



TITLE

**ENGAGEMENT OF HEALTH SERVICES FOR INTERNATIONALLY PROTECTED PERSONS**

SCOPE

Provincial

DOCUMENT #

1167-01

APPROVAL AUTHORITY

Alberta Health Services Executive

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SPONSOR

Vice President, Quality and Chief Medical Officer

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PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Appropriate Prioritization of Access to Health Services Policy  
(#1167)

SCHEDULED REVIEW DATE

May 13, 2024

**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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## OBJECTIVES

- To outline that Alberta Health Services (AHS) may be required to provide **publicly-funded emergency health services** and/or **food surveillance services** to **Internationally Protected Persons (IPP's)** and/or immediate family members who may accompany them, arising from responsibilities assigned to the Government of Canada, under the terms of the *Convention on the Prevention and Punishment of Crimes Against Internationally Protected Persons, including Diplomatic Agents*.
- To outline the processes that are followed by **health care providers** with respect to an official visit of an IPP, and/or any official or private visit by current International Heads of State, International Heads of Government, and/or the Royal Family, to the Province of Alberta.
- To outline that information pertaining to an IPP's itinerary and **health plan** are provided on a 'need to know' basis only.

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

## ELEMENTS

### 1. Health Services for Internationally Protected Persons

- 1.1 AHS may be required to provide publicly-funded emergency health services and/or food surveillance services to IPP's and/or immediate family members who may accompany them, arising from responsibilities assigned to the Government of Canada under the terms of the *Convention on the Prevention and Punishment of Crimes Against Internationally Protected Persons, including Diplomatic Agents*.
- 1.2 AHS is advised as to who is entitled to be classified as an IPP, and whether AHS is required to provide emergency health services and/or food surveillance services. This determination is communicated by the relevant Federal or Provincial agency providing notification of an impending visit to the Province of Alberta.
- a) Courtesy notification (in accordance with the *Appropriate Prioritization of Access to Health Services Policy*) may be extended for individuals not officially identified as IPP's.
- 1.3 The Office of the President and Chief Executive Officer (CEO) for AHS shall be administratively accountable, delegating select duties as appropriate, for the arrangement of any publicly-funded emergency health services or food surveillance services that the IPP and/or immediate family members may require of AHS while in the Province of Alberta.
- 1.4 An IPP's health plan, consistent with Health Canada's *Policy Regarding Health Plans for Internationally Protected Persons Visiting Canada*, should not affect the publicly-funded **health services** which the general population can expect to receive from AHS.

### 2. Notification and Organizational Communication of an Impending Visit by an Internationally Protected Person

- 2.1 The AHS Emergency/Disaster Management Department (E/DM), on behalf of the AHS President and CEO, shall receive notification, from the relevant Federal or Provincial agency of:
- a) an impending official visit to the Province of Alberta by an IPP; or
- b) any impending official or private visit to the Province of Alberta of current International Heads of State, International Heads of Government, and/or the Royal Family.
- 2.2 As part of this notification, AHS is provided with clarification as to who qualifies for the provisions of emergency health services and/or food surveillance services extended to IPP's.

- 2.3 The E/DM lead shall establish and maintain liaison with all relevant administrative, clinical, and support services as required.
- 2.4 The Office of the AHS President and CEO shall communicate details of the IPP's visit on a 'need to know' basis to:
- a) the Ministry of Health; and
  - b) AHS Senior Leadership.
- 2.5 The designated E/DM lead shall communicate details of the IPP's visit, on a 'need to know' basis to:
- a) administration at the **designated hospital**;
  - b) the designated hospital's Medical Director; and
  - c) other clinical and support services as required.
- 2.6 If food surveillance services are requested, the designated E/DM lead shall also communicate details of the IPP's visit on a 'need to know' basis to Environmental Public Health.

### 3. Determination of a Designated Hospital for Internationally Protected Persons

- 3.1 The determination of a designated hospital for an IPP shall be made in consideration of:
- a) the proximity of the hospital to the scheduled itinerary and travel plans of the IPP;
  - b) the **health needs** of the IPP and/or immediate family members who accompany the IPP; and
  - c) the ability of the hospital to provide the level of health services that may be required.
- 3.2 If the IPP has no specific health needs, a hospital with a trauma centre shall be the preferred choice. This facility shall be identified as the designated hospital.
- 3.3 If the IPP is travelling with children, a hospital with a trauma centre for children shall also be identified as a designated hospital.
- 3.4 Should it be determined that there is no hospital within close proximity to the scheduled itinerary and travel plans of the IPP that is able to provide the required level of health services, arrangements shall be made to ensure the IPP can be quickly transported to a hospital facility that can.
- 3.5 If the itinerary of the IPP involves several stops in different cities, it may be necessary to designate several hospitals. The distance between cities shall be

the determining factor in deciding how many designated hospitals are required to ensure that the health needs of the IPP can be dealt with quickly.

#### 4. Responsibilities of the Designated Hospital Administration and Medical Director

- 4.1 The designated hospital administration shall:
- a) review relevant details of the IPP's visit with Site Leadership for the Emergency Department, Protective Services, in-patient care, and Health Information Management;
  - b) complete the Health Canada *Hospital Questionnaire* (Appendix A); and
  - c) identify a 24-hour Emergency Department priority telephone number for the Royal Canadian Mounted Police (RCMP) to reference, if health services are required.
- 4.2 The designated hospital's Medical Director shall:
- a) review relevant details of the IPP's visit with Clinical Department Heads for the Emergency Department, the Intensive Care Unit, and specialty services;
  - b) receive, from Health Canada, the IPP's health plan; and
  - c) review and discuss, on a 'need to know' basis, relevant details of the IPP's health plan with Clinical Department Heads for the Emergency Department, the Intensive Care Unit, and specialty services.
- 4.3 The designated hospital administration and designated hospital's Medical Director shall communicate any site or medical care issues or concerns to the E/DM lead.

#### DEFINITIONS

**Designated hospital** means the hospital facility that is best able to provide the required level of health services for the Internationally Protected Person, taking into account such factors as distance and travel times.

**Emergency health services** means all the measures taken to ensure the continuous availability of health services for Internationally Protected Persons. This includes, but is not limited to, arrangements with hospitals, Emergency Medical Services (EMS), and health care providers. These arrangements are vary depending on the security level assigned by the Royal Canadian Mounted Police (RCMP).

**Food surveillance services** means measures taken to minimize the risk of food borne illnesses for Internationally Protected Persons. These measures vary depending on the security level assigned by the Royal Canadian Mounted Police (RCMP).

**Health care provider** means any person who provides good and services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of, or in conjunction with, Alberta Health Services.

**Health need** means the full scope of physical, emotional, mental health, spiritual, social, environmental and cultural elements that an individual may require to achieve and maintain health and well-being, as determined by health care providers using their clinical judgement in consideration of the patient's clinical status.

**Health service(s)** means a service or actions performed for or with a patient to protect, promote, or maintain health; to prevent illness; to diagnose, treat or rehabilitate; or to take care of the health needs of the ill, disabled, injured or dying.

**Internationally Protected Person** means any representative of a State or any official or other agent of an international organization of an intergovernmental character, as well as members of their family forming part of their household.

**Health plan** means a set of provisions designed to guarantee the availability of emergency health services and appropriate food surveillance services for the Internationally Protected Person.

**Publicly-funded** means services that are funded in whole or in part by the Government of Alberta.

## REFERENCES

- Appendix A: *Health Canada Hospital Questionnaire*
- Alberta Health Services Governance Documents:
  - *Appropriate Prioritization of Access to Health Services Policy (#1167)*
- Non-Alberta Health Services Documents:
  - *Convention on the Prevention and Punishment of Crimes Against Internationally Protected Persons, including Diplomatic Agents* (United Nations)
  - *Policy Regarding Health Plans for Internationally Protected Persons Visiting Canada* (Health Canada)

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**APPENDIX A**

**Health Canada *Hospital Questionnaire***



**Hospital Questionnaire**

<b>City / Province</b>					<b>Event or Visit</b>				
<b>Name &amp; Address of Hospital / Facility</b>					<b>General Telephone #</b>				
					<b>Direct Telephone # for ER</b>				
<b>Trauma Centre Level</b>					<b>Designated By</b>				
<b>Name &amp; Title of CEO or Administrator</b>					<b>Telephone # for CEO or Administrator</b>				
<b>ER Location - include notes on routes and access</b>									
<b>Name &amp; Title of ER Contact Person</b>					<b>Telephone # for ER Contact Person</b>				
<b>Name &amp; Title of Other Liaison Official</b>					<b>Telephone # for Other Liaison Official</b>				
<b>Medical Capabilities &amp; Coverage – 24/7, or if not, show response time</b>									
	<b>24 Hours</b>		<b>Response Time</b>				<b>24 Hours</b>		<b>Response Time</b>
<b>ER</b>						<b>Cardiac Care Unit</b>			
<b>X-Ray</b>						<b>Anesthesiologist</b>			
<b>Radiologist</b>						<b>Thoracic Surgeon</b>			
<b>Clinical Lab</b>						<b>Ortho. Surgeon</b>			
<b>Whole Blood</b>						<b>Neuro. Surgeon</b>			
<b>Pathologist</b>						<b>Operating Team</b>			
<b>Cardiologist</b>						<b>ICU</b>			
	<b>Total</b>	<b>Trauma</b>	<b>SICU</b>	<b>MICU</b>	<b>CCU</b>	<b>Decontamination Unit – Fixed or Portable?</b>			
<b># of beds</b>									
<b>Cases Referred to Other Hospitals (e.g. Burns)</b>					<b>Name of Facility Referred To</b>				
<b>Does the Hospital/Facility have a Helipad</b>					<b>If Yes, Location of Helipad</b>				
<b>Remarks</b>									
<b>Date Questionnaire Completed</b>					<b>Questionnaire Complete By (Name &amp; Title)</b>				

