

14 October 2026

Tēnā koe,

Consultation on proposed updates to the *Medical emergencies* practice standard

The Council has completed the cyclical review of its *Medical emergencies* practice standard, to ensure it remains contemporary and fit-for-purpose. As a result, an updated draft *Medical emergencies* practice standard has been developed.

The Council's proposed updates to the practice standard were informed by local and international standards and guidelines, with input from subject matter experts including the New Zealand Resuscitation Council (NZRC).

The Council seeks your feedback on the updated draft *Medical emergencies* practice standard provided as [Attachment 1](#).

Have your say

Stakeholders are invited to comment on the proposed updates to the *Medical emergencies* practice standard by responding to the following questions using the [online survey](#).

- Q1. Do you agree/disagree with the updated draft *Medical emergencies* practice standard? If you disagree, please detail why.
- Q2. Are there any areas of the proposed *Medical emergencies* practice standard you feel require further clarification or guidance? If yes, please tell us which areas and why.
- Q3. Do you have any further comments on the proposed *Medical emergencies* practice standard?

The consultation document has been made available to all oral health practitioners, relevant associations and societies, the Ministry of Health Manatū Hauora, Health New Zealand Te Whatu Ora, educational institutions, dental resuscitation training providers, and other organisations with an interest in this area. The consultation document will also be published on the Council's website, with a similar invitation to comment.

Submissions

Your submissions must reach us by **5pm on 2 December 2026**.

You can submit your feedback by completing the [online survey](#).

Submissions received will be published on our website and will record the submitter's name and profession (for registered oral health practitioners). All personal contact details will be removed. We will not publish any derogatory or inflammatory content.

As this is a public consultation, "in confidence" information will only be accepted under special circumstances. Please contact us before submitting material in confidence.

If you have any questions about this consultation, you can contact us by [email](#) or phone 04 499 4820. We look forward to receiving your views on the proposals.

Ngā mihi,



Marie Mackay
Chief Executive

Consultation on proposed updates to the *Medical emergencies* practice standard

Issued: 14 October 2026

Submission closing date: 2 December 2026

Proposed updates to the *Medical emergencies* practice standard

1. Introduction

The review of the Council's *Medical emergencies* practice standard [2021] began in July 2026, as part of the Council's cyclic review process.

The purpose of the review was to ensure the practice standard remains contemporary and fit-for-purpose, and continues to protect patient safety.

To inform the review, an investigation into the resuscitation requirements for oral health practitioners internationally and health practitioners in New Zealand, was carried out.

The investigation focused on the key requirements currently represented in the practice standard: resuscitation training, emergency equipment and drugs; and the regulatory tools being used (registration/recertification/CPD/standards).

Guidelines published by ANZCOR (Australian and New Zealand Committee on Resuscitation) on resuscitation and medical emergencies were also investigated, along with curricula for resuscitation training internationally and in New Zealand with a particular focus on New Zealand Resuscitation Council CORE curricula.

The list of resources used during the review is provided at the end of the consultation document. (Appendix B: p17).

Subject matter input was sought from:

- New Zealand Resuscitation Council: input into resuscitation training and ANZCOR guidelines
- Two sedation working group members (one being a NZRC CORE trainer): input on emergency drugs and equipment for sedation specific medical emergency management.

The outcome of the review led to the development of an updated draft *Medical emergencies* practice standard.

The Council considered the review findings and the proposed updates to the *Medical emergencies* practice standard at its meeting on the 5th of October 2026.

The updated draft *Medical emergencies* practice standard is provided as [Attachment 1](#), for practitioner and stakeholder feedback.

2. Summary of key proposed changes

Appendix A of the consultation document (p10) provides summary tables with commentary that list:

- current standards and the proposed updated standards
- key proposed changes to the rest of the practice standard.

Other minor wording changes in the draft practice standard made for clarity and readability, that do not represent any positional change, have not been detailed.

For ease of reference to enable fuller comparison, the current *Medical emergencies* practice standard (2021) is available [here](#).

An executive summary of proposed changes in key areas, is provided below, and the reasons for the proposed changes detailed in the next section:

Dentists and dental specialists	• No change to current resuscitation training requirements • Required additionally: pulse oximeter, and supraglottic airways (no longer optional) • Glyceryl trinitrate no longer required
Dentists/Dental specialists providing sedation	• Resuscitation training requirements aligned with recently updated Sedation practice standard - CORE Immediate or equivalent that includes scenario training relevant to the management of sedation-related complications • Dextrose 10%, glucagon and hydrocortisone injection no longer required • Glyceryl trinitrate continues to be a requirement
Oral health therapists Dental hygienists	• No change to current resuscitation training requirements • Required additionally: ○ aspirin, salbutamol, glucose ○ pulse oximeter, spacer device (for salbutamol), supraglottic airways
Dental therapists	• No change to current resuscitation training requirements • Required additionally: ○ salbutamol, glucose ○ pulse oximeter, spacer device (for salbutamol), supraglottic airways
Clinical dental technicians Dental technicians who perform restricted activities ¹ Orthodontic auxiliaries	• Change in resuscitation training requirements from CORE Immediate or equivalent to CORE Skills or equivalent that does not include oxygen delivery • Mouth-to-mask device required • Not required: oxygen, oxygen cylinder, regulator and associated equipment for delivering high flow oxygen, bag mask device with oxygen reservoir, basic airway adjuncts (oropharyngeal airways)
Dental technicians who do not perform restricted activities	• No change to current level of resuscitation training - remains Basic life support • No requirement for emergency equipment or drugs (no change from current)

¹ Restricted activities include removal of a pre-loosened temporary crown and try-in of a permanent crown

3. Additional commentary on proposed changes

Standard 2: Resuscitation training requirements

Proposed change in resuscitation training requirements for: • Clinical dental technicians • Dental technicians who perform restricted activities² • Orthodontic auxiliaries	Current requirement: CORE Immediate or equivalent Proposed requirement: CORE Skills or equivalent. CORE Skills training: • Is designed for health professionals • Emphasises a team approach • Maintains quality of learning, being CORE curriculum • Allows flexibility to select the skills stations and scenario sets relevant to the learner from those available in the CORE curriculum • Learning can be tailored, for example, management of choking and anaphylaxis can be specified • Provides a certificate of attendance.
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Following investigation, it is recognised that there is variation in the resuscitation training requirements for health practitioners in NZ, and for oral health practitioners internationally.

Internationally, for oral health practitioners not performing sedation, the predominant level of resuscitation training is Basic life support, with some jurisdictions requiring a higher level of training that aligns with NZRC CORE Immediate training and includes capability in oxygen delivery.

In New Zealand, of the health regulators that have requirements for resuscitation training, training ranges from Basic life support (Optometrist Board, Podiatry Board, Pharmacy Council) to CORE Advanced (Medical Council).

The NZ Resuscitation Council publishes a 'Responder training framework'. The suggested skills and knowledge for a 'health professional-responder' are consistent with those taught in NZRC CORE Immediate training.

This has been the premise on which the Council's current resuscitation training requirements for oral health practitioners have been based.

Through consultation with the NZ Resuscitation Council, the Council understands that greater flexibility in determining appropriate resuscitation training levels for practitioners is possible, and a risk-based approach is encouraged.

Using this approach, the Council considers CORE Immediate or equivalent training remains appropriate for dentists, dental specialists, oral health therapists, dental hygienists and dental therapists. These practitioners routinely perform invasive procedures, including administration of local anaesthetic.

² Restricted activities include removal of a pre-loosened temporary crown and try-in of a permanent crown

Clinical dental technicians perform non-invasive procedures. Dental technicians who perform restricted activities have limited patient contact time and perform non-invasive procedures.

The risk of a patient having a cardiac arrest related to non-invasive procedures is considered low, therefore the risk in these healthcare settings becomes equivalent to a 'random' medical event.

Similarly low risk practice settings in New Zealand and internationally do not require health practitioners to complete resuscitation training that includes delivery of oxygen, which is included in CORE Immediate or equivalent training.

The ANZCOR guidelines and algorithm for Adult Advanced Life Support prioritise good quality CPR and AED use during resuscitation. They suggest administering 100% oxygen when available and capabilities allow.

The only emergency drugs and equipment clinical dental technicians and orthodontic auxiliaries are currently required to have access to are oxygen, and associated equipment for delivery. There is some concern that this focus on oxygen delivery is overshadowing the key messaging – that good quality CPR and AED use are the priorities in resuscitation.

Orthodontic auxiliaries typically treat children and adolescents, with a low risk of cardiac arrest. A dentist or dental specialist must always be present on-site when an orthodontic auxiliary is practising, as a scope of practice requirement, therefore there would always be a practitioner with CORE Immediate or equivalent training on-site, capable of oxygen delivery.

On balance, the Council is proposing CORE Skills training or equivalent as a resuscitation training option for clinical dental technicians, dental technicians who perform restricted activities and orthodontic auxiliaries.

For these practitioners, the training related to insertion of airway adjuncts, bag-valve-mask use and oxygen delivery, which is compulsory in CORE Immediate or equivalent training, can be excluded while still maintaining quality of structured learning and a team approach to managing medical emergencies.

The Council considers that Basic life support remains appropriate for dental technicians who do not perform restricted activities.

Practitioners completing CORE resuscitation training (Immediate and Skills), or equivalent, will be required to complete training for adult and child collapse. This is due to an upcoming change to the NZRC CORE curricula that will see one skill station for adult and child collapse, not the current two separate stations.

Training requirements for dentists and dental specialists providing sedation and those monitoring sedated patients are aligned with the requirements consulted on and accepted in the Sedation practice standard (2026) and are included in the *Medical emergencies* practice standard for completeness.

A practitioner may choose to complete a higher level of resuscitation training than that required by the Council.

Standard 7: Emergency equipment and drugs requirements

Current standards 6 and 7 have been combined into one standard.

The drug and equipment requirements for practitioners have been updated to align with the new proposed training levels, contemporary approaches for emergency management, and are categorised according to the specific medical emergency they are required for.

Changes in emergency equipment and drugs requirements are summarised in the following table:

Profession	New emergency equipment and drugs required	Emergency equipment and drugs no longer required
Dentists and dental specialists	Pulse oximeter Supraglottic airways (no longer optional)	Glyceryl Trinitrate
Dentists and dental specialists providing sedation	None	Dextrose 10% Glucagon Hydrocortisone injection
Dental hygienists Oral health therapists	Pulse oximeter Spacer device for salbutamol Salbutamol Glucose Aspirin Supraglottic airways	Not applicable
Dental therapists	Pulse oximeter Spacer device for salbutamol Salbutamol Glucose Supraglottic airways	Not applicable
Clinical dental technicians Orthodontic auxiliaries	Mouth-to-mask device	Oxygen cylinder/Oxygen Regulator and associated equipment suitable for delivering high flow oxygen Bag mask device with oxygen reservoir Basic airway adjuncts (oropharyngeal airway)
Dental technicians who perform restricted activities	Mouth-to-mask device	Not applicable

Pulse oximeter

The addition of a pulse oximeter for dentists, dental specialists, oral health therapists, dental therapists and dental hygienists is to align with ANZCOR guideline 9.2.10 - The Use of Oxygen in Emergencies which indicates that the use of supplemental oxygen should be guided by pulse oximetry.

Supplemental oxygen is no longer automatically recommended for medical emergencies other than during resuscitation. Its use should be based on percentage levels of blood oxygen saturation,

determined by pulse oximetry. It is recommended that pulse oximetry is used in the recovery phase following resuscitation to guide continued oxygen use.

Additional professional development may be needed to enable a practitioner to use a pulse oximeter and titrate oxygen delivery competently.

Glyceryl trinitrate

It is proposed that dentists and dental specialists are no longer required to have ready access to Glyceryl Trinitrate (GTN) unless they provide sedation. ANZCOR guideline 9.2.1 – Recognition and First Aid Management of Suspected Heart Attack recommends assisting someone to take GTN as they have been directed if they have been prescribed this medication. With the risk of potential use when not appropriately indicated, the Council has removed the requirement for dentists and dental specialists not providing sedation to have this medication as a back-up, given that the patient requiring this will likely carry the medicine with them.

It is proposed that access to GTN remains a requirement for dentists and dental specialists providing sedation.

Salbutamol and glucose

It is proposed that oral health therapists, dental therapists and dental hygienists have access to Salbutamol and a spacer device, to manage an asthma attack; and glucose to manage hypoglycaemia. This will enable them to better follow ANZCOR guidelines in the early management of these medical emergencies, consistent with proposed standard 5. These practitioners already have access to oxygen, for potential use in an asthma attack, as they are required to have ready access to it for use in managing anaphylaxis and resuscitation.

Aspirin

On expert clinical advice, the current expectation for dentists and dental specialists to offer aspirin to patients having a suspected heart attack remains in place. It is proposed that the same expectation be extended to oral health therapists and dental hygienists. This is considered appropriate given that they are independent practitioners who routinely provide invasive care for patients of any age.

Emergency drug requirements for practitioners performing sedation

The review of the list of drugs and equipment required for practitioners providing sedation was deferred, to be part of the *Medical emergencies* practice standard review.

Initial conversations about the required emergency drugs and equipment to manage sedation-related complications were held with two of the Council's sedation working group members.

Following their input, the positions proposed include the following changes:

- Remove hydrocortisone injection, glucagon, and dextrose 10% from the list of required emergency drugs
- The volume of 'normal saline' required to be specified as 1000ml.

The removal of glucagon and dextrose 10% is recommended as there is already access to oral glucose (powder or gel), while the likelihood for needing hydrocortisone injection is considered low.

While it is essential to have the essential drugs and equipment readily available, having fewer items on the emergency trolley is considered beneficial in an emergency. Practitioners may choose to have additional drugs and equipment available, for scenarios specific to their practice.

It is proposed that the Sedation practice standard is updated accordingly. It was not considered necessary for this list to be repeated in the draft Medical emergencies practice standard. Those providing sedation are referred to the Sedation practice standard for this information.

AED availability

Currently only dentists and dental specialists performing sedation are required to have an AED (except those performing only nitrous oxide sedation).

Using an AED quickly during a cardiac arrest is critical to saving a life when the person is in a shockable rhythm. The NZ Resuscitation Council states that the performance of good quality CPR and decreasing the time to defibrillation are the highest priorities in resuscitation from cardiac arrest.

For this reason, it is 'strongly recommended' that oral health practitioners have ready access to an AED. In clinical settings, this is within 3- 5 minutes of collapse.

Practitioners are strongly advised to consider having an AED on-site.

While this is not a current requirement for practitioners who do not provide sedation, the Council is signalling the potential for this to become a requirement in the future.

Consultation questions

Practitioners and stakeholders are invited to comment on the proposed *Medical emergencies* practice standard by responding to the following questions:

- Q1. Do you agree/disagree with the updated draft *Medical emergencies* practice standard? If you disagree, please detail why.
- Q2. Are there any areas of the proposed *Medical emergencies* practice standard you feel require further clarification or guidance? If yes, please tell us which areas and why.
- Q3. Do you have any further comments on the proposed *Medical emergencies* practice standard?

Appendix A: Comparison of existing standards and proposed updated standards within the *Medical emergencies* practice standard

Proposed changes to the standards

	Current standards	Proposed updated standards	Commentary on proposed changes						
1	You must ensure a concise and relevant medical history is included in the patient record of every patient, and updated regularly.	You must ensure a concise and relevant medical history is taken, reviewed, updated regularly, and included in every patient record; to prevent medical emergencies and inform their management.	Minor wording changes for clarity and to better connect with the guidance, no change in obligation.						
2	You must successfully complete the minimum level of resuscitation training prescribed for your profession every two years. (refer page 7 for the details)	You must complete the required level of resuscitation training for your profession every two years. <table><tr><th>Profession</th><th>Required resuscitation training</th></tr><tr><td>Dentists and dental specialists Oral health therapists Dental therapists Dental hygienists</td><td>CORE³ Immediate or equivalent</td></tr><tr><td>Orthodontic auxiliaries Clinical dental technicians Dental technicians who perform restricted activities⁴</td><td>CORE Skills or equivalent</td></tr></table>	Profession	Required resuscitation training	Dentists and dental specialists Oral health therapists Dental therapists Dental hygienists	CORE ³ Immediate or equivalent	Orthodontic auxiliaries Clinical dental technicians Dental technicians who perform restricted activities ⁴	CORE Skills or equivalent	Changes to resuscitation training requirements proposed for: - Clinical dental technicians, dental technicians performing restricted activities and orthodontic auxiliaries from CORE Immediate or equivalent to CORE Skills or equivalent. Resuscitation training requirements already changed in March 2026 for those administering sedation: - Dentists and dental specialists performing sedation have changed from CORE Advanced to CORE Immediate or equivalent that includes scenario training for sedation-related complications; updated in the draft <i>Medical Emergencies</i> practice standard to align with the recently updated Sedation practice standard
Profession	Required resuscitation training								
Dentists and dental specialists Oral health therapists Dental therapists Dental hygienists	CORE ³ Immediate or equivalent								
Orthodontic auxiliaries Clinical dental technicians Dental technicians who perform restricted activities ⁴	CORE Skills or equivalent								

³ Certificate of Resuscitation and Emergency Care

⁴ Restricted activities include removal of a pre-loosened temporary crown and try-in of a permanent crown

		<table><tr><td>Dental technicians who do not perform restricted activities²</td><td>Basic life support</td></tr><tr><td>Dentists/dental specialists providing sedation and those monitoring sedated patients</td><td>CORE Immediate or equivalent that includes scenario training relevant to the management of sedation - related complications</td></tr></table>	Dental technicians who do not perform restricted activities ²	Basic life support	Dentists/dental specialists providing sedation and those monitoring sedated patients	CORE Immediate or equivalent that includes scenario training relevant to the management of sedation - related complications												
Dental technicians who do not perform restricted activities ²	Basic life support																	
Dentists/dental specialists providing sedation and those monitoring sedated patients	CORE Immediate or equivalent that includes scenario training relevant to the management of sedation - related complications																	
3	You must have evidence available of the most recent resuscitation training you have completed.	You must provide evidence to the Council of your most recent resuscitation training, if requested.																
4	You must ensure, if required to complete a Certificate of Resuscitation and Emergency Care (CORE) Immediate or equivalent course, that it contains the modules specified in the table below. (refer page 8 for the details).	<table><tr><td></td><td>CORE Immediate or equivalent training</td><td>CORE Skills or equivalent training</td></tr><tr><td>Skills practice in:</td><td></td><td></td></tr><tr><td>Management of adult and child collapse</td><td>✓</td><td>✓</td></tr><tr><td>Use of an AED (automated external defibrillator)</td><td>✓</td><td>✓</td></tr><tr><td>Airway management including insertion of airway adjuncts, bag-</td><td>✓</td><td></td></tr></table>		CORE Immediate or equivalent training	CORE Skills or equivalent training	Skills practice in:			Management of adult and child collapse	✓	✓	Use of an AED (automated external defibrillator)	✓	✓	Airway management including insertion of airway adjuncts, bag-	✓		Specifies what components are required in CORE Immediate or equivalent training more concisely and in language that aligns with contemporary NZRC CORE Immediate descriptions. Specifies what components are required in CORE Skills or equivalent training. This is relevant for orthodontic auxiliaries, clinical dental technicians and dental technicians who perform restricted activities. There is no requirement for airway management that covers use of airway adjuncts (oropharyngeal and supraglottic airways), bag-mask ventilation and oxygen delivery in CORE Skills or equivalent training. Airway management in CORE Skills relates to mouth-to-mask ventilation.
	CORE Immediate or equivalent training	CORE Skills or equivalent training																
Skills practice in:																		
Management of adult and child collapse	✓	✓																
Use of an AED (automated external defibrillator)	✓	✓																
Airway management including insertion of airway adjuncts, bag-	✓																	

Specifies what components are required in CORE Immediate or equivalent training more concisely and in language that aligns with contemporary NZRC CORE Immediate descriptions.

Specifies what components are required in CORE Skills or equivalent training. This is relevant for orthodontic auxiliaries, clinical dental technicians and dental technicians who perform restricted activities.

- There is no requirement for airway management that covers use of airway adjuncts (oropharyngeal and supraglottic airways), bag-mask ventilation and oxygen delivery in CORE Skills or equivalent training.

Airway management in CORE Skills relates to mouth-to-mask ventilation.

		<table><tr><td>mask ventilation and oxygen delivery</td><td></td><td></td></tr><tr><td>Airway management for mouth-to-mask ventilation⁵</td><td></td><td>✓</td></tr><tr><td>Management of choking/airway obstruction</td><td>✓</td><td>✓</td></tr><tr><td>Management of anaphylaxis</td><td>✓</td><td>✓</td></tr><tr><td>Team scenario practice for adult and child collapse</td><td>✓</td><td>✓</td></tr></table>	mask ventilation and oxygen delivery			Airway management for mouth-to-mask ventilation ⁵		✓	Management of choking/airway obstruction	✓	✓	Management of anaphylaxis	✓	✓	Team scenario practice for adult and child collapse	✓	✓	Currently, clinical dental technicians and dental technicians who perform restricted activities are not required to complete resuscitation training for children. All practitioners completing CORE resuscitation training (Immediate and Skills), or equivalent, will be required to complete training for adult and child collapse. This is due to an upcoming change to the NZRC curricula that will see one skill station for adult and child collapse, not the current two separate stations. This is because guidelines for the management of adult and child collapse have changed, making their management less different. The change means adult and child collapse can be covered in the same time it currently takes to cover adult collapse alone. This change to the CORE curricula is expected by the end of 2026.
mask ventilation and oxygen delivery																		
Airway management for mouth-to-mask ventilation ⁵		✓																
Management of choking/airway obstruction	✓	✓																
Management of anaphylaxis	✓	✓																
Team scenario practice for adult and child collapse	✓	✓																
5	You must read Appendices A and B of this practice standard before attending a CORE Immediate or equivalent course. Appendix A: Medical emergency situations: specific responses, pg. 12	If you are required to complete CORE Immediate or CORE skills training, or equivalent — You must refresh your knowledge and skills every two years to enable you to recognise and appropriately manage the following medical emergencies: Asthma attack	A new stand-alone standard. These topics were previously listed in Standard 4 with the resuscitation training topics. Strictly, these do not fall within the CORE curricula. The new standard requires practitioners to refresh their knowledge and skills for these specified medical emergencies, if required to															

⁵ Excluding insertion of airway adjuncts, bag-mask ventilation and oxygen delivery

	Appendix B: Emergency situations: quick reaction guide, pg. 24	• Diabetic emergency • Epileptic seizure • Presyncope • Rapid breathing • Resuscitation in pregnancy • Suspected heart attack.	complete CORE Immediate or CORE Skills training, or equivalent. The Council considers it appropriate for these oral health practitioners to continue to be able to initiate basic management of these medical emergencies. These capabilities are not new requirements, the obligations are included in the current Standard 4, however it is considered this is a clearer communication of those obligations. The requirement for pre-reading Appendices A and B before attending the resuscitation training is removed, along with corresponding appendices A and B. ANZCOR guidelines for each of the medical emergencies covered in these Appendices are published on the NZRC website. ANZCOR guidelines are continuously updated and informed internationally. The descriptors for these medical emergencies have been updated to be consistent with ANZCOR guidelines.
6	You must have ready access to the equipment specified for your profession that is age appropriate for your practice and fully operational. (refer page 9 for the details)	You must have ready access to the following, to manage medical emergencies: a. Equipment that is age appropriate for your practice and fully operational b. Emergency drugs that are easy to administer and are not beyond their expiry date. The required equipment and emergency drugs are:	Combined standards 6 and 7 using the same language as in the updated Sedation practice standard, for alignment and consistency. The drug and equipment requirements for practitioners have been updated to align with the new proposed training levels, contemporary approaches for emergency management, and are categorised according
7	You must have ready access to the medicine specified for your profession in dosages that are easy to administer and are not beyond their expiry date. (refer page 10 for the details)		

			Drugs	Equipment	to the specific medical emergency they are required for.
		Dentists and dental specialists Oral health therapists Dental hygienists Dental therapists			Oral health therapists, dental hygienists and dental therapists have additional drug requirements: salbutamol, glucose; and additional equipment requirements: Spacer device (for salbutamol), pulse oximeter, supraglottic airways.
	Asthma	Salbutamol inhaler	Spacer		Additionally, oral health therapists and dental hygienists are required to have access to aspirin.
		Oxygen	Oxygen cylinder Non-rebreather mask and tubing Pulse oximeter		
	Anaphylaxis	Adrenaline (1:1000) ampoules, or EpiPen®	Needles and syringes for drawing up adrenaline		Dentists and dental specialists have additional equipment requirements: pulse oximeter and supraglottic airways (no longer optional). Glyceryl trinitrate has been removed as a requirement unless providing sedation.
		Oxygen	Oxygen cylinder Non-rebreather mask and tubing Pulse oximeter		
	Hypoglycaemia	Glucose powder or gel			Clinical dental technicians and orthodontic auxiliaries are no longer required to have oxygen or equipment associated with its delivery. They are required to have a mouth-to-mask device to support CPR.
	Cardiac arrest	Oxygen	Oxygen cylinder Mouth-to-mask device Bag-mask ventilation device and tubing Pulse oximeter Oropharyngeal airways Supraglottic airways		

		<table><tr><td rowspan="2">Suspected heart attack* * Drug and equipment requirements do not apply for dental therapists</td><td>Aspirin 300mg</td><td></td></tr><tr><td>Oxygen</td><td>Oxygen cylinder Non-rebreather mask and tubing Pulse oximeter</td></tr><tr><td colspan="3">Clinical dental technicians Dental technicians who perform restricted activities Orthodontic auxiliaries</td></tr><tr><td>Cardiac arrest</td><td></td><td>Mouth-to- mask device</td></tr><tr><td colspan="3">Note: Dentists/ Dental Specialists providing sedation have additional requirements for emergency equipment and drugs. These are specified in the Sedation practice standard.</td></tr></table>	Suspected heart attack* * Drug and equipment requirements do not apply for dental therapists	Aspirin 300mg		Oxygen	Oxygen cylinder Non-rebreather mask and tubing Pulse oximeter	Clinical dental technicians Dental technicians who perform restricted activities Orthodontic auxiliaries			Cardiac arrest		Mouth-to- mask device	Note: Dentists/ Dental Specialists providing sedation have additional requirements for emergency equipment and drugs. These are specified in the Sedation practice standard.			
Suspected heart attack* * Drug and equipment requirements do not apply for dental therapists	Aspirin 300mg																
	Oxygen	Oxygen cylinder Non-rebreather mask and tubing Pulse oximeter															
Clinical dental technicians Dental technicians who perform restricted activities Orthodontic auxiliaries																	
Cardiac arrest		Mouth-to- mask device															
Note: Dentists/ Dental Specialists providing sedation have additional requirements for emergency equipment and drugs. These are specified in the Sedation practice standard.																	
8	You must have written procedures for managing medical emergencies where the role of each staff member is clearly defined, and review these regularly as a team to ensure staff members know and understand their role.	Standard 7: You must have access to written procedures for managing medical emergencies, where the role of each team member is clearly defined, and review these annually to assure yourself the roles are known and understood by team members.	Minor wording changes have been made for clarity and in acknowledgement that employed practitioners may not be personally responsible for the development and form of the written procedures, no change in obligation. ‘Annually’ has replaced ‘regularly’ in current standard 8, moving the time frame for review of written procedures related to managing medical emergencies from the level of guidance to a standard.														

Key changes to the rest of the practice standard

Purpose	Reframed purpose to reflect that the standard enables oral health practitioners to perform resuscitation and initiate basic management of medical emergencies.
2	The information on international resuscitation training in current Standard 2 has been removed. It is considered the positions expressed need review, and that this information may be more helpful for practitioners applying for registration and their first practising certificate, and therefore best available in a different location.
5 and introduction to standard	Guidance regarding an AED has been expanded to emphasise its importance. It is strongly recommended that all practitioners have ready access to an AED so that it can be used as soon as possible in a cardiac arrest. In the future having ready access to an AED may become a requirement. An AED is already mandatory for those dentists and dental specialists administering sedation.
6	Guidance has been developed to assist practitioners on how they can refresh their knowledge and skills to enable them to recognise and manage specified medical emergencies.
Appendices A and B	It is proposed these are removed, to ensure the most up-to-date information is relied upon.

Appendix B: Resources – *Medical emergencies* practice standard review 2026

1. American Heart Association. *CPR & First Aid Emergency cardiovascular care*. (2026)
<https://cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional/basic-life-support-bls-training>
2. Australian Dental Association. *Policy statement 6.25- Medical emergencies in dental practice*. (2025)
<https://ada.org.au/policy-statement-6-25-medical-emergencies-in-dental-practice>
3. British Columbia College of Oral Health Professionals. *Clarification on basic life support certification for sedation team*. (2019)
<https://oralhealthbc.ca/bls-clarification-nov-2019/>
4. College of Alberta Denturists. *Cardiopulmonary resuscitation certification*. (2026)
<https://www.abdenturists.ca/registration/cardiopulmonary-resuscitation-certification/>
5. College of Dental Surgeons of Alberta (CDSA). *CPR, AED and emergency drug/equipment, airway management and sedation monitoring requirements*. (2026)
<https://cdsab.ca/cpr-aed-and-drug-requirements/>
6. College of Denturists of Ontario. *Maintaining a certificate of registration*.
[https://denturists-cdo.com/Registered-Denturists/Maintaining-your-Registration-\(1\).aspx](https://denturists-cdo.com/Registered-Denturists/Maintaining-your-Registration-(1).aspx)
7. Dental Board Ahpra. *Continuing professional development (CPD) resources*. (May 2026)
<https://www.dentalboard.gov.au/Codes-Guidelines/CPD>
8. EMCARE. <https://www.emcare.co.nz/>
9. General Dental Council. *Medical emergencies*. (2026)
<https://www.gdc-uk.org/standards-guidance/standards-and-guidance/gdc-guidance-for-dental-professionals/medical-emergencies>
10. Harvey D, Webber J, O'Brien DW. *Variability of CPR training requirements among NZ health professionals*. NZ Med J 2022 Mar 11;135(1551):25-39.
<https://pubmed.ncbi.nlm.nih.gov/35728168/>
11. New Zealand Resuscitation Council. Whakahauora Aotearoa. *ANZCOR guidelines*.
<https://www.anzcor.org/>
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