



**Canterbury
Primary
Response
Group**

ADVERSE EVENTS PLAN

Created By:

CPRG Team

Plan Approval

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Adverse Events Defined

Adverse events are events with negative reactions or results that are unintended, unexpected or unplanned. In practice, adverse events are most often understood as 'events which result in harm to a consumer'.¹

The causes of adverse events can be classified in two categories:

1. Natural events such as earthquakes and weather related.
2. Human-caused events such as fire and the spread of infectious disease.

In the context of this plan, adverse events are those events either natural or human caused that impact on the provision and/or accessibility to health services.

The Ministry of Civil Defence and Emergency Management (MCDEM) in its guide to the National Civil Defence and Emergency Management Plan identifies a range of hazards with the potential to result in **adverse events** and requiring a health response.²

- (2) The following hazards, either singularly or in combination, have the potential to cause emergencies that may require co-ordination or management at the national level:
 - (a) Earthquakes
 - (b) Volcanic hazards
 - (c) Landslides
 - (d) Tsunamis
 - (e) Coastal hazards (including coastal erosion, storm surges, and large swells)
 - (f) Floods
 - (g) Severe winds
 - (h) Snow
 - (i) Droughts
 - (j) Wild fires and urban fires
 - (k) Animal pests and diseases
 - (l) Plant pests and diseases
 - (m) Infectious human disease pandemics (including water-borne illnesses)
 - (n) Infrastructure failure
 - (o) Hazardous substance incidents
 - (p) Major transport accidents
 - (q) Food safety incidents (for example, accidental or deliberate contamination of food)
 - (r) Terrorism.

The above hazards and resulting events fall into the '**no notice**' and '**rising tide**' events described in the CPRG MCI plan page 4.

¹ From Health Quality and Safety Commission NZ website: www.hqsc.govt.nz/our-programmes/adverse-events/ Accessed 17/5/18.

² Ministry of Civil Defence and Emergency Management (MCDEM) Guide to National CDEM Plan 2015 www.civildefence.govt.nz/assets/guide-to-the-national-cdem-plan/Guide-to-the-National-CDEM-Plan-2015-Section-02.pdf Accessed 17/5/18.

Adverse events have the ability to cause a large scale health emergency within the Canterbury region and will require a coordinated approach to manage any health response. Experience from the Canterbury earthquake in February 2011 demonstrated the need for all health services to be prepared and coordinated to be able to respond in a timely and effective manner.

Introduction

The Canterbury Primary Response Group (CPRG) Adverse Events Plan focuses on the processes, structures, and roles to support and coordinate General Practice, Community Pharmacy, Community Nursing and other Primary Health Care Providers in the readiness for, response to, and recovery from an adverse events incident.

This Adverse Events Plan is a subset of the CPRG Emergency Plan and any response shall be managed within the context of that plan. It is also linked to the CPRG Mass Casualty and Pandemic Plans.

Goals

- To promote a collaborative, coordinated and supported health response to adverse events incidents within the Canterbury region.
- To actively work in collaboration with national (MoH), local (CDHB) and St John ambulance planning and responses to such incidents.

Expectations

The following expectations underpin this plan:

- That this plan supports and recognises the Canterbury health sector's plans and other planning by the Ministry of Health (MoH), the Canterbury DHB and St John Ambulance in relation to MCIs.
- That the CPRG will develop, maintain and exercise this Plan and response management and coordination in conjunction with the CPRG Emergency Plan.
- That CPRG will lead and coordinate local readiness, capability and response amongst General Practice, Community Pharmacy, Community Nursing and other Primary Health Care Providers within the CDHB region.
- That the CDHB role and responsibility as funder and provider of specialist, acute and trauma health services with their region shall be acknowledged.
- That this plan expects an acceptance of Primary Health Organisations (PHO), Community Pharmacies, Community Nursing and other Primary Health Care Providers to support this plan and the CPRG role during any adverse event.
- That the rights of all primary and community health providers to continue their services to existing patients and support increased demand and where necessary to allow services to be reshaped to meet changes in demand and funding shall be recognised.

Plans

The New Zealand health emergency planning structure for adverse events is linked to plans for mass casualty responses.

Ministry of Health Emergency Plan	https://www.health.govt.nz/our-work/emergency-management/national-health-emergency-plan
Ministry of Health Mass Casualty Action Plan	https://www.health.govt.nz/search/results/Mass%20Casualty%20plan
National Burns Plan	www.health.govt.nz/system/files/documents/publications/nhep-multiple-complex-burns.pdf
Other MoH Emergency plans	www.health.govt.nz/search/results/Emergency%20Management%20Plans
Canterbury DHB Emergency Plan	In house plan
Christchurch Hospital Emergency Department	In house plan
St John Ambulance Adverse events Plan	Amplanz NZ – In house plan

All these plans link and provide support for the Canterbury health sector in managing any response to adverse events.

For the purpose of this plan all adverse events have the ability to impose limitations or strains on the provision of health services.

Primary Care Response

The primary care, including community pharmacy, response to adverse events will differ by reason of location, effect or likely effect on facilities, staff and patient numbers. Those not affected or slightly affected could be requested to provide support, facilities, services and/or staff to those who are.

The CPRG function in this situation will be to:

- Activate the CPRG Emergency Plan and assist the CDHB and Ambulance Incident Controller(s) to establish what practices and facilities are functioning and to what extent
- Survey facilities on their individual functionality and needs/abilities to provide and continue to provide services
- Coordinate any resourcing requirements to support them.

In a rural, semi-rural, or urban locality general practice could be called upon to assist at the scene and/or at an established welfare centre.

In all cases CPRG will:

- Produce intelligence situation reports ('Sitreps') for the information of the Primary Care Coordinator (PCC) and EOC staff
- Forward reports on the state of medical practices and community pharmacies
- Assess any ongoing support required by any practice, community pharmacy and staff.

Assumptions

The following assumptions are made in respect of this plan:

- That during major adverse events and in the declaration of the Civil Defence emergency, the event will be controlled and coordinated in accordance with the plans and responsibilities of the Territorial Local Authority(ies).
- That the ambulance service will control and coordinate any health response required at the scene of the event.
- That patient delivery and treatment will be in accordance with the ambulance plan, CDHB Emergency Plan, Emergency Department Plan and the CPRG MCI plan.
- That while primary health practices should only receive patients within their scope of practice, ability and capacity, the situation may evolve whereby a wider range of patients and patient numbers present.
- That CDHB will control and coordinate the health response beyond the scene to adverse events.

Communications

Communications will be managed in accordance with the CPRG Emergency Plan.

Activation and Deactivation of this Plan

This plan shall be activated and deactivation in accordance with the guidelines on page 10 of the CPRG Emergency Plan.

Review of Adverse Events Plan

This plan shall be reviewed by the CPRG every two years and/or following any activation.