

Guideline for Population & Public Health Services Managers for Follow Up of Serious Client-Related Events	
Approved by: Population and Public Health	Pages:
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Approval Date: Sept 2015	Supersedes (if applicable)
Updated: March 2025	Target Review Date: March 2028

1. PURPOSE:

This guideline is intended to direct health services managers' response to serious client-related incidents or events within Population and Public Health services. It is also is intended as a supplementary guide following RL submission related to a serious client-related event and applies to centralized and community area staff.

2. SCOPE:

For WRHA Direct Health Service Managers to aid in responding to serious client-related incidents or events.

3. BACKGROUND:

Operational guidelines related to serious, client-related events in public health are essential for ensuring well-coordinated, consistent, and effective responses that protect both individual clients and the public at large. This guideline provides a structured approach to handling serious client-related events within WRHA Population & Public Health Program. It ensures that all staff members understand their roles and responsibilities, therefore ensuring a coordinated response that helps mitigate risks associated with serious events.

4. PROCEDURE:

4.1. Notification of the Health Services Manager

4.1.1 Public Health staff should notify their Health Services Manager or designate of the event as soon as possible.

4.2. Notification of the Health Services Director for Community Area

4.2.1 The Health Services Manager notifies the Health Services Director for Community Area or designate as soon as possible.

4.3. Notification of the Clinical Nurse Specialist (CNS) for the community area / centralized team and the Health Services Director of Population and Public Health (PPH)

- 4.3.1 The Health Services Manager notifies the community area / centralized team CNS of the event as soon as possible.
- 4.3.2 The Health Services Manager and / or the CNS notifies the Health Services Director PPH or designate as soon as possible.



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4.4. CNS Review of Documentation

- 4.4.1. The CNS connects with the staff member(s) involved in the occurrence and reviews the client health record for clinical practice and documentation.
- 4.4.2. The CNS and the Health Services manager may consider consulting with the College of Registered Nurses of Manitoba (CRNM) if the situation requires.

4.5. Summary of Key Points from the Health Record

- 4.5.1 The Public Health Nurse (PHN), Clinical Nurse Specialist and Health Services Manager review the event and the client's health record. The review may also include the Families First Home Visitor client health record and / or other members of the health care team.
- 4.5.1 Following the review, a summary report (separate from the client record) with key points will be drafted by the CNS.
- 4.5.2 This report will be shared with and retained by the manager.

4.6. The Manager and Director of Health Services for the community area or centralized services will make a collective decision regarding whether or not to consult WRHA Legal Services

4.6.1 The Manager and directors will review the situation and determine whether or not WRHA Legal Services need to be consulted.

4.7. Manager Retains the Health Record

- 4.7.1 The client health record is to be held by the Manager with access to the PHN / staff member for documentation for ongoing work with the client.
- 4.7.2 The health record will be returned to its original location once the Manager receives direction from WRHA Legal Services.
- 4.7.3 Copies of the client health record may be requested by the WRHA Legal Services.

4.8. Information Requests from Parties Outside of WRHA

4.8.1 In the event that WRHA Staff (Managers, Directors, Public Health Nurses, Families
First Home Visitors, Outreach Workers, Administrative Staff, etc.) receive requests to share
information with outside parties, the manager must be notified. Unless there is a routine
process outlined for the sharing of information such as an immunization record, the



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manager will consult with the privacy officer / legal department to determine how or if information can be shared. Requests must include the parties' name, agency, contact information, and details of the information they are seeking.

4.9. Requests from the Chief Medical Examiner

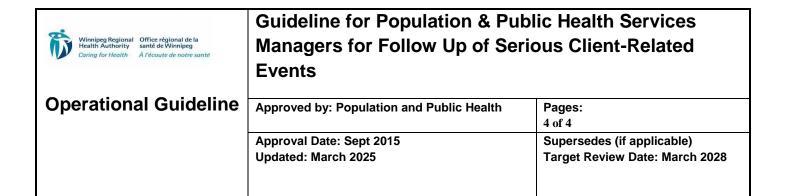
- 4.9.1. The Chief Medical Examiner has the right to access and inspect health records in accordance with legislation.
- 4.9.2. Public health staff must always notify a Manager when the Chief Medical Examiner is or will be accessing a health record.

4.10. Respond to Requests from within WRHA

- 4.10.1 WRHA Senior Leadership and Legal Counsel may request information about a serious client-related incident. Usually these requests are routed through the Director of Health Services: Program or Community Area.
- 4.10.2 It is required that documentation of information requests and responses related to serious events must be maintained.

4.11. Providing Support for Involved Public Health Staff

- 4.11.1. Health services managers are to provide additional support for involved public health staff and team members as required.
- 4.11.2. Support options may include individual or group consultation with services through Employee Assistance Plan (EAP), including critical incident debriefing for the team if necessary. The Mobile Crisis line (204-940-1781) is the number to use to initiate a team debrief which typically happens 2-3 days after a request.



References:

- CDC. (2024). Framework for Program Evaluation in Public Health. Retrieved from
- WHO. (2017). <u>Emergency Response Framework (ERF)</u>. Retrieved from PHAC. (2020). <u>Emergency Preparedness and Response</u>.
- Carley, S., et al. (2017). The role of guidelines and protocol adherence in enhancing emergency preparedness and response. *Disaster Medicine and Public Health Preparedness*, 11(6), 643-645. doi:10.1017/dmp.2017.25