



**"QUICK RESPONSE" PROTOCOL FOR
RESPONDING TO EMERGENCY SITUATIONS**
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BACKGROUND

CHN is a network of 20 hospitals and 9 CCACs. CHN did not have a "formal response" to SARS, with well-defined structures and processes. This was due, in part, to the nature of networks that tend to "move more slowly" compared to organizations with single governance and management; they do not have final decision-making authority over individual member; their efforts focus largely on influencing their members; and major network decisions must be agreed to by all their members.

On September 18, 2003, the *CHN's Coordinating Committee* held a discussion on the CHN's response to SARS, lessons learned and implications for the future. At that meeting, it was agreed that the CHN should develop a "quick response" process for use in emergency situations, such as SARS.

PURPOSE OF "QUICK RESPONSE" PROTOCOL

- To define the formal structure and process that will allow the CHN to respond quickly and effectively to emergency situations in the future.
- To identify membership of a "CHN Quick Response Team".
- To define authorities of the "CHN Quick Response Team" and staff.
- To clarify official linkage and communication protocols with the "lead" group/agency.
- To clarify official linkages and communications protocols with CHN members and to ensure that staff have access to ongoing communications regarding the crisis/emergency issue.

QUICK RESPONSE PROTOCOL - CONVENING THE CHN QUICK RESPONSE TEAM ("Response Team")

1. In the event of an emergency situation impacting on the everyday practice of care within the Network, a teleconference involving members of a "CHN Quick Response Team" should be set-up as soon as possible.
2. The decision to convene a meeting of the "CHN Quick Response Team" will be made jointly by the Chair of the CHN and the Medical Advisor.
3. The meeting will be convened by the Chair and Co-Chaired by the Chair and the Medical Advisor.

4. The "CHN Quick Response Team" will be comprised of the following 13 members:
 - CHN Board Chair
 - CHN Medical Advisor
 - Chair of the Chiefs of Obstetrics
 - Chair of the Chiefs of Paediatrics
 - Chair/representative of the North Cluster
 - Chair/representative of the West Cluster
 - Chair/representative of the East Cluster
 - Director of Transport, HSC
 - Chair/representative of the Central Cluster
 - CritiCall representative
 - CCAC representative
 - Other professionals as appropriate (e.g., Infection Control rep, ambulance rep, Public Health representative, hospital administration, content experts, etc.)

5. The purpose of the initial teleconference call will be to:
 - Assess the situation and its impact on the regionalized system
 - Assess and plan for the care of patients effectively
 - Assess and plan for the providers/staffing implications arising from the situation
 - Identify content expertise required for consultation/management of the issue (consider expertise both internal and external to the Network)
 - Identify appropriate processes for linking with the Ministry of Health and Long Term Care and/or other lead agencies
 - Determine how the structure of the "network" can address and facilitate issues related to capacity issues, patient care, and/or provider coverage.

6. The Team will be provided with support by the Executive Director and Clinical Advisor of the CHN who will be responsible for:
 - Convening meetings
 - Recording formal minutes arising from the meetings
 - Following up with directions provided by the Response Team
 - Following up with staff at the Ministry of Health and Long Term Care as appropriate based on direction provided by the Response Team

7. At the conclusion of the initial teleconference meeting, members of the Response Team should assess the circumstances and determine if and when further meetings should be scheduled.

ADDITIONAL ADVICE FROM COORDINATING COMMITTEE REGARDING FOLLOW-UP BY CHN ON THIS ISSUE (to be followed up on following board discussion)

- CHN should ask member organizations for a copy of their "code orange" policies and keep these on file.
- CHN should review and revise the inventory of negative pressure rooms and isolation rooms. These rooms should be defined under specific care categories (e.g., birthing, obstetrical, postpartum, paediatric).
- CHN should clarify key contacts at member organizations and whether email messages or paged messages are the preferred method of communications during these periods).