



## **Joint Coordination Committee Terms of Reference**

### **Purpose**

The Joint Coordination Committee (hereinafter the “Committee”) is the operational component of the Pacific North West Public Health Alliance. The purpose of the Alliance is to enhance the working relationship among member states and provinces/territory in responding to public health and health service emergencies.

### **Committee Goals**

The goals of the Committee are to:

- Identify opportunities to improve collaborative early warning infectious disease surveillance and surveillance information sharing between the participating jurisdictions, including the type of information to be shared.
- Develop plans to address surge capacity demands on health systems and resources when public health emergencies arise, including a 24/7 response protocol between participating jurisdictions that would identify appropriate contacts and their roles.
- Assess current and explore future areas of collaboration that could result in efficiencies in the provision of health services
- Reach agreement regarding, and the manner in which it will be shared, including developing and agreeing upon.
- Conduct an annual Cross Border Public Health Preparedness Workshop.

### **Membership**

#### **Policy Group**

One representative from each signatory jurisdiction (Annex A)

#### **Ex Officio**

Working Group Co-Leads (Annex B)

## Liaison

- Representative from the Public Health Agency of Canada (BC & YK Region)
- Representative from United States Public Health Service Region X

## Co-Chairs

The JCC will elect Co-chairs with one being from a Canadian and one being from a US jurisdiction. The term for the Co-chairs is for two years. Election of the Co-chairs will be conducted in alternating years using a consensus decision model.

## Structure

In addition to the Committee, there may be Working Groups and Sub-Committees (program or focus area oriented) to assist in the operation and mission of the Committee. The Committee will authorize such Working Groups and Sub-Committees (Annex C)

Working Groups/Sub-Committees will elect Co-leads, preferably with one being from a Canadian and one being from a US jurisdiction.

Working groups will report, through their respective Leads, to the Committee. Sub-Committees will report through their respective Working Group.

Jurisdictional representatives will report to their respective sponsoring organization (Province/state/territory) on Committee activities.

The development of membership for Working group/Sub-Committees and their respective Terms of Reference will be proposed by the Working Group/Sub-Committee Leads and be approved by the Committee. The Working Group/Sub-Committee will also develop plans for accomplishment of key tasks related to their mandate. These plans will be approved by the Committee.

## **Meetings, Quorum and Decisions**

The JCC will meet on a monthly basis via teleconference and annually in person. The JCC is deemed to be meeting in sufficient numbers to carry decisions when there is 50 percent of the Policy Group present and which is equally representative of both Canadian and US signatory jurisdictions.

An in-person/face-to-face meeting will be held annually alternating between a Canadian and United States jurisdiction and, when possible, be aligned with the Alliance's annual conference/workshop.

## Administration

Primary administrative and logistical support will be provided rotationally on a yearly basis by the Department or Ministry of one of the co-chairs.

Work plans for key tasks will be developed collaboratively, in conjunction with State Health Departments and Provincial/Territorial Ministries of Health, with agreed-upon deliverables and associated timelines.

The JCC will provide an annual progress report to each jurisdiction participating in the Alliance. It is the responsibility of the committee members to report back regularly to their stakeholders about Alliance activities throughout the year.

### **Changes to Terms of Reference**

The Terms of Reference will be revised periodically or as required. The TOR may be amended at any meeting by consensus.

#### Attachments:

Annex A – Signatory Jurisdictions

Annex B – Working Groups and Sub-Committees

Annex C – Organization Chart

Approved: July 14, 2011

Updated April 8, 2014

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Executive Director

Annex A

**Pacific NorthWest Border Health Alliance  
Signatory Jurisdictions**

The following provinces, states and territories are signatory to the Pacific NorthWest Border Health Alliance (PNWBHA) Memorandum of Understanding (MOU):

- State of Alaska
- Province of British Columbia
- State of Idaho
- State of Montana
- State of Oregon
- Province of Saskatchewan
- State of Washington
- Yukon Territory

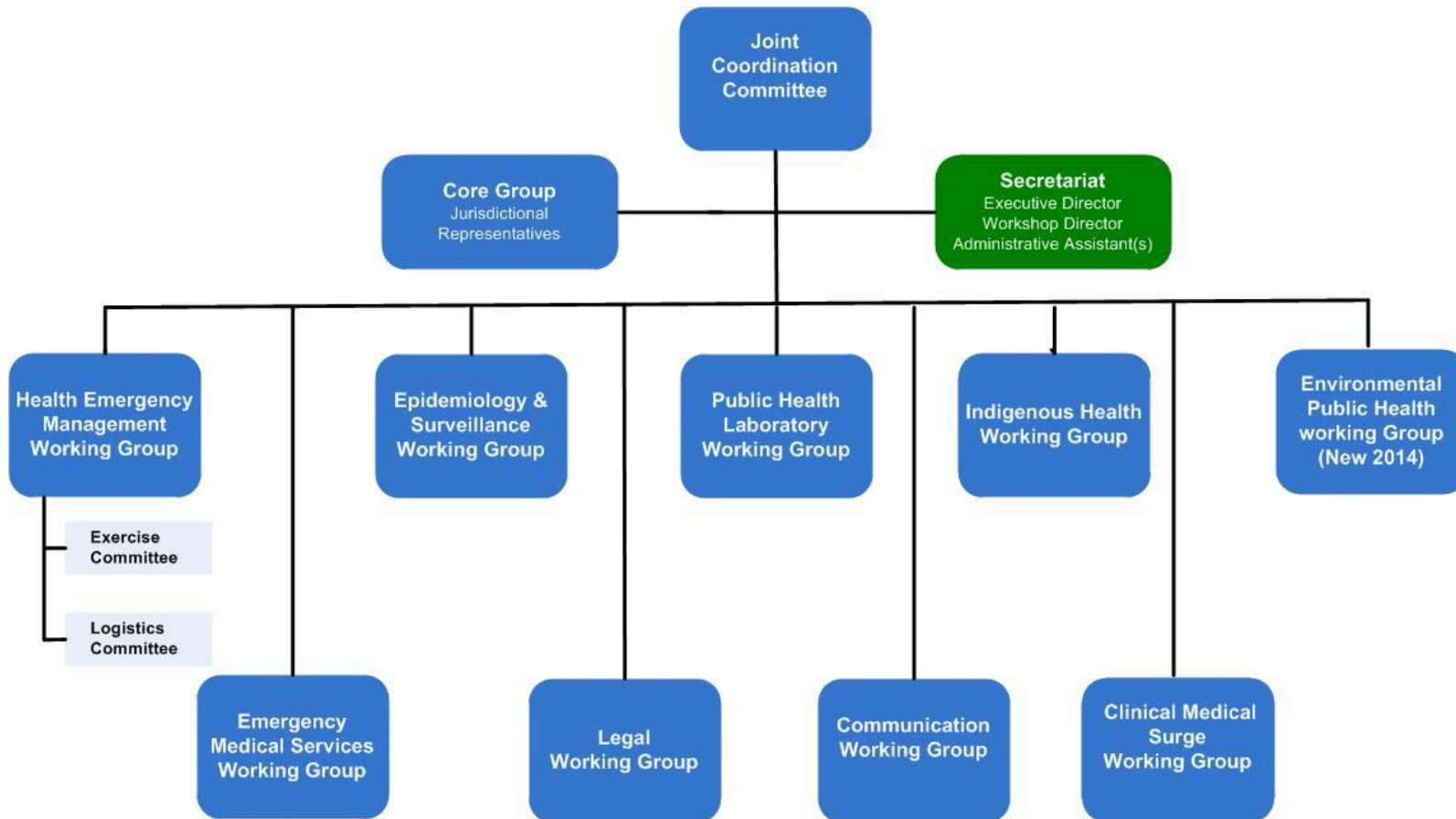
## Annex B

### **Pacific NorthWest Border Health Alliance Functional Working Groups and Sub-Committees**

The following working groups and sub-committees have been approved by the Joint Coordination Committee:

- Emergency Management
  - Exercise Committee
  - Logistics Committee
- Emergency Medical Services
- Epidemiology and Surveillance
  - Food Protection Committee
- Public Health Laboratory
- Indigenous Health
- Communications
- Public Health Law
- Clinical Medical Surge
- Environmental Public Health

### Pacific NorthWest Border Health Alliance Organization Chart



**Note:** Secretariat is administratively supported by the BC Ministry of Health and WA Department of Health