



PATIENT SAFETY COMMITTEE

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.
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 - 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.*



Patient Safety Committee

1. The Committee shall consider and will advise the Board regarding patient safety initiatives, including but not restricted to the areas of safe medication practices, simulation, anesthesia safety database, workplace and human factors, education and research, and standards. To do so, the Committee may from time to time, form one or several action-oriented working groups.
2. The Committee shall comprise a **core group** as follows:
 - Chair;
 - Members representing the areas of:
 - Safe medication practices
 - Simulation
 - Informatics
 - Workplace and human factors
 - Patient Safety Education
 - Standards Committee Chair or Designate
 - Continuing Education & Professional Development Committee (CEPD) Chair or Designate
 - Resident Representative
 - at least 4 Regional Representatives
 - ACUDA Representative
 - CPSI Representative
 - CAS President as an ex-officio member, or delegate as executive liaison
 - CAS Executive Director, or delegate as staff liaison.
3. The Committee may from time to time appoint, with approval of the CAS Board, corresponding members, who do not necessarily have to be members of the Society, nor anesthesiologists to provide essential links to stakeholder organizations.