



CHARTER OF THE ASSOCIATION FOR HEALTH CARE ENVIRONMENT (AHE) OF THE AMERICAN HOSPITAL ASSOCIATION

ARTICLE 1 – NAME AND PURPOSE

The name of the Professional Membership Group (“**PMG**”) shall be the Association for Health Care Environment (“**AHE**”), an operating unit of the American Hospital Association (the “**AHA**”).

AHE’s vision is a commitment to pathogen-free healing environments across all care settings.

AHE advances members’ ability to establish and maintain care environments that are free of environmental surface contamination and that support safety, service, and efficient, effective operations.

AHE supports and advances the vision of the AHA: A just society of healthy communities, where all individuals reach their highest potential for health. AHE, and the professionals it represents, provides a primary professional, technical, and administrative resource for the AHA in formulating policy, determining programming, and fulfilling the AHA’s advocacy role in influencing the public, legislation, and regulations.

AHE functions as a PMG of the AHA operating in accordance with this Charter and AHA policies and procedures, including the AHA PMG Framework, each as approved at the sole discretion of AHA Leadership.

ARTICLE 2 – AHE MEMBERSHIP

Section 1. Eligibility. Membership in AHE is open to professionals in the below categories who support AHE’s vision, goals and objectives; provided that AHE may grant, deny, terminate or withhold membership at its discretion in consultation with the AHE Executive Committee and AHA. A member of each membership type, with the exception of STU membership types, may serve on action teams, vote if a vote is taken, and hold office in accordance with this Charter:

a. Professional Active Member (PAM). PAM membership shall be available to an individual working in a health care facility or system (i.e. an organization that provides direct patient care such as an acute care hospital, long-term care, ambulatory care center, etc.) overseeing environmental services operations.

b. Ally Member (ALLY). Ally membership shall be available to non- environmental services practitioners working full-time in a health care facility who have an interest in the care of the health care environment. This may include but is not limited to professionals in facilities and support services, nursing, infection prevention, human resources, risk management and quality.

c. Associate Member (ASC). ASC membership shall be available to an individual working for a company or organization other than a health care facility if the individual has a demonstrated interest in environmental services operations at health care facilities. For example, ASC members may provide PAM members with professional, technical, consulting services and/or products. This may include personnel from health care manufacturers and suppliers,

distribution companies, societies and associations, foundations, corporations, academic institutions, commercial firms, agencies or organizations and other corporate level professionals.

d. Life Member (LIF). Life memberships shall be awarded to members with thirty (30) consecutive years of membership and/or to AHE Past Chairs (formerly named "Presidents") upon completion of their term of office. Life members shall pay no dues.

e. Retired Member (RET). Retired Membership shall be available to former PAM, ALY, ASC members who have fully retired and still desire to be a member in AHE.

f. Student Member (STU). Student Membership with AHE shall be available to full-time college students taking course work related to any discipline represented by AHE including but not limited to hospitality and nursing. Students cannot be currently employed full time in the health care field. When applying for or renewing student membership, students must provide documentation to validate full-time academic status confirming pursuit of a degree (12+ credit hours for undergraduate, 9+ credit hours for graduate).

g. Group Membership. From time-to-time AHE at its discretion may elect to: Offer group memberships as deemed feasible and appropriate or offer a complimentary (COMP) one-year membership to a contest winner or as a term in a business contract. Complimentary memberships are not offered as a matter of normal business practice or in the case of hardship.

Section 2. Termination of Membership

a. Suspension or Expulsion. Any member may be suspended or expelled for cause upon majority vote of the Advisory Board. The member has the right to submit a written appeal to the Advisory Board no more than thirty (30) days after notification of suspension or expulsion stating why they believe their membership should be reinstated. By a majority vote, the Advisory Board will either decide to uphold the decision or reinstate the member. For purposes of this subparagraph, the term "for cause" shall include, but not be limited to, any of the following:

- Any violation of this Charter, the AHE code of professional conduct, or the policies and procedures established by the AHA.
- Any conduct on the part of the member which the AHA or the Advisory Board believes is prejudicial to the interests and welfare of AHA including AHE and its members.

b. Loss of Eligibility. Should a member no longer meet the membership eligibility in their current AHE member category, the member shall retain membership status and privileges until the current paid membership term expires; at which time the membership category will be re-evaluated in accordance with this Charter.

c. Nonpayment of Dues. Membership of any person who is 60 days in arrears in the payment of annual dues will be automatically terminated.

d. Resignation. A member may resign membership from AHE at any time. Such resignation shall be in writing to the Executive Director or their designee and is without a refund in dues.

ARTICLE 3 – ADVISORY BOARD

Section 1. Composition. The AHE Advisory Board shall be composed of eleven (11) members: Chair, Chair-elect, past-Chair; seven (7) At-Large Members (defined below) and one (1) Industry Liaison Member (defined below) who is an Associate Member (ASC). The Chair shall run the Advisory Board meetings. There shall be no more than three (3) ALY At Large members on the Advisory Board at any given time.

The Chair, with the approval or recommendation of the Advisory Board and approval of the Executive Committee (described below), may appoint one non-voting Special Advisory Board Advisor to fill a critical role not filled by the sitting Advisory Board for a specified period not to exceed three years. A member of the AHA Executive Management Group (EMG) may attend Advisory Board meetings as a guest.

Section 2. Eligibility. In accordance with this Charter, Professional Active Members (PAM), Ally Members (ALY), Retired Members (RET), Life Members (LIF) and individuals within a Group membership if they meet, as an individual, the eligibility requirements of a PAM or ALY membership, may apply for nomination as an “**At-Large Member**” to the Advisory Board. Associate Members (ASC) may apply for nomination as an “**Industry Liaison Member**” to the Advisory Board, provided the applicant meets the following conditions:

- a. All such applicants must have held AHE membership for a minimum of two (2) years at the time of application.
- b. Members seeking nomination must be AHE members in good standing at the time of application and appointment. A member is in good standing when the member meets all membership eligibility requirements and is current on AHE dues payments for the preceding twelve (12) months.

Section 3. Appointment and Term.

- a. **Appointment.** AHE members will be notified about open Advisory Board seats by membership category and given application steps. The Nominations Committee will review the applications, vet and select the new Advisory Board member(s) and notify the Advisory Board.
- b. **Term.** At-Large and Industry Liaison Advisory Board members shall serve three-year terms. An At-Large Advisory Board member who has served two full consecutive terms shall not be eligible to re-apply for nomination until one (1) year has passed. Any Industry Liaison Advisory Board member who has served one three-year term will not be eligible for reapplication for nomination until 3 years have passed.

Section 4. Forfeiture of and Removal from Office. Members of the Advisory Board shall automatically forfeit their office if their membership terminates pursuant to Article 2, Section 2. Members of the Advisory Board are subject to removal from office for failure to fulfill the duties of office by a vote of two thirds of the Advisory Board, not counting the members (s) subject to removal. The member subject to removal shall abstain from voting.

If an Advisory Board member is in employment transition, the Chair and Executive Director must be notified immediately. Advisory Board service may continue while unemployed up to six (6) months or until the end of the specific term as defined, whichever comes first.

Upon re-employment, eligibility must remain in accordance with this Charter to retain the position as an Advisory Board member.

Section 5. Vacancies. Should a vacancy occur on the Advisory Board, other than the offices of the Immediate Past Chair, Chair-elect and Chair, the position may remain vacant until the end of the calendar year. Advisory Board shall appoint an eligible member to fill the open position as per section 3a.

Section 6. Powers. AHE’s Advisory Board, consistent with the AHA’s mission, goals and objectives, shall consult with the AHA including AHE’s Executive Director on industry matters that may impact AHE.

ARTICLE 4 – ADVISORY BOARD LEADERSHIP

Section 1. Eligibility. Only Professional Active Members per Article 2, section 4, can hold the office of Chair. An individual cannot hold the office of Chair within one year following service in the office of Past Chair nor can they stand for application and nomination for any other Advisory Board leadership seat within one year of holding the office of past Chair.

Section 2 Advisory Board Leadership. The Advisory Board leaders shall be composed of the Chair, Chair-elect and Past Chair. Such leaders provide insights and expertise to AHE and help ensure strategic alignment with AHA.

Section 3. Election and Term. The Chair-elect shall be elected by simple majority of the sitting Advisory Board members. Advisory Board members who are candidates running for Chair-elect are not eligible to vote. Absentee voting will be permitted. The absentee ballot shall be submitted to the Executive Director in advance of the confidential ballot being cast. In the event of a tie vote, the Advisory Board shall cast one additional confidential ballot. If the tie is not broken, the final determination shall be made by the sitting Chair.

The term of the Chair, Chair-elect and Past Chair is two years.

Section 4. Forfeiture and Removal. Advisory Board leaders shall automatically forfeit their role if their AHE membership terminates pursuant to Article 2, Section 2. Such leaders are subject to removal from their leadership role for failure to fulfill the duties of the role by two thirds vote of AHE's Advisory Board.

Section 5. Duties. The AHE Chair shall preside over all meetings of the Advisory Board. The Chair-Elect shall perform the duties of the role of the Chair whenever the Chair is unable to do so.

Section 6. Vacancies. If the role of Chair becomes vacant, the Chair-Elect shall immediately become Chair for the duration of the unexpired term and shall continue to serve as Chair for the subsequent term. If the role of Chair-Elect becomes vacant, the person who received the next highest number of votes for Chair-Elect in the most recent previous election shall become Chair-Elect. At AHE's next regular election, a Chair-Elect shall be elected in accordance with the provisions of this Charter.

Section 7. Other Support. AHA may appoint members of its staff to undertake roles assigned to them by AHA to support the Advisory Board.

ARTICLE 5 – CONFLICTS OF INTEREST OF ADVISORY BOARD MEMBERS AND LEADERS

Advisory Board members shall disclose, in accordance with the AHA PMG Framework and AHA policies, any interest that is or might result in a conflict of interest or appearance of a conflict of interest and shall otherwise comply with such framework and policies toward mitigating any actual or perceived conflict. Unresolved conflicts may result in suspension or removal from the Advisory Board as determined by the AHA.

ARTICLE 6 – COMMITTEES, OTHER GROUPS AND ACTION TEAMS

AHE shall have an Executive Committee as set forth in the AHA's PMG Framework.

AHE shall also have a Nominations Committee composed of the three most immediate past AHE Chairs and four At Large Members, each as appointed by the AHE Executive Director in consultation with the Executive Committee. The AHE Executive Director, in consultation with the Executive Committee, may appoint and remove the Nominations Committee chair.

Other groups and action teams may be established and disestablished by the Chair, subject to Executive Committee approval for purposes compatible with the vision, goals and objectives of AHE. The Chair may also appoint individuals to member groups or action teams subject to Executive Committee approval. All individuals serving in AHE groups or action teams shall be AHE members and all groups and action teams shall be chaired by a member of AHE.

ARTICLE 7 – CHAPTERS

AHE may allow for local, state, or international chapters. Such chapters shall be further defined by the form Chapter Agreement approved by the AHA in consultation with the AHE Executive Committee.

Any state or local chapter under this article is not an extension or part of AHE or an operating unit, affiliate, or subsidiary of the AHA but rather a distinct legal entity outside the ownership or control of the AHA; any such chapter is, therefore, responsible for maintaining its own financial records, filing appropriate notices and forms with state and federal income tax authorities, maintaining necessary insurance coverage, and so forth.

ARTICLE 8 – AMENDMENT

This Charter may be amended at the sole discretion of the AHA after consultation with the AHE Executive Committee and the AHE Advisory Board, and the AHE Advisory Board may propose changes to this Charter at any time through the Executive Director.