

HEALTH AND DISABILITY SERVICES STANDARDS

comparison between 2000/01 standards and 2008 standards

Preface

NZS 8134:2008 *Health and Disability Services Standards* are designed to establish safe and reasonable levels of services for consumers, and to reduce the risk to consumers from those services. The standards are mandatory for providers of health care services that are subject to the Health and Disability Services (Safety) Act 2001.

NZS 8134:2008 *Health and Disability Services Standards* come into force on 1 June 2009 and replace the following four groups of health and disability standards published in 2000 and 2001:

- NZS 8134:2001 *Health and Disability Sector Standards*;
- NZS 8141:2001 *Restraint Minimization and Safe Practice*;
- NZS 8142:2000 *Infection Control*;
- NZS 8143:2001 *National Mental Health Sector Standard*.

Based on consultation with the sector, NZS 8134:2001 and NZS 8143:2001 have been amalgamated to form NZS 8134.1:2008 *Health and Disability Services (Core) Standards*. The amalgamation has significantly reduced duplication between the two groups of standards.

The *Health and Disability Services Standards 2008* are 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*.

This publication compares the earlier health and disability standards with the 2008 standards. It aims to provide general reference between the 2000/2001 and the 2008 standards.

A summary of the *Health and Disability Services Standards 2008* is included as an Appendix.



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Note

A standard may apply to only some health or disability services. For example, some parts of NZS 8134 will apply only to:

- (a) Intellectual disability services;
- (b) Mental health and addiction services; or
- (c) Acute, secondary, or tertiary services.

The notations ‘ID’, ‘MHA’, and ‘S’ identify those parts of the standard which only apply to those particular services. The following table shows the service code description:

Code	Applicable to
ID	Intellectual disability services
MHA	Mental health and addiction services
S	Acute, secondary or tertiary services

Although other providers are not required to comply with these parts of the standard, services may consider adopting them.

Disclaimer

This publication is for general reference only. If there is any doubt as to any interpretation or requirement, written guidance from HealthCERT should be requested in advance of any action.

Health and Disability Services (Safety) Standards

Health & Disability Sector Standards 2001	Health and Disability Services (Core) Standards 2008
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Part 1 – Consumer Rights

Standard number	Standard	Content	Standard number	Standard	Content
1.1	Consumer rights during service delivery	Consumers/kiritaki receive services in accordance with consumer rights legislation.	1.1.1	Consumer rights during service delivery - legislation	Consumers receive services in accordance with consumer rights legislation.
			1.1.2	Consumer rights during service delivery - information	Consumers are informed of their rights.
1.2	Recognition of Maori values and beliefs	Consumers/kiritaki who identify as Maori have their health and disability needs met in a manner that respects and acknowledges their individual values and beliefs.	1.1.4	Recognition of Maori values and beliefs	Consumers who identify as Maori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.
			1.1.5	Recognition of Pacific values and beliefs	Pacific consumers have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. (MHA)
1.3	Recognition of individual values and beliefs	Consumers/kiritaki receive services in a manner that recognizes their cultural and individual values and beliefs.	1.1.6	Recognition and respect of the individual's culture, values, and beliefs	Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.
1.4	Consumer confidentiality	Consumer/kiritaki confidentiality is maintained at all times.	1.2.9	Consumer information management systems	Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

* applies to mental health and addiction services only

Standard number	Standard	Content		Standard number	Standard	Content
1.5	Advocacy and consumer support	Consumers/kiritaki are supported during service delivery where required.		1.1.11	Advocacy and support	Service providers recognize and facilitate the right of consumers to advocacy / support persons of their choice.
				1.1.7	Discrimination	Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.
				1.1.8	Good practice	Consumers receive services of an appropriate standard.
				1.1.9	Communication	Service providers communicate effectively with consumers and provide an environment conducive to effective communication.
				1.1.13	Complaints management	The right of the consumer to make a complaint is understood, respected, and upheld.
1.6	Links with family/whanau and other community resources	Consumers/kiritaki maintain links with their family/whanau and their community as appropriate and/or requested.		1.1.12	Links with family/whanau and other community resources	Consumers are able to maintain links with their family/whanau and their community.
1.7	Personal privacy and dignity	The personal privacy and dignity of the consumer/kiritaki is respected and met during service provision.		1.1.3	Independence, personal privacy, dignity, and respect	Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.
1.8	Informed consent	Consumers/kiritaki consent is obtained in line with the requirements of the Code of Health and Disability Services Consumers' Rights 1996.		1.1.10	Informed consent	Consumers and where appropriate their family/whanau of choice are provided with the information they need to make informed choices and give informed consent.

Part 2 – Organisational Management

Standard number	Standard	Content	Standard number	Standard	Content
2.1	Governance	Efficient and effective governance ensure services are planned, co-ordinated and appropriate to the needs of the consumer/kiritaki group.	1.2.1	Governance	The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.
2.2	Quality and risk management systems	The organisation has an established, documented and maintained quality and risk management system that reflects continuous quality improvement principles.	1.2.3	Quality and risk management systems	The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.
			1.2.9	Consumer information management systems	Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.
2.3	Exception reporting	All adverse, unplanned or untoward events are systematically recorded by the service.	1.2.4	Adverse event reporting	All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whanau of choice in an open manner.
2.4	Complaints management	The service has a complaint management system that is accessible and complies with legislation.	1.1.13	Complaints management	The right of the consumer to make a complaint is understood, respected, and upheld.

Standard number	Standard	Content		Standard number	Standard	Content
2.5	Service management	The day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate and safe services to consumers/kiritaki.		1.2.2	Service management	The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.
				1.2.5	Consumer participation	Consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals. (MHA)
				1.2.6	Family/whanau participation	Family/whanau of choice are involved in the planning, implementation, and evaluation of the service to ensure services are responsive to the needs of individuals. (MHA) *
2.6	Human resource management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.		1.2.7	Human resource management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.
2.7	Service provider availability	Consumers/kiritaki receive timely, appropriate and safe service from sufficient suitably qualified / skilled and / or experienced service providers.		1.2.8	Service provider availability	Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.
2.8	Facility management	All building, plant and equipment comply with legislation, regulation and the appropriate standard where a standard exists.		1.4.2	Facility specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

* applies to mental health and addiction services only

Part 3 – Pre-entry and Entry to Services

Standard number	Standard	Content	Standard number	Standard	Content
3.1	Pre-entry to services	Consumers/kiritaki are considered for entry to services in an equitable and timely manner.	1.3.1	Entry to services	Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.
3.2	Declining entry to services	Where entry to the service is declined, the immediate risk to the consumer / kiritaki and/or their family/whanau is managed by the organisation.	1.3.2	Declining referral / entry to services	Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whanau is managed by the organization, where appropriate.

Part 4 – Service Delivery

Standard number	Standard	Content	Standard number	Standard	Content
4.1	Service provision requirements	Consumers/kiritaki receive timely, competent and appropriate service provision in order to meet their assessed needs, desired outcomes and goals.	1.3.3	Service provision requirements	Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.
4.2	Assessment	Consumers/kiritaki needs and support requirements are assessed in a comprehensive and timely manner.	1.3.4	Assessment	Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.
4.3	Planning	Service delivery plans are consumer / kiritaki focused, integrate services and promote continuity of service delivery.	1.3.5	Planning	Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.
4.4	Service delivery / interventions	Consumers/kiritaki receive adequate and appropriate services in order to meet their assessed needs and desired outcomes or goals.	1.3.6	Service delivery / interventions	Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.
			1.3.11	Use of electroconvulsive therapy (ECT)	Consumers who are administered electroconvulsive therapy are well informed and receive it in a safe manner. (MHA)
			1.3.12	Medicine management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.
			1.3.13	Nutrition, safe food, and fluid management	A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

* applies to mental health and addiction services only

Standard number	Standard	Content		Standard number	Standard	Content
4.5	Evaluation	Individual service delivery plans are evaluated in a comprehensive and timely manner.		1.3.8	Evaluation	Consumers' service delivery plans are evaluated in a comprehensive and timely manner.
4.6	Planned activities	Where specified as part of a consumer's / kiritaki plan, activity requirements are met in a manner appropriate to their needs, age and the setting of the service.		1.3.7	Planned activities	Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.
4.7	Referral to other health and disability services (internal and external)	Consumers/kiritaki are appropriately advised of their options to access other health and disability services where indicated or requested.		1.3.9	Referral to other health and disability services (internal and external)	Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice / needs.
4.8	Exit, discharge or transfer	Consumers/kiritaki experience a planned and co-ordinated exit, discharge or transfer from services.		1.3.10	Transition, exit, discharge, or transfer	Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.
4.9	Review	Service delivery is reviewed to reflect the findings of the evaluation process.		1.3.6	Service delivery / interventions	Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

Health & Disability Sector Standards 2001

Health and Disability Services (Core) Standards 2008

Part 5 – Managing Service Delivery

Standard number	Standard	Content	Standard number	Standard	Content
5.1	Consumer information management system	Consumer/kiritaki information is uniquely identifiable, accurately recorded, current, confidential and accessible when required.	1.2.9	Consumer information management systems	Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.
5.2	Recording systems	Consumer/kiritaki records are accurate, reliable, authorised and comply with current legislative and/or regulatory requirements.	1.2.9	Consumer information management systems	Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.
5.3	Medicines management	Consumer/kiritaki receive medicines in a safe and timely manner that comply with current legislative and regulatory requirements.	1.3.12	Medicine management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.
5.4	Nutrition and safe food management	The individual food and nutritional needs of consumers/kiritaki are met where this service is a component of service delivery.	1.3.13	Nutrition, safe food, and fluid management	A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.
5.5	Cleaning and laundry services	Consumers/kiritaki are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	1.4.6	Cleaning and laundry services	Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.
5.6	Infection control management	Consumer/kiritaki, visitors, service providers and communities are protected from preventable exposure to infection as a result of service provision.			Refer to Health and Disability Services (Infection Prevention and Control) Standards 2008.
5.7	Management of waste and hazardous substances	Consumer/kiritaki, visitors, service providers are protected from harm as a result of exposure to waste or hazardous substances, generated during service delivery.	1.4.1	Management of waste and hazardous substances	Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

Part 6 – Safe and Appropriate Environment

Standard number	Standard	Content	Standard number	Standard	Content
6.1	Physical privacy	Consumers'/kiritaki physical privacy is respected and met during the provision of services.	1.4.2	Facility specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.
6.2	Facility specifications	Consumers/kiritaki are provided with habitable areas appropriately furnished to meet the needs of the consumer / kiritaki group.	1.4.2	Facility specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.
6.3	Toilet, shower and bathing facilities	Consumers/kiritaki are provided with adequate toilet/shower/bathing facilities. Consumer/kiritaki are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	1.4.3	Toilets, showers, and bathing facilities	Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.
6.4	Personal space / bed areas	Consumers/kiritaki are provided with adequate personal space / bed areas appropriate to the consumer/kiritaki group and setting.	1.4.4	Personal space / bed areas	Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.
6.5	Lounge / day room / play room / dining area	Consumers/kiritaki are provided with safe, adequate, appropriate and accessible areas to meet their relaxation, activity and dining needs.	1.4.5	Communal areas for entertainment, recreation, and dining	Consumers are provided with safe, adequate, age-appropriate, and accessible areas to meet their relaxation, activity, and dining needs.
6.6	Essential, emergency and security systems	Consumers/kiritaki receive an appropriate and timely response during emergency and security situations.	1.4.7	Essential, emergency, and security systems	Consumers receive an appropriate and timely response during emergency and security situations.
6.7	External areas	Consumers/kiritaki are provided with safe and adequate external areas.	1.4.2	Facility specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.
6.8	Natural light, ventilation and heating	Consumers/kiritaki are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature.	1.4.8	Natural light, ventilation, and heating	Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

Restraint Minimisation and Safe Practice Standard 2001	Health and Disability Services (Restraint Minimisation and Safe Practice) Standards 2008
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Standard number	Standard	Content	Standard number	Standard	Content
1	Introduction		2.1	Restraint actively minimised	Services demonstrate that the use of restraint is actively minimised.
2	Cultural recognition	The specific cultural needs of consumers during each stage of de-escalation and restraint are recognized and relevant cultural advice and/or guidance is sought in order to maintain and practise cultural safety and the philosophy of Te Whare Tapa Wha (four cornerstones) effectively.	2.2.2	Assessment	Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.
3	Assessment	A comprehensive assessment recognises the needs and risks for the consumer and identifies proactive de-escalation interventions or strategies that ensures restraint is only used where it is clinically indicated and justified.	2.2.2	Assessment	Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.
4	Risk and quality management	Throughout restraint, the safety of consumers, service providers and others is enhanced through comprehensive risk and quality management systems.	2.2.3	Safe restraint use	Services use restraint safely.
5	Legal and professional standards	The requirements of legislation, consumer rights, current standards and relevant professional codes of practice are met throughout restraint.	2.2.1	Restraint approval and processes	Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.
6	Dignity and privacy	The consumer's dignity, privacy and self-respect are promoted by service providers during restraint.	2.2.2	Assessment	Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.

Standard number	Standard	Content		Standard number	Standard	Content
7	Consumer support and communication	The consumer, and where indicated, their family/whanau or significant others are empowered to participate in all decisions relating to restraint through the facilitation of active support/advocacy.		2.2.1	Restraint approval and processes	Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.
8	Education	Service providers practice competent safe care in relation to restraint, always considering the least restrictive interventions, and appreciating the physical and psychological impact restraint has on the individual consumer, their family/whanau and others.		2.2.1	Restraint approval and processes	Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.
9	Approval process	The organisation establishes a process to approve all forms of restraint in line with the requirements of this Standard and with input from appropriately experienced experts.		2.2.1	Restraint approval and processes	Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.
10	Monitoring during restraint use	The physical and psychological safety of consumers is maintained throughout the restraint process through professional, timely and appropriate monitoring (including observation).		2.2.3	Safe restraint use	Services use restraint safely.
11	Evaluation and review of restraint use	A timely, transparent system of evaluation and review of restraint for each consumer occurs, in order to promote safety and identify opportunities to improve service delivery.		2.2.4	Evaluation	Services evaluate all episodes of restraint.
12	Quality review of restraint use	The organisation ensures restraint usage is reviewed at regular intervals in order to validate the appropriateness of techniques, ensure safety and identify alternative interventions.		2.2.5	Restraint monitoring and quality review	Services demonstrate the monitoring and quality review of their use of restraint.

Standard number	Standard	Content		Standard number	Standard	Content
13	Seclusion under the Mental Health (CA&T) Act 1992	The organisation ensures the principles of this document are applied to seclusion usage, and a regular review occurs in order to consider the appropriateness of the technique, ensure safety, and identify alternative interventions.		2.3.1	Safe seclusion use	Services demonstrate that all use of seclusion is for safety reasons only. (MHA)* & (ID)**
				2.3.2	Approved seclusion rooms	Seclusion only occurs in an approved and designated seclusion room. (MHA)* & (ID)**

* applies to mental health and addiction services only

** applies to intellectual disability services only

Infection Control Standard 2000	Health and Disability Services (Infection Prevention and Control) Standards 2008
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Standard number	Standard	Content	Standard number	Standard	Content
1	Introduction				
2	Governance	There is a managed environment, which minimizes the risk of infection, to consumers, residents, staff and visitors.	3.1	Infection Control Management	There is a managed environment, which minimizes the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.
3	The infection control team	There are adequate human, physical and information resources to meet the infection control needs of the organisation.	3.2	Implementing the Infection Control Programme	There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.
4	Policies and procedures	Written policies and procedures for the prevention and control of infection reflect current accepted good practice and legislative requirements. These are readily available and implemented.	3.3	Policies and Procedures	Documented policies and procedures for the prevention and control of infection reflect correct accepted good practice and relevant legislative requirements and are readily available and are implemented in the organization. These policies and procedures are practical, safe, and appropriate / suitable for the type of service provided.
5	Education	The organisation will provide education related to infection control to all service providers and support staff.	3.4	Education	The organization provides relevant education on infection control to all service providers, support staff, and consumers.
6	Surveillance	Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods which have been specified in the infection control programme.	3.5	Surveillance	Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.

Standard number	Standard	Content		Standard number	Standard	Content
7	Antimicrobial usage	Policies and procedures are established and implemented to promote the prudent prescribing of antibiotics and other antimicrobial agents.		3.6	Antimicrobial Usage	Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians. (S)*
8	Quality and risk management	The infection control programme is explicitly linked to the organisation's quality improvement and risk management programme.		3.1	Infection Control Management	There is a managed environment, which minimizes the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

* applies to acute, secondary or tertiary services only

National Mental Health Sector Standard 2001	Health and Disability Services (Core) Standards 2008
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Standard number	Standard	Content		Standard number	Standard	Content
1	Tangata whenua	The mental health service provides appropriate services to meet the needs of tangata whai ora, whanau, hapu and iwi.		1.1.4	Recognition of Maori values and beliefs	Consumers who identify as Maori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.
2	Pacific people	The mental health service delivers and facilitates appropriate services for Pacific people and recognizes the fundamental importance of the bond between Pacific people receiving the service, their families, religious groups and the community.		1.1.5	Recognition of Pacific values and beliefs	Pacific consumers have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. (MHA)
3	Cultural safety	The mental health service delivers treatment and support in a manner that the person receiving the service, their family, whanau and community determines as being culturally safe.		1.1.6	Recognition and respect of the individual's culture, values, and beliefs	Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.
4	Children and young people	Mental health services providing this speciality service deliver developmental and environmentally appropriate assessment, treatment and support to children, young people and their families, who are affected by mental illness or mental health problems.		1.1.1	Consumer rights during service delivery - legislation	Consumers receive services in accordance with consumer rights legislation.
5	Rights of people receiving services	The rights of the person receiving the service are understood, respected, and upheld.		1.1.2	Consumer rights during service delivery - information	Consumers are informed of their rights.

* applies to mental health and addiction services only

Standard number	Standard	Content		Standard number	Standard	Content
				1.1.10	Informed consent	Consumers and where appropriate their family/whanau of choice are provided with the information they need to make informed choices and give informed consent.
6	Safety	The activities and environment of the mental health service are safe for the person receiving the service, their families, whanau, staff and the community.		1.4.2	Facility specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.
7	Records and confidentiality	An accurate and confidential record that promotes efficient and effective delivery of treatment and support is maintained for each person receiving the service.		1.2.9	Consumer information management systems	Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.
8	Privacy	The mental health service respects the privacy of each person who receives the service including their family, whanau.		1.1.3	Independence, personal privacy, dignity, and respect	Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.
9	Consumer participation	Consumers are involved in the planning, implementation and evaluation at every level of the mental health service to ensure services are responsive to the needs of individuals.		1.2.5	Consumer participation	Consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals. (MHA) *
10	Family, whanau participation	Family, whanau are involved in the planning, implementation and evaluation of the mental health service.		1.2.6	Family/whanau participation	Family/whanau of choice are involved in the planning, implementation, and evaluation of the service to ensure services are responsive to the needs of individuals. (MHA) *
				1.3.12	Medicine management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

* applies to mental health and addiction services only

11	Minimizing the impact of mental illness	The mental health service works with the person who is receiving the service to minimize the impact and distress of their ongoing mental illness.		1.3.3	Service provision requirements	Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.
12	Leadership and management	The mental health service is led and managed effectively and efficiently to facilitate the delivery of co-ordinated services.		1.2.1	Governance	The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.
13	Access	The mental health service is accessible to the community.		1.1.12	Links with family/whanau and other community resources	Consumers are able to maintain links with their family/whanau and their community.
14	Entry	The process of entry for the person who receives the mental health service is facilitated in a timely manner.		1.3.1	Entry to services	Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.
15	Assessment	Treatment and support of each person who receives the service is based on a comprehensive assessment that is completed by a health team with appropriate knowledge and skills.		1.3.4	Assessment	Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.
				1.3.5	Planning	Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.
				1.3.8	Evaluation	Consumers' service delivery plans are evaluated in a comprehensive and timely manner.
16	Quality treatment and support	The mental health service provides a range of quality treatment and support services, and makes referrals to other services based on the individual's needs to promote recovery.		1.3.6	Service delivery / interventions	Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

				1.3.11	Use of electroconvulsive therapy (ECT)	Consumers who are administered electroconvulsive therapy are well informed and receive it in a safe manner. (MHA)*
17	Community support options	The mental health service facilitates access to a range of community support options that maximize choice, safety and quality of life for each person receiving the service.		1.1.11	Advocacy and support	Service providers recognize and facilitate the right of consumers to advocacy / support persons of their choice.
18	Reducing discrimination and promoting community acceptance	The mental health service promotes mental health and community acceptance of people affected by mental illness and mental health problems.		1.1.7	Discrimination	Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.

National Mental Health Sector Standard 2001		Restraint Minimisation and Safe Practice Standard 2001
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Standard number	Standard	Content		Standard number	Standard	Content
				2.3.1	Safe seclusion use	Services demonstrate that all use of seclusion is for safety reasons only. (MHA)* & (ID)**
				2.3.2	Approved seclusion rooms	Seclusion only occurs in a approved and designated seclusion room. (MHA)* & (ID)**

* applies to mental health and addiction services only

** applies to intellectual disability services only

Health and Disability Services (Core) Standards (NZS 8134.1:2008)

	Standard number	Heading	Standard	Content
	NZS 8134.1.1 Consumer Rights			
1	NZS 8134.1.1.1	Consumer Rights	Consumer rights during service delivery - legislation	Consumers receive services in accordance with consumer rights legislation.
2	NZS 8134.1.1.2	Consumer Rights	Consumer rights during service delivery - information	Consumers are informed of their rights.
3	NZS 8134.1.1.3	Consumer Rights	Independence, personal privacy, dignity, and respect	Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.
4	NZS 8134.1.1.4	Consumer Rights	Recognition of Maori values and beliefs	Consumers who identify as Maori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.
5	NZS 8134.1.1.5	Consumer Rights	Recognition of Pacific values and beliefs	Pacific consumers have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.
6	NZS 8134.1.1.6	Consumer Rights	Recognition and respect of the individual's culture, values, and beliefs	Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.
7	NZS 8134.1.1.7	Consumer Rights	Discrimination	Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.
8	NZS 8134.1.1.8	Consumer Rights	Good practice	Consumers receive services of an appropriate standard.
9	NZS 8134.1.1.9	Consumer Rights	Communication	Service providers communicate effectively with consumers and provide an environment conducive to effective communication.
10	NZS 8134.1.1.10	Consumer Rights	Informed consent	Consumers and where appropriate their family/whanau of choice are provided with the information they need to make informed choices and give informed consent.
11	NZS 8134.1.1.11	Consumer Rights	Advocacy and support	Service providers recognize and facilitate the right of consumers to advocacy/support persons of their choice.
12	NZS 8134.1.1.12	Consumer Rights	Links with family/whanau and other community resources	Consumers are able to maintain links with their family/whanau and their community.
13	NZS 8134.1.1.13	Consumer Rights	Complaints management	The right of the consumer to make a complaint is understood, respected, and upheld.

Health and Disability Services (Core) Standards (NZS 8134.1:2008)

	Standard number	Heading	Standard	Content
	NZS 8134.1.2 Organisational Management			
14	NZS 8134.1.2.1	Organisational Management	Governance	The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.
15	NZS 8134.1.2.2	Organisational Management	Service management	The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.
16	NZS 8134.1.2.3	Organisational Management	Quality and risk management systems	The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.
17	NZS 8134.1.2.4	Organisational Management	Adverse event reporting	All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whanau of choice in an open manner.
18	NZS 8134.1.2.5	Organisational Management	Consumer participation	Consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals.
19	NZS 8134.1.2.6	Organisational Management	Family/whanau participation	Family/whanau of choice are involved in the planning, implementation, and evaluation of the service to ensure services are responsive to the needs of individuals.
20	NZS 8134.1.2.7	Organisational Management	Human resource management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.
21	NZS 8134.1.2.8	Organisational Management	Service provider availability	Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.
22	NZS 8134.1.2.9	Organisational Management	Consumer information management systems	Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

Health and Disability Services (Core) Standards (NZS 8134.1:2008)

	Standard number	Heading	Standard	Content
	NZS 8134.1.3 Continuum of Service Delivery			
23	NZS 8134.1.3.1	Continuum of Service Delivery	Entry to services	Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.
24	NZS 8134.1.3.2	Continuum of Service Delivery	Declining referral / entry to services	Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whanau is managed by the organization, where appropriate.
25	NZS 8134.1.3.3	Continuum of Service Delivery	Service provision requirements	Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.
26	NZS 8134.1.3.4	Continuum of Service Delivery	Assessment	Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.
27	NZS 8134.1.3.5	Continuum of Service Delivery	Planning	Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.
28	NZS 8134.1.3.6	Continuum of Service Delivery	Service delivery / interventions	Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.
29	NZS 8134.1.3.7	Continuum of Service Delivery	Planned activities	Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.
30	NZS 8134.1.3.8	Continuum of Service Delivery	Evaluation	Consumers' service delivery plans are evaluated in a comprehensive and timely manner.
31	NZS 8134.1.3.9	Continuum of Service Delivery	Referral to other health and disability services (internal and external)	Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs
32	NZS 8134.1.3.10	Continuum of Service Delivery	Transition, exit, discharge, or transfer	Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.
33	NZS 8134.1.3.11	Continuum of Service Delivery	Use of electroconvulsive therapy (ECT)	Consumers who are administered electroconvulsive therapy are well informed and receive it in a safe manner.
34	NZS 8134.1.3.12	Continuum of Service Delivery	Medicine management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.
35	NZS 8134.1.3.13	Continuum of Service Delivery	Nutrition, safe food, and fluid management	A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

Health and Disability Services (Core) Standards (NZS 8134.1:2008)

	Standard number	Heading	Standard	Content
	NZS 8134.1.4 Safe and Appropriate Environment			
36	NZS 8134.1.4.1	Safe and appropriate environment	Management of waste and hazardous substances	Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.
37	NZS 8134.1.4.2	Safe and appropriate environment	Facility specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.
38	NZS 8134.1.4.3	Safe and appropriate environment	Toilets, showers, and bathing facilities	Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.
39	NZS 8134.1.4.4	Safe and appropriate environment	Personal space / bed areas	Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.
40	NZS 8134.1.4.5	Safe and appropriate environment	Communal areas for entertainment, recreation, and dining	Consumers are provided with safe, adequate, age-appropriate, and accessible areas to meet their relaxation, activity, and dining needs.
41	NZS 8134.1.4.6	Safe and appropriate environment	Cleaning and laundry services	Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.
42	NZS 8134.1.4.7	Safe and appropriate environment	Essential, emergency, and security systems	Consumers receive an appropriate and timely response during emergency and security situations.
43	NZS 8134.1.4.8	Safe and appropriate environment	Natural light, ventilation, and heating	Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

Health and Disability Services (Restraint Minimisation and Safe Practice) Standards (NZS 8134.2:2008)

	Standard number	Heading	Standard	Content
	NZS 8134.2.1 Restraint Minimisation			
44	NZS 8134.2.1	Restraint Minimisation	Restraint actively minimised	Services demonstrate that the use of restraint is actively minimised.
	NZS 8134.2.2 Safe Restraint Practice			
45	NZS 8134.2.2.1	Safe Restraint Practice	Restraint approval and processes	Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.
46	NZS 8134.2.2.2	Safe Restraint Practice	Assessment	Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.
47	NZS 8134.2.2.3	Safe Restraint Practice	Safe restraint use	Services use restraint safely.
48	NZS 8134.2.2.4	Safe Restraint Practice	Evaluation	Services evaluate all episodes of restraint.
49	NZS 8134.2.2.5	Safe Restraint Practice	Restraint monitoring and quality review	Services demonstrate the monitoring and quality review of their use of restraint.
	NZS 8134.2.3 Seclusion			
50	NZS 8134.2.3.1	Seclusion	Safe seclusion use	Services demonstrate that all use of seclusion is for safety reasons only.
51	NZS 8134.2.3.2	Seclusion	Approved seclusion rooms	Seclusion only occurs in an approved and designated seclusion room.

Health and Disability Services (Infection Prevention and Control) Standards (NZS 8134.3:2008)

	Standard number	Heading	Standard	Content
52	NZS 8134.3.1		Infection Control Management	There is a managed environment, which minimizes the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.
53	NZS 8134.3.2		Implementing the Infection Control Programme	There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.
54	NZS 8134.3.3		Policies and Procedures	Documented policies and procedures for the prevention and control of infection reflect correct accepted good practice and relevant legislative requirements and are readily available and are implemented in the organization. These policies and procedures are practical, safe, and appropriate / suitable for the type of service provided.
55	NZS 8134.3.4		Education	The organization provides relevant education on infection control to all service providers, support staff, and consumers.
56	NZS 8134.3.5		Surveillance	Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.
57	NZS 8134.3.6		Antimicrobial Usage	Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.