



New Building Quality Check

FOUNDATION STANDARD 2022 VERSION

The indicators in this New Building Check include only the relevant criteria and evidence. Some of the evidence and criteria for these indicators have been omitted intentionally and do not need to be assessed.

Indicator 1: The Code of Health and Disability Services Consumers' Rights 1996

Foundation Standard Certification – New Building Quality Check					
Criteria	Standard	Evidence	Assessment*	Comments	
1.1	The practice understands, promotes and implements the Code of Health and Disability Services Consumers' Rights 1996.	<ul style="list-style-type: none">› A poster of the Code of Health and Disability Services Consumers' Rights 1996 translated into appropriate languages, including te reo Māori, that reflects the practice's enrolled patient population.› Posters and/or brochures informing patients of their right to have one or more support persons present during a consultation.› Local health advocacy resources.› Information about accessing interpreters and resources.			
1.2	The practice ensures a patient's right to make an informed choice and give informed consent. [Right 7]	<ul style="list-style-type: none">› Pamphlets, posters or information available describing the practice's services and fees.			

* Assessment: **M**=Met, **NM**=Not Met, **PM**=Partially Met, **NA**=Not Applicable

Indicator 6: Responsiveness to urgent health needs

Foundation Standard Certification – New Building Quality Check				
Criteria	Standard	Evidence	Assessment*	Comments
6.1	The practice trains non-clinical team members to visually monitor all waiting areas and respond to urgent health needs.	<ul style="list-style-type: none"> › Non-clinical team training undertaken to monitor waiting areas. › Appropriate signage displayed for waiting patients detailing urgent situations and what to do. 		
6.3	The practice provides patients with information on how to access after-hours care.	<ul style="list-style-type: none"> › Signage, including a patient portal notice, website information, social media page information, patient information sheets and an answer phone service. 		
6.4	The practice ensures patients can access the practice's after-hours service using a maximum of two calls.	<ul style="list-style-type: none"> › Describe after-hours telephone message and/or call diversion to an after-hours provider. 		

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Indicator 11: Medical equipment and medicines

Foundation Standard Certification – New Building Quality Check				
Criteria	Standard	Evidence	Assessment*	Comments
11.1	The practice has the available equipment and medicines specified in Appendix 1 .	› Required equipment and medicines are available.		
11.2	The practice ensures all medical equipment is serviced, calibrated and verified annually.	› Documented annual servicing, calibration and remedial work as required.		
11.3	The practice ensures stock levels are routinely checked and expiry dates of all medicines are documented and monitored.	› Documented checking of all stock levels and expiry dates at a practice-agreed frequency.		
11.4	The practice ensures medicines are secured and out of reach by unauthorised people.	› Demonstrate medicines are secured and out of reach by unauthorised persons.		
11.5	The practice ensures portable emergency equipment including emergency medicines, specified in Appendix 1, are stored in a single, secure location readily accessible by all clinicians.	› Demonstrate emergency equipment/medicines are stored in a single, secure and accessible location.		
11.6	The practice has residual current devices (RCDs) where electrical medical devices are used.	› Demonstrate the safe use of RCDs in all applicable areas in accordance with AS/NZS: 3003:2018.		

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Indicator 12: Infection control and health care waste

Foundation Standard Certification – New Building Quality Check				
Criteria	Standard	Evidence	Assessment*	Comments
12.1	The practice ensures the practice has and follows active infection control procedures aligned to NZS 8134:2021 and AS/NZS 4815:2006 (if reprocessing reusable medical devices).	<ul style="list-style-type: none"> › Documented policies and procedures aligned with infection control standards. › A designated infection prevention and control lead. › Completed Infection prevention and control team training and induction. › The practice monitors the effectiveness of each sterilisation cycle. › The practice ensures current calibration and validation of the steriliser(s). › Completed team sterilisation training records as applicable. 		
12.2	The practice ensures it has and follows active health care waste management procedures aligned to local bylaws and NZS 4304:2002.	<ul style="list-style-type: none"> › Documented policies and procedures aligned with standards and local bylaws for management of health care waste. › Describe how these policies, and procedures are followed. › Puncture-resistant sharps containers display biohazard symbols in accordance with NZS 4304:2002. › Describe the location, use and disposal of puncture-resistant containers. › Completed team training/induction records as applicable. 		

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Indicator 13: Health and safety

Foundation Standard Certification – New Building Quality Check				
Criteria	Standard	Evidence	Assessment*	Comments
13.1	The practice complies with the Health and Safety at Work Act 2015.	<ul style="list-style-type: none"> › A documented health and safety policy and hazard and risks register. › A record of any health and safety incidents (including ‘near misses’) and resultant actions taken. › Completed team training records including certification of any required training; for example, health and safety representative, if applicable. › A documented induction plan and process for all team members, including GPEP registrars and volunteers. 		
13.2	The practice complies with the Hazardous Substances Regulations 2017.	<ul style="list-style-type: none"> › An inventory of all the hazardous substances at your workplace. › A register of hazardous substances in your workplace, including substance type, quantity and location and associated data safety sheets. › Hazardous substances in your workplace are added to the hazards and risks register. › Team members working with hazardous substances are trained to work safely with them. › Team members managing highly hazardous substances (e.g. class 6.1A and 6.1B substances) have certified handling certificates. 		

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Indicator 13: Health and safety cont.

Foundation Standard Certification – New Building Quality Check				
Criteria	Standard	Evidence	Assessment*	Comments
13.3	The practice complies with the National Adverse Events Reporting Policy by recording, reviewing, analysing and mitigating all adverse events, incidents and near misses.	<ul style="list-style-type: none"> › Maintain an up-to-date register of adverse events and near misses. 		
13.4	The practice is safe and accessible for patients and their whānau.	<ul style="list-style-type: none"> › Provide external signage that is clear, visible, well placed, and readable from a distance. › Ensure adequate space, seating, heating, lighting and ventilation. › Provide appropriate seating for patients with mobility and/or other needs. › Ensure there are accessible entrances and doorways. › Provide examination couches that are accessible and safe. › Provide an accessible toilet. 		

Indicator 14: Emergency continuity

Foundation Standard Certification – New Building Quality Check				
Criteria	Standard	Evidence	Assessment*	Comments
14.1	The practice participates in an evacuation drill or evacuation drill training every six months.	<ul style="list-style-type: none"> › Demonstrate that all team members are familiar with their roles and responsibilities during an evacuation drill. › Documented analysis and debrief of the evacuation drill scenario. › Documented emergency evacuation scheme. 		
14.2	The practice prioritises, supports and recovers critical and non-critical functions following an emergency or service disruption.	<ul style="list-style-type: none"> › A documented business continuity plan. › A documented emergency response plan accessible offsite. 		

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