

**DRAFT**



## **“QUICK EMERGENCY RESPONSE PROTOCOL” (QERP) FOR CHN MEMBERS**

Revised May 13, 2009

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### **BACKGROUND**

Building on a concept first envisioned more than 20 years ago, the Child Health Network for the Greater Toronto Area (CHN) was officially established in 1998 as a partnership of hospital, rehabilitation and community providers. A decade later, the CHN remains a voluntary network of providers committed to the same goal that initially brought members to the table: to develop a *regional system of care* to improve quality and access of services for mothers, newborns, children and youth.

The CHN is the largest Network in Canada representing the interests of both maternal/newborn and paediatric care providers. Its work is focused on strengthening the collection of standardized datasets, encouraging sharing of best practices, and supporting the advancement of quality improvement initiatives to inform changes in care delivery and build partnerships to better support regional planning and delivery.

In September 2003, members of the *CHN's Coordinating Committee* held a discussion on the CHN's response to SARS with a focus on discussing lessons learned and implications that would help to inform future planning and coordination among CHN members during an “emergency situation.” At that meeting, it was agreed that the CHN should develop a “Quick Response Emergency Protocol” to facilitate communication and coordination among CHN members in the event of a crisis/emergency situation. The following protocol was initially approved for adoption by the Network in November 2003 and subsequently revised during the H1N1 virus outbreak (“Swine Flu”) in the spring of 2009.

### **UNDERLYING ASSUMPTIONS**

1. LHINs, Hospitals and CCAC's will activate their plans in consideration of the provincial direction and their local situation. Protocols and policies developed by federal and/or provincial authorities (e.g., Incident Management System (IMS) protocols; Ontario Health Plan for an Influenza Pandemic (OHPID) guidelines) and other policies that require contacting designated 'leads' who have supporting roles in managing specific 'events' (i.e., Public Health Units) will be adhered to by all organizations.
2. The role of the CHN is NOT to duplicate and/or contravene any of the provincial planning that has been developed to support pandemic preparedness and/or response to other emergency situations (i.e., provincial critical care strategy). Rather, the role of the CHN will be twofold:

- a. To clarify the formal structure and processes that will allow members to function effectively as a 'team' during an emergency event
- b. To clarify the official linkage and communication protocols within the Network.

Specific objectives related to these roles are clarified below.

### **OBJECTIVES OF THE CHN'S "QUICK EMERGENCY RESPONSE PROTOCOL"**

- **To clarify the formal structure and process that will allow CHN members to function effectively as a 'team' during an emergency event and specifically to:**
  - Respond quickly and effectively to emergency situations in the future.
  - Identify specific clinical issues and other systems-related issues (i.e., triage protocols; transfer protocols; practice protocols) that would benefit from resolution based on the identification and /or development of 'systems solutions'
  - Provide a forum for sharing experiences and practices and translating 'protocols' being used by some organizations to others within the Network.
- **To clarify official linkage and communication protocols within the Network that would benefit members in:**
  - Facilitating timely and ongoing communication among CHN members
  - Facilitating collective discussion of issues, and strategies for resolution of issues at a 'systems' level.
  - Ensuring that CHN members have access to ongoing communications regarding the crisis/emergency issue.

### **CHN QUICK RESPONSE EMERGENCY PROTOCOL**

1. In the event of an emergency situation impacting on the everyday practice of care within the CHN and/or any one of the CHN's member organizations, a teleconference involving members of the CHN Coordinating Committee will be convened as soon as possible.
2. The decision to convene a meeting of the CHN Coordinating Committee will be made by any of:
  - a. The Chair of the CHN Board of Directors or his/her designate
  - b. The CHN Medical Advisor
  - c. The Executive Director of the CHN (in consultation with the Chair and/or their designate)
  - d. Any CEO, Chief of Staff and/or Coordinating Committee member of any of the CHN member organizations (i.e., member hospitals and CCACs).
3. The meeting will be convened by the Executive Director or his/her designate.
4. 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
  - Determine what issues would benefit from resolution at a central level (i.e., clinical protocols, triage protocols, transport protocols, etc.)
  - 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 CHN can address and facilitate issues related to capacity, patient care, and/or provider coverage.
  - Determine whether a CHN Response Team should be convened (refer to #5).
6. The CHN Coordinating Committee will determine whether the “CHN Response Team” (“Response Team”) should be convened. Membership of the “CHN Response Team” will be comprised of the following members:
- CHN Board Chair
  - CHN Medical Advisor
  - Chair of the Chiefs of Obstetrics
  - Chair of the Chiefs of Paediatrics
  - A representative of each of the 5 LHINs in the GTA (Coordinating Committee members)
  - Director of Transport, HSC
  - CritiCall representative
  - CCAC representative
  - Other professionals as appropriate (e.g., Infection Control rep, ambulance rep, Public Health representative hospital administration, content experts, etc.)
7. Both the CHN Coordinating Committee and the CHN Response Team will be provided with support by the Executive Director, the Clinical Advisor and other staff 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, the Paediatric Pandemic Planning Committee, and other organizations as required based on direction provided by the Response Team
  - Develop a ‘central’ site on the CHN website to post triage protocols, transfer protocols, evidence based practice protocols that will promote sharing of key information among CHN members and assist members in resolving issues that arise during the emergency event.
8. In the case of a pandemic, the status of the pandemic influenza virus will be consistently reported using the six phases of the World Health Organization (WHO), and the expanded numbering system, to describe the virus within the context of Canada and Ontario. As a standard protocol, the CHN will in all cases convene a meeting when the WHO has reported “phase 4” to solicit feedback and input from members regarding planning preparedness and readiness.
9. At the conclusion of the initial teleconference meeting, members will assess the circumstances and determine if and when further meetings should be scheduled.

Attachments:

Chapter 18 of Ontario Health Plan for an Influenza Pandemic (OHPiP), August 2008