare System Recovery
- Emergency Operations Coordination
- Fatality Management
- Information Sharing and Interoperability
- Medical Surge
  - Pediatrics Planning
  - Crisis Standards of Care Planning
  - Behavioral Health Planning
  - Volunteer Management Planning
  - Burns
- Responder Safety and Health
  - Decontamination
  - Personal Protective Equipment (PPE) & Pharmaceuticals Caches

*Section 5*  
**COALITION COMMITTEE MEETINGS**

A quorum must be present in order for a meeting to proceed. If there is no quorum present, business may be discussed but no vote may be taken. A quorum for executive committee meetings shall consist of a simple majority of the total odd number of members.

The coalition will meet minimally 4 times per grant fiscal year (July 1-June 30)

- a) Voting will be done by voice vote, written ballot or electronically. Electronic votes are allowed via-live teleconference; the electronic voting procedure includes these steps: Region VII HCC Executive Committee (EC) staff sends to voting members a complete proposal and description of vote needed and deadline to Region VII HCC voting members; voting members respond via live teleconference with their vote; Region VII HCC EC staff tally votes and inform the Coalition of the decision.
  - b) A voting member of the HCC may appoint any other HHC voting member in good standing to vote as proxy, otherwise act for him or her by signing a proxy appointment form and delivering it to the Chairperson. This delivery may be accomplished in person, by mail or messenger service, or by facsimile transmission. No proxy shall be valid beyond the date of a specific meeting in which the proxy has effect, unless otherwise provided by the proxy. Every proxy continues in full force and effect until revoked by the person executing it prior to the vote pursuant thereto. This revocation can be affected by a writing delivered to the HCC in person, by mail or messenger service, or by facsimile transmission stating that the proxy is revoked, or by a subsequent proxy, or by attendance at the meeting and voting in person. No person shall act as proxy for more than one other voting member.
  - c) Any votes on all matters, with the exception of bylaws revisions, must carry with a simple majority (50% plus one) of those voting members present or responding electronically to be considered valid. Revisions of the bylaws require a two-thirds majority of those present or responding by live teleconference; to be considered valid. Suggested changes to the by-laws must be submitted to the Executive Committee which will introduce them to the Coalition as a whole for a final decision.
    - Voting members include an odd number all regional hospital representatives, one rotating regional representative from LHD, private or public EMS, LEMA, Police, Fire, Long Term Care, mental health and community health care
  - d) Voting members must abstain from voting on any proposal that would present a conflict of interest for that individual member, including an abstention from voting on proposals that would result in individual and personal financial benefit. Abstentions do not count as 'no' votes.
- Documentation of participation and progress is consistently recorded and filed.
  - Information is shared as appropriate with the regional and statewide partners as necessary.
  - Annual projects and budgets are directly linked to federal and state program priorities
  - Any meeting may be called or adjourned for the sake of time

*Section 6*

**ALL MEMBER MEETINGS**

Region VII HCC All-membership meetings will be convened at a minimum of once per calendar quarter. There is no limitation on the number of people that a member organization can send to an All Member Meeting.

*Section 7*

**ORDER OF BUSINESS**

Roberts Rules of Order or other parliamentary procedures should be followed in conducting the meetings

The general order of business of all meetings of the Region VII HCC shall be as follows, however additional items will be added to the agenda as necessary

- Call to Order
- Approval of Previous Minutes
- Announcements/Future Agenda Items
- Standing Committee Reports
- Old Business
- New Business
- Adjournment

**ARTICLE V**  
**AMENDMENTS**

This agreement may be amended at any regular meeting of the Region VII HCC by a joint consensus of a majority of the membership present, provided the amendment has been submitted in writing at the previous regular meeting. Amendments are subject to approval by the Executive Committee. Governance documents will be reviewed/updated annually.

**Acronyms**

CERT- Community Emergency Response Team  
EMA- Emergency Management Agency  
ECM- Executive Committee Member  
LEPC- Local Emergency Planning Committee  
RHCC- Regional Hospital Coordinating Center  
HCC- Health Care Coalition  
EMS- Emergency Medical Services  
LHD- Local Health Department  
MRC- Medical Reserve Core  
NDMS- National Disaster Mngt System Participant  
NGO- Non-Government Organization  
NIMS- National Incident Management System  
SMOs- Standing Medical Orders

**Region VII HCC Members 2022**

Agency	Role
<b>Hospitals/Healthcare</b>	
ACMC – R, C, NDMS, RHCC	
ACH-OKLN	ECM
ASSH – NDMS	
Ingalls R, C,	
LCMH NDMS	
Morris R, NDMS	
Olympia Fields, C, NDMS	
Palos	ECM
Silver Cross, R, C, NDMS	
St Joseph, C, NDMS	
St Mary’s R, NDMS	
Riverside	
ONU	TMTS
Community Health Centers	
Dialysis Center	
LTC Facility	
Mental Health Facility	
Home Health	
<b>LHDs</b>	
CCDPH	ECM
Grundy	
Kankakee	ECM
Stickney	
Will	
<b>LEMA/EMS/Fire/Police</b>	
Evergreen Park FD	ECM
Oak Lawn FD	ECM
CCEMRS	
OKLN PD	
Grundy EMA	
Kankakee EMA	
Will EMA	ECM
CC LEPC	ECM
IEMA	
Retired PD	
Manteno PD	
<b>Private Sector</b>	
Hospital Safety Services LLC	
<b>State/Federal/NGOs</b>	
IDPH REMC	
IDPH ERC	
EMSC	
Chicago Red Cross	
FBI Chicago	

Region VII HCC By Laws Agreement

HHS/ASPR Region 5 Rep	
Veteran Affairs	
CHUG	