



COMMITTEE ON ANESTHESIA CARE TEAM

TERMS OF REFERENCE

General Guidelines

1. All Committee Chairs and members shall be appointed by the President on behalf of the Board of Directors and shall report to the Board of Directors.
Members of Committees shall be appointed after consultation with the respective Committee Chairs and the officers of the Society.
 - 1.1. All Committee Chairs may appoint non-members of the Society to sit on Committees as required, with approval from the Board.
2.
 - 2.1. Appointments shall normally be for a 3-year term, subject to annual review. Members may be asked to serve additional 1-year terms.
 - 2.2. The past Chair may serve 1 further year, if required.
 - 2.3. The bilingual nature of the Society should be reflected in Committee membership.
 - 2.4. Committee members should represent the four regions of Canada: Western, Ontario, Quebec and Atlantic, unless otherwise specified.
 - 2.5. Resident members shall be appointed to each Committee by the President when appropriate.
3. The Director of the Head Office or delegate shall serve on Committees as a staff resource.
4. Committee Chairs shall prepare regular short reports highlighting the activities of their committees. These reports shall be submitted to the Board as required and at least once per year. In addition, committee minutes shall be prepared immediately following committee meetings and these will also be forwarded to the Board. The Chair or other members of the Committee may be requested to attend meetings of the Board to present reports in person. Allowances for such attendance shall be paid as outlined in Reimbursement Policy approved by CAS Board October 2007.
5. The Chair of each Committee shall submit a budget to the Treasurer, for Board approval, before any expenditure may be authorized.
6. It is recognized that the functions of the Standing Committees will change from time to time. These guidelines indicate the basic Committee duties. Committees, except where restricted by By-law, are encouraged, with Board approval, to expand their activities and to accept new responsibilities.

· *Rules and Regulations for New CAS Standing Committees (Section B) - approved by CAS Board June 1999;*

· *Subsequent revisions by CAS Executive - approved by CAS Board January 2000;*

· *Rules and Regulations supporting new CAS committee structure approved by members at June 2000 ABM;*

· *Rules and Regulations supporting Committee Structure to be part of all committee Terms of Reference approved by CAS Board June 2009.*



Committee on Anesthesia Care Team (COACT)

1. The Committee shall be responsible for advising the Board regarding developments within the allied health fields pertaining to anesthesia.
2. The Committee shall consist of:
 - A Chair;
 - At least four CAS members who have had experience in, contact with, or Continuing interest in specific allied health professions;
 - Chair of the CAS AA Section (or assigned delegate);
 - Representation from organizations with a vested interest in anesthesia. This could include but is not restricted to
 - ACUDA,
 - Nurses (pre-op, intra-op and post-op),
 - Respiratory Therapists,
 - Anesthesia Assistants;
 - A Resident Representative.
3. The Committee may be required to provide representation to the coordinating or development bodies within specific allied health professions.
4. The Committee may form permanent panels for continuing liaison with specific allied health professions.
5. Members of the Committee may represent the Society to other Committees as the Board may require.

Approved by the CAS Board of Directors at its meeting of June 19, 2012.

Committee Name Change approved by the CAS Board of Directors, June 17, 2014.