COMMITTEE REPRESENTATION

This Standard was prepared under the supervision of the P 8156 Committee for the Standards Council established under the Standards Act 1988.

The committee consisted of representatives from the following nominating organisations:

- Accident Compensation Corporation, Health Purchasing
- Ambulance New Zealand
- Auckland District Health Board
- Auckland University of Technology
- Australian and New Zealand College of Anaesthetists
- Aviation Industry Association
- Central Region Emergency Care Coordination Team
- District Health Board Ambulance Services
- Federation of Ambulance Officer Unions of New Zealand
- Maritime New Zealand
- Ministry of Health
- New Zealand Defence Force
- New Zealand Faculty of the Australasian College for Emergency Medicine
- New Zealand Nurses Organisation
- Specialist Paramedical Services Ltd
- St John and Central Emergency Communications Ltd
- St. John New Zealand
- The Royal New Zealand College of General Practitioners
- Verification New Zealand
- Wellington Free Ambulance

ACKNOWLEDGEMENT

Standards New Zealand gratefully acknowledges the contribution of time and expertise from all those involved in developing this Standard.

The Federation of Ambulance Officer Unions of New Zealand (FAOUNZ) voted against ratification of this revised Standard because of the included exceptions to the full crewing of emergency ambulances (see 7.1.4). FAOUNZ believes the continued use of single crewed emergency ambulances is unacceptable as it poses danger and risk to the patient, ambulance officers, and the wider community.

Published by Standards New Zealand, the trading arm of the Standards Council, Private Bag 2439, Wellington 6140. Telephone (04) 498 5990, Fax (04) 498 5994, Website www.standards.co.nz.

<table>
<thead>
<tr>
<th>No.</th>
<th>Date of issue</th>
<th>Description</th>
<th>Entered by, and date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AMENDMENTS
CONTENTS

Committee representation ........................................................................................................................................... IFC
Acknowledgement ........................................................................................................................................................... IFC
Copyright ........................................................................................................................................................................... IBC
Referenced documents ....................................................................................................................................................... 6
Review period ....................................................................................................................................................................... 8
Latest revisions ....................................................................................................................................................................... 8
Foreword ................................................................................................................................................................................. 9

Section
1 GENERAL ........................................................................................................................................................................ 11
1.1 Scope of application ....................................................................................................................................................... 11
1.2 Interpretation and key definitions ............................................................................................................................... 11
1.3 Related Standards and guidelines ............................................................................................................................... 12
1.4 Useful websites .............................................................................................................................................................. 12
1.5 Classification of services ................................................................................................................................................... 12
1.6 Compliance with this Standard ........................................................................................................................................ 13
1.7 Transition period ............................................................................................................................................................. 13
1.8 Māori health .................................................................................................................................................................... 14
1.9 Health Information Privacy Code .................................................................................................................................. 14
1.10 Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights ..................... 14
1.11 Aviation Industry Association of New Zealand (AIA) – Air rescue/Air ambulance standards ........................................ 14
1.12 Maritime New Zealand (MNZ) – Safe ship management system .............................................................................. 14

2 PATIENT FOCUS ................................................................................................................................................................. 15
2.1 Patient rights ...................................................................................................................................................................... 15
2.2 Confidentiality of patient information ........................................................................................................................... 15
2.3 Informed consent to treatment ......................................................................................................................................... 16
REFERENCE DOCUMENTS

Reference is made in this Standard to the following:

New Zealand Standards/Handbook
NZS 4304: 2002 Management of healthcare waste
NZS 8134: 2008* Health and disability services Standards
NZS 8153: 2002 Health records
SNZ HB 8152:2001 Sentinel events workbook

Joint Australian/New Zealand Standards
AS/NZS 2500:2004 Guide to the safe use of electricity in patient care
AS/NZS 3003:2003 Electrical installations – Patient areas of hospitals, medical and dental practices and dialyzing locations
AS/NZS 3551:2004 Technical management programs for medical devices
AS/NZS 4360:2004 Risk management
AS/NZS 4801:2001 Occupational health and safety management systems – Specification with guidance for use

Joint Australian/New Zealand Handbooks
SAA/SNZ HB 228: 2001 Guidelines for managing risk in healthcare

International Standards
ISO 9001:2001 Quality management systems – Requirements

* For publication shortly, NZS 8134:2008 now includes mental health, restraint minimisation and seclusion, and infection prevention and control within the health and disability suite. This is made up of:
NZS 8134.0:2008 – Health and disability services (general) Standard
NZS 8134.1:2008 – Health and disability services (core) Standards
NZS 8134.2:2008 – Health and disability services (restraint minimisation and safe practice) Standards
NZS 8134.3:2008 – Health and disability services (infection prevention and control) Standards.
Other publications

Ambulance New Zealand. *Ambulance national incident plan for New Zealand* (AMPLANZ), 2005

Aviation Industry Association of New Zealand (AIA). *Air rescue/Air ambulance standards* (version 8), July 2003

Emergency Ambulance Communications Group (EACG). *Communications centre standard operating procedures* (CCSOPS), 2007

Jacobs, I., Nadkarni, V et al. ‘Cardiac arrest and cardiopulmonary resuscitation outcome reports’. *Circulation* *Journal of the American Heart Association*, 110, no. 21 (2004): 3385 – 3397, 2004


New Zealand legislation

Care of Children Act 2004

Charitable Trusts Act 1957

Civil Aviation Act 1990, and Civil Aviation Rules

Code of Health and Disability Services Consumers’ Rights 1996

Companies Act 1993

Crimes Act 1961

Education Act 1989

Employment Relations Act 2000

Health and Disability Commissioner Act 1994

Health and Disability Services (Safety) Act 2001

Health and Safety in Employment Act 1992
Health Information Privacy Code 1994
Health Practitioners Competence Assurance Act 2003
Human Rights Act 1993
Incorporated Societies Act 1908
Medicines Act 1981
Medicines (Standing Order) Regulations 2002
Mental Health (Compulsory Assessment and Treatment) Act 1992
Misuse of Drugs Act 1975
New Zealand Sign Language Act 2006
Privacy Act 1993
Protected Disclosures Act 2000
Public Finance Act 1989
Radio Communications Act 1989

**REVIEW PERIOD**

It is intended that this Standard remains a dynamic document reflecting the challenges and changes experienced by the health and disability sector.

In order to achieve this, a regular review of the Standard is required to ensure it remains appropriate and applicable. It is intended to review this publication every five years.

**LATEST REVISIONS**

The users of this Standard should ensure that their copies of the above-mentioned New Zealand Standards and legislation are the latest revisions or include the latest amendments. Amendments to referenced New Zealand and Joint Australian/New Zealand Standards can be found on www.standards.co.nz.
New Zealanders require quality ambulance and paramedical services provided in a timely manner by competent clinical personnel.

The sector has taken the opportunity to set appropriate standards of service in the absence of specific legislation, regulations or strategies covering the means by which ambulance and paramedical services are organised and provided.

This Standard is a product of sector collaboration. A wide range of interests has been represented and their input has been thorough and well considered. The effort put into consensus decision-making in the development of this Standard is a tribute to the dedication of the sector representatives.

The objective of the Standard is to provide a means of assessing the extent to which ambulance and paramedical services are worthy of patients’ confidence and trust, through the demonstration of clinical safety, reliability, efficiencies, and effectiveness.

To achieve this objective, this Standard has a wide scope to ensure every ambulance and paramedical service is included and expected to comply.

In order to achieve national consistency, the Standard promotes the use of the following three distinct and defined levels of care for ambulance personnel:

(a) Basic Life Support (BLS);
(b) Intermediate Life Support (ILS); and
(c) Advanced Life Support (ALS).

NOTE – These terms are also used to refer to ambulance crews with a complementary combination of qualifications.

A ‘delegated scope of practice’ within one of these three levels of care is issued by the organisation’s Medical Director. In the absence of ‘health professional’ registration the delegated scope of practice will provide clinical personnel with clearly defined parameters of care and a robust system for managing organisational and individual risk associated with this delegation.

Although the use of the term ‘paramedic’ has emerged as a general descriptor for ambulance personnel the Standard with a view to future registration of paramedics, restricts paramedic to describing intermediate and advanced life support roles.

It is widely recognised that stakeholders will need to continue to work together to meet the quality expectations expressed in this Standard. In particular, the potential impact on resources specifically the numbers of appropriately qualified personnel will need to be quantified and agreed. The stakeholders recognise that the capability to meet the quality Standards in their entirety may take some time to achieve.

This Standard represents a step towards more cohesive and consistent ambulance and paramedical services in New Zealand and I thank all those who participated in this process.

David Waters
Chief Executive
Ambulance New Zealand
1.1 SCOPE OF APPLICATION

This Standard applies to any organisation delivering clinical care to a patient, and that also:

(a) Provides an ambulance service (as defined in 1.5);
(b) Uses the expression ambulance, paramedic, or medic to describe its services;
(c) Operates an emergency ambulance vehicle as defined by Land Transport New Zealand (LTNZ), and that uses flashing or revolving beacons;
(d) Provides an ambulance service to transport acute or admitted hospital patients; or
(e) Operates an emergency ambulance communication centre (EACC).

This Standard applies to all modes of road vehicle where ambulance provision is the primary capability of the vehicle and to aircraft specifically equipped for ambulance provision when being used for that purpose.

This Standard does not apply to:

(f) Basic first aid provision;
(g) PRIME practitioners;
(h) Fire Service medical responses; or
(i) Search and rescue (SAR) operations.

The Standard does not apply to aircraft specification, pilot training or safety training requirements for flight crew working in the air ambulance environment.

While the Standard provides a model for the efficient delivery of quality patient care, it is not the intention of the Standard to limit flexibility and innovation or other arrangements that provide comparable benefits to the patient.

1.2 INTERPRETATION AND KEY DEFINITIONS

For the purposes of this Standard, the word ‘shall’ refers to practices that are mandatory for compliance with this Standard, while the word ‘should’ refers to practices that are advised or recommended.

The terms ‘Normative’ and ‘Informative’ have been used in this Standard to define the application of the Appendix to which they apply. A ‘Normative’ Appendix is an integral part of a Standard, whereas an ‘Informative’ Appendix is only for information and guidance. Informative provisions do not form part of the mandatory requirements of the Standard.

The generic term ‘clinical personnel’ includes both paid and voluntary clinical personnel. Clinical personnel are the individuals responsible for the direct provision of care and treatment to the patient, and such personnel:

(a) Specialise in pre-hospital emergency care;
(b) Demonstrate clinical competence; and
(c) Work within a delegated scope of practice and apply agreed practice standards in patient management.

See Appendix A for a list of defined terms and abbreviations used in this Standard.
NZS 8156:2008 Ambulance and paramedical services

This is a free sample only.

Purchase the full publication here:

Or contact Standards New Zealand using one of the following methods.

**Freephone:** 0800 782 632 (New Zealand)
**Phone:** +64 3 943 4259
**Email:** enquiries@standards.govt.nz