

Bylaws

Revised and Approved by Council Voting Representatives on January 22, 2020

I. History and Purpose

In 2015, the Centers for Disease Control and Prevention's Division of Healthcare Quality Promotion (CDC/DHQP) funded the Association of State and Territorial Health Officials (ASTHO) and the Council of State and Territorial Epidemiologists (CSTE) to create and Co-Chair the Council for Outbreak Response: Healthcare-Associated Infections (HAI) and Antimicrobial-Resistant (AR) Pathogens (CORHA) and serve as Founding Members. HAIs including AR pathogens cause hundreds of thousands of illnesses and deaths among U.S. patients each year. Consistent and coordinated approaches are needed to speed up detection of new threats, develop tools to support outbreak investigation, stop outbreaks from spreading, and better inform prevention activities. The Council will work to 'Build Capacity for Public Health and Healthcare to Improve Outbreak Detection, Response and Prevention.'

II. Mission

To improve practices and policies at the local, state and national levels for detection, investigation, control, and prevention of HAI/AR outbreaks across the healthcare continuum, including emerging infections and other risks with potential for healthcare transmission.

III. Vision

Public health and healthcare collaborating effectively to protect patients and prevent harms from HAI/AR outbreaks.

IV. Membership in CORHA

Member Organizations include the following categories:

1. **Founding Member Organizations** are CDC/DHQP, ASTHO, CSTE and the National Association of County and City Health Officials (NACCHO). Founding member organizations form the CORHA Governance Committee (see Section V.2) and do not have membership term limits.
2. **Stakeholder Member Organizations** serve four-year terms on CORHA and the Governance Committee votes to renew the four-year term of each member organization.
3. **Federal Partner-Liaison Member Organizations** include federal agencies invited to participate on CORHA in a non-voting member capacity. Federal Partner Liaison member organizations serve four-year terms on CORHA and the Governance Committee votes to renew the four-year term of their membership.

V. CORHA's Organizational Structure

CORHA's organizational structure includes organizations, professional associations, and other agencies that have an active interest in delivering safe healthcare and promoting patient safety.

1. **Full Council (CORHA)** – the council refers to the assembly of founding member organizations, stakeholder member organizations and Federal Partner-Liaison member organizations (as defined in Section IV). Each member organization



designates one individual to serve as their representative on CORHA. The number and specific mix of member organizations are approved for addition or subtraction from CORHA through action by the Governance Committee.

2. **The Governance Committee** – the Governance Committee is comprised of representatives from CORHA’s founding member organizations, CDC/DHQP, ASTHO, CSTE, and NACCHO, each of which appoints an individual representative (as described in Section VI below).
3. **Workgroups and Committees** – see Section VIII below for more information.

VI. CORHA Voting Representatives and Responsibilities

Each CORHA member organization (as defined in Section IV) designates one individual to serve as a voting representative on CORHA. The following exceptions apply:

1. CORHA Co-Chair organizations (ASTHO and CSTE) will each have three voting representatives on the Council, one of whom will be designated to serve as Co-Chair on the Governance Committee.
2. Founding Member organizations that are not Co-Chairs (NACCHO and CDC/DHQP) will each have two voting representatives on the Council, one of whom will be designated to serve on the Governance Committee.
3. Federal Partner-Liaison Member Organizations will each have a formally designated representative, but they will participate in a non-voting capacity.

CORHA voting representatives will have a strong scientific background, knowledge of HAI outbreak and response, extensive knowledge of the organization they represent, understanding of HAI policy issues, and be dedicated to the mission and vision of CORHA.

CORHA voting representative responsibilities include:

- Supporting and implementing the decisions of the Governance Committee.
- Approving modifications to the CORHA Bylaws.
- Approving the addition of organizations to add to covered membership.
- Approving changes to CORHA’s vision, mission or Strategic Map.
- Participating in and/or providing support and guidance to CORHA workgroups.
- Participating in in-person meetings and quarterly member conference calls.
- Providing feedback on CORHA initiatives.
- Reviewing, approving and voting on CORHA-developed products.
- Disseminating and promoting final and approved CORHA products.

A. Casting Votes and Quorum

- Regarding CORHA covered business (action), a quorum must be established with a simple majority of the total number of voting representatives for a vote to occur. Each voting representative may cast one vote. For an action to be considered “approved,” the total number of affirmative votes must be equal to the simple majority of the total number of voting representatives.



- If a voting representative knows in advance that he/she will not be present for a vote, that member may designate a proxy (from the same member organization) to vote on his or her behalf.
- CORHA-developed products requiring approval and a vote will follow the processes and guidelines outlined in the CORHA Workgroup to Publication process. CORHA voting representatives will be responsible for obtaining the appropriate level of input from their respective organizations during open review periods.

B. Meeting Attendance and Participation

- The Council will strive to meet quarterly, including two in-person meetings per year (e.g., once in the spring/summer and once in the fall/winter) with intervening meetings occurring via video or teleconference. In-person meetings are subject to availability of Council funds.
- If a voting representative is unable to represent their organization at quarterly meeting, they or their member organizations may propose an alternate. Notification of all proposed alternates must be sent to the Council Co-Chairs and the meeting planning staff as soon as possible prior to the meeting or call. Alternates should have a strong scientific background, knowledge of HAI outbreak and response, extensive knowledge of their member organization they represent and understanding of HAI outbreak policy issues, and CORHA.

VII. CORHA Governance Committee Responsibilities

The CORHA Governance Committee is responsible for providing overall guidance for CORHA. One representative from each of the four founding member organizations (ASTHO, CDC/DHQP, CSTE, NACCHO) serves on the Governance Committee. Governance Committee members are appointed by the organizations they represent and have relevant leadership and management experience. If a Governance Committee member is no longer able to serve on the Governance Committee, the sponsoring organization will present another candidate for consideration.

The Governance Committee strives to make decisions by consensus, but when consensus is not clear, a vote will be conducted. Each Governance Committee member will have one vote and a decision must be approved by at least three-fourths of Governance Committee members.

CORHA Governance Committee responsibilities include:

- Approving changes to CORHA's vision, mission and Strategic Map.
- Providing strategic direction for CORHA.
- Introducing, prioritizing and maintaining a list of proposed CORHA projects for consideration.
- Providing guidance on policy, legal, and financial matters of CORHA.
- Approving new CORHA processes and all internal and external-facing documents bearing the CORHA logo.
- Suggesting, vetting, and approving member organizations to be voted upon by CORHA.
- Approving four-year term renewals for additional member organizations.
- Approving federal liaison member organizations.



- Approving CORHA voting representatives and workgroup members.
- Approving the creation, scope, and goals of workgroups.
- Providing guidance to CORHA workgroups, committees and other initiatives.
- Inviting voting representatives, their alternates, selected non-voting representatives or subject matter experts to CORHA meetings.
- Promoting and representing CORHA at public events.
- Responding to media requests for CORHA.
- Granting permission to persons and organizations who wish to make presentations, announcements to or on behalf of CORHA.
- Attending CORHA meetings and conference calls.
- Providing resolution if conflicts arise with member organizations.
- Advocating for CORHA.

VIII. CORHA Workgroups and Committees

CORHA Workgroups and Committees will be formed to address specific short or long-term projects as approved by the CORHA Governance Committee. CORHA workgroups will be led by a Chair and a Co-Chair, one of whom should be a current CORHA voting representative. If CORHA voting representatives do not volunteer to serve in these roles, the Governance Committee will consider an alternate designee. Individual workgroup members may be identified and recommended by CORHA voting representatives and the Governance Committee. Workgroup members will have a strong scientific background, knowledge of HAI outbreak and response, and be dedicated to the mission and vision of CORHA. The Governance Committee will consider approving the inclusion of workgroup members who do not represent a CORHA member organization, on the advice of the workgroup co-chairs, when this is deemed necessary to expand the subject matter expertise and perspectives represented in the workgroup.

IX. Processes and Guidance Documents

The following documents were developed to support the implementation of these Bylaws and other CORHA activities:

- The CORHA Operating Guidance ([Basecamp](#))
- The CORHA Workgroup to Publication Process ([Basecamp](#))