



DFO 18

Defence Health

Personnel Series

Releasable to the public

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Chief of Defence Force
Headquarters New Zealand Defence Force
WELLINGTON

Authority Order

DFO 18 **Defence Force Orders for Defence Health**

Issued by the Chief of Defence Force

Authority

These orders are issued by the Chief of Defence Force to section 27 of the *Defence Act 1990*.

Conflict

Nothing in this publication is to be construed as prevailing over any relevant Act of Parliament or regulations made under it, or Defence Force Orders and Directives issued and promulgated by the Chief of Defence Force.

Any conflict between the mandatory requirements stated in this publication and any other policy, order, rule or procedure issued within the New Zealand Defence Force is to be reported to the Custodian without delay.

Signed on Original

KR SHORT

Air Marshal

Chief of Defence Force

26 August 2020

Foreword

The Defence Force is the only agency of state that maintains disciplined forces available at short notice and which operates large-scale and integrated fleets of ships, vehicles and aircraft. As such, the Defence Force is ready to conduct military operations as directed by Government, and is able to quickly respond to military crises as they unfold.

The Defence Force also stands ready to assist civil authorities in times of emergency by providing specialised support to government agencies and first responders when safety or lives are at risk, or critical infrastructure comes under threat. Defence Health's services are fundamental to supporting these requirements.

Health services are provided in a complex environment and must be provided as a health system with integrated interdependencies. They must be delivered—

- at strategic, operational, and tactical levels;
- within New Zealand and overseas;
- during peace time and in conflict;
- in areas with limited access to infrastructure, resources or information systems; and
- independently of or combined with other Government departments and agencies, foreign forces and host nations.

In its broadest sense, Defence Health's services are to enable all members of the Defence Force to maintain a complete state of physical, mental, spiritual and social wellbeing. At a functional level, it includes the aspects of applied military healthcare under the five domains of practice—

- Occupational Healthcare;
- Primary and Secondary Healthcare;
- Social and Spiritual Healthcare;
- Emergency Healthcare; and
- Force Health Protection.

Critical to the successful delivery of Defence Health's services is, where possible, the use of integrated processes and common systems to achieve efficiency and effectiveness while also providing for specialist support when required.

All members of the Defence Force have a role to play in the management of health in the Defence Force. This includes accepting responsibility for their own health, upholding the duty of care to each other and providing emergency care when needed.

All Defence Force commanders, senior executives and managers have a general duty to ensure that members of the Defence Force, for whom they are responsible, that are undertaking health related functions, are—

- appropriately skilled and trained to undertake those duties; and

- are undertaking their duties in accordance with the requirements of this order and any related publications.

Specific accountabilities and responsibilities for the delivery of Defence Health's services are promulgated in the *Chief of Defence Force General Orders*.

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Preliminary Provisions

Purpose of DFO 18

1. *DFO 18* prescribes the function of Defence Health's services and, how through the application of policies, support to military capability and operations is to be optimised.
2. These orders set out the division of accountabilities and responsibilities for Defence Health's services.
3. Not all aspects of Defence Health services fall within the scope of these orders. Matters relating to logistics, human resource management, safety, and infrastructure management are specialist functions covered by separate issuances.
4. These orders are principally concerned with the prescription of Defence Health's obligations and responsibilities, and the mechanisms for complying with these requirements.
5. The means of implementing these orders is promulgated in Health Rules and subordinate instructions and direction.

Application

6. This is a written order to all members of the Armed Forces pursuant to section 39(a) of the *Armed Forces Discipline Act 1971* and instructions to members of the Civil Staff.
7. These orders are to be applied to all members of the Defence Force.
8. The instructions in *DFO 18* apply equally to contractors (and their sub-contractors) and consultants and other persons and organisations engaged for Defence Force purposes who utilise health service functions. It is the responsibility of the member of the Defence Force employing any contractor, consultant or other person, not a member of the Defence Force, to make them aware of this requirement and include such requirements in their contracts.
9. Non-compliance with these instructions may result in disciplinary action being taken in accordance with the *Armed Forces Discipline Act 1971* or may result in possible sanctions in accordance with the *New Zealand Defence Force Civilian Code of Conduct*.
10. Non-compliance by a contractor, consultant or other person engaged by the Defence Force could lead to a contract or arrangement being terminated.

Commencement date

11. The commencement date of *DFO 18* is 26 August 2020.

Repeal

12. No publication or Directive has been repealed by the issue of this Order.

Custodian

13. The Custodian for *DFO 18* is Director Defence Health.

Meanings of terms

14. Terms used in *DFO 18* and not explained elsewhere, are defined in the annex to these preliminary provisions.

Authoritative version of DFO 18

15. The online copy of *DFO 18* is the authoritative version. Any printed copy or CD-ROM is deemed uncontrolled and is to be used for guidance only.

ANNEX A

Meanings of Terms

1. Words and phrases are to be given their ordinary grammatical or military meaning promulgated in relevant legislation, military glossaries and authorised dictionaries.
2. Meanings of terms used in this publication and not explained in authorised reference documents or that are in common use are—

Term	Meaning
Health governance	Health governance comprises a set of six domains— <ul style="list-style-type: none">• generating intelligence, (information and evidence);• formulating strategic policy direction;• ensuring tools for implementation;• building coalitions and partnerships;• developing a fit between policy objectives and organisational structures and cultures; and• ensuring accountability.
Health stewardship	The combination of health governance and the development and maintenance of health service capability.
Technical control	The specialised or professional guidance and direction exercised by an authority in technical (professional) matters.

Chapter 1 – General Provisions

1.01 Role of health services in the Defence Force

- a. Defence Health’s services have three principal roles and through the operations and functions must support the—
 - (1) maximisation of the Armed Forces’ operational effectiveness;
 - (2) creation of a readily deployable health support capability that can operate with flexibility and agility; and
 - (3) provision of robust benchmarked health governance to the Defence Force.
- b. Defence Health’s services are routinely provided to members of the Armed Forces but may be extended to the wider Defence Force community, including families and civilians employed by the Defence Force, when specified by the Surgeon General.

1.02 Defence Health technical control

- a. Technical control is to be managed through the exercise of health stewardship and health governance over all Defence Health service delivery functions. The Surgeon General must exercise technical control and designate the specialised, and professional legal operating requirements essential to the appropriate management and operation of healthcare management and its provision within the Armed Forces.
- b. Technical control is essential to ensure that the health services provided by the Defence Force are assessed against the standard expected of New Zealand public health and disability services. Recipients and users of Defence Health’s services have the right to the equal or better standard of services as exists in New Zealand public health and disability services or as near to those standards as are achievable in the context of deployed operations. In particular, recipients and users of Defence Force health services must be accorded equitable care, regardless of rank, role or position.
- c. Defence Health is a Health Agency of the Defence Force and provides healthcare services to the members of the Defence Force. Defence health providers have a therapeutic relationship with their patients and are regulated by professional and ethical standards under New Zealand legislation.
- d. All health services and functions are considered under the technical control of Defence Health even when those functions do not directly report to a health unit.

1.03 Defence Health functions

- a. Health services must aim to preserve and restore the health and fighting strength of the force when exposed to the hazards of the operational environment and to provide medical care to patients—
 - (1) suffering from the consequences of exposure to one or more of these threats; or
 - (2) experiencing health issues resulting from intrinsic factors.

- b. In this context, health is to be considered not merely as the absence of injury, disease or infirmity, but as a state of fitness and well-being, enabling deployed forces to carry out their duties unimpeded by physical or mental problems.
- c. The New Zealand Defence Force must maintain interoperability with allied forces, and align its organisation of health functions with NATO and allied forces doctrine.
- d. The Defence Health Directorate is responsible for ensuring that the health services provided meet these obligations. This stewardship is to be accomplished by performing three critical functions—
 - (1) **Strategic planning.** It is important that the provision of health services reflects current best practice, sustains interoperability and maintains currency. Opportunities for function improvement need to be identified and suitability assessed in all aspects of the healthcare provided.
 - (2) **Regulatory management.** The delivery of health services must comply with legislative and regulatory requirements. The Defence Health Directorate must ensure that healthcare practices adhere to these requirements.
 - (3) **Health governance.** The provision of quality healthcare requires regular and comprehensive review and health-related research, with respect to regulatory compliance, quality performance including cultural safety, and practice improvement. The Defence Health Directorate must ensure that an adequate health governance system is in place.
- e. The Defence Health system must be organised to provide a suite of health functions operationally and domestically within the military health context. These functions should include, but are not limited to—
 - (1) **Technical control and leadership.** Regulation, governance and management provided by senior Defence Health personnel that is to be applied to all healthcare functions within the Defence Force.
 - (2) **Primary health and inpatient services.** These services are composed of three elements—
 - (i) **Primary health care.** A broad range of health services including diagnosis and treatment of physical and mental health conditions, health education, counselling, disease prevention and screening is to be provided. These services are to be directed towards improving and maintaining the physical and mental health of members of the Armed Forces and those first line services that restore health when personnel are unwell.

Primary health care is to encompass comprehensive first contact diagnosis and treatment of trauma and of acute or chronic illness and the management of personnel with minor medical problems or complaints and injuries for their return to duty. Health services are to include continuing out-patient care, health promotion, disease prevention, patient education and counselling.

- (i) **Oral health primary care.** The provision of high quality, high value oral health care for operational readiness is to include, but is not limited to, the ability to speak, smile, taste, chew, swallow with confidence, and be free of pain, discomfort, or disease of the craniofacial complex.
 - (ii) **In-patient services.** Limited inpatient services are to be provided when members of the Armed Forces are unable to be transferred to appropriate civilian inpatient care. This may occur in remote settings such as isolated land operations or in ships. Low acuity inpatient service should be used to assist in managing issues such as outbreaks of infectious diseases.
- (3) **Emergency medical care.** Emergency medical care is to encompass the critical actions required for timely evaluation, resuscitation, stabilisation, treatment and transportation of an emergency patient to prevent a loss of life, limb, and function. Pre-hospital emergency care is to be delivered from the point of injury or problem to admission in a secondary health care facility, where critical care and specialist treatment (including surgery) can be provided.
- (4) **Veterinary care.** Basic routine care and emergency medical care that supports the health of military working dogs by their handlers and Defence Force medical staff is to be provided under the supervision of external veterinarians.
- (5) **Medical evacuation.** Medical evacuation procedures to move any person wounded, injured or ill under continuous medical supervision and care, to or between medical treatment facilities, is a critical capability to be retained across the Defence Force. Evacuation of casualties is not to be limited to the transportation to a suitable medical treatment facility but is to be a fundamental part of the continuum of patient treatment and care.
- (6) **Health intelligence.** Health intelligence must include the processing of medical, bio-scientific, epidemiological, environmental and other information related to human or animal health and enable informed decision-making regarding the provision of appropriate health services.
- (7) **Force health protection.** Force health protection measures are to be provided for deployed operations and missions and in other Defence Force workplaces. A capability to modify health protection measures and address health threats is required.
- (8) **Operational planning and support.** The inclusion of a robust means of planning and coordination of health services and capabilities should be integrated into Defence Health's services.
- (9) **Health logistics.** The responsibility for planning and executing medical logistics is shared by medical and logistics staff. Health personnel are responsible for the identification of the requirement, the specification and quantity of medical material and pharmaceuticals. Health logistics embraces procurement, storage, movement, distribution, maintenance and disposition of medical materiel and pharmaceuticals, including blood, blood products and medical gases. The planning and execution of medical logistics must comply with the relevant legislation and regulations.

- (10) **Physical and mental health conditioning.** Practices and interventions that promote physical and psychological wellbeing and contribute to high performance are to be a key component of Defence Health's services.
- (11) **Occupational health services.** Specialised occupational health care is to include medical fitness assessments for personnel operating in certain military roles, and screenings for and treatment of illnesses or injuries related to specific operational or working environments. Occupational health care specialties are to include, dive medicine, altitude medicine, tropical medicine and aerospace medicine. These specialties must be provided in accordance with technical direction from Air and Maritime specialists, where relevant.
Occupational health in the Defence Force is to incorporate the promotion and maintenance of physical, mental and social well-being of all members of the Defence Force, the prevention of adverse outcomes caused by members' working conditions, the protection of all persons from risks resulting from factors adverse to health, and the placing and maintenance of persons in an occupational environment suitably adapted to their physiological and psychological condition.
- (12) **Community and social services.** Social Services enabled by the Defence Force are to be based on the social determinants of health (income, poverty, employment and occupation, education, housing, culture and ethnicity) relevant to the Defence Force operating environment. The prevention of ill health and the ability for members to be resilient is to be facilitated through social support systems and the fostering of social cohesion. These social support systems must seek to promote health and wellbeing and protect against the effects of negative social stressors. Social Workers and community support staff are primary providers within these systems. These services are to be provided in accordance with tikanga Māori, in consultation with NZDF Cultural Advisors, to promote hauora, as an important aspect of social and community service systems.
- (13) **Spiritual services.** The provision for spiritual support and religious observance within the Armed Forces is important. It is the duty of all commanders and managers to make adequate provision for the spiritual and moral needs of all personnel. Chaplains are the custodians of spiritual healthcare and religious provision to all supported world faiths. Chaplains advise command and staff on a wide variety of issues in order to support command at all levels. By virtue of their unique positions, Chaplains have a privileged and vital insight into personal attitudes enabling them to exercise independent judgment and to give expression to that judgment as trusted advisers. In return, commanders and managers must ensure that chaplains are treated with respect and given every facility necessary for the efficient performance of their duties.
- (14) **Health information systems and health communication.** Patient management must be supported by an effective, secure and deployable level of information technology. Information systems that support patient management must offer targeted communication to the members of the Defence Force on matters pertaining to Defence Health's services.

- (15) **Self-care advice.** Defence Health’s services must provide an adequate level of health education that enables individuals to participate in the prevention and management of their illness, injury or disease.

1.04 Maintenance of Defence Health structure and capacity

- a. The Defence Force must retain the capability and capacity to meet the roles required of it. Defence Health must be flexibly structured and organised so that healthcare services are provided—
- (1) globally;
 - (2) independently; and
 - (3) in conjunction with other Government departments and agencies, allied forces, host nations, and industry.
- b. Defence Health must be structured and designed with capacity, expertise and systems to—
- (1) provide healthcare services to support the delivery of outputs in the maritime, land and air domains;
 - (2) operate jointly with the Services; and
 - (3) be interoperable with allied forces when required.

1.05 Compliance with legislation and other standards

- a. Defence Health’s services are expected to be conducted in a national and international environment. Knowledge of and compliance with legislation, regulations and other obligations and agreements that govern the control and management of healthcare provision is obligated and critical if health service functions are to be conducted successfully.
- b. Defence Health’s services must be conducted in accordance with—
- (1) New Zealand legislation, regulations and national standards;
 - (2) any international legislation that may apply; and
 - (3) any international obligations or agreements entered into by the Government or the Defence Force.
- c. All registered health practitioners must comply with the ethical and professional standards and the regulatory requirements specified by their profession's Responsible Authority and the Surgeon General for their nominated scope of practice. All non-registered healthcare providers must comply with the ethical and professional standards and the regulatory requirements specified by the Surgeon General.
- d. The application of Defence Force policies and associated processes and procedures for administering the health services functions within the Defence Force are promulgated in *Defence Health Rules* and subordinate *Defence Force Instructions*.

1.06 Principles to be applied

- a. Defence Health must maintain adequate custody and proper oversight of healthcare materiel and is to ensure that the best use is made of available resources.
- b. Decision-making with respect to the provision of health services must be based on the following principles—
 - (1) **Partnership.** Te Tiriti o Waitangi (The Treaty of Waitangi) is a foundational constitutional document that defines the relationship between Māori and the Crown in New Zealand. Defence Health acknowledges the status of Te Tiriti o Waitangi and its principles of partnership, participation, protection and self-determination.
 - (2) **Cultural safety.** Ensuring a culturally safe health workforce through applied consistent standards, codes and guidelines across all health professional groups within the Defence Force.
 - (3) **Compliance.** Defence Health’s services must meet all legislative, regulatory and individual professional standards and minimum patient safety requirements. These are to be managed through Defence Health regulations, leadership and accountability for the delivery of health services aligned to outputs and strategic outcomes.
 - (4) **Foresight.** The application of foresight and planning must identify and implement, where necessary, the practises and processes essential to support military capability and military operations.
 - (5) **Co-operation.** Mutually beneficial relationships should be maintained throughout the Defence Force, with coalition forces, and partnerships with public and private services, to ensure that these interactions will deliver the best possible effect and use of scarce resources.
 - (6) **Economy of scale.** Health services are to maximise the support provided to the generation of military capability and deployed operations, and, within acceptable levels of risk, only use the necessary resources.
 - (7) **Simplicity.** The delivery of health services must be robust, readily understood and conducted efficiently. Automated and standardised procedures and processes should be adopted wherever possible.
 - (8) **Flexibility.** It is critical that health systems remain resilient and adaptable to changing demands and operational imperatives in order to permit the Defence Force to respond and operate in unexpected, uncertain environments.
 - (9) **Sustainability.** Defence Health must support a sustainable, operationally focussed workforce, comprised of the right people, with the right competencies, in the right place, at the right time and who are capable of delivering the health effects that meet the organisation’s priorities.
 - (10) **Timeliness.** Comprehensive health services must be easily accessed and delivered in a safe and timely manner in New Zealand and when deployed on operations.

- (11) **Supportive.** Members of the Armed Forces are empowered and supported to have greater responsibility for their own health, wellness and spirituality through access to information, education and to physical, mental, social and chaplaincy health services. Civil staff and families may also be supported where appropriate and if authorised by the Surgeon General.
- (12) **Environmentally responsible.** Defence Health must consider the impact of its activities on the environment and minimise any adverse environmental consequences.

1.07 Measures of effectiveness

- a. Health governance must encompass the framework of health and clinical standards put in place to ensure consistent quality healthcare. Clinical governance is to be the organisation-wide approach to the delivery of safe, high quality patient-centred care and the means of the continuous quality improvement of clinical services.
- b. Health governance is to be applied in all locations and situations that a health service is provided and applies to all aspects of care delivery. Key effectiveness measures are to be centred on patient outcomes for individual, collective and system wide delivery of health services.
- c. Defence Health Directorate is to determine the standards by which effective health care services will be delivered and measured. Clinical standards measures are to be determined by the Surgeon General in consultation with subject matter experts from the various health services and compliant with external regulatory standards.
- d. The governance framework is to be exercised through health and service governance boards with effective engagement with consumer and organisational participants.
- e. Defence Health Boards and governance system consists of a—
 - (1) strategic board, with a focus on corporate governance;
 - (2) operational board, with a focus on clinical and corporate governance; and
 - (3) tactical (delivery) board, with a focus on clinical governance.
- f. A risk framework is to be utilised that highlights health services risks and vulnerabilities throughout domestic and deployed health services.

Chapter 2 – Principal Roles in Defence Health

2.01 Introduction

- a. Defence Health provides healthcare services within a large, complex multifunctional, multifactorial organisation. Defence Health's service imperatives must deliver Defence Force outputs. At times, these imperatives may be at variance with the regulation and management of a healthcare delivery service, but must remain focussed on the health and wellbeing needs of the individual and the Defence Force.
- b. The regulation and management functions of Defence Health must equally consider both the organisational requirements, and the provision of compliant and regulated healthcare service delivery. This separation is to be achieved by establishing the two components of regulation and management with clearly defined functions.

2.02 Surgeon General

- a. The Surgeon General is to be the Defence Health Regulator and principal professional, technical health expert. This senior appointment is to have the overall lead for Defence Health's services. The Surgeon General is to assure regulatory compliance with legislative and statutory requirements and ensure safe and compliant practice. The Surgeon General is the authorising authority for the practice of unregulated health care workers.
- b. As the Defence Health Regulator, the Surgeon General is to withdraw a health service or function where it has breached, or may breach, statutory compliance or where a function is deemed to be unsafe or not fit for service. The health service or function may be restored when the required standards and systems have been met and only on the authority of the Surgeon General.

2.03 Director Defence Health

The Director Defence Health is to be the manager of Defence Health. The Director Defence Health must exercise corporate governance and strategic management of all health services. The Director Defence Health must ensure that health services are developed in a way that meets the strategic requirements of the Defence Force, through managing the needs for capability, workforce development, risk management and business intelligence.

2.04 Surgeon General Appointment

- a. The Surgeon General appointment must only be held by a registered health practitioner. The Surgeon General is to be appointed by Chief of Defence Force.
- b. Where the Surgeon General is not a medical practitioner, the Chief Medical Officer is to be the Deputy Surgeon General. The Chief Medical Officer is to exercise the regulatory roles that must be held by a New Zealand registered medical practitioner.
- c. If the Surgeon General is a registered medical practitioner, the post of the Chief Medical Officer is to be a separate appointment.

Chapter 3 – Defence Health Policies

3.01 Issuance of health policies

Defence Health must support a significant range of military capability and operations to deliver Defence Force outputs. Defence Health must be responsive and agile to meet demands while exercising proper stewardship and balancing the considerations of patient safety, risk and cost. In order to achieve these requirements Defence Health must issue and promulgate health policies which prescribe the conduct and control of Defence Health.

3.02 Principal Defence Health policy

- a. The Surgeon General and Director Defence Health are to give effect to these orders through the issue and promulgation of *Defence Health Rules*, *Defence Force Instructions* and *Defence Health Directives*.
- b. All Health policies issued by the Surgeon General and Director Defence Health must be legislatively compliant, reflect current best practice in health services, be efficiently promulgated and implemented within the Defence Force.
- c. All members of the Defence Force must comply with *Defence Health Rules*, *Defence Health Instructions* and *Health Directives* issued and promulgated by the Surgeon General and the Director Defence Health.
- d. Clinical and regulatory related policies must be authorised by the Surgeon General. Organisational governance-related policies must be authorised by the Director Defence Health.

3.03 Defence Health Rules

Defence Health Rules comprising orders, directions and instructions to regulate the correct, safe and proper technical control of health services are to be issued by the Surgeon General and Director Defence Health. *Defence Health Rules* are issued pursuant to legislative requirements and governmental and Defence Force policies.

3.04 Defence Force Instructions

Defence Force Instructions are general orders authoring health policies that are to be issued by the Surgeon General and Director Defence Health. The principal health policies to be issued and promulgated by means of *Defence Force Instructions* are—

- (1) Defence Health's Services;
- (2) Regulating Defence Health Services;
- (3) Defence Force Healthcare;
- (4) Applied Healthcare Management;
- (5) Operational Health Support;
- (6) Wellness Support;
- (7) Defence Health Personnel Management;

- (8) Defence Force Occupational Health; and
- (9) Chaplaincy and Religion.

3.05 Defence Health Directives

The Surgeon General or Director Defence Health must issue and promulgate *Defence Health Directives* where there is a need to implement health policies for an immediate situational need or a temporary change to extant health policies.

End Matter

Record of Change

Amendment Number	Commencement Date	Reference	Details of Change	Approving Authority
V1.00	26 Aug 2020	SAP CMMS order 70119285	Initial Issue	KR SHORT Air Marshal CDF