

**Policy Number:** BD-00-11-40008  
CA\_6500

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# Internationally Protected Persons/Very Important Persons Policy

Policy: A formal, clear, concise, and non-negotiable statement directing staff decision-making

## 1. Introduction

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### 1.1. Description

Vancouver Coastal Health (VCH) and Providence Health Care (PHC) may be approached by agencies responsible for coordinating health care services for internationally protected (IPP) and/or visiting dignitaries, known as very important persons (VIP), whose security requirements warrant advanced notification and planning. As a result of its tertiary and quaternary role within the province, Vancouver General Hospital (VGH) has been identified as the primary receiving facility for these visiting dignitaries. This allows the authorities to make appropriate pre-arrival arrangements for routine and emergency care for these dignitaries if required. While VGH is the primary site, there may be a requirement to access care at alternate facilities within VCH or PHC.

This policy outlines for [staff](#) how to safely and expediently respond to requests to provide care to those with IPP or VIP status.

### 1.2. Scope

This is a joint policy between VCH and PHC, with local protocols and procedures to be used as required.

This policy applies to the relevant medical directors, operations directors, acute administrators on call, emergency department physicians and [staff](#), trauma team leaders (VGH) and other medical staff and leadership as identified by the medical and operations directors on a case by case basis.

### 1.3. Exceptions

There are no exceptions to this policy, including when sites are on diversion.

## 2. Policy

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### 2.1. Requirements at Designated Care Sites

VCH and PHC will have processes in place to provide safe and timely access to care for IPP/VIP individuals whose security requirements warrant advanced notification and planning.

Each Community of Care (CoC) will develop protocols and procedures for coordinating IPP/VIP health care services, and VCH and PHC hospital-based emergency departments

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and rural health centers with Emergency Services must have protocols and procedures consistent with this regional policy.

All IPP/VIP visitors that can be safely and effectively treated at VGH will be directed to VGH for advanced planning and care. For IPP/VIP visitors that require maternal care, SPH may be involved. For IPP/VIP visitors that are in more remote locations requiring primary intervention (e.g. Whistler), a [secondary transfer](#) to the appropriate receiving facility will be coordinated through the [BC Patient Transfer Network \(PTN\)](#).

All sites will pre-identify the appropriate locations in the emergency department to receive IPP/VIP individuals and an appropriate inpatient location should the individual require admission. All information and communication will be considered confidential and handled in accordance with [existing VCH and PHC confidentiality and privacy policies](#).

Sites will create a plan for designated space to accommodate the IPP/VIP's entourage.

## **2.2. Response Team Leaders**

Following notification that a site has been selected as a designated receiving institution, a [response team leader \(RTL\)](#) will be identified by the Chief Operating Officer and/or Senior Medical Director. The [RTL](#) will typically be the Medical or Operations Director of Critical Care, Emergency and/or Trauma Services, or the Trauma Surgeon of the week.

The [RTL](#) will confirm that key personnel within the organization are identified and notified of the visit. This will include medical, surgical, security, and administrative personnel, as deemed appropriate for the specific visitation, such as:

- Slating anesthesiologist;
- Emergency physician (acute care);
- On call internal medicine attending;
- Trauma attending;
- Intensive care unit (ICU) attending;
- Administrator on call;
- Health Emergency Management BC (HEMBC);
- Communications & Public Affairs i.e. Public Relations on call; or
- Security supervisor.

Notification can be provided via a confidential memo (see [Appendix A: Sample Memorandum](#)).

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During the [visitation period](#), the [RTL](#) will monitor hospital activity to ensure adequate resources remain available to handle potential response requirements. Adjustments to planned activities or available resources will be carried out as required to ensure the site's capability to respond remains. During prolonged [visitation periods](#) (i.e. greater than 2 days), sequential [RTLs](#) may be appointed.

### **2.3. Security Requirements**

The local security supervisor will liaise with outside security forces as appropriate (i.e. Vancouver Police Department (VPD), Royal Canadian Mounted Police (RCMP), United States Secret Service).

Duty security personnel will remain alert to current and potential events within and outside the hospital that may affect the site's ability to respond and take appropriate action as per security protocols. Appropriate steps to ensure sustained capability will be undertaken. Key points to consider are the location of security control points, number of access routes to any selected area, privacy capabilities and ease of access.

### **2.4. Responsibilities**

#### **2.2.1. Response Team Leader**

[RTLs](#) are responsible to initiate pre-visit notification of response team members as appropriate to the situation. A confidential memo can be used for the notification (see [Appendix A: Sample Memorandum](#)).

Upon receiving notification that the IPP/VIP is being transported to the designated receiving facility, the [RTL](#) will:

- Notify the emergency physician;
- Notify the administrator on call;
- Communicate any updated information or changes to respective response personnel;
- Assess resource needs to meet anticipated medical response; and
- Inform pre-identified care areas anticipated to be needed for medical response.

#### **2.2.2. Emergency Physician/Trauma Attending**

Upon receiving notification that the IPP/VIP is being transported to the designated receiving facility, the emergency physician/trauma attending will:

- Determine the arrival location, estimated time of arrival, and situation from information provided by BC Emergency Health Services or any other notifying authority;

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- Notify the primary treatment area/personnel (as applicable);
- Activate the appropriate resident team if additional physicians are required (e.g. trauma team);
- Notify consulting physician/services as needs are determined;
- Ensure a most responsible physician (MRP) is assigned to the patient;
- Complete the medical response notification checklist ([Appendix B](#)); and
- Determine if a [secondary transfer](#) to VGH is required and request transfer through [BC PTN](#), if so.

#### 2.2.3. Administrator on Call or Designate

The administrator on call may appoint a senior leader on site (e.g. Supervisor, Patient Flow and Access and Operations) to act as their designate.

The administrator on call or designate is responsible to:

- Notify the switchboard to refer calls from government or law enforcement personnel to the administrator on call or designate;
- Alert public relations personnel to activate a press area and prepare to receive media inquiries, if appropriate;
- Notify the Patient Flow and Access Team of the need to create capacity if pre-designated IPP/VIP bed is occupied; and
- Work with the IPP/VIP entourage to ensure safety and security requirements are being met.

#### 2.2.4. Communications & Public Affairs

Public Affairs will:

- Activate the press area, as required;
- Prepare to receive media inquiries, if appropriate; and
- Consult with the [RTL](#) and/or the administrator on call for any media releases.

#### 2.2.5. Security Supervisor

The security supervisor is responsible to:

- Initiate local controlled access procedures;
- Liaise with security service provider (e.g. Integrated Protection Services);

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- Liaise with outside security forces (i.e. VPD, RCMP, US Secret Service).

## 2.5. Compliance

VCH and PHC executive medical directors and emergency department operations directors are responsible for monitoring and enforcing workplace compliance with the regional policy and local VIP/IPP response protocols.

Failure by [staff](#) to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.

## 3. Supporting Documents and References

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### 3.1. Related Policies

- Controlled Access Procedure (pending)
- Heightened Information Security (pending)
- Information Privacy and Confidentiality ([VCH](#) and [PHC CPF0300](#))
- No Information Patient/Do Not Announce ([VCH AD0700](#))

### 3.2. Standards/Guidelines/Forms/Tools

- [Appendix A: Sample Memorandum](#)
- [Appendix B: Medical Response - Notification Checklist](#)

### 3.3. Definitions

**“BC Patient Transfer Network (PTN)”** is the provincial organization (PHSA) that is responsible for coordinating transfers between health care facilities in British Columbia.

**“Response Team Leader (RTL)”** is a Physician or Operations Leader within the Community of Care identified by the Chief Operating Officer and/or Senior Medical Director. The RTL will typically be the Medical Director or Operations Director of Critical Care, Emergency and/ or Trauma Services, or the Trauma Surgeon of the week.

**“Secondary Transfer”** means that the IPP/VIP cannot receive the care required at the first health care site they have presented to and require a coordinated transfer to another facility (typically VGH).

**“Staff”** means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH or PHC.

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“**Visitation Period**” is the pre-identified time frame that the IPP/VIP is visiting the area and may require access to health care services.

### **3.4. References**

None

### **3.5. Keywords**

IPP, internationally protected persons, response team leader, security, VIP, very important persons

### **3.6. Questions**

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## Appendix A: Sample Memorandum

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### MEMORANDUM

**To:**

**From:**

**Date:**

**Subject: IPP- VIP Visitation**

\_\_\_\_\_ (title) \_\_\_\_\_ (name) will visit  
\_\_\_\_\_ (Location) on \_\_\_\_\_ (date) from approximately  
\_\_\_\_\_ (arrival time) to \_\_\_\_\_ (departure time). Specific details of the  
itinerary will be made available as appropriate.

\_\_\_\_\_ (Site: e.g. Vancouver General Hospital) has been  
designated as the receiving hospital for the \_\_\_\_\_ (VIP)  
should a medical emergency arise during this visit. Our standard medical and  
surgical responses as per protocols will be used to optimize the delivery of care and  
treatment and to address any special considerations that may develop in the unlikely  
event our services are needed. Your participation in our response plan is requested.

Please contact \_\_\_\_\_ (Response Team Leader) at  
\_\_\_\_\_ (phone number) to confirm your participation or  
to advise if you will be unable to assist. You will be notified by pager/phone if your  
services are required. Due to the short notice, it is important that we know if you will  
be able to participate by \_\_\_\_\_  
(time and date). Unless indicated otherwise by the time of notification, the primary  
treatment area to be used for this response is the Trauma Bay in the Emergency  
Department.

(Optional)

A briefing has been arranged to review details of our plan. This briefing will be held  
on/at/in \_\_\_\_\_ (date/time/place). You are  
directed to attend.



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## Appendix B: Medical Response - Notification Checklist

### MEDICAL RESPONSE

#### Notification Checklist

**Event Date:** \_\_\_\_\_

**Time:** from \_\_\_\_\_ to \_\_\_\_\_

**Dignitary:** \_\_\_\_\_

On receipt of implementation notification. Alert the following in the order indicated:

Title	Name	Pager #	Phone #
Response Team Leader			
Response Team Identified and notified			
Primary Treatment Area (Emergency)			
Alternate Treatment Area (VIP / IPP Designated Bed for that site)			
Primary ICU Bed (Pre-Designated for the site)			
Alternate ICU Bed (Pre-Designated for the site)			
Arrival Location			
Mode of Transport			
Security Supervisor			
Designated Press Area (Pre-Designated for the site)			

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