DEFENSE COMMITTEE ON TRAUMA (DCOT)
CHARTER

1. PURPOSE

The overall purpose of the Defense Committee on Trauma (DCoT) is to provide subject matter expertise to support the mission of the Joint Trauma System (JTS) to improve trauma readiness and outcomes through evidence-driven performance improvement (PI). The DCoT membership provides input and support to the Chief, JTS, on Tactical, En Route, and Surgical Combat Casualty Care through the ongoing development of evidence-based, best-practice guidelines designed to maximize survival in combat casualty care.

The three Component Committees of the DCoT are the Committee on Surgical Combat Casualty Care (CoSCCC), the Committee on En Route Combat Casualty Care (CoERCCC) and the Committee on Tactical Combat Casualty Care (CoTCCC). Each Component Committee is responsible for a discrete portion of the combat casualty care continuum in terms of guidelines and products that support combat casualty care. The goal is to provide best practice procedures throughout the Department of Defense (DoD).

When directed by the Chief, JTS, affiliate committees may be organized or associated with the DCoT as outlined in a memorandum of agreement (MOA). The MOA will identify tasks to improve guideline development for operational support for combat casualty care and the deployed health care environment. When directed by the Chief, JTS, Working Groups (WGs) can be established. WGs are task specific and meant to address a specific problem. They are not enduring, but the JTS will support their meetings. WGs are cross-functional and made up of members from each Component Committee as well as invited Subject Matter Experts (SMEs). WGs will be chartered under the DCoT and will exist until the specific task has been addressed.

2. RESPONSIBILITIES

The Defense Committee on Trauma will:

- Make DoD trauma care delivery policy-related recommendations to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) and the Service Surgeons Generals through the Defense Health Agency (DHA) Director and provide trauma subject matter expertise across the DoD.

- Develop, approve, and review Clinical Practice Guidelines (CPGs), and make recommendations to the Chief, JTS, regarding needed changes and gaps.

- Review current training and sustainment programs to identify gaps, and recommend specific modifications, based on existing combat casualty care research findings and the most up-to-date state of the science and proven medically-related tactics, techniques, and procedures.

- Inform the DoD Medical Research, Development, and Acquisition Enterprise on current research and performance capability gaps that can be addressed with research, materiel, and training solutions.

This Charter does not limit the authorities or responsibilities of the ASD(HA), Director, DHA, the Services' medical departments, or other organizational entities represented on the DCoT.

3. REPORTING RELATIONSHIPS

Pursuant to DoD Instruction 6040.47, the Chief, JTS, reports directly to the DHA, Assistant Director, Combat Support (AD-CS), and in coordination with the Military Services, has the authority to communicate and collaborate with Combatant Command elements that impact trauma care.

The Chief, JTS, exercises authority, direction, and control over the Chief, DCoT. The Chief, DCoT, reports directly to the Chief, JTS, and oversees the development of standards for optimal combat casualty care to maximize casualty survival and medical readiness throughout the DoD.

After Action Reports from each of the three DCoT committees will be submitted to AD-CS within 60 days of a Committee meeting with copies to the Service Surgeons General, the Office of Joint Staff Surgeon and Combatant Command Surgeons.

4. MEMBERSHIP AND VOTING

The DCoT Chair and support staff positions are intended to be static. Membership and Voting Procedures for DCoT Component Committees are directed by the Chair and Program Mangers.

Membership consists of the following:

Voting Members:

- Chief, JTS
- JTS, Senior Enlisted Advisor (SEA)
- Chief, DCoT
- Consultants/Specialty Leaders for Trauma Care designated by the Surgeons General of the U.S. Army, Navy, and Air Force
- The voting members of the three DCoT Component Committees
- Chief, Performance Improvement Branch, JTS
- Chief, Joint Trauma Education and Training Branch (JTET), JTS

Other Attendees:

- Attendance is by invitation only, and must be approved in advance by the Committee Chair.

5. MEETING MANAGEMENT

- The Component Committees, as well as the WGs, will meet an estimated four times a year for informational and/or decision meetings.
    - At least two meetings of each committee per year shall be in person, pending approved funding.
    - There will be one in-person meeting each year of the entire membership of the DCoT. This will also provide an opportunity for cross-committee functional working groups to meet in person.
- The JTS will fund the temporary duty authorization (TDY) of all voting members, speakers, the DCoT SMEs, and committee staff, along with JTS leadership, as needed to accomplish the mission of the committee. In accordance with DoD financial regulations, contractors will not be funded.

- The Chief, DCoT, assisted by Committee Chairs and Program Managers, will develop an annual projected budget, spend-plan and funding requirements for component committees and WGs.

  Program Managers will coordinate:
    - Meeting package submission
    - Agenda development
    - Presentations
    - Guest speakers
    - General Officer and VIP invitation

  The JTS website is the authorized repository for DCoT productivities:
    - CPG's
    - Meeting minutes
    - Journal watch
    - Current news

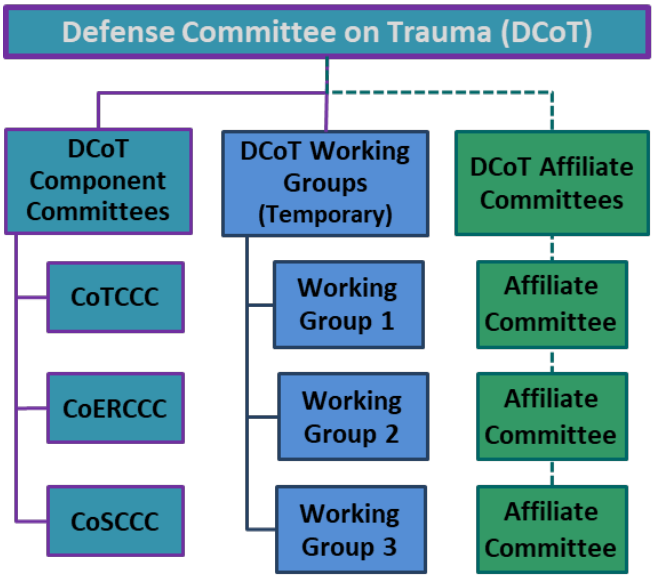
6. DELIVERABLES

- Input to the military health system (MHS) Governance Registry, which captures key information regarding all active Governance bodies.
- The DCoT will produce CPGs and Tactical Combat Casualty Care (TCCC) Guidelines that are evidence-driven, best-practice recommendations to the DoD for providing optimal combat casualty care to our nation's combat wounded. Each component committee within the DCoT is responsible for the guidelines particular to their phase of care.
- Advise the Chief, JTS, on DoD trauma care delivery processes, procedures, materiel, initiatives, standards, capabilities, education, training, and combat casualty care research gaps.
- Leverage bi-directional civilian partnerships to assist in the development of standardized processes for evaluation, selection, verification, adaptation, and sustainment of new platforms.
- Recommend changes and updates to the Chief, JTET Branch, JTS, on joint standardized combat casualty care instruction for all members of the DoD, including the use of standardized trauma training.
- Advise Chief, JTS, on individual and team competencies necessary for the provision of combat casualty care.
- Advise the Chief, JTS, on required DoD medical individual and medical unit collective care delivery standards, and the corresponding individual and unit education, training, and sustainment requirement.

7. DURATION

This charter becomes effective upon signature. The charter will remain active and current for three years before requiring renewal unless revision is necessary before that time. The Chief, JTS, under the authority, direction, and control of the AD-CS, shall approve interim revisions to the DCoT charter's appendices, and references as required. Amendments to this charter may be proposed by the Chief, JTS, the Chief, DCoT, or the chairs of any of the three DCoT Component Committees. Revisions to this charter shall not take effect until the new charter is signed by the AD-CS.

8. ORGANIZATIONAL CHART



9. REFERENCES

- DoD Instruction 5105.18, DoD Intergovernmental and Intragovernmental Committee Management Program, July 10, 2009, incorporating change 2, Apr 8, 2019.
- DoD Instruction 6040.47, Joint Trauma System (JTS), 28 Sept 2016, incorporating change 1, August 5, 2018.
- DoD Directive 5500.7-R, The Joint Ethics Regulation (JER), Nov 17, 2011.
- DoD Instruction 5015.02, DoD Records Management Program, Feb 24, 2015 as amended August 17th, 2017.
- DoD Instruction 1322.24, Medical Readiness Training (MRT), 16 Mar 2018
- DoD Conference Guidance, Version 4.0, Jun 26, 2016.
- Public Law 114-328, Section 708, "National Defense Authorization Act for Fiscal Year 2017," Dec 23, 2016.

APPROVAL

PAYNE.LEE.E.1104532809 Digitally signed by PAYNE.LEE.E.1104532809 Date: 2020.03.26 12:37:37 -04'00' 03/26/2020

Lee E. Payne Date
MAJ GEN, USAF, MC, CFS
Assistant Director, Combat Support

APPENDIX A

BYLAWS AND OPERATING PROCEDURES FOR COMPONENT COMMITTEES AND AFFILIATE COMMITTEES OF THE DEFENSE COMMITTEE ON TRAUMA

1. APPLICABILITY. The bylaws and operating procedures of the DCoT are applicable to all of the Component Committees and Affiliate Committees of the DCoT, as well as working groups, liaisons, panels, and advisory personnel chartered as part of the DCoT. Individual committees may add specific requirements based on committee missions but are not authorized to deviate from these bylaws.

2. VOTING MEMBERSHIP OF DCOT COMPONENT COMMITTEES

a. New Member Recommendations. Recommendations for new DCoT members are made by each committee's membership sub-committee based on the individual's subject matter expertise and personal experience.

b. Voting Member Numbers. The number of voting members shall be a minimum of 25 and a maximum of 50, including the Component Committee Chair, the Vice-Chair (if applicable), the Chief, JTS, the SEA, JTS, and the Chief, DCoT.

c. All Services Membership. The membership shall include individuals from all Services in the U.S. Military and must be either:

(1) Military (active duty, reserve, or activated National Guard; or

(2) Full-time or permanent part-time Federal officers or employees.

d. Membership Qualifications. Each component committee will maintain an appropriate number of members with an optimized mix of skill sets and service affiliations to fulfill its core mission. Qualifications for voting members are specified in each component committee's bylaws.

e. Voting Membership Selection

(1) Membership candidates shall be nominated to the Membership Subcommittee of each component committee.

(2) Nominations may come from any source, including self-nomination.

(3) Nomination packets will include a committee demographic information sheet, and a curriculum vitae and/or resume.

(4) Candidates must be willing and able to serve at least one 2-year term as a voting member.

(5) There will be a membership database to include candidates for membership maintained by each of the component committees, and reviewed annually or more frequently, as needed, or as directed by the Chief, DCoT.

(6) The Membership Subcommittee will review nominations and make recommendations to the Component Committee Chair and Chief, DCoT, when openings for voting members become available.

(7) The Component Committee Chair will accept or reject the recommended nominees.

(8) The Component Committee Chair's selections for members are forwarded to the Chief, DCoT, for review and the Chief, JTS, for approval.

(9) Once the above steps have been accomplished, the new committee member will be appointed in writing by the Component Committee Chair. The appointment letter will include the new member's start date, term period, and expectations of membership.

(10) Upon acceptance of membership appointment, the new member will provide a signed ethics agreement, affiliation statement, and financial disclosures (SD Form 830) in accordance with DoD Directive 5500.7-R. Renewed members will do so only if their situation has changed from initial membership. In certain rare situations, a non-disclosure agreement (NDA) will be completed if sensitive, proprietary, or classified information is discussed or accessed during a Component Committee, Subcommittee, Working Group or Affiliate Committee meeting.

(11) If nominees are rejected by the Component Committee Chair, the Chief, DCoT, or the Chief, JTS, then the nomination process is reinitiated.

f. Membership Terms for Voting Members

(1) Voting Membership shall be granted for a term of two years.

(2) Membership will be reviewed at the end of each two-year cycle for renewal consideration.

(3) There is no limit on the number of terms a given member may serve.

g. Membership Renewal

(1) The Component Committee Chair will review committee members at two-year intervals (minimum) to determine their suitability for continued membership on the committee.

(2) Considered criteria for continued membership beyond the first term are satisfactory performance and contributions as a committee member as determined by the Component Committee Chair and program manager. Other considerations may include attendance at committee activities (unless deployed), active participation in sub-committees or working groups, lead or participate in committee activities, change proposals, curricula review, or guideline development.

h. Revocation of Voting Membership

(1) Disqualification by virtue of a change in status related to the eligibility of the individual to serve, in accordance with paragraph 2.c above.

(2) Unsatisfactory participation and contributions as a member of the Component Committees (as determined by the Component Committee Chair in consultation with the Component Committee Membership and Bylaws Subcommittee).

(3) Ethical violations (e.g., failure to disclose a financial relationship with a company involved in the manufacture or sale of committee-related equipment) or unsatisfactory participation and contributions as a committee member (as determined by the Component Committee Chair in consultation with the Membership and Bylaws Subcommittee) shall be grounds for revocation of membership.

(4) Misconduct as determined by the Component Committee Chair in consultation with the Chief, DCoT, in consultation with the Chief, JTS.

i. Voting Membership Revocation Process

(1) The names of members whose membership is to be considered for revocation will be submitted to the Membership and Bylaws Subcommittee.

(2) The Membership and Bylaws Subcommittee shall review each such submission and make a recommendation on revocation to the Component Committee Chair.

(3) Revocation of membership shall require a majority vote of the Membership and Bylaws Subcommittee, and must be approved by the Component Committee Chair and the Chief, DCoT, in consultation with the Chief, JTS, possessing overall approval and authority.

j. Voting Membership Resignation. DCoT Component Committee voting members who find themselves unwilling or unable to serve for either professional or personal reasons may resign from the Committee by submitting their resignation in writing to their respective Component Committee Chair.

3. NON-VOTING DCOT COMPONENT COMMITTEE LIAISON MEMBERS

a. Non-Voting Liaison Appointments. Non-voting liaisons can be requested by the Component Committee Chair and appointed by their respective organization, Command, Service or federal agency. Component Committee Chair and/or Chief, DCoT, will submit written requests to organizations to identify current or replacement liaisons when necessary. Liaisons are to be subject-matter experts related to the committee's activities and the Component Committee Chair may request alternatives and submit recommendations based on suitability. Liaisons may be invited to activities while occupying their respective position and invitation to those activities will terminate upon change of status.

b. Non-Voting DoD Liaison Organizations. DoD organizations who, at the discretion of the Component Committee Chair, have the opportunity for representation as non-voting liaisons include:

- Office of the Secretary of Defense
- Defense Agencies
- Service Secretaries Staff
- DoD Field Activities
- DoD, Office of the Inspector General
- Combatant Commands
- Joint Chiefs of Staff
- NATO Allies
- Military and Federal Medical Research, Development, Testing and Evaluation Institutions
- Other organizations as approved by the Chief, JTS.

c. Non-Voting Federal Liaison Agencies. Federal agencies with tactical medical missions or defined interests in combat casualty care may provide non-voting liaisons if the Component Committee Chair deems appropriate; those agencies include:

- Department of Justice (DoJ)
- Department of State (DoS)
- Department of Homeland Security (DHS)
- Department of Transportation (DoT)
- Department of the Interior (DoI)
- Department of Energy (DoE)
- Department of Health & Human Services (DHHS)
- Central Intelligence Agency (CIA)
- Department of Veterans Affairs

d. Allied/Partner Participation. Allied and partner nation military medical personnel participate in DCoT activities at the discretion of the Component Committee Chair.

e. Non-Voting Liaison Participation. Non-voting liaisons may be invited to participate in committee activities based on their role and the objectives of the activity.

f. Liaison Conflict of Interest/Financial Disclosures. As determined by the Component Committee Chair, and depending on the meeting or activity, non-voting liaisons may be required to submit conflict of interest and financial disclosure forms.

4. OTHER PARTICIPANTS IN DCOT COMPONENT COMMITTEE MEETINGS

a. Subject Matter Experts. The Component Committee Chair may invite SMEs in prehospital emergency medicine or trauma care to attend DCoT Component Committees meetings at his or her discretion.

b. Non DCoT Members. Individuals who are not DCoT Component Committee voting members wishing to attend a meeting of the committee must obtain prior approval from the Component Committee Chair.

c. Guests. Members of the DCoT Component Committees wishing to have guests attend a meeting of the committee must obtain prior approval from the Component Committee Chair.

d. Vendors. Vendors of combat casualty care products, procedures or services will attend meetings only when invited by or coordinated through the Component Committee Chair to participate in a particular discussion or to present material proposed by committee members or other SMEs. Vendors may only be present during the presentation of their products.

e. Stakeholders. The Component Committee Chair may invite any stakeholders as well as other SMEs to present to the DCoT Component Committee at their discretion.

5. SUBJECT MATTER EXPERT ADVISORS.

a. Subject Matter Expert Roster. The JTS will maintain a roster of individuals with subject matter expertise in combat casualty care, prehospital, en route care, emergency, operational medicine, trauma surgery, education and training, joint operational information systems, capability development and integration, acquisitions, medical logistics, and DoD policy.

b. Non-voting SME Disclosures. Non-voting SME individuals will submit a curriculum vitae, conflict of interest statement and financial disclosures (SD Form 830). These documents will be maintained by the component committee administrator. Attendees will be given the opportunity to update these forms annually.

c. Non-voting SME Participation. Non-voting SME individuals may be invited to participate in DCoT and committee activities and/or working projects based on the objective of the event or project, their individual relevance to the objective, and provided they have no conflicts of interest.

d. SME Advisors.

- The SME advisors are not a voting body or consensus panel.
- The SME advisors are nominated by the Component Committee Chairs to the Chief, DCoT, and approved by the Chief, JTS.

6. SUBCOMMITTEES AND WORKING GROUPS.

a. Additional Subcommittees/Working Groups. When required, additional subcommittees or working groups may be formed or disbanded by direction of the Component Committee Chair. Subcommittees are generally organized as working groups with specific tasks or task areas.

b. Subcommittee/WG Formation/Disbanding. Subcommittees or working groups may be recommended by committee members and will be formed or disbanded by direction of the Component Committee Chair.

c. Subcommittee/WG Meetings. Subcommittees and working groups may meet routinely as needed either monthly, quarterly, or semi-annually. Subcommittees may conduct meetings in conjunction with main committee meetings or other events, by routine teleconferences.

d. Deliverables. Deliverables of subcommittees and working groups:

(1) Subcommittee or working group activities will focus on a task or task area with specific purposes, with follow-on deliverables to the full committee for recommendation or decision must be willing and able to serve at least one 2-year term as a voting member.

(2) Deliverables may be in the form of change proposals, presentations, information papers, CPGs, operational planning guidelines, or position statements.

e. Committee/Subcommittee Perpetuity. Each Component Committee Membership and Bylaws Subcommittees shall be a permanent standing subcommittee, numbering six to eight individuals. CoTCCC and CoERCCC will maintain a minimum of 30 percent enlisted military medical members (e.g., medics, Corpsmen, 18-Ds, or pararescuemen). The CoSCCC will maintain 15-30 percent of the membership of the bylaws subcommittees as enlisted military medical members.

7. MEETINGS, EVENTS, AND ACTIVITIES

a. Objectives, Agendas, Requirements, Deliverables. All component committee activities and events will have clearly identified objectives, agendas, attendee requirements, and deliverables. All meetings will publish meeting minutes to be maintained in accordance with DoD Instruction 5015.02.

b. Types of activities and events:

(1) Working group or subcommittee meeting—small groups/individuals focused on a specific project with specific deliverables—which may be conducted in-person or remotely.

(2) Information, action and/or pre-decision meetings—voting members, specified liaisons and SME advisors, and invited speakers/guests—to receive/exchange information, presentations, review proposals/recommendations by working groups or subcommittees and decision-making considerations.

(3) Presentation events for larger groups of combat casualty care stakeholders to promote and inform organizations on JTS and committee recommendations and programs.

c. Meeting Intervals. The component committee will meet an estimated two to four times a year for information, action and/or pre-decision meetings.

(1) At least two meetings per year shall be in person if funding is available because alternate means such as Secure Video Teleconference (SVTC) or other web-based communications are not sufficiently able to accomplish travel objectives.

(2) TDY Funding. The JTS will fund the temporary duty (TDY) authorization of all voting members, speakers, SME advisors, and committee staff, along with JTS leadership as needed to accomplish the mission of the committee.

d. Subcommittees Meet as Required

(1) Typically, subcommittee meetings will occur during general meetings and by remote means.

(2) When required, subcommittee members' temporary duty (TDY) authorizations may be funded by the JTS as internal business meetings when alternate means such as Secure Video Teleconference (SVTC) or other web-based communications are not sufficiently able to accomplish committee objectives.

(3) Sub-committees and working groups will meet as required. Typically, subcommittee meetings will occur during general meetings and/or by remote means. When required, subcommittee members' TDY authorizations may be funded by the JTS as internal business meetings when alternate means such as Secure Video Teleconference or other web-based communications are not sufficiently able to accomplish mission objectives. Reference Appendix E Working Groups.

e. Coordination and Funding

(1) Specialty committees will be coordinated and funded within JTS-programmed budget allocations or as directed by DHA.

(2) Affiliate committees will be coordinated and funded by their parent organization or as directed by DHA.

8. CHANGES TO THE DCOT GUIDELINES OR OTHER COMMITTEE PRODUCTS.

a. Due diligence: TCCC Guidelines, JTS CPGs or other products as directed by the Component Committee Chair.

(1) New guidelines and changes to the CoTCCC Guidelines and the JTS CPGs and committee products will be proposed by a DCoT Component Committee voting member.

(2) The Component Committee Chair will announce the proposed change to the entire component committee membership via e-mail or at a meeting and will identify advocates for the proposed change as well as for all competing positions.

(3) Position papers for proposed substantial changes and competing positions will be submitted to the Component Committee Chair as DCoT Component Committee agenda items at least 30 days prior to scheduling the proposed change.

(4) The Component Committee Chair may invite SMEs as appropriate to attend the DCoT Component Committee meeting at which the proposed change will be discussed.

b. Change Approval: A 75 percent majority vote of the full voting membership of the Component Committee is required to approve a change to a JTS Clinical Practice Guideline or change the TCCC Guidelines.

c. Amendments/Proposals. Military Services or combat casualty care stakeholders may submit a recommended amendment or proposal to JTS that may be considered by the DCoT or committees. Recommended amendments will be submitted in writing to the chair with supporting evidence or requirements for changes. Submitted amendments will be reviewed by the chair for consideration by the committee for sponsorship determination or working group review.

9. DCOT COMPONENT COMMITTEE VOTING PROCEDURES

a. Votes are primarily focused on changes to JTS Clinical Practice Guidelines or the TCCC Guidelines but may be utilized for consensus toward other committee deliverables such as research priorities or recommended skill sets.

b. Votes will be conducted electronically through a secure web-based system. Electronic votes require a suspense for completion of voting on a topic, and all voting members must respond in the allotted time period.

c. All votes will be collated and counted by the Chair and the Administrative Assistant. Records of votes will be maintained in the committee database.

d. A 75 percent majority of voting members of a component committee is required for approval of a change proposal or committee product.

e. Proxy votes are not authorized. Only voting committee members will have a vote. Votes for recommended changes to the Clinical Practice Guidelines or content will be forwarded by the Chief, DCoT and the Chief, JTS, for review and approval. The Chief, JTS, will either approve the change or return it to the committee with recommendations for further action.

10. DCOT COMPONENT COMMITTEE STAFF

a. The DCoT requires a core staff to support its mission. This staff will collect input from uniformed service members and other SMEs, services, laboratories, research and performance improvement activities, medical literature, and other items as directed by the Chief, DCoT, and the DCoT Component Committee Chairs.

b. The staff will coordinate committee functions as required to maintain updated and optimized combat casualty care guidelines.

11. ETHICS

a. Members of the DCoT and its component committees will follow U.S. government guidelines contained in DoD Directive 5500.7-R ,Joint Ethics Regulation (JER).

b. No individual who actively markets or distributes medical treatment equipment potentially related to DCoT will be a voting member of the DCoT. Any individual with financial interest of any type in prehospital, surgical, trauma, evacuation, or combat casualty care equipment is required to both disclose that interest in committee discussion and recuse from any votes pertaining to that product. Any individual with declared conflicts will be recused from votes or chairing any sub-committees or working groups pertaining to those products.

c. Each meeting of the DCoT component committees, subcommittees, or working groups will begin with a verbal disclosure of any potential conflicts of interest related to the agenda for that meeting from both DCoT members and guests. Voting members and SME advisors will update their financial disclosure documents on file as needed.

d. Specific ethics issues raised to the Component Committee Chair will be referred to the Chief, DCoT, the Chief, JTS, and referred as needed to DHA Office of General Counsel.

e. All DCoT staff, voting members, SME individuals, liaisons, and DCoT activity participants in rare circumstances may be required to sign non-disclosure agreements based on sensitive or proprietary material involving research or combat casualty care products and services.

12. RECORD KEEPING AND PUBLICATIONS

a. Detailed minutes of meetings shall be recorded, reviewed by the membership, signed by the Chair, and maintained in accordance with DoDI 5015.02.

b. Records of Committee membership and dates of terms shall be kept. A database of committee members, SME advisors, liaisons, and meeting attendees will be maintained.

c. Records of changes to committee guidelines shall be maintained for historical continuity. These shall include:

(1) All position papers submitted on proposed changes will be maintained.

(2) All presentations at meetings, key references, and citations will be maintained.

(3) All committee-related publications, change proposals, textbook content, and research documents will be maintained by the JTS.

d. All final reports, work papers, background papers, graphic designs, and desktop publishing files generated by and for DoD intergovernmental or intragovernmental committees shall be considered property of the U.S. Government and shall be maintained in accordance with DoDI 5015.02.

13. AMENDING THE CHARTER

a. Amendments to the charter may be proposed by a Component Committee Chair, any voting member, the Chief, DCoT, or the Chief, JTS.

b. Drafts of proposed amendments shall be prepared by the component committee staff and Membership and Bylaws Subcommittees.

c. Proposed amendments will be reviewed by the component committees.

d. Amendments shall be forwarded to the DCoT Chair and the Chief, JTS, for approval or reconsideration. Amendments shall not take effect until the new charter is signed by the DHA AD-CS. The charter shall be reviewed by the Membership and Bylaws Subcommittees every three years, or as needed or as directed by the Chief, JTS.

14. CORRESPONDENCE. Official correspondence or communications to and from the component committees will be conducted through the Chief, DCoT, 3698 Chambers Pass, JBSA Ft Sam Houston TX 78234-7767; phone: 210-539-9174 and mail to: DCoT Mail group.

APPENDIX B

COMMITTEE ON TACTICAL COMBAT CASUALTY CARE

1. MISSION. The Committee on Tactical Combat Casualty Care (CoTCCC) will develop, on an ongoing basis, the best possible set of evidence-based prehospital trauma care guidelines customized for the tactical environment and will facilitate the transition of these recommendations into DoD battlefield trauma care practice through the DHA Director, the Service Surgeons General, the Joint Staff, and the Combatant Commands.

2. COTCCC COMMITTEE STAFF.

The committee requires a core staff to support its mission. This staff will collect input from uniformed service members and other SMEs, services, laboratories, research and performance improvement activities and medical literature for the use of the committee. The staff will coordinate committee functions as required to maintain updated and optimized Tactical Combat Casualty Care (TCCC) Guidelines. The CoTCCC staff should include as a minimum:

a. CoTCCC Chair

(1) The CoTCCC Chair is a required and authorized physician position with extensive TCCC experience, selected by the Chief, JTS.

(2) The CoTCCC Chair is responsible for directing all aspects and efforts of the CoTCCC as it assimilates input from a multitude of sources on the success of the current TCCC Guidelines on the battlefield, and monitors emerging information and technology relating to battlefield trauma care that could be considered for inclusion in future TCCC Guidelines.

(3) The Chair serves as a voting member of the Committee on TCCC, exercises control over CoTCCC subcommittees and working groups, and ensures that the committee operates within the guidelines of this charter.

b. TCCC Program Manager

(1) The TCCC Program Manager (PM) is a required and authorized position with extensive operational TCCC experience as a Medic, Corpsman, or pararescue, selected by the Chief, JTS.

(2) The TCCC PM assists and facilitates all program management functions of the committee including periodic meetings, workshops, web/teleconferences, resource management, publications, and liaison activities or additional duties assigned by the Component Committee Chair.

(3) The TCCC PM serves as the vice chair, is a voting member of the CoTCCC, and assists facilitation of subcommittees and working groups. In the absence of the CoTCCC Chair

or as directed by the Chief, DCoT, in the absence of a Component Committee Chair, the TCCC PM may assume the duties as temporary chair of the CoTCCC.

(4) The TCCC PM liaisons with the Joint Trauma Education and Training (JTET) Branch of the JTS to facilitate TCCC curricula development and integration. As required, the TCCC PM may be designated the chair or the CoTCCC representative of TCCC-related education and training working groups.

c. TCCC Senior Administrative Assistant

(1) The TCCC Senior Administrative Assistant (SAA) is an authorized and required position.

(2) The TCCC SAA facilitates administrative functions of the CoTCCC staff, meetings, workshops, record-keeping, publications, travel, and facilities arrangements.

(3) The TCCC SAA attends CoTCCC meetings and events to facilitate presentations, personnel accountability, and minutes recording.

d. Contract Support. Flexible contract support for specific projects as required.

3 COTCCC MEMBERSHIP SPECIFICS

a. Qualifications for Membership. Qualifications for voting membership in the CoTCCC shall include one or more of the following areas of expertise:

- Prehospital combat medical expertise (land, sea, air).
- Research expertise in prehospital combat trauma issues.
- Trauma Surgery expertise.
- Emergency Medicine expertise.
- Academic expertise in combat medic training.
- Operational medical expertise

b. The number of voting members shall be a minimum of 25 and a maximum of 50, including the Chair and the Vice Chair.

c. A minimum of 30 percent of the membership of the CoTCCC will be enlisted military medical members (e.g., medics, Corpsmen, Special Forces 18-Ds, or pararescuemen) in active, reserve or GS roles utilizing medic-level credentials. The CoTCCC membership shall include individuals from all Services in the U.S. Military.

d. Ex-officio voting members of the CoTCCC will be:

- The current Chief, JTS, SEA, JTS and the Chief, DCoT.
- Consultants/specialty leaders for Trauma Care and Emergency Medicine as designated by the Surgeons General of the U.S. Army, Navy, and Air Force.

(1) These members' terms shall expire when they leave their ex-officio positions and the new individuals assigned to these positions shall assume the ex-officio voting memberships.

e. Subcommittees

(1) The Membership and Bylaws Subcommittee shall be a permanent standing subcommittee.

(2) Other subcommittees may be formed or disbanded at the direction of the CoTCCC Chair.

4. CoTCCC DELIVERABLES

a. The primary deliverables from the CoTCCC are the TCCC Guidelines as part of the ongoing development of best possible trauma care guidelines customized for the tactical environment. The TCCC Guidelines will be reviewed annually and updated as necessary by the chair.

b. The current TCCC Guidelines and training curriculum will be maintained on the Deployed Medicine website, DoD JTS website, the DoD Military Health System website, and the National Association of Emergency Medical Technicians (NAEMT) website. Changes to the TCCC Guidelines will be posted on these sites after they are approved by the Chief, JTS.

c. Develop TCCC-specific, written content for inclusion in medical texts and doctrinal publications. Chapters relating to TCCC will be provided for each new edition of the Prehospital Trauma Life Support Manual (PHTLS) (military edition) as determined by the Chair.

d. Publish TCCC education, training and curriculum content requirements in the form of required skills to drive Joint learning objectives for the JTET-developed TCCC curricula.

e. Provide briefs on new changes to the TCCC Guidelines and other topics to TCCC stakeholders as time and resources permit.

f. Prepare position papers on TCCC issues to support proposed changes to the TCCC Guidelines.

g. The CoTCCC will maintain a journal watch to identify articles in the medical literature and other published materials that relate to TCCC and forward abstracts of relevant articles to committee members.

h. The CoTCCC will publish updated TCCC research priorities as determined by the Chair to be forwarded to the Chief, JTS, DHA Directorates, ASD(HA), and DoD Combat Casualty Research Programs.

i. All reports, work papers, background papers, graphic designs, and desktop publishing files generated by and for DoD intergovernmental or intragovernmental committees shall be considered property of the U.S. Government and shall be maintained and preserved pursuant to DoDI 5015.02.

j. Provide TCCC specific equipment recommendations in the form of a guideline annex. Equipment recommendations will be critical to patient survival and supported by validated operational use feedback and evidence-based data, preferably from DoD laboratories. Equipment will be at two-year intervals (minimum) to determine their suitability for continued approval.

5. OTHER DATA

a. Chair's Prerogatives: All issues and functions relating to the CoTCCC not specifically addressed in this charter are deferred to the Chair for disposition.

b. The Chair will report a summary of recent developments and actions taken to the committee at scheduled meetings.

c. Specifically included prerogatives of the CoTCCC Chair are minor edits and corrections of previously approved TCCC Guidelines and other documents to streamline the delivery of accurate and time-sensitive recommendations. Typically, this would include editing documents to facilitate semi-continuous synchronization with the DoD’s publications of contemporary reference works, policy and doctrine.

APPENDIX C

COMMITTEE ON SURGICAL COMBAT CASUALTY CARE

1. MISSION. The Committee on Surgical Combat Casualty Care (CoSCCC) will guide best practices in trauma care to eliminate preventable death and reduce morbidity. The CoSCCC will develop guidelines, recommendations, and educational priorities as well as prioritize research gaps to ensure optimal full-spectrum surgical care of combat casualties injured in any environment. Recommendations from the CoSCCC will be published through the Director, DHA, the Service Surgeons General, the Joint Staff, and the Combatant Commands.

2. COSCCC COMMITTEE STAFF.

The committee requires a core staff to support its mission. This staff will collect input from uniformed Service members and other SMEs, services, laboratories, research and performance improvement activities and medical literature for the use of the committee. The staff will coordinate committee functions as required to maintain updated and optimized Surgical Combat Casualty Care (SCCC) Guidelines. The CoSCCC staff should include as a minimum: Chair and Program Manager.

a. CoTCCC Chair

(1) The CoSCCC Chair is a required and authorized position with extensive surgical combat casualty care experience, selected by the Chief, JTS.

(2) The CoSCCC Chair is responsible for directing the efforts of the CoTCCC as it assimilates input from a multitude of sources on the success of the current Clinical Practice Guidelines (CPGs) on the battlefield, and monitors emerging information and technology relating to battlefield trauma care that could be considered for inclusion in future CPGs.

(3) The Chair serves as a voting member of the Committee on SCCC, exercises control over CoSCCC subcommittees, and ensures that the committee operates within the guidelines of this charter.

b. SCCC Program Manager

(1) The SCCC Program Manager (PM) is a required and authorized position with extensive SCCC experience, selected by the Chief, JTS.

(2) The SCCC PM facilitates all program management functions of the committee including periodic meetings, workshops, web/teleconferences, resource management, publications, and liaison activities.

(3) The SCCC PM serves as the vice chair, is a voting member of the CoSCCC, and assists facilitation of subcommittees and working groups. In the absence of the CoSCCC Chair or as directed, the SCCC PM may assume duties as temporary chair of the CoSCCC.

(4) The SCCC PM liaisons with the Joint Trauma Education and Training (JTET) branch of the JTS to facilitate SCCC curricula development and integration. As required, the SCCC PM may be designated the chair or the CoSCCC representative of SCCC-related education and training working groups

c. Senior Administrative Assistant

(1) The SCCC Senior Administrative Assistant (SAA) is an authorized and required position.

(2) The SCCC SAA facilitates administrative functions of the CoSCCC staff, meetings, workshops, record-keeping, publications, travel, and facilities arrangements.

(3) The SCCC SAA attends CoSCCC meetings and events to facilitate presentations, personnel accountability, and minutes recording.

d. Contract Support. Flexible contract support for specific projects as required.

3 COSCCC MEMBERSHIP SPECIFICS

a. The voting membership will be composed of those specialists who care for the traumatically injured in the surgical environment--Role 2 to Role 4 CONUS.

b. The number of voting members shall be a minimum of 25 and a maximum of 50, including the Chair and the Vice Chair.

c. Approximately 25 percent of the membership of the CoSCCC will be non-surgeons with experience related to surgical combat casualty care (e.g. anesthesiologist, critical care physician/nurse, operating room nurse or technician, or blood banking specialist); this includes officers and enlisted.

d. 15-20 percent of the membership should always be enlisted with at least one enlisted/non-commissioned officer per Service. The CoSCCC membership shall include individuals from all Services in the U.S. Military.

e. Ex-officio voting members of the CoTCCC will be:

- The current Chief, JTS, SEA, JTS and the Chief, DCoT.
- Consultants/specialty leaders for General Surgery and Trauma Care designated by the Surgeons General of the U.S. Army, Navy, and Air Force.

(1) These members' terms shall expire when they leave their ex-officio positions and the new individuals assigned to these positions shall assume the ex-officio voting memberships.

(2) If these individuals are permanent voting members of the CoSCCC, they will abstain from the majority vote and will reserve their vote to the conditions of their ex-officio position.

f. Subcommittees

(1) The Membership and Bylaws Subcommittee shall be a permanent standing subcommittee.

(2) Other subcommittees may be formed or disbanded at the direction of the Chair.

4. COSCCC DELIVERABLES

a. The CoSCCC will continue to develop and maintain best-practice guidelines for forward surgical care to include trauma resuscitation and in-theater critical care. This committee will also address trauma sustainment training, trauma readiness training, trauma system doctrine, and research related to resuscitation and surgery from Role 2 throughout the trauma care continuum.

(b) Review, assess and develop JTS CPGs, quick reference material (protocols), and change papers related to the CoSCCC:

(c) Publish the top ten research priorities for the CoSCCC and disseminate to the research committee.

(d) Provide subject matter expertise on far-forward surgical care sustainment, trauma care delivery and training requirements across the Military Health System.

(e) Support a military trauma care system to help achieve zero preventable deaths after injury.

(f) Perform quarterly literature review and evidence updates in far-forward surgical combat casualty care. The CoSCCC PM supported by Committee SAA will maintain a journal watch to identify articles in the medical literature and other published materials that relate to CoSCCC and forward these articles to committee members and other interested parties.

(g) Based on JROC Memorandum (JROCM) and the National Defense Authorization Act, Fiscal Year 2017, Section 708, the committee SMEs will contribute to informing various levels of leadership (through the DCoT and Chief, JTS) recommendations on trauma skill sustainment and medical readiness training requirements in the garrison and deployed environments.

(h) Define clinical currency and the capabilities of the expeditionary scope of practice of the military surgeon and surgical team.

(i) Coordinate efforts and programs that address and inform currency and competency in the MHS.

(j) CoSCCC SMEs and subcommittees will inform and serve as a resource for the COCOM, Joint Leadership, and the Services about surgical asset allocation, medical planning, policy and practice.

(k) All reports, work papers, background papers, graphic designs, and desktop publishing files generated by and for DoD intergovernmental or intragovernmental committees shall be considered property of the U.S. Government and shall be maintained and preserved pursuant to DoDI 5015.02.

(l) Provide SCCC specific equipment recommendations in the form of a guideline annex. Equipment recommendations will be critical to patient survival and supported by validated operational use feedback and evidence-based data, preferably from DoD laboratories. Equipment will be at two-year intervals (minimum) to determine their suitability for continued approval.

5. OTHER DATA

a. Chair's Prerogatives: All issues and functions relating to the CoSCCC not specifically addressed in this charter are deferred to the Chair for disposition.

b. The Chair will report a summary of recent developments and actions taken to the committee at scheduled meetings.

c. Specifically included prerogatives of the CoSCCC Chair are minor edits and corrections of previously approved SCCC Operational or Clinical Practice Guidelines and other documents to streamline the delivery of accurate and time- sensitive recommendations. Typically, this would include editing documents to facilitate semi-continuous synchronization with the DoD’s publications of contemporary reference works, policy and doctrine.

APPENDIX D

COMMITTEE ON EN ROUTE COMBAT CASUALTY CARE

1. MISSION. The mission of the Committee on En Route Combat Casualty Care of the Joint Trauma System (JTS) is to provide evidence-based service and platform agnostic Doctrine, Organization, Training, Materiel, Leadership and Education, Personnel, Facilities and Policy (DOTMLPF-P) recommendations to improve all aspects of the continuum of en route trauma care and casualty evacuation. The CoERCCC will develop optimal casualty treatment guidelines for the en route care environment, focusing primarily on traumatic injuries. The guidelines will form the cornerstone of the continuous improvement process that will advance medicine in the en route care setting both prehospital and inter-facility. These recommendations will be published through the Director, DHA the Service Surgeons General, the Joint Staff, and the Combatant Commands (COCOM).

2. COERCCC COMMITTEE STAFF.

The committee requires a core staff to support its mission. This staff will collect input from uniformed Service members and other SMEs, services, laboratories, research and performance improvement activities and medical literature for the use of the committee. The staff will coordinate committee functions as required to maintain updated and optimized En Route Combat Casualty Care (ERCCC) Guidelines. The CoERCCC staff should include as a minimum:

a. CoERCCC Chair

(1) The CoERCCC Chair is a required and authorized position possessing extensive en route combat casualty care experience in the operational environment, selected by the Chief, JTS.

(2) The CoERCCC Chair is responsible for directing the efforts of the CoERCCC as it assimilates input from a multitude of sources on the success of the current CPGs on the battlefield, and monitors emerging information and technology relating to battlefield trauma care that could be considered for inclusion in future CPGs.

(3) The Chair serves as a voting member of the Committee on ERCCC, exercises control over CoERCCC subcommittees, and ensures that the committee operates within the guidelines of this charter.

b. ERCCC Program Manager

(1) The ERCCC Program Manager (PM) is an authorized position with extensive ERCCC experience, selected by the Chief, JTS.

(2) The ERCCC PM facilitates all program management functions of the committee including periodic meetings, workshops, web/teleconferences, resource management, publications, and liaison activities.

(3) The ERCCC PM serves as the vice chair, is a voting member of the CoERCCC, and assists facilitation of subcommittees and working groups. In the absence of the CoERCCC Chair or as directed, the ERCCC PM may assume duties as temporary chair of the CoERCCC.

(4) The ERCCC PM liaisons with the Joint Trauma Education and Training (JTET) branch of the JTS to facilitate ERCCC curricula development and integration. As required, the ERCCC PM may be designated the chair or the CoERCCC representative of ERCCC -related education and training working groups.

c. Senior Administrative Assistant

(1) The ERCCC Senior Administrative Assistant (SAA) is an authorized and required position.

(2) The ERCCC SAA facilitates administrative functions of the CoERCCC staff, meetings, workshops, record-keeping, publications, travel, and facilities arrangements.

(3) The ERCCC SAA attends CoERCCC meetings and events to facilitate presentations, personnel accountability, and minutes recording.

d. Contract Support. Flexible contract support for specific projects as required.

3 COERCCC MEMBERSHIP SPECIFICS

a. The voting membership will be composed of those involved in casualty treatment for the en route care environment, focusing primarily on traumatic injuries.

b. The number of voting members shall be a minimum of 25 and a maximum of 50, including the Chair and Vice Chair.

c. A minimum of 30 percent of the membership of the CoERCCC will have enlisted military medical experience (e.g., medics, corpsmen, medical technicians, 18-Ds, or pararescuemen) in active, reserve or GS roles.

d. 50 percent of the membership will be medical professional providers currently licensed and specializing in emergency medicine, trauma surgery, anesthesia, and en route casualty care.
The remaining members may be any specialty or background, provided they bring expertise in combat casualty care, operational medicine, en route casualty care or related activities.

e. The CoERCCC membership shall include individuals from all services in the U.S. Military who are individually selected as SMEs in the respective field.

f. Ex-officio voting members of the CoERCCC will be:

- The current Chief, JTS, SEA, and Chief, DCoT.
- Consultants/Specialty Leaders for En Route Care designated by the Surgeons General of the U.S. Army, Navy, and Air Force.

(1) These members' terms shall expire when they leave their ex-officio positions and the new individuals assigned to these positions shall assume the ex-officio voting memberships.

(2) If these individuals are permanent voting members of the CoERCCC, they will abstain from the majority vote and will reserve their vote to the conditions of their ex-officio position.

g. Subcommittees

(1) The Membership and Bylaws Subcommittee shall be a permanent standing subcommittee.

(2) Other subcommittees may be formed or disbanded at the direction of the Chair.

4. COERCCC DELIVERABLES

a. The primary deliverables from the CoERCCC are the ERCCC Guidelines as part of the ongoing development of the best possible trauma care guidelines customized for the En Route environment.

b. Review, assess and develop JTS CPG, quick reference material (protocols), and change papers related to ERCCC.

c. Publish the top ten research priorities for the CoERCCC and disseminate to the research community.

d. Provide subject matter expertise on en route care sustainment and training requirements across the Military Health System.

e. Provide subject matter expertise and input to the TRANSCOM Clinical Operations Working Group.

f. Perform quarterly literature review and evidence updates in en route combat casualty care. The CoERCCC Administrative Assistant, supported by Committee leadership, will maintain a journal watch to identify articles in the medical literature and other published

materials that relate to CoERCCC and forward these articles to committee members and other interested parties.

g. Work in conjunction with the MERCuRy personnel from the JTS to best analyze and help disseminate this information to the ERC community.

h. All reports, work papers, background papers, graphic designs, and desktop publishing files generated by and for DoD intergovernmental or intragovernmental committees shall be considered property of the U.S. Government and shall be maintained and preserved pursuant to DoDI 5015.02.

i. Provide ERCCC specific equipment recommendations in coordination with the Services. equipment recommendations will be critical to patient survival and supported by validated operational use feedback and evidence-based data, preferably from DoD laboratories. Equipment will be at two-year intervals (minimum) to determine their suitability for continued approval.

5. OTHER DATA

a. Chair's Prerogatives: All issues and functions relating to the CoERCCC not specifically addressed in this charter are deferred to the Chair for disposition.

b. The Chair will report a summary of recent developments and actions taken to the committee at scheduled meetings.

c. Specifically included prerogatives of the CoERCCC Chair are minor edits and corrections of previously approved ERCCC Operational or Clinical Practice Guidelines and other documents to streamline the delivery of accurate and time-sensitive recommendations. Typically, this would include editing documents to facilitate semi-continuous synchronization with the DoD’s publications of contemporary reference works, policy and doctrine.

APPENDIX E

WORKING GROUPS

1. WORKING GROUP DEFINITION. A DCoT working group, cross-functional working group, or sub-working group is an ad hoc group consisting of core component committee members, JTS staff, SMEs, technical experts and liaisons from DoD, and interagency or academic organizations.

2. PURPOSE. DCoT working groups are formed around a specific topic, function, or problem set, to conduct deliberate analysis and provide information, action, or decision recommendations to the DCoT.

3. AUTHORITY

a. The Chief, DCoT, will provide formal guidance and direction in the form of task, purpose, objectives, and scope to establish a working group.

b. Working groups are not stand-alone committees and will not conduct activities that conflict with the missions and purposes of the DCoT.

c. Working groups may reach a consensus recommendation but are not considered a voting body or panel.

4. RESPONSIBILITIES/FUNCTIONS

a. Conduct working sessions with membership to review proposals, status of work, priorities, task management, progress reports, and milestones.

b. Document and disseminate minutes and actions to working group members and other interested parties on a timely basis. The minimum required documentation is meeting minutes but may include technical reports, presentations, information papers, proposals, or published material.

c. Document conflicts of interest, affiliations, and financial disclosures of working group members in accordance with the DCoT charter.

5. MEMBERSHIP

a. Chaired/co-chaired by a representative(s) appointed by the Chief, DCoT. Chairs may be selected from the DCoT Component Committees. Individuals outside the DCoT may be selected but must meet the qualifications of a component committee voting member as outlined in Appendix A, Paragraph 2.

b. Working group membership may be composed of component committee members, subject-matter experts, organizational liaisons, and technical or specialty representatives. The DCoT Chair and Working Group Chair will ensure appropriate representation and balance.

c. Working group membership size should reflect the requirements to meet the objective. Working group membership will not exceed the scope or size of a component committee.

d. Non-federal personnel may participate in working group activities in an advisory capacity but are not allowed to participate in any form of voting.

6. MEETING FREQUENCY AND LOCATIONS

a. Working groups will meet as frequently as required to accomplish objectives; use of virtual meetings is encouraged when appropriate.

b. Working group meetings will be conducted in conjunction with DCoT Component Committee meetings when possible to reduce expenditures.

7. DELIVERABLES

a. The primary working group deliverable is to provide the DCoT with a proposal or recommendation for action or decision within the focused objectives of the working group.

b. Working groups provide recommendations in the form of proposals or presentations within the focus of the working group's objectives, identify best practices, lessons learned, training requirements, research needs, or policy proposals for the DCoT.

8. PROGRAMMING/BUDGET

a. Based on approval of the Chief, JTS, and availability of funding, working group meetings may be authorized.

b. Projected working group requirements will be submitted annually for projected events and/or quarterly as needed.

9. RECORD KEEPING

a. All meeting minutes, presentations, information papers, published documents and working group proposals will be maintained in accordance with the DCoT charter.

b. All documents will record the names of working group members involved with the production of the document.

10. TERMINATION OF WORKING GROUPS

a. DCoT working groups will be terminated upon the completion of their mission outlined in the establishment memorandum.

b. In certain rare occasions, DCoT working groups may be considered for inclusion in the permanent organization during subsequent re-charters of the DCoT.

c. DCoT working groups may be terminated by the Chief, DCoT, for cause if they fail to meet requirements of their establishment memorandum, perform activities exceeding the authority of the establishment memorandum, or act in a manner in violation of this charter. The Chief, DCoT, may reconstitute the working group with different membership or a revised establishment memorandum.

APPENDIX F

AFFILIATE COMMITTEES

1. AFFILIATE COMMITTEES. A DCoT Affiliate Committee is a body that focuses on trauma care outside the established parameters of the Component Committees to improve the development of guidelines or the operational support for combat casualty care and deployment healthcare. Such committees may be associated as OPCON to the DCoT, but will remain ADCON to parent commands or organizations. Affiliate Committee memberships are composed similarly to the component committees based on the subject-matter expertise required and may or may not be directly aligned with the JTS.

2. PURPOSE. DCoT Affiliate Committees conduct deliberate analysis to provide recommendations through the DCoT for information, action, decision, or dissemination.

3. AUTHORITY. An Affiliate Committee is a body formed and managed by another command or agency that may be affiliated with the DCoT through a Memorandum of Agreement (MOA).

4. RESPONSIBILITIES/FUNCTIONS

a. Conduct sessions with membership to review proposals, status of work, priorities, task management, progress reports, and milestones.

b. Document and disseminate minutes and actions to working group members and other interested parties on a timely basis. The minimum required documentation is meeting minutes but may be technical reports, presentations, information papers, proposals, or published material.

c. Document conflicts of interest, affiliations, and financial disclosures of working group members in accordance with the DCoT charter.

5. COMMITTEE MEMBERSHIP

a. Affiliate Committee membership may be managed as mandated by this charter or as chartered in accordance with DoDI 5105.18.

b. Non-federal personnel may participate in working group activities in an advisory capacity but are not allowed to participate in any form of voting.

6. DELIVERABLES. Affiliate Committees provide recommendations in the form of proposals or presentations within the focus of the committee's objectives, identify best practices, lessons learned, training requirements, research needs, or policy proposals for the DCoT.

7. PROGRAMMING/BUDGET. Affiliate Committee events and funding arrangements will be as outlined in a MOA with the parent organization.

8. AFFILIATE COMMITTEE RECORD KEEPING

a. All meeting minutes, presentations, information papers, published documents and committee proposals will be maintained in accordance with the DCoT charter.

b. All documents will record the names of committee members involved with the production of the documents.

9. TERMINATION OF AFFILIATE COMMITTEES

a. DCoT affiliate committees will be terminated upon the completion of their mission outlined in the establishment memorandum.

b. In certain rare occasions, DCoT affiliate committees may be considered for inclusion in the permanent organization during subsequent re-charters of the DCoT.

c. DCoT working groups may be terminated by the Chief, DCoT, for cause if they fail to meet requirements of their establishment memorandum, perform activities exceeding the authority of the establishment memorandum, or act in a manner in violation of this charter. The Chief, DCoT, may reconstitute the working group with different membership or a revised establishment memorandum.