

## RECOMMENDED CHANGES TO DRAFT STANDARD

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>Closing date for comment</b></td> <td style="width: 50%; padding: 5px;"><b>Date of your comments</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;">31<sup>st</sup> January 2007</td> <td style="text-align: center; padding: 5px;">31 January 2007</td> </tr> </table>	<b>Closing date for comment</b>	<b>Date of your comments</b>	31 <sup>st</sup> January 2007	31 January 2007
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31 <sup>st</sup> January 2007	31 January 2007				
<p>DZ 8156 <span style="float: right;">Committee: P 8156</span></p> <p><b>Title:</b> Ambulance Services Sector Standards (including pre-hospital emergency care, paramedics, transport, emergency ambulance communication centres, and event services)</p>					

Comment is preferred in electronic format using Microsoft Word 97 or above, following the layout below. Electronic drafts are available from Standards New Zealand web site at <http://www.standards.co.nz>.

*The following form is for comments to be submitted electronically. Please email your comments to [craig.watkin@standards.co.nz](mailto:craig.watkin@standards.co.nz)*

### GENERAL COMMENT

*Type your general comments in the box. The comment box will automatically expand to accommodate comments of any length.*

<p>The New Zealand Nurses' Organisation (NZNO) is the leading professional body for nurses and the leading nursing union in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals. The NZNO is a Te Tiriti o Waitangi based organisation which represents 39,000 members, the majority of our members work interfaces with ambulance services and this working relationship is vital for the health sector.</p> <p>The NZNO vision is "Freed to care, proud to nurse". Our members enhance the health and well being of all people of Aotearoa New Zealand through ethically based partnerships and meeting the health need of New Zealanders. Our members are united in the achievement of their professional and industrial aspirations. The New Zealand Nurses' Organisation (NZNO) acknowledges the work of Standards NZ to produce this draft standard for the ambulance service sector and believes substantive changes are required on these standards. Once these substantive changes are made, further public consultation is recommended. NZNO was represented by the New Zealand Flight Nurses Association (NZNO).</p> <p>NZNO has outlined concerns that these standards are mirroring regulation of health professionals by the Health Practitioners competence assurance Act 2003 and is potentially misleading to the public. NZNO believes that the standard has not addressed standing orders appropriately for the safe administration of medications.</p>
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Te Runanga O Aotearoa NZNO (Te Runanga) and NZNO believes the Standard does not outline how issues for Maori will be addressed.

NZNO believes the Standard does goes towards addressing compliance for ambulance services in the rural sector and believes that MOH should work with the sector to achieve this.

NZNO does not support a new role such as "Paramedic Practitioner" be included in these standards at this stage due to the following reasons:

1. There has been no national debate on this role with relevant stakeholders. NZNO recommends the Ministry of Health leads this debate to engage with the wider health sector.

2. There is potential title confusion, for example, General Practitioner, Nurse Practitioner which are regulated titles under the HPCA Act 2003. The potential use of "Paramedic Practitioner" could mislead the public who may not appreciate this difference. Other health professionals may assume that a paramedic practitioner is regulated under the HPCA Act 2003.

NZNO recommends that "Paramedic Practitioner" is removed completely from this standard until this consultation has occurred.

## SPECIFIC COMMENT

Insert the number of the clause, paragraph or figure. Do not preface the number with words (i.e. 1 not clause 1). If there is no clause number, use the section heading (e.g. Preface). Insert the page, paragraph and line number as appropriate. Use a new row for each comment.

The rows will automatically expand to accommodate comments of any length. Remove unused rows, or insert additional rows as required. To insert extra rows at the end of the table, go to the last cell and press the TAB key.

Clause/ Para/ Figure/ Table No	Page No	<p style="text-align: center;"><b>Recommended Changes and Reason</b> <i>Exact wording of recommended changes should be given</i></p>
1.5.1	11	<p><b>Re domains of practice and scopes of practice.</b></p> <p>NZNO agrees that flexibility of the workforce is essential as each regional service has different needs and challenges. However, there is confusion by using 3 sets of terms: domain, scope and “authority to practise”. The terms domain and scope are used interchangeably in Appendix B (p.39), however, they are described to fulfil different criteria. The language used needs to be consistent.</p> <p>Domain of practice would be preferred as “Scope of practice” leads the reader to believe that ambulance personnel are regulated under the Health Practitioners Competence Assurance Act (HPCA) 2003.</p> <p>This standard does not outline the skills and knowledge required of the “operational management team” to assess the service providers scope of practice. This is vital and should be fully described and defined under “Governance and Management”.</p> <p>NZNO recommends that the issue of paramedic regulation should be considered as part of the HPCA Act review in 2007.</p>
1.5.3(d)	12	<p>NZNO wishes to comment on the standing orders legislation, and advises adding standing orders that comply with the Ministry of Health document “Guidelines for the Development and Operation of Standing Orders” (2006). NZNO believes that this standard needs to be rewritten to incorporate the above document and subsequent changes to the Medicines Act in 2007.</p> <p>NZNO wishes to know whether the standards in the above guideline are being achieved in practice currently, and are the service providers aware of this new guideline.</p> <p>The NZNO recommended to MOH in 2006 on the Standing Orders Regulations review that the review should extend beyond the countersigning requirements; the countersigning requirements are relaxed; the annual review requirement is relaxed; the sign-up requirements to the standing order are relaxed; and the availability of the written standing order requirement is clarified. Any subsequent changes to the Standing Order Regulations are noted and amended by Standards NZ so this ambulance standard is current for 2007.</p> <p>NZNO supports the submission and issues highlighted by the NZ Association of Neonatal Nurses.</p>
1.5.5	13-14	<p>Te Runanga O Aotearoa NZNO (Te Runanga) and NZNO supports 1.5.5, re: Maori Health. NZNO recommends:</p> <ul style="list-style-type: none"> <li>• The development of an inclusion criterion to achieve these statements.</li> <li>• The inclusion criteria is placed in section 4.2: Service provider practice expectations.</li> </ul>

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		<p>Te Runanga O Aotearoa NZNO (Te Runanga) and NZNO recommends that a Maori perspective for the care of body parts, tissue and blood products is included.</p> <p>Te Runanga O Aotearoa NZNO (Te Runanga) and NZNO recommends that providers access consultation with Maori to determine protocols in line with Tikanga Maori, especially protocols for Tapu and Noa (risk and safety) for deceased and their whanau.</p> <p>NZNO recommends:</p> <ul style="list-style-type: none"> <li>• The development of an inclusion criterion to achieve these statements.</li> <li>• The criteria is placed in section 4.2: Service provider practice expectations</li> </ul>
2.1.4	14	<p>NZNO recommends</p> <ul style="list-style-type: none"> <li>• the inclusion of recognition of Maori as Tangata Whenua</li> <li>• the acknowledgement of Te Tiriti o Waitangi</li> <li>• development of access of ambulance resources in the Maori language</li> </ul>
2.3.4	15	<p>2.3.4(a) Write "Children; refer to "Consent in Child and Youth Health" Ministry of Health (1999), available on <a href="http://www.moh.govt.nz">www.moh.govt.nz</a>.</p> <p>Incorporate a person with a mental health problem in the acute phase, please refer to the Mental Health Act 1992. (a good resource is Health Care and the Law, Johnson, 2004)</p>
3	16	<p>NZNO recommends adding a section dedicated to Health and Safety Management to comply with the Health and Safety in Employment Act 1992, and its amendments that compel employers and employees to participate in minimising or eliminating harm in the workplace. This criteria should be outlined, advise seeking assistance from the Department of Labour.</p>
3.3	16	<p>Re Human Resources:</p> <p>NZNO recommends adding that effective human resource planning and management systems should include:</p> <ul style="list-style-type: none"> <li>• reference to and compliance with the Employment Relations Act 2000</li> <li>• A fair and transparent process for the investigation of complaints and or disciplinary issues (that are free of gender bias)</li> <li>• paid study leave for paid staff and volunteer staff</li> </ul>
3.3.2	16	<p>3.3.2(c) <u>Who</u> issues practising certificates? Only the medical advisor can hold or obtain a practising certificate, this again alludes to regulation under the HPCA Act 2003 of Ambulance personnel. This is misleading for health professionals regulated under the HPCA Act, and potentially misleading for the public.</p> <p>Equally important, by implying regulation, the question arises, who can <u>revoke</u> practising certificates?</p> <p>3.3.2 (b) "registration documentation": this is not relevant as Ambulance personnel are not registered under the HPCA Act 2003.</p>

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3.3.2(e)	16	NZNO recommends adding a standard related to a "Education strategy and workforce development"
3.3.2(g)	16	Change to "Annual performance reviews are provided yearly with staff participation. Key objectives are discussed and set on a yearly basis".
3.3.3	17	Add "Provide free counselling services such as Employee Assistance Programmes".
3.7.2(d)	18	<p>Re administration of medications See above notes on standing orders 1.5.3(d).</p> <p>Additional comments: This standard needs to:</p> <ul style="list-style-type: none"> <li>• clarify whether all service providers are to administer medications or not, or whether there is a list of nominated staff</li> <li>• There is no evaluation of patient response to medication, this needs to be added.</li> </ul> <p>NZNO also recommends this standard needs to be repeated under 4 Clinical Management.</p>
1.1.8(e)	20	<p>Re Standing orders:</p> <p>Need to also refer to the Ministry of Health document "Guidelines for the Development and Operation of Standing Orders"(2006) as this has the checklist for staff working under this regulation.</p> <p>Note: this guideline states that <u>the issuer only</u> of the standing orders must countersign the treatment administered within a specified timeframe. NZNO is aware that this is challenging to achieve in the clinical setting, and recommends this guideline is discussed and included in this document to ensure service providers <u>and</u> the Medical Adviser are meeting their legislative requirements.</p>
4.1.10 (c)	20	Add "and rural providers" and "rural nurse practitioners" and nurses who are PRIME trained.

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4.4	22	<p>As previously discussed, there is confusion by using 3 sets of terms: domain, scope and “authority to practise”. The terms domain and scope are used interchangeably in Appendix B (p.39), however, they are described to fulfil different criteria. The language used needs to be consistent. Domain of practice would be preferred as “Scope of practice” leads the reader to believe that ambulance personnel are regulated under the Health Practitioners Competence Assurance Act (HPCA) 2003.</p> <p>4.4.2 NZNO notes that earlier in this document, the “operational management team” must also assess the service providers scope of practice, but this team is missing here, only the Medical Advisor is referred to.</p> <p>The terminology used is very similar to that used of the HPCA Act 2003, specifically Part Two, sections 11, 12 and 13 of this Act. NZNO wishes to reinforce that this is misleading.</p> <p>4.4.2(e). NZNO does not support a new role such as “Paramedic Practitioner” be included in these standards at this stage due to the following reasons:</p> <ol style="list-style-type: none"> <li>1. There has been no national debate on this role with relevant stakeholders. NZNO recommends the Ministry of Health leads this debate to engage with the wider health sector.</li> <li>2. There is potential title confusion, for example, General Practitioner, Nurse Practitioner which are regulated titles under the HPCA Act 2003. The potential use of “Paramedic Practitioner” could mislead the public who may not appreciate this difference. Other health professionals may assume that a paramedic practitioner is regulated under the HPCA Act 2003.</li> </ol> <p>NZNO recommends that “Paramedic Practitioner” is removed completely from this standard until this consultation has occurred.</p>
7	29	<p>NZNO supports the submission and issues highlighted by the NZ Association of Neonatal Nurses on this section.</p>
8	31	<p>NZNO supports submissions and issues highlighted by the NZ Flight Nurses Association (NZNO) and the NZ Association of Neonatal Nurses (NZNO) on this section.</p>

References:

NZNO (2006). Submission to the Ministry of Health on the Review of the Policy Relating to the Operation of the Medicines (Standing Orders) Regulations. Retrieved 30 January 2007, from <http://www.nzno.org.nz/Site/Submissions/Recent/StandingOrders.aspx>

NZNO (2005). Te Rourou Ka Ora Ai: The Sustaining Basket. Tikanga Maori for Aotearoa- New Zealand Health Settings.