

Agreement for the provision of Life Preserving Services

Between Awanui Labs and APEX (the Union)

For the period of industrial action from 0001 to 2359 on 5th and 7th February 2025

This agreement sets out the general terms agreed between the parties in relation to the provision of life preserving services (LPS), to be read in conjunction with the communications and associated Contingency Plan(s) provided by the Awanui Labs employers.

Life Preserving Services

- Without prejudice to the duties of the Awanui Labs employers under the Code of Good Faith for the Public Health Sector (**the Code**), if there is an event that exhausts the Awanui Labs employers' Contingency Plan(s), utilising all reasonably available resources, then subject to the terms of this Agreement the Union agrees to the delivery of LPS.
- The Code defines Life Preserving Services to mean:
 - Crisis intervention for the preservation of life;
 - Care required for therapeutic services without which life would be jeopardised;
 - Urgent diagnostic procedures required to obtain information of potentially life-threatening conditions;
 - Crisis intervention for the prevention of permanent disability;
 - Care required for therapeutic services without which permanent disability would occur;
 - Urgent diagnostic procedures required to obtain information on conditions that could potentially lead to permanent disability.

Provision of LPS (Clauses 12(5)(a) and 12(5)(b)) of the Code

Further to the arrangements detailed in the Contingency Plan(s), and pursuant to clauses 12(5)(a) and 12(5)(b) of the Code, the parties agree that the following additional resources may be made available as required by the Awanui Labs employers in order to provide LPS during the strike:

Nelson & Invercargill

One scientist in Nelson to be on duty, 0001 – 0700 on the 5th and 7th February 2025,

One scientist in Invercargill to be on duty 0001 – 0800 on the 5th & 7th February 2025,

One scientist in Invercargill to be on duty 0800 – 1700 on the 5th & 7th February 2025,

One scientist in Invercargill to be on duty 1700 – 2359 on the 5th & 7th February 2025,

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to provide the following,

- Troponin T testing in the event of acute coronary syndrome, particularly myocardial infarction when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Paracetamol and salicylate testing for suspected overdose in unconscious patients when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Lithium toxicity testing for suspected overdose in unconscious patients when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Blood typing, cross match, antibody screen, direct antibody test for the following LPS scenarios,
 - Severe trauma and haemorrhagic shock,
 - Surgical procedures (unplanned) with high blood loss e.g. cardiac or liver surgery,
 - Massive Transfusion Protocols (MTPS)
 - Severe anaemia or blood loss,
 - Postpartum haemorrhage
 - Coagulopathies e.g. DIC, Liver Disease, sickle cell crisis,

when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability

- Magnesium for arrhythmias which may cause digitalis toxicity and for those with high output stomas to prevent cardiovascular issues when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Potassium when required to confirm blood gas results to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability CBC testing for the following clinical scenarios:
 - DIC, APML, Pancytopenia
 - Severe anaemia (pallor, suspected major bleed including internal bleeding),
 - severe neutropenia (sepsis/febrile),
 - severe thrombocytopenia and HIT in patients who are on heparin therapy.(bruising/petechiae/bleeding; HIT presents with thrombosis),
 - hyperviscosity – polycythaemia, thrombocytosis, hyperleukocytosis (headache, thrombosis),
 - microangiopathic haemolysis – DIC, TTP, HELLP, HUS (which could present with neurological, renal, GIT symptoms),
 - Acute leukaemia or HG lymphoma (presents with symptoms of cytopenias, bone pain, gum hypertrophy, lymphadenopathy or organomegaly or mass),

when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability

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- P.falciparum testing in the event of emergency malaria when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Neonatal bilirubin in the event of severe jaundice and potential brain damage when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Gentamicin and vancomycin testing when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Glucose testing in the event of diabetic hyperglycaemia or severe low blood sugar levels when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Lipase testing in the event of acute pancreatitis where CT or MRI scanning has indicated pancreatitis, or where CT or MRI scanning is not available to confirm diagnosis when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Kleihauer testing for foetal maternal haemorrhage due to trauma in women who are 20+ weeks gestation when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- CSF testing as follows:
 - cell count,
 - differential, and
 - Gram stain
 - and/or Biofire Meningitis/Encephalitis (ME) Panel

in the event of suspected bacterial meningitis or other central nervous system infection, or when the patient has signs and symptoms of a condition that is potentially life-threatening or that could potentially lead to permanent disability.

- Liver Function tests for the following conditions when a patient has a condition that is potentially life threatening or that could potentially lead to permanent disability:
 - Acute liver failure due to drug-induced liver injury e.g. paracetamol toxicity/overdose, acute viral hepatitis, ischaemic hepatitis or auto-immune hepatitis; - **Paracetamol OD/toxicity – AST and ALT to guide NAC treatment**
 - Sepsis -**bilirubin, ALP, ALT, and AST**
 - Decompensated liver disease due to cirrhosis complications, hepatic encephalopathy, ascites or GIT bleeding, spontaneous bacterial peritonitis. **ALP, Bilirubin, GGT, AST, ALT**
 - Acute biliary obstructions or cholangitis; - **ALP, Bilirubin, GGT, ALT**
 - Toxic Hepatitis - **AST/ALT**
 - Severe hypoxia, shock or ischaemia e.g. cardiac arrest, blood loss or hypotension; - **ALT**
 - Neonatal Jaundice – **bilirubin and direct bilirubin.**
 - HELLP syndrome in pregnancy - **AST/ALT and Bilirubin in**
 - Suspected hepatic vein thrombosis where CT scan diagnosis is not available; - **AST, ALT Bilirubin**
- Urea and Creatinine testing for the following clinical scenarios: :
 - Suspected acute kidney injury
 - Uremic syndrome
 - Hyperkalaemia

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When it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability

- Coagulation for severe unexplained bleeding, MTP or urgent surgical/invasive intervention when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.

Queenstown

One scientist to be on call 0001 – 2359 on the 5th and 7th February 2025 to provide the following:

- CBC testing for the following clinical scenarios:
 - DIC, APML, Pancytopenia
 - Severe anaemia (pallor, suspected major bleed including internal bleeding),
 - severe neutropenia (sepsis/febrile),
 - severe thrombocytopenia and HIT in patients who are on heparin therapy.(bruising/petechiae/bleeding; HIT presents with thrombosis),
 - hyperviscosity – polycythaemia, thrombocytosis, hyperleukocytosis (headache, thrombosis),
 - microangiopathic haemolysis – DIC, TTP, HELLP, HUS (which could present with neurological, renal, GIT symptoms),
 - Acute leukaemia or HG lymphoma (presents with symptoms of cytopenias, bone pain, gum hypertrophy, lymphadenopathy or organomegaly or mass),when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- P.falciparum testing in the event of emergency malaria when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Neonatal bilirubin in the event of severe jaundice and potential brain damage when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Paracetamol and salicylate testing for suspected overdose in unconscious patients when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Glucose testing in the event of diabetic hyperglycaemia or severe low blood sugar levels when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Lipase testing in the event of acute pancreatitis where CT or MRI scanning has indicated pancreatitis, or where CT or MRI scanning is not available to confirm diagnosis when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Magnesium for arrhythmias which may cause digitalis toxicity and for those with high output stomas to prevent cardiovascular issues when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Liver Function tests for the following conditions when a patient has a condition that is potentially life threatening or that could potentially lead to permanent disability:

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- Acute liver failure due to drug-induced liver injury e.g. paracetamol toxicity/overdose, acute viral hepatitis, ischaemic hepatitis or auto-immune hepatitis; - **Paracetamol OD/toxicity – AST and ALT to guide NAC treatment**
 - Sepsis -**bilirubin, ALP, ALT, and AST**
 - Decompensated liver disease due to cirrhosis complications, hepatic encephalopathy, ascites or GIT bleeding, spontaneous bacterial peritonitis. **ALP, Bilirubin, GGT, AST, ALT**
 - Acute biliary obstructions or cholangitis; - **ALP, Bilirubin, GGT, ALT**
 - Toxic Hepatitis - **AST/ALT**
 - Severe hypoxia, shock or ischaemia e.g. cardiac arrest, blood loss or hypotension; - **ALT**
 - Neonatal Jaundice – **bilirubin and direct bilirubin.**
 - HELLP syndrome in pregnancy - **AST/ALT and Bilirubin in**
 - Suspected hepatic vein thrombosis where CT scan diagnosis is not available; - **AST, ALT Bilirubin**
- Urea and Creatinine testing for the following clinical scenarios: :
 - Suspected acute kidney injury
 - Uremic syndrome
 - Hyperkalaemia

When it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability

- Potassium when required to confirm blood gas results to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Coagulation for severe unexplained bleeding, MTP or urgent surgical/invasive intervention when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.

Dunedin

One scientist to be on duty 0001 – 0800 on the 5th and 7th February 2025,

One scientist to be on duty 1700 – 2359 on the 5th & 7th February 2025,

to provide the following:

- CBC testing for the following clinical scenarios:
 - DIC, APML, Pancytopenia
 - Severe anaemia (pallor, suspected major bleed including internal bleeding),
 - severe neutropenia (sepsis/febrile),
 - severe thrombocytopenia and HIT in patients who are on heparin therapy.(bruising/petechiae/bleeding; HIT presents with thrombosis),
 - hyperviscosity – polycythaemia, thrombocytosis, hyperleukocytosis (headache, thrombosis),
 - microangiopathic haemolysis – DIC, TTP, HELLP, HUS (which could present with neurological, renal, GIT symptoms),

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- Acute leukaemia or HG lymphoma (presents with symptoms of cytopenias, bone pain, gum hypertrophy, lymphadenopathy or organomegaly or mass),

when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability

- P.falciparum testing in the event of emergency malaria when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Kleihauer testing for foetal maternal haemorrhage due to trauma in women who are 20+ weeks gestation when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Coagulation for severe unexplained bleeding, MTP or urgent surgical/invasive intervention when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- CSF testing as follows:
 - cell count,
 - differential, and
 - Gram stain
 - and/or Biofire Meningitis/Encephalitis (ME) Panel

in the event of suspected bacterial meningitis or other central nervous system infection, or when the patient has signs and symptoms of a condition that is potentially life-threatening or that could potentially lead to permanent disability.

One scientist to be on call 0800 – 1700 on the 5th and 7th February 2025 to provide,

Flow cytometry for acute leukaemia or high grade lymphoma (only at the request of the haematologist) when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.

One scientist to be on duty 0001 – 0800 on the 5th and 7th February 2025,

One scientist to be on duty 1700 – 2359 on the 5th & 7th February 2025,

- Neonatal bilirubin in the event of severe jaundice and potential brain damage when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Troponin T testing in the event of acute coronary syndrome, particularly myocardial infarction when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Paracetamol and salicylate testing for suspected overdose in unconscious patients when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Lithium toxicity testing for suspected overdose in unconscious patients when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Gentamicin and vancomycin testing when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.

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- Glucose testing in the event of diabetic hyperglycaemia or severe low blood sugar levels when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.
- Lipase testing in the event of acute pancreatitis where CT or MRI scanning has indicated pancreatitis, or where CT or MRI scanning is not available to confirm diagnosis when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Magnesium for arrhythmias which may cause digitalis toxicity and for those with high output stomas to prevent cardiovascular issues when it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Liver Function tests for the following conditions when a patient has a condition that is potentially life threatening or that could potentially lead to permanent disability:
 - Acute liver failure due to drug-induced liver injury e.g. paracetamol toxicity/overdose, acute viral hepatitis, ischaemic hepatitis or auto-immune hepatitis; - **Paracetamol OD/toxicity – AST and ALT to guide NAC treatment**
 - Sepsis -**bilirubin, ALP, ALT, and AST**
 - Decompensated liver disease due to cirrhosis complications, hepatic encephalopathy, ascites or GIT bleeding, spontaneous bacterial peritonitis. **ALP, Bilirubin, GGT, AST, ALT**
 - Acute biliary obstructions or cholangitis; - **ALP, Bilirubin, GGT, ALT**
 - Toxic Hepatitis - **AST/ALT**
 - Severe hypoxia, shock or ischaemia e.g. cardiac arrest, blood loss or hypotension; - **ALT**
 - Neonatal Jaundice – **bilirubin and direct bilirubin.**
 - HELLP syndrome in pregnancy - **AST/ALT and Bilirubin in**
 - Suspected hepatic vein thrombosis where CT scan diagnosis is not available; - **AST, ALT Bilirubin**
- Urea and Creatinine testing for the following clinical scenarios: :
 - Suspected acute kidney injury
 - Uremic syndrome
 - Hyperkalaemia

When it is required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Potassium when required to confirm blood gas results to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability
- Blood gases where POCT devices are not available elsewhere in the hospital when required to confirm blood gas results to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability

The Union will provide the Awanui Labs employers with a list of the union members who have volunteered to provide the LPS required and their contact details as soon as practicable.

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Protocol for Management of Emergencies (Clause 12 (5) (c) of the Code)

Pursuant to clause 12(5)(c) of the Code, in the case of any emergency or unforeseen event that requires more assistance than that arranged between the parties for the strike, for example the presentation of mass casualties, or in the event of those who have agreed to provide LPS falling sick in sufficient numbers to compromise the ability of the Awanui Labs employers to deliver LPS, the following people will be available to be contacted by the Awanui Labs employers for the provision of LPS:

- Dr Deborah Powell (Mobile: 021 614 040)
- Sam Heimsath (Mobile: 021 811 878)
- Denise Tairua (Mobile: 021 474 152)

The persons named above shall keep their cell phones on for the duration of the strike.

The role of the above individuals will be to ensure that the Union responds to any such request promptly without vetting it, and in responding to such a request the Union shall use its best endeavours to mobilise such of its members as may be appropriate in the circumstances.



General Terms

The Awanui Labs employers shall take all reasonable and practicable steps to reduce their own services, to reduce demand for services, and to utilize available resources from within the Awanui Labs employers and from other service providers, while minimising risk for patients. Awanui Labs employers will only call on the Union for LPS where there are no other reasonable appropriate methods of service delivery and there are no other available appropriately qualified medical, nursing or health professionals able to undertake the intervention required safely and competently.

The Awanui Labs employers will do everything reasonably within their power to manage “creep”, including impressing on managers and clinicians the importance of not abusing the system, and will monitor the situation on a daily basis.

Response to any LPS request shall be prompt and timely, consistent with the principle of “work first, question later”. Such response shall be without prejudice to the subsequent right of the Union or the Union members concerned to seek a review of the LPS request in accordance with the terms of this Agreement.

Awanui Labs employers shall confirm in writing with the Union all requests for LPS, during the period of industrial action, by the close of the next available business day.

Each Union member shall be paid for the time for which the member makes himself/herself available to provide LPS:

- 1.1 Where the member is required to be on duty or on site, that member shall be paid ordinary, penal or overtime rates of pay as applicable under his/her employment agreement, for the time that the member is required to be on duty or on site;
- 1.2 Where the member is required to be on call, they shall be paid:
 - 1.2.1 as if on duty at the appropriate rate for the entire period on call, or
 - 1.2.2 as if on call including call backswhichever is the greater amount.
- 1.3 The payments provided for in clauses 1.1 and 1.2 above apply instead of and not in addition to the call back and on call payments provided for in any employee’s employment agreement.

Unless agreed otherwise as part of LPS arrangements, periods of duty or on-call will be for a minimum of 8 hours.

For the avoidance of doubt, the provisions of this clause apply not only to union members who agree to provide LPS, but also to those who at the request of the Awanui Labs employers agree to provide back-up LPS.

A handwritten signature in black ink, appearing to be the initials 'SA'.

Review Process

For the purposes of undertaking the review process described below, the Complaints Reviewer is TBD.

Should the Union complain about the legitimacy of a request for LPS, or the Awanui Labs employers complain about the Union's response to a request for LPS, the following review process shall apply:

- Any such complaint shall be raised in writing addressed to the Complaints Reviewer and copied to the respondent, after the end of the strike, but within 48 hours of receipt of the list of LPS requests that time, and shall identify precisely the nature of and grounds for the complaint and shall be supported by all relevant information reasonably available to the complainant.
- Unless already resolved directly between the parties, within 72 hours of receipt of a complaint, the respondent shall respond to the complaint in writing addressed to the Complaints Reviewer copied to the complainant. The response shall identify precisely the extent to which the complaint is rejected and the grounds for such rejection, and shall be supported by all relevant information reasonably available to the respondent.
- The Complaints Reviewer shall consider such material and information as is thought fit in order to express an opinion about whether or not the complaint has been made out.
- The Complaints Reviewer shall complete the process and issue a written opinion as quickly as practicable.

The principal purpose of the review is to guide any future LPS processes.

The opinion of the Complaints Reviewer may be presented in any legal proceeding as evidence of the Complaints Reviewer's opinion but shall not have any legal or binding effect.

Each party recognises that the other has the right to lodge an employment relationship problem with respect to the process and delivery of LPS in the Employment Relations Authority, and neither party shall object to the jurisdiction of the Authority to investigate and determine such a problem.

Gatekeeper Protocol

Subject to subclause 16.5 below, the following Gatekeeper Protocol shall apply to all requests for LPS made by SCL:

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The Gatekeeper shall be an ED, ICU or acute Senior Medical Officer (SMO).

When requesting an LPS the referring clinician will complete the templated form attached to this agreement, and A) forward to the gatekeeper and B) a copy to the laboratory with the sample, and standard test request.

The Gatekeeper shall:

1. Review the LPS requests no less than three times per day, around 11:00 AM, 3:00 PM and 8:00 PM, and the following morning for requests made between 8:00 PM and Midnight. Should any questionable requests be identified, the gatekeeper shall immediately follow up with the requesting clinician.
2. Where an APEX member raises questions about an LPS request, the gatekeeper shall review immediately to confirm or otherwise the validity of the request.
3. Review any requests not covered by the LPS form to determine validity or otherwise.

In making a determination on any of the above, the Gatekeeper may consult with the treating clinician or with any other clinician as the Gatekeeper considers necessary.

The Gatekeeper Protocol described above need not be complied with where

- a) The patient's circumstances so clearly meet the LPS criteria that referral of the request for LPS assistance to the Gatekeeper would be otiose; or
- b) The LPS assistance is required so urgently that the delay caused by compliance with the Gatekeeper Protocol may reasonably be thought to expose the patient to an unacceptable risk of harm.

In such circumstances, the clinician treating the patient may make the request for LPS assistance directly, provided that as soon as reasonably practicable thereafter the clinician provides the templated request, including the clinician's explanation for not complying with the Gatekeeper Protocol, to the Gatekeeper and to the Union.



Sam Heimsath
APEX Advocate

Signed on behalf of APEX

Date: 03 February 2025



Andrea Guillemot
General Manager

Signed on behalf of the SCL Group

Date: 03 February 2025



APEX Awanui Collective Agreement - Industrial Action: Request for Life Preserving Services

To be provided to APEX within 24 hours of the LPS request via email to: lab@apex.org.nz

District Name:		Period covered:	to
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Date	Time	Patient Identifier Code	Clinical Justification for LPS Request (see below*)	Nature of Request e.g. test or procedure performed	Name of employee providing LPS	Other comments

This form should be completed only for each request made of the Union for striking union workers who were agreed to be available for an LPS situation during this period of industrial action.

Each patient shall be identified by a code number. This code shall be specific to the patient and the District so that should a question arise regarding the LPS the Service can check the code against the patient’s identifier. Should the same patient require more than one access to the LPS support from the Union the subsequent requests will be recorded under the original patient identifier.

The clinical justification should contain sufficient detail for the Union to be satisfied that the request meets the agreed principles negotiated within the context of our agreements and the requirements of the legislation. For example:

<ul style="list-style-type: none">• BP 90/60, tachycardic@ 170bpm.• Febrile and dull chest (? Septic shock secondary to pneumonia);	<ul style="list-style-type: none">• # distal tibia, pulseless foot, pale and cold (? neurovascular compromise);• positive pregnancy test, severe abdominal pain, tachycardia, hypotensive (? ectopic pregnancy)
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Use the comments column for any other information relevant to the LPS request.