ORANGA TAMARIKI
Ministry for Children

Options for access to emergency injectable medications and Nurse Practitioners in Oranga Tamariki residences

To Hon Karen Chhour, Minister for Children			
Date	**12 September 2025**	**Deadline**	**18 September 2025**
Briefing number	B-0738	**Priority**	**Medium**
Key contact	Virginia McLean, General Manager Children's System & Policy, System Leadership	**Contact number**	s9(2)(g)(ii)
Security	In-confidence		

Purpose

This briefing seeks your direction to draft a Cabinet Paper proposing changes to healthcare-related rules in the Oranga Tamariki (Residential Care) Regulations 1996. These changes aim to improve access for children and young people in Oranga Tamariki residences to necessary medications and Nurse Practitioners to improve their health and wellbeing.

Executive Summary

Gaps in the Regulations limit access to emergency injectable medications (EpiPens and glucagon pen kits) and do not provide children and young people (children) living in a residence with access to full health services. This creates risks for the health and wellbeing of children and young people living in residences.

Appendix One sets out the current Regulations, and **Appendix Two** summarises the assessed options for addressing the gaps.

We propose five changes to the Oranga Tamariki (Residential Care) Regulations 1996 (the Regulations) so that:

- trained and authorised staff can administer specified emergency injectable medications
- EpiPens may be administered without a prescription
- new emergency injectable medications in the future to be approved for use in residences at chief executive level rather than requiring regulatory amendment
- children and young people in residence have access to the services of Nurse Practitioners
- children and young people in residences have access to prescribed medications from authorised prescribers under the Medicines Act 1981 (and not just from doctors, which is the current situation).

The proposed regulations have been informed by targeted consultation summarised in **Appendix Three.** These changes include future-proofing elements so that the Regulations can maintain pace with modern healthcare practices as they evolve.

Recommendations		
We recommended that you:		
1	**Agree** in principle to amend the Oranga Tamariki (Residential Care) Regulations 1996 to provide for:	
(a)	Oranga Tamariki employees authorised by the Chief Executive of Oranga Tamariki to administer specified emergency injectable medications in residences established under section 364 of the Oranga Tamariki Act 1989	YES / NO
(b)	EpiPens to be administered without a prescription	YES / NO
(c)	new emergency injectable medications in the future to be approved for use in residences at chief executive level on advice from clinical experts, should they first be approved for use in New Zealand by MedSafe	YES / NO
(d)	people living in residences having access to the services of Nurse Practitioners for health assessments	YES / NO
(e)	people living in residences having to access to prescribed medications from authorised prescribers under the Medicines Act 1981.	YES / NO
2	**Direct** officials to prepare a Cabinet paper for the Cabinet Social Outcomes Committee meeting on Wednesday 19 November 2025 proposing these regulatory changes.	YES / NO
3	**Agree** to forward this briefing to the Minister of Health for information.	YES / NO

Sign-off Oranga Tamariki	**Sign-off** Minister for Children
Geoff Short **Deputy Chief Executive** **System Leadership** Date signed: 09/09/2025	Hon Karen Chhour **Minister for Children** Date signed: 16/9/25

Minister comments

Great work team
thanks for working at pace to fix
an issue that was of a real concern
to me.

Satisfaction

Please select your level of satisfaction with this briefing

☑ Outstanding ☐ Good ☐ Acceptable ☐ Poor ☐ Unacceptable

Options for access to emergency injectable medications and Nurse Practitioners in Oranga Tamariki residences

Gaps in our regulatory framework leave healthcare risks for young people in our residences, potentially [redacted] s9(2)(h) [redacted]

1 The Oranga Tamariki (Residential Care) Regulations 1996 ("the Regulations") set out the rules for providing healthcare services to children and young people in our residences.[1] As shown in **Appendix One**, the rules include:

- prescription medication may only be given to a child or young person if it is prescribed to them by a doctor or dentist
- only a doctor or nurse may administer injections
- medical examinations are given by a doctor within a week of a child or young person entering a residence.

2 The Regulations came into force on Saturday 1 February 1997 and were quickly outdated, leaving healthcare gaps for children and young people in residences. By the next Friday, EpiPens[2] were approved for use in New Zealand. MedSafe approved glucagon pen kits[3] the next year, and then Nurse Practitioners joined the New Zealand health system in 2001.

3 As of September 2024, Youth Justice residences have an operational capacity of 168 children and young people.[4] Care and protection residences under section 364 have a very small additional operational capacity. Around 750-800 residence staff provide care across a range of shifts 24/7 365 days a year. Health services to children and young people in residences are delivered by contracted service providers.

4 Equitable, timely and adequate access to healthcare services is fundamental to the "wellbeing and best interests" of these children and young people, which is the paramount consideration set out in Section 4A of the Oranga Tamariki Act 1989. It is protected by the United Nations Convention on the Rights of Persons with Disabilities, and the United Nations Convention on the Rights of the Child, through which New Zealand has committed to "strive to ensure that no child is deprived of his or her right of access to such health care services".

First gap: Children and young people in residences do not have legal access to emergency injectable medications during overnights and weekends

5 The Ministry of Health contracts for weekday health services in our residences. Outside these hours, there are no nurses on site. This means that during evenings, overnights, early mornings and weekends and public holidays, there is no one in a residence who

---

[1] This includes care and protection residences and youth justice residences established under section 364 of the Oranga Tamariki Act ("the Act"). Youth in residences are aged 10 years and older.
[2] EpiPens auto-inject adrenaline for the emergency treatment of anaphylaxis (severe allergic reactions) and were first approved by MedSafe on 7 February 1997. MedSafe Data Sheet EpiPen7 April 2025.
[3] Glucagon pen kits were approved on 18 September 1989 and provide emergency treatment for severe hypoglycaemic reactions (very low blood sugar) in diabetics. They involve dissolving freeze-dried glucagon into solvent, which is then injected. MedSafe Data Sheet GlucaGen Hypokit 26 July 2021.
[4] Regulatory Impact Statement: Search powers in secure Care and Protection and Youth Justice Residences.

may legally administer an EpiPen or glucagon to a child or young person experiencing a medical emergency.[5] Residence staff, Health New Zealand, and most recently in May 2025, Mana Mokopuna have all raised this gap.

6 Additionally, if a child or young person is experiencing a previous unknown allergy, they will not have an EpiPen already prescribed. This means that due to Regulation 14(5), it is illegal for anyone to administer an EpiPen in a residence.

7 EpiPens are not used frequently, as residences work first to prevent and treat allergic reactions early with antihistamines. Health records showed that of the small number of children and young people in a residence diagnosed with a severe allergy and issued with an EpiPen, 15 percent had an incident requiring it to be used, usually as a one-off event.[6]

8 This gap presents a range of risks including:

- lack of timely treatment which may result in adverse medical outcomes, potentially as severe as death. No deaths are linked to this gap to date, so it is a severe but rare risk
- ongoing stress for children and young people, impacting how safe they feel in a residence and the trust they have in residence staff to support their wellbeing[7]
- workplace stress and s9(2)(h) [redacted]
- [redacted]
- not meeting the Crown's responsibility as a Treaty of Waitangi partner to protect tamariki and rangatahi Māori as taonga (including upholding the Active Protection principle).

Second gap: Children and young people in residences do not have access to Nurse Practitioner services

9 Nurse Practitioners are lead healthcare providers with advanced education and clinical training, able to work both autonomously and in collaborative teams. Within their area of competence, they make health assessments, order and interpret tests, diagnose conditions, decide treatment interventions, and prescribe medications.[8]

10 As the Regulations only allow the services of doctors, and not Nurse Practitioners, this disadvantages youth in a residence who out in the community would otherwise, for example, be able to use medication prescribed by a Nurse Practitioner.

---

[5] In 2024 this risk was managed for a youth with type 1 diabetes by contracting for 24/7 hour nursing services at a cost of $11,000 weekly.

[6] Data was collated from the Medtech Evolution health records software as of August 2025.

[7] During targeted consultation on these proposals, we heard from care-experienced rangatahi that timely access to medications after hours was a persistent problem in residences and negatively impacted wellbeing.

[8] Health New Zealand has confirmed Nurse Practitioners are appropriately skilled to undertake health assessments for young people in Oranga Tamariki residences.

11 General practitioner (GP) services in New Zealand are under pressure. There are 74 GPs per 100,000 people in New Zealand, fewer than Australia (116) and Canada (122).[9] It is not always possible to access GP services in some regions, and this is an operational challenge for at least one residence. Children and young people living in residences have experienced some difficulty accessing timely appointments and prescriptions.[10] Using Nurse Practitioner services would improve timely access to in-person primary healthcare services.

Regulatory change with appropriate safeguards is likely to provide the best outcomes for children and young people in residences

12 We recommend addressing these gaps to protect the rights and wellbeing of children and young people in residences, by:

- prioritising safety of life
- maximising access to timely and appropriate health services
- s9(2)(h) [redacted]

13 Regulatory and operational options were considered for addressing these gaps as set out in **Appendix Two**. We considered the likely outcomes of each option including:

- how well they might support the wellbeing of children and young people living in residences, in particular medical wellbeing through prompt, adequate, and appropriate health services, and through preserving life
- s9(2)(h) [redacted]
- the value and appropriateness of the potential financial costs.

Allowing authorised residence staff to administer specific injectable medications would significantly improve access to timely support during a medical emergency

14 We propose that the Regulations be amended to:

- allow specific staff authorised by the Chief Executive of Oranga Tamariki to administer specific authorised injectable medications in section 364 residences, beginning with EpiPens and glucagon pen kits. This is to provide 24/7 cover for youth to receive emergency injectable medication from residence staff who are trained and willing to do so. EpiPens carry a rare risk of aggravating undiagnosed underlying heart conditions, which would need to be managed by responding emergency services
- allow EpiPens to be administered without a prescription. This is to provide cover for a child or young person who may be experiencing a severe allergy for the first time.

---

[9] Dr Samantha Murton, *GP Future Workforce Requirements Report highlights*, The Royal New Zealand College of General Practitioners, March 2022.

[10] Care-experienced rangatahi described experiencing limited access to qualified staff, and not being able to access medication when it was needed.

- authorise a chief executive, on the advice of clinical experts, to approve further emergency injectable medications for use in residences, should new medications be approved for use in New Zealand by MedSafe.[11] This is to future proof the regulations so they can keep up with modern healthcare without returning to Cabinet for further amendments.

15 These regulatory changes, supported by clear operational process and guidance, are likely to ensure an authorised and trained residence staff member is available at any given time to administer an emergency injectable medication, should that be the appropriate course of action. Implementing these changes would come at a relatively minor cost, involving some additional training and administrative support.

16 This proposal is consistent with practice overseas. We considered approaches to providing emergency medication in youth justice and other secure facilities for children and young people in Australian states and territories and the United Kingdom. Allowing residence staff with appropriate training to administer emergency medication when specialist medical staff are not onsite and a child or young person cannot self-administer is commonly allowed for in legislation and regulation.

Safeguards will ensure adequate training, reporting of information, and future-proofing of the regulations so they maintain consistency with modern healthcare

17 The Royal Commission of Inquiry into the historic abuse and neglect of children, young people and adults in State and faith-based care[12] showed the need to properly safeguard injectable medications, so as to prevent, identify and address medical abuse. Children and young people should not suffer from abuse as an unintended consequence of these changes, or from reduced access to appropriate and timely medical treatment because it is administratively convenient to prevent abuse by preventing the treatment. Either scenario would breach their human rights.

[11] Without this change, the medications would be specifically named in the regulations, requiring them to be amended by Cabinet whenever a new emergency injectable medication is approved for use in New Zealand. Other alternatives include delegating approvals to one or more Ministers, or to the Chief Executive of Health New Zealand. Health New Zealand confirms there are no other emergency injectable medications currently available that are appropriate for inclusion.

[12] Whanaketia Part 4: Nature and extent, June 2024, p. 77-78.

18 Table One - Proposed safeguards

Proposed regulatory safeguards	Proposed operational safeguards
Regulations amended so that: • emergency injectable medications may be legally used by **authorised staff only**, not all staff • authorised staff who administer injections within the scope of their instructions will **not be liable unless they were not acting in good faith** • the **types** of emergency injectable medications will be **specifically authorised**. It will not be a general authority to administer injectable medications • **only EpiPens** may be given **without a specific prescription** for the child or young person • if **new medications** are invented and approved for use in New Zealand by MedSafe, a designated chief executive acting on advice from clinical experts may include them in the list of authorised medications. Note that the Chief Executive of Oranga Tamariki already has a **statutory duty to ensure that staff receive adequate training** and comply with appropriate standards.[13] Note that any use of emergency injectable medication would **meet the threshold to be reported under existing reporting mechanisms to external monitors**.	Authorised staff to be approved for medications in which they are **trained**: • first aid trained for use of EpiPens • additional training to be developed for use of glucagon pen kits • refresher training provided annually. Authorised staff will be **sufficient to cover shift patterns**, taking a flexible approach.[14] **Improved access to first aid training for residence staff** so they can recognise when and how to seek further assistance, including for emergency injectable medications. **Authorisation to be suspended** should a complaint of abusive behaviour be made about that staff member, pending any investigation.[15] Use of emergency injectable medications are **reported** to: • the health services team in residence, to update the child or young persons health records • Health New Zealand and internal Oranga Tamariki governance, for visibility of risk and any patterns of usage over time.

19 We considered requiring, as an additional safeguard, mandatory reporting to the family of the child or young person. We do not propose any additional mandatory reporting beyond what is already provided for in the Act. There is already a general duty under section 8 to report any action or decision that significantly affects a child or young person to parents or carers wherever practicable. Use of an injectable would qualify for this notification requirement.

20 Requiring mandatory reporting to the family in all cases is not desirable, as it may not be practicable (for example, where the family is not known or unable to be contacted) or it may be inappropriate (for example where it could put the young person's safety at risk).

[13] Section 7(2)(f) of the Oranga Tamariki Act

[14] Different residences have different shift patterns, staffing ratios, and youth movements outside the residence, requiring a flexible rather than one-size-fits-all approach.

[15] This reflects feedback from care-experienced rangatahi that abusive behaviour should be addressed through rigorous personnel procedures rather than by limiting services for young people.

Other options were assessed as not significantly better than the status quo or representing poor value for the cost

21 Other options included both operational and regulatory solutions for addressing the emergency injectable medications gap. They are not recommended:

- Providing 24/7, 365-day nurse services at all residences as a contingency for a rare event is not an effective use of funds without additional justification, and would place further unnecessary strain on the healthcare system.
- Designating one residence for 24/7, 365-day nursing services and relocating all impacted children and young people there did not support them to keep close connections with their family, whānau and community, and also did not reduce risks for first-time allergy events.
- Allowing all residence kaimahi to administer emergency injectable medications did not have sufficient safeguards and would not support the child or young person's wellbeing if a residence worker is in practice not willing to administer the medication.

As well as providing access to Nurse Practitioners, the regulations should be future-proofed for other primary healthcare services as the health system evolves

22 We propose that the Regulations be amended to provide access to:

- the services of Nurse Practitioners for health examinations, while maintaining the right for children and young people to access a GP if they prefer. Feedback strongly supported access to Nurse Practitioners. Care-experienced youth and children's system monitors also advocated for children and young people to have agency over which health professional they see, just as they would in the community.
- any medication prescribed by authorised prescribers in the Medicines Act 1981, not just medication prescribed by medical practitioners. Oranga Tamariki initially consulted on expanding access to prescriptions by Nurse Practitioners and Nurse Prescribers, however, feedback[16] recommended future-proofing the regulations to include other prescription sources as the healthcare system continues to change, such as paramedics, optometrists and pharmacists.

Targeted consultation supported the preferred options, with appropriate safeguards to keep children and young people safe and protect their rights

23 Targeted consultation on the preferred options took place in August 2025.[17] Feedback on the proposals is incorporated into our advice and summarised in **Appendix Three.** Stakeholders generally supported the proposals, with emphasis in their feedback on protecting the healthcare rights of children and young people, appropriate safeguards on the expanded access to injectable medications, and the need for Oranga Tamariki staff to be well supported and able to act legally.

[16] This suggestion was made by Mana Mokopuna and supported by others subsequently consulted on their suggestion, including other monitors and the Disability Advisory Group.

[17] Consultation sought feedback from residence kaimahi representatives, care-experienced rangatahi, the Disability Advisory Group, the Ministerial Advisory Board, Health New Zealand including clinical expertise, the three children's system monitors, the Public Service Association and NUPE.

24 Feedback often identified wider issues relating to healthcare services in residences beyond these two gaps including:

- the desirability of all residence staff being first aid trained
- issues around requiring and obtaining consent to treatment
- lack of information sharing and transparency about health conditions with the child or young person and their family[18]
- overuse of medication to manage behaviour rather than to support wellbeing[19]
- a lack of day-to-day case noting of a child or young person's wellbeing needs
- medicine controls that prioritise preventing misuse over ensuring immediate access for the child or young person.

25 We have shared this information with the Office of the Chief Social Worker Professional Practice team, who will be undertaking a review of the delivery of health care services in secure residences.

Next steps are to seek a Cabinet decision on amending the regulations

26 Any changes to the Regulations will require Cabinet decisions. If you agree to the proposals in this briefing, we seek your direction to draft a Cabinet Paper proposing regulatory change, for consideration at the Cabinet Social Outcomes Committee (SOU) meeting on Wednesday 19 November 2025. If you agree, we will provide a draft Cabinet Paper to you on 10 October 2025. Proposed timelines for next steps are set out below.

Date	Step
18 September 2025	Your policy decisions conveyed to Oranga Tamariki
23 September – 1 October 2025	Departmental consultation on draft Cabinet paper
10 October 2025	Draft Cabinet Paper provided to you
14-27 October 2025	Ministerial consultation on draft Cabinet paper
27 October 2025	Feedback from ministerial consultation provided to Oranga Tamariki
6 November 2025	Updated Cabinet Paper provided to you
13 November 2025	Cabinet paper lodged for SOU meeting
19 November 2025	SOU policy decisions
26 November 2025	Cabinet confirmation of SOU decisions
March 2026	LEG decision on draft Regulations prepared by Parliamentary Counsel Office
May 2026	New Regulations enter into force

[18] This was a particular concern of care-experience rangatahi.
[19] This also has been raised previously by Aroturuki Tamariki (Source: *Key insights from our monitoring visits to youth justice residences August – November 2024*, April 2025).

Appendices

27 All appendices referenced in this paper are outlined below:

- **Appendix One**: Current healthcare-related rules in the Oranga Tamariki (Residential Care) Regulations 1996.
- **Appendix Two**: Options for increasing availability of emergency injectable medications in Oranga Tamariki residences.
- **Appendix Three**: Perspectives from targeted consultation on proposals for healthcare-related changes to the Oranga Tamariki (Residential Care) Regulations 1996.

Appendix One: Current healthcare-related rules in the Oranga Tamariki (Residential Care) Regulations 1996

Reference	Regulation
14(1)	Every child or young person in a residence is entitled to prompt, adequate, and appropriate health services and health care.
14(2)	Every child or young person in a residence is entitled to be medically examined by a medical practitioner within 1 week after the child or young person is admitted to the residence.
14(3)	No child or young person in a residence shall be required to undergo any medical or dental examination or treatment without that child's or young person's consent, except— a. where, pursuant to any enactment or rule of law,— (i) a parent or guardian of that child or young person; or (ii) any person who has been acting in the place of a parent of the child or young person; or (iii) a court or any Judge; or (iv) the chief executive— is authorised to and has consented to such examination or treatment on behalf of that child or young person; or b. pursuant to any enactment or rule of law whereby in any circumstances the consent of that child or young person to such examination or treatment is not required.
14(4)	No injection shall be administered to a child or young person in a residence unless it is administered by— a. a medical practitioner; or b. a nurse (not being a nurse who is employed in the residence principally or exclusively in any capacity other than as a nurse) on, and in accordance with, the prescription of a medical practitioner; or c. a dentist in connection with any dental treatment.
14(5)	No prescription medicine or restricted medicine shall be administered to a child or young person in a residence unless it is— a. prescribed for the child or young person by a medical practitioner or a dentist; and b. administered in accordance with the directions of that medical practitioner or dentist.
14(6)	In this regulation, the terms administer, prescription medicine, restricted medicine, and medicine have the meanings given to them by section 2 of the Medicines Act 1981.

Appendix Two: Options for increasing availability of emergency injectable medications in Oranga Tamariki residences

Option	Description	Benefits	Costs/risks	Assessment
Status quo	Only doctors and nurses may inject medication, which must be specifically prescribed to the child or young person.	• Safeguards against medication abuse. • Greater confidence that medication is properly administered.	• Increased risk to life of child or young person due to delayed treatment. Reduced wellbeing and trust in their residence carers if there is uncertainty that they will be treated in an emergency. Discrimination against children and young people with disabilities if they do not receive proper medical treatment. • s9(2)(h) [redacted] Staff not properly supported, impacting their wellbeing in the workplace. Possible medical injury if medication is improperly applied by untrained staff. • Standard nursing services do not provide full cover as they may not be present when medication required. Possible medical injury if medication is improperly applied by untrained staff. Financial cost of contracting for 24/7 nursing services as required ($11,000 weekly). • Loss of public confidence in Oranga Tamariki system if death occurs. • Potential Tiriti breach if State care of rangatahi Māori (who are acknowledged by the Waitangi Tribunal as Māori taonga) is lacking.	Unacceptable risk to life and wellbeing of youth in residences; presents s9(2)(h) [redacted] Not recommended.
Designated residence	One residence is designated for 24/7, 365-day nursing services and allergen control, with all children and young people with known conditions placed there.	• Operates within law in most cases. • Safeguards against medication abuse. • Greater confidence that medication is properly administered. • Potentially improved allergen control.	• Does not provide a solution for young people experiencing a first-time allergic reaction. In that scenario, the status quo risks remain. • Requiring a child or young person to move residence for administrative reasons does not support their wellbeing and or maintaining community and family connections. • Estimated additional cost of $0.572m annually for health services based on actual costs in 2024, plus any cost of relocating children and young people, and any increased costs for family and whānau to visit a location further from the child or young person's hometown.	Not materially better than the status quo, has significant cost. Not recommended.
24/7 health services	All residences to have 24/7, 365-day nursing services.	• Operates within law. • Safeguards against medication abuse. • Greater confidence that medication is properly administered.	• Estimated additional cost of $4.004m annually. • Dependent on nurse always being present at residence during shift. Actual availability may not be 100% (e.g. traffic delays, impact of natural weather events). Not accessible to children and young people visiting locations outside the residence.	Improved access to medical care. Annual additional cost does not provide value as a contingency for rare events, without additional justifications. Not recommended at this time.
All residence staff	All residence staff permitted to administer emergency injectable medications.	• Operates within law. • Improved access to emergency first aid assistance.	• Risk that kaimahi may not be appropriately trained and/or may not be willing to administer medication in an emergency. • Lacks safeguards against medical abuse; generally opposed during targeted consultation.	Improved access to emergency first aid but increased risk profile for implementation. Not recommended.
Authorised residence staff	Authorised and appropriately trained staff permitted to administer specific emergency injectable medications.	• Operates within law. • Safeguards against medication abuse. • Greater confidence that medication is properly administered.	• Minor increased costs for administration and training in using emergency injectable medications. • Some administration costs to ensure coverage of authorised staff across shift patterns and training remains up to date. • Governance needs to be at an appropriate level to ensure any risks and/or inappropriate behaviour is quickly identified and acted upon.	Significantly better access to emergency first aid than status quo, with appropriate safeguards. **Recommended option.**

Appendix Three: Perspectives from targeted consultation on proposals for healthcare-related changes to the Oranga Tamariki (Residential Care) Regulations 1996

Consulted audience	Summary of feedback
Care-experienced rangatahi	Previous experiences of medical care raised **concerns that current practices may breach international human rights standards**, with delayed or denied medical treatment, lack of transparency to the rangatahi and their whānau about their own medical information, and limited access to qualified healthcare staff and prescription medications. **Feedback supported the proposals** and provided recommendations including: • **compulsory training** to administer the medication safely • **information shared** about allergies and serious medical conditions prior to entering the residence • **vetting of staff** to prevent punitive misuse of medication and ensure trauma-informed care • **clear protocols** for emergency situations that prioritise the child or young person's life and wellbeing • **clear communication** between workers and youth prior to, during and a following incidents. **Rangatahi needed agency over what health practitioner they would like to see**, especially if a rapport had already been built with a professional. The law was very out of date. Remaining with the status quo could result in delayed medical treatment risking their wellbeing and life and have other negative impacts on rangatahi and their whānau including: • feeling neglected, unsafe, confused in medical emergencies • anxious and concerned if their medical needs could not be met including if medical staff were not available.
Disability Advisory Group	Members were **supportive of the proposed regulations**, particularly taking a human and child **rights-centred approach**, increasing access to healthcare services, and future-proofing the regulations so they remained current with modern healthcare practices. Discussion showed interest in preventing overuse of medications, how the changes would be implemented, and the need for National Office-level governance to identify and address risks.
Residence worker representatives	Residence workers generally **agreed there is a need for some residence staff to be able to administer emergency injectable medications**. Authorised staff needed to be willing to administer the medication, and to be **appropriately trained**. Ideally all residence workers would receive first aid training. There was some concern that the changes should not create a new legal responsibility or **liability** for the use of emergency injectable medications.[20] Discussion also raised **practical issues for implementation**, such as where the medication will be stored, how it will be accessed, and pre-existing issues for how residences support healthcare and wellbeing needs for children and young people, including: the management and use of medications, and the hours that nursing staff are physically present in residences.

Consulted audience	Summary of feedback
Unions	The Public Service Association was interested in what **training** for residence staff might look like, and how **legal liability** is currently managed. NUPE was invited to meet and/or provide written feedback; none was received during the consultation period.
Ministerial Advisory Board	Members expressed **support** for the Nurse Practitioner changes. There was general agreement on the need to address the emergency injectables medication gap to support the wellbeing of children and young people. Strong feedback from various members included that **Oranga Tamariki should always operate within the law**, that not all residence staff should be authorised to administer emergency injectable medications, and that decisions about appropriate medications should be made by experts. Changes should be supported by appropriate **training**.
Health New Zealand	Health New Zealand and health practitioners consulted **supported the proposals** and saw great benefits for children and young people affected. Feedback provided advice on implementation aspects, and suggested decision-making on including new emergency injectable medications should be made by the Minister of Health on advice from Health New Zealand.
Children's system monitors	All monitoring agencies met with Oranga Tamariki and provided consistent feedback. They **broadly supported the proposals**, with suggestions and comments intended to **protect healthcare rights** for children and young people. While supporting access to Nurse Practitioners, they were eager to make sure it would not reduce access to GP and other primary healthcare services and that this would be protected in the regulations. Access to prescriptions should be future-proofed to include all sources, not just Nurse Practitioners and Nurse Prescribers. Staff **training** for emergency injectable medications should be appropriate, with adequate staff authorised to maintain continual cover across shift patterns. Decision-making on new emergency injectable medications could be made at chief executive level. Reporting on their use to monitors would be covered by existing reporting procedures. Monitors encouraged ongoing policy work beyond these two gaps to consider the broader issues in healthcare services in residences, including consent, information sharing and reporting of health information, and access to services.