

COVID-19 Scientific Advisory Group

Terms of Reference

Purpose

The Scientific Advisory Group (SAG) will use evidence and consider resource availability to provide recommendations to support policy and operational decision-making to the AHS Emergency Coordination Centre for the COVID-19 incident response.

Reporting Relationship

SAG reports to the Operations Section Chief, Emergency Coordination Centre.

Scope

All requests for rapid evidence synthesis will come from the AHS Emergency Coordination Centre (or the Physician Co-leads), from the PPE Task Force (a subcommittee of the Operations Section of ECC) or from Alberta's Chief Medical Officer of Health. It is expected that questions may also arise from Alberta Zone Emergency Operations Centers – but those should be directed to SAG through the Physician Co-leads, Emergency Coordination Centre. Questions related to any aspect of COVID-19 are within scope, including risk for transmission, personal protective equipment, strategies for isolation, treatment strategies, and management of patients in hospitals.

Membership

SAG Co-chairs – Dr Braden Manns; Dr Lynora Saxinger

Designated Alternate Co-Chair – Dr Scott Klarenbach

Public Health representative – Dr Alexander Doroshenko

Infectious Disease / IPC Experts – Dr John Conly

Critical care representative – Dr Shelley Duggan

General Internal Medicine – Dr Elizabeth Mackay

Respiratory representative – Dr Brandie Walker

Emergency department representative – Dr Andrew McRae (Alternate: Dr Grant Innes)

Pharmacy representative - Jeremy Slobodan

Provincial Laboratory – Dr Nathan Zelyas

Alberta Health Medical Office of Health representative – Dr Rosana Salvaterra

Other ad hoc external reviewers are added for each review based on the context of the ECC evidence synthesis requests.

Meeting Frequency

One to three times per week, 2 hours or on an as-needed basis as per the prioritized ECC evidence synthesis requests. All meetings to occur by Skype/Zoom.

Member responsibility

- (a) Co-chairs identify members. Each meeting must have one co-chair present.
- (b) Each member is expected to attend meetings on a regular basis.
- (c) Members are expected to:
 - (i) Support the purpose and deliverables as outlined in the TOR
 - (ii) Represent their subject matter expertise and bring their views and perspective to the meetings
 - (iii) Participate in developing consensus by considering a diversity of opinions, ideas, and concerns and support decisions as a result of this collaborative process of developing recommendations;
 - (iv) Consider evidence, resource constraints, and equity in decision making
 - (v) Protect any AHS and/or Committee patient, clinical, or business information or records and not disclose the same outside of AHS without the written consent of the Committee Chair. This does not apply to information that is available to the public at www.ahs.ca or from other public sources.
 - (vi) Complete the Conflict of Interest Declaration and Behavior Acknowledgement in accordance with the Conflict of Interest Policy, and proactively inform the Co-chairs of any conflict that may arise if the focus of a review is a commercially available therapeutic, vaccine, or medical device.
- (d) Members must recognize that uncertainty exists, but that recommendations are still required – based on best evidence and resource constraints
- (e) Meeting agendas will be set by co-chairs

Decision making

SAG has no decision-making authority. Instead, SAG seeks to create high-quality evidence syntheses. To aid in decision making, SAG will also provide recommendations where possible based on quality and robustness of the evidence, as well as the resources available within Alberta. SAG will strive to ensure that recommendations are made by consensus where possible. Where recommendations are not unanimous, the anonymous results of voting will be recorded and provided to ECC or Alberta Health to enable their decision making.

Co-chairs do not vote. Given the need for frequent meetings, and the understanding that everyone is busy, quorum is 50%+1 member. Delegates are permitted, but must be briefed by the committee member they represent, and must bring a similar skillset / content expertise.

Resources

SAG will be supported by a Secretariat, rapid review services, and knowledge synthesis services from AHS Innovation, Evidence, Evaluation & Impact and AHS SCN Scientific Offices. Where additional content expertise is required, SAG will draw upon AHS Strategic Clinical Network members, Operations,

and Clinicians. Where possible, the group will be guided by existing review resources (eg [Oxford University COVID rapid evidence review service](#) and other similar organizations).

SAG Process

Questions for consideration of a SAG review are submitted to the committee co-chairs for consideration. SAG evidence requests are brought forward from a variety of sources including the Alberta Health Services (AHS) Emergency Coordination Centre (ECC), AHS Zone Emergency Operations Centres (ZEOCs), AHS Personal Protective Equipment (PPE) Task Force, or the Office of the Chief Medical Officer of Health (CMOH).

After receiving questions, SAG Co-chairs will:

a) seek clarity on the question and determine which of the following is required:

- a rapid evidence brief (3-5 days) (abbreviated literature search or hand searching only; not discussed at full SAG meeting)
- a full rapid review (one or more weeks, depending on complexity; full literature search and discussion at SAG meeting(s))
- policy / guidance document – in which case the question will generally be delegated to a strategic clinical network where possible,

b) agree on review timelines, and

c) determine if a communication brief (for AHS staff or the public) is required (including determining the timelines for this separate document).

SAG Co-chairs will forward the final recommendation and evidence synthesis to Alberta Health / ECC for their approval and dissemination.

Date

14 January 2022