



NATIONAL ADVISORY COMMITTEE ON BLOOD AND BLOOD PRODUCTS (NAC) TERMS OF REFERENCE

The National Advisory Committee on Blood and Blood Products (NAC) is funded by the PT Blood Liaison Committee.

The Provincial Territorial Blood Liaison Committee (PT BLC) provides advice and support to the Provincial and Territorial Deputy Ministers and Ministers of Health on issues affecting the blood system (excluding Québec) and the Organ and Tissue Donation and Transplantation Program (OTDT) and other programs as approved by the Provincial/ Territorial Ministers of Health.

1.0 Mandate

- 1.1 The National Advisory Committee on Blood and Blood Products (NAC) shall collaborate with and provide advice on the utilization management of blood and blood products and transfusion medicine practice to the provincial and territorial (PT) Ministries of Health and Canadian Blood Services (CBS). To this end, NAC shall:
 - Provide advice on matters pertaining to blood supply, including those directly affecting the practice of transfusion medicine in hospitals;
 - Share information about blood and blood product utilization and utilization management efforts, and play a supportive role in the development of guidelines and recommendations for product use;
 - Identify opportunities to optimize transfusion medicine practices;
 - On a jurisdictional level, provide leadership in the identification, design and implementation of blood utilization management initiatives for the optimization of patient care; and
 - Assist Canadian Blood Services in its product selection process.
- 1.2 The NAC shall take direction from and report to the CBS/PT Blood Liaison Committee.

2.0 Membership

- 2.1 The CBS/PT Blood Liaison Committee and CBS shall appoint representatives to the NAC as follows:
 - Each PT may appoint two representatives from either of the following categories:
 - A health care professional with experience in transfusion medicine or expertise in blood utilization management.
 - Ministry of Health personnel with primary responsibility for blood resource management.
 - CBS shall appoint four representatives.
 - Non-voting members to include co-chairs of the CBS/PT Blood Liaison Committee.
- 2.2 The NAC may invite additional experts to meetings on an ad hoc basis, to provide expertise on the subject matter being discussed.
- 2.3 Members shall serve for a minimum two-year term. Membership terms should be staggered.
- 2.4 In carrying out its function, the NAC may establish sub-committees or working groups to address specific issues as well as provide representation on CBS and other national initiatives. It is the expectation that all members serve on working groups as required.
- 2.5 Each member will develop a mechanism for regular communication with their PT Liaison.

- 2.6 The Chair role will, when feasible, rotate with the Lead Province for a two-year term while the Vice-Chair will be selected from the next Lead Province. These appointments shall be subject to endorsement by the CBS/PT Blood Liaison Committee.

3.0 Planning and Evaluation

- 3.1 NAC and the CBS/PT Blood Liaison Committee will meet annually for a strategic planning, priority setting meeting.
- 3.2 The NAC will prepare an annual work plan for review and approval by the CBS/PT Blood Liaison Committee.
- 3.3 The evaluation of the outcomes of the work plan will be in relation to priorities set by NAC and the CBS/PT Blood Liaison Committee in the previous planning meeting.
- 3.4 NAC shall meet at least two times per year (one meeting in conjunction with a planning, priority setting meeting), or at the call of the Chair. Additional teleconferences may be held at the call of the Chair or at the call of a standing member, upon approval of the Chair. The Vice-Chair shall chair meetings in the absence of the Chair.

4.0 Decisions

- 4.1 A quorum will be 50% plus 1.
- 4.2 Decisions shall be made by consensus among the members present. Decisions that are not supported by a minimum of 80% of the membership will be documented and referred for further stakeholder consultation.
- 4.3 Guidelines and /or recommendations will include a section outlining significant or major dissenting opinion of the members of NAC or applicable working group members.

5.0 Communications and Support

5.1 Project Coordinator

- 5.1.1 The PT Collaborative Fund includes 1.0 FTE Project Coordinator to support the work of the NAC. The Project Coordinator shall be responsible for:

- Coordination and administrative support of meetings for NAC and working groups;
- Administration of the NAC budget, subject to the financial policies of the Lead Province;
- Distribution of communications to the CBS/PT Blood Liaison Committee and NAC members; and
- Assistance with investigative or analytical work that may be required for the identification and resolution of blood utilization issues.
- Ensure the accuracy and currency of content of the NAC Website

5.2 PT Ministries of Health

- 5.2.1 The NAC budget will support (fund) one member from each province and Project Coordinator to attend meetings.
- 5.2.2 PTs who appoint more than one representative for their province are expected to fund the additional representatives to attend NAC meetings.

- 5.2.3 PTs will champion support within their jurisdictions for appointed members to fulfill NAC duties.
- 5.2.4 The incoming Lead Province is responsible for ensuring a smooth transition of the Project Coordinator position as required.

6.0 Conflict of Interest and Confidentiality

- 6.1 Any NAC member or sub-committee member that has an interest that is or could be seen by a reasonable third party to be a conflict between the NAC members' professional interest and the issue that is before the NAC must declare such a conflict to the NAC Chair. If the committee Chair is in conflict of interest it must be declared to the committee. Members must complete a Disclosure of Potential Conflict of Interest form on an annual basis and update as appropriate for the NAC.
- 6.2 The Committee may, at times, be privy to information that shall remain confidential to the Committee members and shall not be communicated beyond the Committee.

7.0 Review

- 7.1 The NAC terms of reference will be reviewed each time the Blood Portfolio transitions to the next Lead Province.

Appendix A:

Appendix A: Lead Province Blood Portfolio Rotation History (which is a living document and may be changed to provide context and record activities for accuracy without requiring committee approval.)

Lead Province Blood Portfolio Rotation History

In 2002, the National Technical Working Group (NTWG) was created to provide medical and technical advice on the utilization management of blood and blood products to the provincial and territorial (PT) Ministries of Health and Canadian Blood Services (CBS) through the Deputy Ministers' Policy Advisory Committee on Blood and Blood Products (DMPAC). The DMPAC was disbanded in 2006 and directed that the NTWG would report to the Provincial Territorial Blood Liaison Committee. As the relationship between the PT and CBS has matured, this reporting structure was expanded to include the CBS PT BLC.

The provinces and territories provide annual funding to the NAC and the budget is administered by the Blood Portfolio Lead Province.

Since its inception, a number of provinces have hosted the NAC in accordance with the Lead Province Blood Portfolio rotation. With the support of a full-time coordinator and countless volunteer hours contributed by its members (and working groups) the NAC has developed a number of guidance and recommendation documents and continues to be an important resource for transfusion medicine in Canada.

2002 – 2005 British Columbia

With the guidance of Dr. David Pi, NTWG Chair (to be added)

2005 – 2008 Nova Scotia

With the guidance of Dr. David Anderson, NAC Chair:

Guidelines and Recommendations

- Guidelines on the use of intravenous immune globulin for hematologic conditions
- Guidelines on the use of intravenous immune globulin for neurologic conditions

2008 – 2010 Alberta

With the guidance of Dr. Susan Nahirniak, NAC Chair:

Contingency

- National Plan for the Management of Shortages of Labile Blood Components (original version)

Guidelines and Recommendations

- The use of immunoglobulin therapy for patients undergoing solid organ transplantation: an evidence-based practice guideline
- The use of immunoglobulin therapy for patients with primary immune deficiency: an evidence-based practice guideline
- The evidence for the use of recombinant FVIIa in massive bleeding: development of a transfusion policy framework

2010 – 2013 Newfoundland and Labrador

With the guidance of Dr. Lucinda Whitman, NAC Chair:

Contingency

- National Plan for the Management of Shortages of Labile Blood Components – general revisions and inclusion of:
 - Recovery Phase
 - Communications Plan
 - Emergency framework for rationing of blood for massively bleeding patients during a red phase blood shortage (full document and synopsis for triage teams)

Guidelines and Recommendations

- Recommendations for use of prothrombin complex concentrates in Canada
 - AABB 2011 – Multi-institutional audit of octaplex & comparison with national recommendations
- Website statement: Reversal of direct thrombin inhibitors and direct factor Xa inhibitors
- Website statement: Support for use of a body weight calculator for dosing IVIG
- Massive Transfusion Consensus Conference 2011
 - Consensus Panel Report
- Framework for appropriate use and distribution of solvent detergent treated plasma
- Recommendations for the notification of recipients of a blood component recall
- The evidence for the use of recombinant FVIIa in massive bleeding: revision of the transfusion policy framework

2013 – 2015 New Brunswick

With the guidance of Dr. Lakshmi Rajappannair, NAC Chair:

Contingency – Pending

NAC Blood Shortage Working Group conducted a planned mock shortage, in November 2013. This exercise served as a test to the notification system ensuring that all members of the National Emergency Blood Management Committee meet when not prescheduled. Additionally, 3 Hospitals validated, over a 4 day period, the framework for the rationing document during a red phase to see how many RBCs would be saved by following the National Plan for Management of Shortages of Labile Blood Components.

The following documents are now undergoing revision:

- National Plan for the Management of Shortages of Labile Blood Components
- Emergency Framework for Rationing of Blood for Massively Bleeding Patients during a Red Phase of a Blood Shortage (Documentation Tools)

Upcoming Project

Business Case to carry surplus funds from 2013/2014 fiscal to 2014/2015 fiscal to ensure funding is available to perform the Signal Detection Analysis for updating the IVIG for hematologic/neurologic conditions.

Signal Detection Analysis to be performed by the Ottawa Hospital Research Institute (OHRI)

Guidelines and Recommendations

- Red Blood Cell Transfusion Policy Framework – A Companion Document to the AABB Guidelines –

May 2014.

- Recommendations for the use of Prothrombin Complex Concentrates in Canada – revised May 2014
- Recommendations for the Notification of Recipients of a Blood Component Recall – revised October 2014
- Framework for appropriate Use and Distribution of Solvent Detergent Treated Plasma – revised January 2015
- Website statement: Appropriateness of use of Cytomegalovirus (CMV) Sero Negative vs CMV Safe Product - August 2014
- Website statement: New Direct Anticoagulant - revised November 2014
- Website statement: Recommendations for Use of Fibrinogen Concentrate in Acquired Hypofibrinogenemia – December 2014

CBS Therapeutic Drug Product Review

- Medical Review of Corifact™ performed 2013-08-21
- Medical Review of ALPROLIX™ performed 2014-11-27
- Medical Review of Eloctate™ performed 2015-03-30

2015-2017 Manitoba

Dr. Brian Muirhead has accepted the role of NAC Chair for the next two years.