TITLE

ENGAGEMENT OF HEALTH SERVICES FOR INTERNATIONALLY PROTECTED PERSONS

SCOPE

Provincial

APPROVAL LEVEL

Alberta Health Services Executive

SPONSOR

Vice President Quality and Chief Medical Officer; Vice President and Chief Health Operations Officer (Northern AB)

CATEGORY

Ethical Conduct

PARENT DOCUMENT TYPE & TITLE

Policy: Appropriate Prioritization of Access to Health Services

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.

OBJECTIVES

- To articulate that Alberta Health Services (AHS) may be required to provide publicly-funded emergency health services and/or food surveillance services to Internationally Protected Persons (IPPs) 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 shall be 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 shall be provided on a ‘need to know’ basis only.

APPLICABILITY

Compliance with this procedure 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). This procedure does not limit any legal rights to which you may otherwise be entitled.
PROCEDURE ELEMENTS

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

   1.1 The Office of Emergency/Disaster Management (E/DM), on behalf of the President and Chief Executive Officer for AHS, 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.

   1.2 As part of this notification, AHS will be provided with clarification as to who qualifies for the provisions of emergency health services and/or food surveillance services extended to IPPs.

   1.3 The E/DM lead shall establish and maintain liaison with all relevant administrative, clinical, and support services as required.

   1.4 The Office of the President and Chief Executive Officer for AHS 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.

   1.5 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 (for Internationally Protected Persons);

      b) the designated hospital Medical Director; and

      c) other clinical and support services as required.

   1.6 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.

2. Determination of a Designated Hospital for Internationally Protected Persons

2.1 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.

2.2 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.

2.3 If the IPP is travelling with children, a hospital with a trauma centre for children shall also be identified as a designated hospital.

2.4 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 expeditiously transported to a hospital facility that can.

2.5 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 expeditiously.

3. Responsibilities of the Designated Hospital Administration and Medical Director

3.1 The designated hospital administration shall:

a) review relevant details of the IPP’s visit with Site Leadership for the Emergency Department, Protective Services, Inpatient 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.

3.2 The designated 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 Speciality 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 Speciality Services.

3.3 The designated hospital administration and designated Medical Director shall communicate any site or medical care issues or concerns to the E/DM lead.

DEFINITIONS

Designated hospital (for Internationally Protected Persons) refers to 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 (for Internationally Protected Persons) refer to all the measures taken to ensure the contingent 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 contingent upon the security level assigned by the Royal Canadian Mounted Police (RCMP).

Food surveillance services (for Internationally Protected Persons) refer to measures taken to minimize the risk of food borne illnesses for Internationally Protected Persons. These measures vary depending on the level of security 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 refers to 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 professional judgement in consideration of the patient’s context.

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 is any representative of a State or any official or other agent of an international organization of an intergovernmental character, as well as members of his/her family forming part of his/her household.

Internationally Protected Person’s health plan refers to 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
- 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)

VERSION HISTORY

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<tr>
<td>September 29, 2015</td>
<td>Initial Approval</td>
</tr>
<tr>
<td>December 17, 2015</td>
<td>Initial Effective</td>
</tr>
<tr>
<td>September 2018</td>
<td>Scheduled for Review</td>
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If you have any questions or comments regarding the information in this procedure, please contact the Policy & Forms Department at policy@albertahealthservices.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, and practice support documents.
**APPENDIX A**

Health Canada *Hospital Questionnaire*

<table>
<thead>
<tr>
<th>City / Province</th>
<th>Event or Visit</th>
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<tbody>
<tr>
<td>Name &amp; Address of Hospital / Facility</td>
<td>General Telephone #</td>
</tr>
<tr>
<td></td>
<td>Direct Telephone # for ER</td>
</tr>
<tr>
<td>Trauma Centre Level</td>
<td>Designated By</td>
</tr>
<tr>
<td>Name &amp; Title of CEO or Administrator</td>
<td>Telephone # for CEO or Administrator</td>
</tr>
</tbody>
</table>

**ER Location - include notes on routes and access**

| Name & Title of ER Contact Person | Telephone # for ER Contact Person |
| Name & Title of Other Liaison Official | Telephone # for Other Liaison Official |

**Medical Capabilities & Coverage – 24/7, or if not, show response time**

<table>
<thead>
<tr>
<th>Service</th>
<th>24 Hours</th>
<th>Response Time</th>
<th>24 Hours</th>
<th>Response Time</th>
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<tbody>
<tr>
<td>ER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Ray</td>
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<tr>
<td>Radiologist</td>
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<tr>
<td>Clinical Lab</td>
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<tr>
<td>Whole Blood</td>
<td></td>
<td></td>
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<tr>
<td>Pathologist</td>
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<td>Cardiologist</td>
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<table>
<thead>
<tr>
<th>Total</th>
<th>Trauma</th>
<th>SICU</th>
<th>MICU</th>
<th>CCU</th>
<th>Decontamination Unit – Fixed or Portable?</th>
</tr>
</thead>
</table>

| Cases Referred to Other Hospitals (e.g. Burns) | Name of Facility Referred To |
| Does the Hospital/Facility have a Helipad | If Yes, Location of Helipad |

**Remarks**

**Date Questionnaire Completed | Questionnaire Complete By (Name & Title)**

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