# **Terms of Reference- Sample Teaching Hospital 2**

# **[Hospital Name – Hospital ID#]**

# **TRANSFUSION COMMITTEE**

**PURPOSE**

To provide a means for reviewing the provision and utilization of Transfusion Medicine Services at [Hospital Name].

**FUNCTIONS**

a. To review the annual reports of Transfusion Medicine Services with specific reference to adequacy of supply and utilization of blood components, plasma fractionation products, and substitutes.

b. To consider and make recommendations regarding alternatives to homologous blood utilization including, but not limited to, autologous/directed donations, intra-operative red cell salvage, peri-operative erythropoietin, and plasma substitutes.

c. To develop and/or review internal audits of blood transfusion practice at the [Hospital name] and external reports such as, for example, from a National Blood Service, transfusion guidelines/standards, or recommendations from coroners’ inquests.

d. To monitor the frequency and type of any transfusion reactions reported.

e. To consider any complaints or suggestions for Blood Transfusion Services from staff or patients.

**RELATIONSHIPS**

The Transfusion Committee is a sub-committee of the Medical Advisory Committee and makes recommendations to it. Subjects for consideration may be received from the Medical Advisory Committee, medical/technical specialists in the Blood Transfusion Laboratories, or any member of the Transfusion Committee.

**MEMBERSHIP**

Medical representatives from Departments of:

Anesthesia

Medicine

Obstetrics/Gynecology

Pediatrics

Surgery

Emergency Medicine

ICU

\* One will be designated as “Chair, Transfusion Committee”

Medical/Scientific Representatives from Blood Transfusion Laboratories:

Head, Transfusion Medicine Services

Technical Specialists from Transfusion Medicine Services

Transfusion Safety Officer

\*\* One will be designated “Secretary, Transfusion Committee”

Representative from Nursing