Department of Health Services
State Disaster Medical Advisory Committee

Charter
April 16, 2020

Authority

The Secretary of the Wisconsin Department of Health Services (DHS) has general authority to appoint advisory bodies. Wis. Stat. § 15.04(1)(c). In addition, the department may authorize and implement all emergency measures necessary to control communicable disease. Wis. Stat. § 252.02(6).

Purpose

The purpose of the State Disaster Medical Advisory Committee (SDMAC) is to advise the DHS Secretary regarding medical ethics during a declared disaster or public health emergency and to recommend policy relating to the equitable and fair delivery of medical services to those who need them under resource-constrained conditions.

During a declared disaster or public health emergency, the DHS Secretary may activate the SDMAC to develop and disseminate guidance for the allocation of scarce resources across the State. The SDMAC will also serve as a multi-disciplinary, interagency policy advisory group for the DHS Secretary and the state emergency operations center (SEOC). In keeping with Incident Command System (ICS) guidelines, the SDMAC will be responsible for policy development, while operational management will be conducted by the State Emergency Operation Center (SEOC). The Joint Information Center (JIC is responsible for information dissemination to the general public.

Values

During a period of scarce medical resources otherwise known as Crisis Standards of Care (CSC), the overwhelming demand for healthcare will force a shift from individual care to care for the entire community. This requires emphasis on the values of transparency, consistency, fairness, accountability, and resiliency.

The SDMAC will develop guidance based on strong ethical principles, the rule of law, and steps that permit the equitable and fair delivery of medical services to those who need them under resource-constrained conditions. Guidance will be based on the following key principles:

- Fairness
- Duty to Care
- Duty to Steward Resources
- Transparency

- Consistency
- Proportionality
- Accountability

Objectives and goals_____

Once operational, the SDMAC will, with the approval of the DHS Secretary:

1. Establish priorities for allocation of medical resources,

2. Establish and disseminate clinical guidance for CSC to hospitals, out-of-hospital facilities/providers, and alternate care sites.

4. Determine the need for expanded scopes of practice based on regulatory authority and direction,

5. Evaluate the effectiveness of the protocols and priorities and the availability of resources throughout the response,

6. Identify threshold(s) for the suspension or rescinding of CSC and resumption of contingence or conventional care.

Activation_____

1. SDMAC activation can occur suddenly, as in the case of an unforeseen terrorist attack, explosion, or abrupt natural disaster (e.g., tornado), or gradually as in the case of a slowly evolving incident such as a pandemic.

2. The DHS Secretary has the authority to activate the SDMAC and, if applicable, initiate CSC guidance for the state of Wisconsin. A local health officer or healthcare coalition representative may request activation of the SDMAC and/or initiation of CSC, and the Secretary may do so in her/his discretion.

3. The SDMAC will consist of a standing committee of 12 members, as outlined in the membership section of the charter. Additional subject matter expert (SME) members may be added at the discretion of the DHS Secretary, with recommendations from the SDMAC Policy Group Advisor, based on the incident specific response needed. Once appointed, the SME will be considered a full member of the SDMAC until deactivation of the SDMAC response.

4. Once the DHS Secretary has activated the SDMAC, the standing members and the DHS Secretary of his/her designee will convene, virtually or in person, to identify additional participants, subject matter experts, and specialists required to address the specific disaster. The DHS Secretary will appoint those additional experts to the Committee in her/his discretion.

5. DHS staff participating in the SDMAC will notify and brief relevant local, state, tribal, and federal agencies. The SDMAC team will then collaborate with those agency's public information officers (in a joint information center) to develop public messaging, such as media releases, talking points, and online content, explaining the disaster or public health emergency, the activation of the SDMAC, and the anticipated need for statewide CSC guidance. Close coordination with JIC staff will be required to ensure messaging is developed clearly and consistently across all jurisdictions. Special emphasis should be placed on developing messaging that reduces medical surge at affected facilities. SDMAC staff should coordinate with risk communication professionals to create messaging that explains policies in a clear, easy-to-read (6th grade reading level) format.

Support

During CSC, the SDMAC is responsible for recommending policies, priorities, and clinical guidance associated with resource (space, staff, and supply) shortages. SDMAC Incident Command System (ICS) functions, including Command, Operations, Planning, Logistics, and Finance, will be coordinated by the State Emergency Operation Center (SEOC). The SDMAC will serve as policy-advisor to the existing ICS structure.

- Administration. DHS will provide appropriate administrative and staff support to the SDMAC. The SDMAC Policy Advisor and Liaison will work with the SEOC Manager and DHS Secretary to ensure proper management of the SDMAC. Non-DHS staff participating in the SDMAC will remain under the administration of their respective organizations and will only serve in a liaison capacity.

- Finance. The DHS Finance Section will coordinate and oversee all financial activities of the SDMAC. Key activities may include time tracking, facilitating emergency expenditures, managing human resources, etc.

- Logistics. DHS will provide logistical support for the SDMAC. The SDMAC may meet in person or virtually, and therefore may require meeting space near the SEOC to operate effectively or may conduct conference calls and webinars to operate virtually from multiple locations across the State. Logistics personnel will provide just-in-time communication and information system training to both DHS and non-DHS SDMAC staff, as needed.

- Legal. DHS and special counsel will provide legal advice and review of all SDMAC materials and counsel on Wisconsin open meetings and public records laws.

Meeting Protocol

- SDMAC will meet as often as necessary to respond to the disaster or public health emergency. All meetings will be noticed as required by open records law.
- Minutes will be taken including documentation of all motions and roll call votes. Minutes will be provided to Committee participants by the SDMAC Liaison, and will be made available to the public in accordance with open meetings laws.

- When a decision or approval is required (such as for recommended guidance on the allocation of scare resources), consensus is desired but a majority of meeting attendees is sufficient; the SDMAC Policy Group Advisor will break ties.
- Quorum is required to make decisions and approve recommendations. Quorum is defined by a simple majority based on the number Committee members identified in the Membership section.

Membership_____

SDMAC Appointed Committee Members:

Name	SDMAC Role	Title and Department/ Division/Office	Contact
Azita Hamedani	Chair	University of Wisconsin School of Medicine & Public Health, Chair, BerbeeWalsh Department of Emergency Medicine	agh@medicine.wisc.edu
Jeanne Ayers	Policy Group Advisor	State Health Officer/Division of Public Health Administrator DHS Division of Public Health	Jeanne.Ayers@dhs.wisconsin.gov
Jon Meiman	WDHS Member	DHS Division of Public Health, Chief Medical Officer	Jonathan.meiman@dhs.wisconsin.gov
Ryan Westergaard	WDHS Member	DHS Division of Public Health, Chief Medical Officer	ryan.westergaard@dhs.wisconsin.gov
Kathleen Caron	WDHS Member, SDMAC Liaison	DHS Division of Public Health, Performance Management and Quality Improvement Coordinator	Kathleen.Caron@dhs.wisconsin.gov
Elizabeth Bade	Healthcare Member	Scenic Bluffs Community Health Centers, Medical Director	ebade@scenicbluffs.org
Gina Dennik-Champion	Healthcare Member	Wisconsin Nurse's Association, Executive Director	gina@wisconsinnurses.org
Mario Colella	Healthcare Member	Medical College of Wisconsin, Professor and Chief, Division of EMS Medicine	Colella@mcw.edu
Christopher Crnich	Healthcare Member	UW Health, Chief of Medicine & Hospital Epidemiologist, Madison VA	cjc@medicine.wisc.edu
Arthur Derse	Healthcare Member	Medical College of Wisconsin,	aderse@mcw.edu

		Director, Center for Bioethics and Medical Humanities	
John Fangman	Healthcare Member	Medical College of Wisconsin, Senior Medical Director of Ambulatory Care	jfangman@mcw.edu
Michael Gutzeit	Healthcare Member	Children's Wisconsin, Chief Medical Officer and Chief Safety Officer	mgutzeit@chw.org
Mark Kaufmann	Healthcare Member	Wisconsin Hospital Association, Chief Medical Officer	mkaufman@wha.org
Michael Lohmeier	Healthcare Member	UW Health, Medical Director, UW Health Emergency Education Center	mtlohmei@medicine.wisc.edu
Nasia Safdar	Healthcare Member	UW Health, Medical Director for Infection Control	ns2@medicine.wisc.edu
Jon Temte	Public Health Member	UW Health, Associate Dean for Public Health	Jon.Temte@fammed.wisc.edu
Robert Wenberg	Healthcare Member	Lakeshore Community Health Care, Medical Director	rwenberg@lakeshorechc.org
Allen Bateman	Subject Matter Expert	Wisconsin State Laboratory of Hygiene	Allen.Bateman@slh.wisc.edu
Silvia Munuoz-Price	Subject Matter Expert	Medical College of Wisconsin and Froedert	smunozprice@mcw.edu
As needed	WI Government Members	Attorney General's Office, SEOC, National Guard, Licensing, etc.	

Subject matter expert participants will be identified and appointed as needed and will be full members with voting privileges.