Welcome and Introductions:

Key Points:
- Peter MacDonald welcomed Calvin Taylor to the role of Atlantic RLC Co-chair/National Liaison Committee (NLC) representative.
- Allen Veale has resigned from the Atlantic Regional Liaison Committee.
- There are currently no new committee members to introduce. However, a standing offer has been made to the MUN and Dalhousie Blood Clubs that the current presidents may be members of the Atlantic RLC during their tenures.

Comments/Questions:
- The Atlantic RLC requires more representation from stakeholder groups such as recipients.

Action Item:
- Peter MacDonald to recruit recipient representation for the Atlantic RLC.

Review of Agenda & Approval of Summary Notes:

Key Points:
- Meeting agenda approved by committee.
- Approval of November 2015 Atlantic RLC meeting summary notes moved by Fraser Eaton, seconded by Margaret Rogers and approved by all.

Comments/Questions:
- What steps are being taken to inform educators about the availability of the “Learning to Save Lives” program?

Action Items:
- Janice Phillips to post summary notes from the November 2015 RLC meeting to blood.ca.
- Peter MacDonald to look into what steps are being taken to inform educators about the availability of the “Learning to Save Lives” program and update the Atlantic RLC.

Update on Regional Issues:

Presenter: Peter MacDonald

Key Points:
- OneMatch:
  - Atlantic Canada has an annual goal of 3,630 OneMatch swabs. In the first two months of the fiscal year, Atlantic Canada collected 1,698 consents (46.8%). A campaign is currently underway for Marlie, a one-year old girl from Sackville, NB. The first event was held in her hometown at the end of March. Since then, requests to hold events have been received from many communities across the Maritimes. On May 29, 178 swabs were collected at a Marlie-driven event at Colonel Gray High School in Charlottetown.
- Nationally, we want to achieve 40% of consents from an ethnically diverse background. Atlantic Canada’s target is to achieve 25% ethnic diversity. Although 46.8% of our OneMatch annual goal has already been collected, we have only achieved 9% ethnic diversity. The key focus for swabs is males from 17 – 35 years. Patient campaigns tend to resonate more with females than with males. Of the consents collected so far this fiscal year, only 18% are from males.
- An OneMatch event in May at CFB Gagetown generated 284 consents and was 85% male.

• NL English School District:
- Sending Lifebuses for students or holding afternoon events targeted at students will be a challenge now that the NL English School District has implemented a “Time on Task” initiative. Although everything is fine until the end of this academic year, it may be an issue next year. Peter MacDonald will be meeting with the NL English School District on June 7, 2016, to discuss the plan and determine whether there is a resolution.
- Our target for swabbing events has been schools. The challenge is with regards to consent. Although informed consent is built into the OneMatch process, the NL English School District has a process which requires parental consent prior to the event.

• Labour:
- Charlottetown staff is still on strike.
- The Summerside mobile clinic was cancelled in September, December and March but returned to Summerside, PE, on May 16, 17 and 18. Although there was a picket line and a few difficulties, 189 units were collected. Planning to return to Summerside in July.

• The Association of Donor Recruitment Professionals (ADRP):
- The annual ADRP conference was held two weeks ago in Orlando, Florida.
- Every year, “The Telegram”, in St. John’s, NL, selects a week to focus on the blood system. In addition to using their newspaper to promote awareness, they participate via the Lifebus or they own a day in the clinic. Canadian Blood Services nominated “The Telegram” for a partnership award which they won. A representative of “The Telegram” attended the awards presentation at the ADRP conference in Orlando, Florida to accept the award.

• Donor Relations Staffing Changes:
- Recent restructuring of Donor Relations has resulted in a reduction of 25 full time equivalents across the country, four of which were from the Atlantic Region (two Territory Managers (from NL and Moncton, NB), a NB Volunteer Coordinator and the Atlantic Volunteer Supervisor based out of Dartmouth, NS).
- In addition to staffing reductions, roles and responsibilities were changed. Event Coordinators will now focus on the events within their communities. Territory Managers will focus on the Partner Program (i.e., recruiting new partners, awareness partners, Adopt a Clinic and the partner pledge). There are now Territory Managers dedicated to the OneMatch program across the country, one of which is in the Atlantic Region. Current members of the Atlantic team are:

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<thead>
<tr>
<th>Location</th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>New Brunswick</td>
<td>Jacqueline Alain</td>
<td>Territory Manager</td>
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<td></td>
<td>Heather Cotter</td>
<td>Event Coordinator</td>
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<tr>
<td>Newfoundland and Labrador</td>
<td>Gordon Skiffington</td>
<td>Territory Manager</td>
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<td></td>
<td>Juanita March</td>
<td>Event Coordinator</td>
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<td></td>
<td>Susanne Stevenson</td>
<td>Volunteer Coordinator – NL</td>
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<td>Nova Scotia/Prince Edward Island</td>
<td>Kathy Gracie</td>
<td>Territory Manager</td>
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<td>Deborah MacGillivray</td>
<td>Territory Manager</td>
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<td></td>
<td>Corey Matheson</td>
<td>Event Coordinator</td>
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<td>Kim Elliott</td>
<td>Volunteer Coordinator - Maritimes</td>
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<td></td>
<td>Dianne Shaw-MacAdam</td>
<td>Atlantic Territory Manager OneMatch Stem Cell &amp; Marrow Registry</td>
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- Prior to the restructuring, there were five regions across the country. This has been reduced to four regions (BC/Yukon, Prairies, Ontario and Atlantic).
Automatic Inventory Replenishment:
- A couple of months ago, a continuous inventory replenishment pilot commenced with Eastern Health in NL. Canadian Blood Services had visibility of Eastern Health’s inventory and instead of the hospital placing orders to replenish inventory, Canadian Blood Services automatically shipped product based on agreed upon inventory levels. Eastern Health is now keeping less in inventory and has seen improvement in their discards. The pilot has been extended to include the Dr. Everett Chalmers Regional Hospital in Fredericton, NB and is being looked at nationally.
- Eastern Health is a centre that smaller hospitals send blood products back to if they know they won’t use them before they expire. Canadian Blood Services needs visibility to this part of their inventory.
- A next step in the pilot is the potential to include Plasma Protein products.

Automated Supply Chain:
- The cutover to the Automated Supply Chain will take place during the first weekend in July. Technology installation and renovations have been completed and staff training is underway. Communication to donors is scheduled to commence the week of June 6, 2016. Staff has been provided with key messages for responding to donor inquiries.
- Canadian Blood Services will need to build inventory heading into the cutover as there will be no Whole Blood collections on Saturday and Sunday of the cutover weekend. Messaging has been issued to advise donors of the need for 200,000 collections by July 1, 2016. Platelets will continue to be collected under the contingency plan over the weekend.
- Across Canada, all sites have been surveyed for connectivity and to ensure they had the correct amperage for equipment.
- With Automated Supply Chain, the clinic must fit in one room. By changing the mobile configuration now, we were able to determine that there were no issues at any of the Atlantic clinic sites.

Comments/Questions:
- Unless the NL English School District changes their position, the “Time on Task” initiative will also have serious implications for the Young Blood for Life Program.
- Does Canadian Blood Services’ staff across the country belong to the same union? 
  No. There are many different unions and agreements across the country. In Atlantic Canada alone, there are eight or nine agreements.
- Are there talks planned with the union representing the Charlottetown staff? 
  No talks are currently planned. The last meeting was held with a mediator and an agreement was struck. The agreement was presented to the union but was rejected.
- “The Telegram” should be recognized at the upcoming Honouring our Lifeblood ceremony.
- Is there a possibility that Canadian Blood Services won’t meet their collections goal by July 1? 
  The goal is to have inventory at 18,000 units on Monday, July 4. In April and May, Canadian Blood Services collected over target nationally. Although at the first of the year, hospital demand was projected to be flat or slightly down nationally, it went up about half a percentage point. In the month of April, hospital demand was 18% higher in NS than what was forecast. During this time, there were a number of specific patient requirements that caused a spike at the QEII. This spike set us back a bit in our efforts to build the inventory.
- What if there is a problem with connectivity at one of the sites? 
  Connectivity has been checked at all Atlantic sites and there are no issues.

Action Item:
- Peter MacDonald to forward media clippings related to “The Telegram’s” award to the Atlantic RLC.

NLC Update:
Presenter: Calvin Taylor
Key Points:
- The National Liaison Committee meeting was held on March 21, 2016, in Ottawa.
- Issues highlighted in the Co-chair’s report:
  - Demand for blood decreasing while demand for blood products is increasing.
  - Demand for cord blood increasing.
  - Zika virus is a challenge for Canadian Blood Services.
  - Blood safety is “job one” for Canadian Blood Services.
Corporate branding is not just a logo. It is an extension of the business strategy.

Babesia Microti is an infection caused by parasites transmitted by ticks and can be transmitted by blood transfusion. It is endemic in parts of the USA. The risk to Canada’s blood supply is currently very low.

The Director of Donation & Transplantation provided an update on donation and transplantation programs and services in Canadian Blood Services.

Updates were also provided on MSM and Zika deferral.

An update was also provided on Canadian Blood Services’ recruitment strategy for communicating/connecting with donors.

RLC co-chairs met the evening prior to the meeting to discuss suggested issues for future consideration.

The next National Liaison Committee meeting is scheduled for September 12 & 13, 2016.

Comments/Questions:

- Can the Zika virus be detected in blood?  
  Tests are currently being developed.

- During the NLC meeting, the RLC Co-chair/NLC Representative expressed his belief that a lot Canadian Blood Services’ issues with public awareness is based on the fact that the organization is not doing a very good job at communication and education.

- Is Babesia Microti unique to certain areas of Canada or is it a possible threat to all of Canada?  
  Although it is endemic in parts of the northern USA, along the Manitoba border, there have not been a lot of cases identified yet. Evidence seems to indicate that it is transmissible by transfusion. There have been some fatalities in the USA attributed to this infection. Tick populations are being monitored. Canadian Blood Services is looking at implementing a specific test for donors in Winnipeg.

- How much cord blood has been used and what are they using it for?  
  We’ve only recently been listed on international registries. Cords are being collected and are now available for use.

- Where is Canadian Blood Services with pathogen inactivation?  
  There is promising ongoing research. Chris Brennan will arrange for someone to present on this topic at an upcoming Regional Liaison Committee meeting.

- Canadian Blood Services is currently undergoing a review of all aspects of the corporation’s identity and corporate branding. During a Board of Directors meeting in June, the Board will be discussing Canadian Blood Services’ vision and values. An update will likely be presented to the National and Regional Liaison Committees in the fall.

- During the National Liaison Committee meeting, Mark Donnison presented on how Canadian Blood Services derives collections targets, measures productivity and efficiencies, etc.

Action Item:

- Chris Brennan to arrange for an update on pathogen inactivation at an upcoming Regional Liaison Committee meeting.

- Peter MacDonald to bring Mark Donnison’s presentation from the National Liaison Committee meeting to the next Regional Liaison Committee meeting.

- Regional Liaison Committee members to e-mail issues they wish brought forward to the National Liaison Committee to Cal Taylor.

Organ & Tissue Donation and Transplantation:

Presenter: Jillian Adler

Key Points:

- Organ transplantation is generally the best long-term treatment option for patients suffering from end-stage organ failure. Tissue transplantation offers hope for sustaining and improving quality of life of patients suffering from limb-threatening bone tumors, severe burns, periodontal disease and other ailments.

- There are three types of donors; neurological determination of death (brain dead) donors, deceased “cardiac death” (patient not breathing and no heartbeat) donors and living donors.
- There has been a 30% increase in deceased donor donations in Canada since 2005.

- In 2008, the Provincial/Territorial Ministers of Health asked Canadian Blood Services to take on organ and tissue donation as part of its mandate and assume a national leadership role for donation and transplantation in all provinces/territories. The Ministers of Health asked Canadian Blood Services to work on the development of three inter-provincial registries in collaboration with the provinces. The three national patient programs developed were the Kidney Paired Donation Program launched in 2008, the National Organ Waitlist launched in 2012 and the Highly Sensitized Patient Program launched in 2013.

- As of May 9, 2016, there have been 429 kidney donations, 277 from Domino exchanges.

- As of May 2, 2016, there are 747 patients on the (non-renal) National Organ Waitlist.

- Patients on the Highly Sensitized Patient Waitlist as of May 12, 2016; NB – 12, NS – 16, PEI – 4 and NL – 8.

- The Canadian Transplant Registry is a computer system that currently supports the National Organ Waitlist and the Highly Sensitized Patient Program run by Canadian Blood Services. It is used by recipient coordinators, donor coordinators, HLA technologies and some physicians. By 2017, there will be one computer system managing patients listed in the three programs – the Kidney Paired Donation Program, the National Organ Waitlist and the Highly Sensitized Patient Program.

- Canadian Blood Services collaborated with provincial partners on a number of national initiatives – a public education and awareness working group, the BC Transplant/Canadian Blood Services blood donor clinic initiative (organ donation organization volunteers in BC blood donor clinics for three months) and National Organ & Tissue Awareness Week. Public awareness and education materials were also developed.

- During National Organ & Tissue Awareness Week a national media campaign was held with Global TV (#48in48). The goal of this campaign was to encourage 48,000 conversations about organ and tissue donation in 48 hours (actual number of conversations 74,277). There were 6,403 people who registered their intent to donate. Events were held at Head Office and the Edmonton Centre, two new public education videos were developed, organ donation organization volunteers were in blood donor clinics during National Organ & Tissue Awareness Week, the Canadian Blood Services Marketing Department ran a social media public awareness campaign and a Green Light campaign was held where landmarks were lit up green in honour of all of the donors who gave of themselves and to remember all of the patients still waiting for transplants.

Comments/Questions:

- Are there age limits for donating any organs and tissues?
  Donation criteria depends more on the health of the organ rather than the age of the donor.

- On average, the wait for a paired exchange is one year or less.

- It is important that people speak with their families about their wishes.

- A committee member noted that some of the countries that are doing well with organ donation utilize an “opt out” system rather than an “opt in” system. There needs to be discussion amongst Canadian politicians about presumed consent. Canadian Blood Services’ current position on presumed consent is that this wasn’t identified as an immediate priority amongst the OTDT community and that systems need to be in place first to be able to facilitate donations. Tier one priorities take precedence.

- The National Organ Waitlist includes people waiting for organs from across the country.

- What can the Atlantic RLC do to support organ and tissue donation and transplantation? Committee members can help with public education and awareness by engaging in conversations with others and encouraging them to make their wishes known to their families.

- Drivers’ licenses often indicate whether a person wishes to be an organ donor. When a person has been involved in a serious accident, it is not likely that doctors will search for a license to determine the patient’s wishes. Perhaps something more visible (i.e., similar to a medic alert bracelet) would result in doctors speaking with family members about the patient’s wishes to be an organ donor.
• What percentage of deaths are potential donors? 
  Individuals who have died from a heart attack or experienced trauma resulting in brain death can be 
  considered as potential donors; however, deferrals can still occur based on other health issues, family 
  history, etc.

• Peter MacDonald suggested that the Atlantic RLC could perhaps be offered up to the organ procurement 
  organizations to discuss their priorities and what Canadian Blood Services should be focusing on. 
  What role the RLC can play needs to be discussed with OTDT. Discussion amongst the regions / 
  stakeholder relations / Donor Relations and OTDT is also required at a higher level.

**Action Item:**

• Jillian Adler to circulate the Organs & Tissues System Progress Report with the Atlantic RLC once it 
  becomes public.

• Jillian Adler to review the Speaker’s Bureau package to determine whether the information it contains 
  regarding organ and tissue donation is sufficient.

• Jillian Adler to forward a PowerPoint slide to the Atlantic RLC detailing the rate of deceased donors that 
  actually go on to donate.

• Jillian Adler to ask her contact at the Organ Procurement Exchange of Newfoundland and Labrador what 
  happens after a person indicates their intent to donate on their driver’s license.

**Canadian Blood Services’ Plasma Program:**

**Presenter:** Chris Brennan

**Key Points:**

• A video of Graham Sher’s Plasma presentation to the National Liaison Committee was played.

• Canadian Blood Services will not be paying donors for Plasma donations.

• The decision has been made to look to double the amount of Plasma Canadian Blood Services collects 
  (from 200,000 litres to 400,000 litres) for fractionation. Consultations will soon take place to determine 
  the best model to do this.

• USA producers have indicated that they don’t have much more room to grow collections so other areas 
  need to step up.

**Comments/Questions:**

• Is there any guidance from the medical community as to where this usage will top out?
  Today’s approach is tailored therapies. A product is required that can be used for these tailored 
  therapies. As a result, there will be greater demand for the product.

• How will Canadian Blood Services’ volunteer Plasma program compete with a paid Plasma program? 
  There is no doubt that Canadian Blood Services will have to compete for donations in areas where paid 
  Plasma clinics are open. Canadian Blood Services will need to target areas where there are no paid 
  clinics.

• How successful has Héma Québec been with their Plasma-specific clinics? 
  The first two Plasma-specific clinics set-up by Héma Québec were not as successful as was hoped. One 
  of the reasons may have been due to the population not being large enough in the areas where the 
  clinics were opened.

• Canadian Plasma Resources could sell their product to any fractionator in the world. They currently don’t 
  have an agreement in place with our fractionators.

• Canadian Blood Services receives credits for the Plasma it supplies to the fractionator. What is the 
  currency of the credits and can they be negotiated?
  The credits are in American dollars and are negotiated as part of the RFP process.

**Action Item:**

• Peter MacDonald to find out what formula is used to determine the credits Canadian Blood Services 
  receives from the fractionator.
RLC Member Updates:

Fraser Easton: ● Has become more engaged with the Territory Managers and Event Coordinators in St. John’s, NL. Another meeting will be scheduled in the near future.

Morley Reid: ● Although he has made a number of offers to present to groups as part of the Speaker’s Bureau, none have taken him up on his offers. Will follow-up with the NL Volunteer Coordinator to look for other groups that he could address.
● There is still an issue regarding the availability of equipment for members of the Speaker’s Bureau.

Karen Turner-Lienaux: ● Has been doing online research in an effort to keep herself current on issues such as Zika Virus.

Gordon Jenkins: ● Held a couple of Speaker’s Bureau sessions. There were some sound issues when playing recipient videos at one of the sessions. He often receives questions that he cannot answer. Who should he forward the questions to? Questions can be forwarded to Peter MacDonald and Chris Brennan. Blood.ca also provides a lot of information on blood components and their uses.
● Members of the Speaker’s Bureau need to be informed when there have been updates to Speaker’s Bureau collateral.

Dr. Calvino Cheng: ● Over this past year, NS health authorities were consolidated into two authorities. IT information is now under one unified group. Recently, NS Health Authority, IMIT and IWK analysts were integrated. This should help resolve the historical issue of data silos.
● The Provincial Blood Coordinating Program which used to be under the Department of Health and Wellness now falls under the NS Health Authority.
● On June 1, 2015, an automatic forward looking/backward looking Red Cell inventory ordering algorithm was implemented. Have seen a significant reduction in discard rates. The algorithm won a prize for innovation.

Calvin Taylor: ● The Confederation Building has been struggling to meet its target for some time. Calvin Taylor met with the Deputy Minister of Health who put him in touch with the Deputy Minister of Human Resources. Following a meeting with Calvin Taylor and the Territory Manager from the Canadian Blood Services site in NL and the Deputy Minister of Human Resources, it was agreed that Canadian Blood Services would provide the posters and they would communicate with their staff and encourage clinic participation. Collection results at the most recent clinic were improved with 63 units of a 58 target being collected.

Anne Robinson: ● Southeast Healthcare was a Partner for Life with Canadian Blood Services prior to becoming part of the larger region of Horizon Health. Details of upcoming clinics were sent regularly to all staff. However, when Horizon Health was established, “all user” e-mails were no longer permitted. The importance of sharing clinic details with all staff was realized following the NB Emergency Blood Management Simulation and a simulation to test the triage team that deals with massively bleeding patients during red phase shortages. Since the simulations, a representative from Horizon Health Communications has been sending out clinic information. An icon that advises staff of blood shortages has been developed for use on Horizon Health’s Intranet, Skyline. The Horizon Health Communications representative is also now in contact with the Canadian Blood Services Territory Manager for NB.

Margie Rogers: ● Margie Rogers recently took a First Aid course in preparation for doing “What’s Your Type” typings. She is now ready to do typings and will follow-up with the Canadian Blood Services Territory Manager for NB.

Action Items: ● Peter MacDonald to look into what equipment can be provided to members of the Speaker’s Bureau.
● Dr. Calvino Cheng to present on the Red Cell inventory ordering algorithm during the October 2016 Atlantic RLC meeting.
● Peter MacDonald to follow-up with Jillian Adler to ask what Regional Liaison Committee members can do to help promote organ donation.
Donor Selection Criteria Updates (Men Who Have Sex With Men & Zika Virus):
Presenter: Chris Brennan

Key Points:
- In July 2013, criterion for MSM deferral changed from an indefinite deferral to a 5-year deferral.
- After 2.5 years, there has been no change in HIV rates or in the rates of other infectious disease markers caught in Screening. Although donor modeling predicted an increase in HIV positive donors (~10 donors/year), this was not observed.
- Extensive consultation was held with the general population, donors and high interest groups regarding a move to a 12-month deferral. Many groups wrote letters of support to the Minister of Health for a 12-month deferral.
- A preliminary meeting regarding the move to a 12-month deferral was held with Health Canada, Canadian Blood Services and Héma-Québec in January 2016. A submission was made to Health Canada in March 2016. If approved, changes to the deferral period will be implemented by October 2016.
- The current Zika outbreak started in Brazil and spread into other parts of Latin America and the Caribbean.
- There have been several documented cases that confirm Zika is transmitted sexually. There are indications that it is transmissible by transfusion.
- Eighty percent of those infected with Zika are asymptomatic. Common symptoms include fever, maculopapular rash, muscle pain, headache and conjunctivitis. The incubation period is two to five days followed by a viremic period of two to five days. Complete recovery is usual. Rare complications include Guillain Barré Syndrome post-infection. Zika has been associated with microcephaly and other fetal malformations in the infants of women who contract Zika during pregnancy.
- Canadian Blood Services and Héma-Québec have implemented a 21-day deferral of blood, cord blood and adult stem cell donors after departure from any area outside of Canada, continental USA and Europe. This was fully implemented by March 4, 2016.
- Shortly after Canadian Blood Services and Héma-Québec introduced a 21-day deferral policy, the US FDA implemented a 28-day deferral period in the USA.
- Canadian Blood Services’ initial policy may be revised based on new information about this emerging pathogen or regulatory directives from Health Canada.

Comments / Questions:
- Previously, there was a lifetime deferral for donors diagnosed with Cancer; however, donors are no longer deferred if they have been cancer free for five years.
- There is no longer an upper age limit for donors.
- Are there any plans to revise the deferral period for Creutzfeldt-Jakob disease?  
  As there is no test for Creutzfeldt-Jakob disease, the deferral period will not likely be changed.

Member Roundtable:
- Atlantic Regional Liaison Committee membership term limits have not recently been enforced. The two Blood Club presidents will be joining the committee in the fall. Once some new members are brought onto the committee, we will ask the current membership to advise if they wish to depart the committee.
- A Regional Liaison Committee Alumni group has been created on Basecamp for former Regional Liaison Committee members wishing to stay informed.

Possible Future Topics:
- Pathogen Inactivation
- Ordering Algorithm
- Further Inventory Management and Replenishment Updates
- Branding
- OTDT
- Learning to Save Lives
Next Meeting:  • The next meeting will be held at the Canadian Blood Services site in St. John’s, NL, on October 3, 2016.

Action Items:  • ‘Save the date’ e-mail to be sent to Atlantic RLC members.

The meeting was adjourned at 2:00 pm.