

Hato Hone St John Out-of-Hospital Cardiac Arrest Registry

Summary Report 2024/25



Hato Hone
St John



Clinical Evaluation, Research, and Insights

Enquiries email: ceri@stjohn.org.nz

Publication date: February 2026

Authors: Heather Hutchinson, Sarah Maessen, Bridget Dicker

ISSN 2703-4089 (Online)

© Copyright Hato Hone St John New Zealand 2026. Not to be reproduced in part or in whole without permission of the copyright holder.

Contents

Casie's story	2
About this report	3
Executive Summary	4
Key metrics	5
Utstein Comparator Group	6
OHCA survival subgroup analysis	8
Community response	9
Gender disparities in OHCA	12
Conclusion	14
Appendices	15
The Out-of-Hospital Cardiac Arrest Registry	15
Abbreviations	16
Glossary of terms	17
Sources	17

Casie's story

In July 2025, Canterbury woman Casie Blakelock's heart stopped for six minutes. She was just 37 years old.

That morning started like any other.

Casie, a Rolleston mum of six, was at home getting ready for the school drop-off when she felt something wasn't right. At first, she thought it was a panic attack and tried to calm herself down.

But the feeling didn't pass – it got worse. Realising something was seriously wrong, Casie's teenage daughter, Izzy, 17, called 111. Just five minutes later, an ambulance arrived at their home.

By the time paramedic Hayley reached Casie, she had stopped breathing and had gone into cardiac arrest. Hayley immediately began cardiopulmonary resuscitation (CPR). That quick action not only saved Casie's life, it's believed the force of the CPR also shifted a blood clot that had caused her heart to stop.

During CPR, paramedics also had to cut away Casie's clothing. It's something that can feel confronting, but Casie knew the team on scene – Jim, Hayley, Alex, Chelsea, Sarah and Reuben – were doing exactly what they needed to do to save her life.

She was rushed to hospital, where doctors diagnosed a sub-massive bilateral pulmonary embolism – blood clots in both of her lungs.

In Aotearoa New Zealand, only around 11 percent of people who experience an out-of-hospital cardiac arrest survive. Survival rates are even lower for women, thought to be partly because community defibrillators (AEDs) are used less often for female patients. This may be influenced by the need to expose the patient's chest to attach the device.

It's also important to know that while chest pain is the most commonly experienced cardiac symptom for both men and women, women are more likely than men to experience atypical symptoms without chest discomfort, such as jaw, neck, back or shoulder pain, shortness of breath, nausea or vomiting, lightheadedness, heartburn or indigestion, anxiety, and extreme or unusual fatigue that does not improve with rest.

Casie spent two weeks in hospital recovering and was placed in an induced coma after an emergency laparotomy surgery. Now, months after surviving cardiac arrest, she and her loved ones have become passionate advocates for learning CPR.

Many of them have since trained in the life-saving skill, and Izzy's Navy cadet unit has stepped up, moving from learning basic first aid to more in-depth CPR training.

"I want to give a big thank you to the Hato Hone St John paramedics, and the resus, ICU and ward teams at Christchurch Hospital for their care and professionalism. I felt safe and fully informed during my 'awake' period in the hospital and my husband felt supported and encouraged by the ICU team during his long days sitting beside me, waiting for me to wake," says Casie.

Casie's story is a powerful reminder that fast action saves lives – and that knowing CPR and how to use a defibrillator (AED) can make all the difference. ●



From left to right:
Chelsea Shekleton, Hayley Schoch, Casie, Jim Mohan.



About this report

Cardiac arrest remains a considerable public health issue, with ischaemic heart disease being the second most prevalent cause of death in New Zealand.

Internationally, survival rates following out-of-hospital cardiac arrest (OHCA) are highly variable and can range from less than 6% to greater than 50%. Benchmarking survival from OHCA is a key measure of the clinical quality of an Emergency Ambulance Service (EAS) and is fundamental to making improvements in OHCA survival. Knowledge of New Zealand OHCA outcomes is a key driver to help identify and address areas for improvement in clinical care.

The data presented in this report are for all OHCA attended by the Hato Hone St John EAS in the period from 1 July 2024 to 30 June 2025.

The data presented in this report primarily relate to events that were either 'attended' or where there was a 'resuscitation attempted' by EAS personnel.

Our vision at Hato Hone St John is enhanced health and wellbeing for all. Our strategy, **Manaaki Ora**, includes an organisation-wide goal to improve cardiac arrest survival:

"Every minute counts. By strengthening our chain of survival - from increasing community awareness and growing bystander CPR and defibrillator use, to rapid response and clinical excellence – we can play our part in helping more New Zealanders to survive."

'Attended' refers to all OHCA where EAS personnel arrived at the scene regardless of whether or not a resuscitation attempt was made. 'Resuscitation attempted' refers only to those events where an attempt at resuscitation was made by EAS personnel or successful defibrillation occurred prior to EAS arrival.

Unless otherwise stated, all analyses exclude cardiac arrests witnessed by EAS personnel.

Unless otherwise stated, survival refers to survival to 30 days post cardiac arrest. ●

Executive Summary

2,192

people this year were treated for an out-of-hospital cardiac arrest by Hato Hone St John

71% male | 23% Māori

Median age (years)



59

Māori

Pacific Peoples

69

Non-Māori/
Non-Pacific Peoples

72%

of cardiac arrests occurred at home



81%

of witnessed OHCA received bystander CPR



2.2×

increased survival when bystander CPR^A occurs

2.4×

increased survival for patients with an initial shockable rhythm if community defibrillation occurred.^A

6% received defibrillation by a Community Responder prior to ambulance arrival



1.7×

increased survival when at least one GoodSAM responder accepted an alert^A

42%

of events were accepted by at least one GoodSAM responder



94%

of events were co-responded to and attended by Fire and Emergency New Zealand



23%

of patients survived the event (had a pulse on arrival at hospital)

The median time in which a dispatched responder^B reached a patient was **8 minutes** in urban communities and **11 minutes** in rural and remote communities

11%

of patients survived to 30 days post the event. (29% survival in the Utstein comparator group)



All events, adult, resuscitation attempted: includes adults (≥ 15 years old), all-cause, resuscitation attempted. Excludes children, and EAS personnel witnessed events.

A Odds ratio for two year period 1 July 2023 – 30 June 2025, adjusted for age and sex.

B A dispatched responder includes Hato Hone St John EAS ambulance and FENZ.

Key metrics

In 2024/25 there was a slight decrease in the number of OHCA events with attempted resuscitation. 30 day survival has remained constant at around 11% for the past 5 years (figure 1).

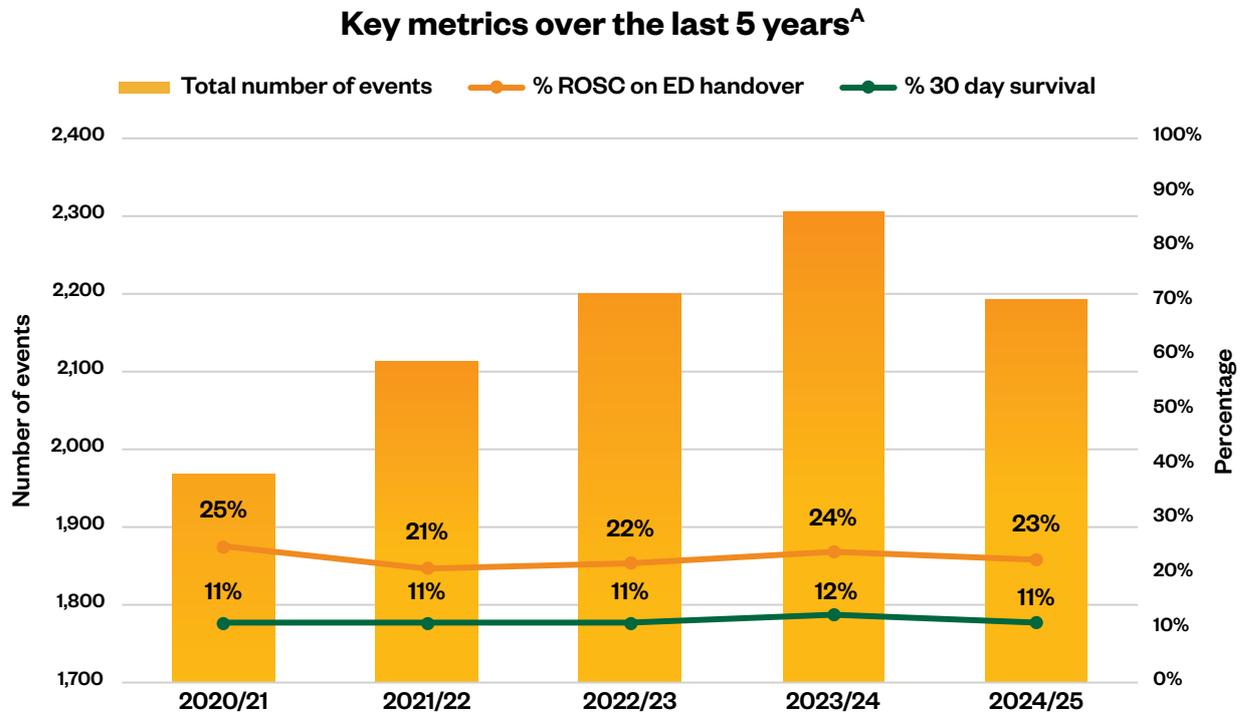


Figure 1. Key metrics over the last 5 years.



^A Includes adults (≥15 years), resuscitation attempted. Excludes EAS witnessed events.

Utstein Comparator Group

One important international comparison uses a carefully standardised subgroup of patients known as the 'Utstein Comparator Group'. This subgroup requires that the following criteria be met: includes adults (≥ 15 years old), all-cause, resuscitation attempted, shockable presenting rhythm and bystander witnessed. Excludes children, EAS witnessed and no resuscitation attempt.

In the 2024/25 year, the survival rate for the Utstein comparator group was 29% (figure 2).

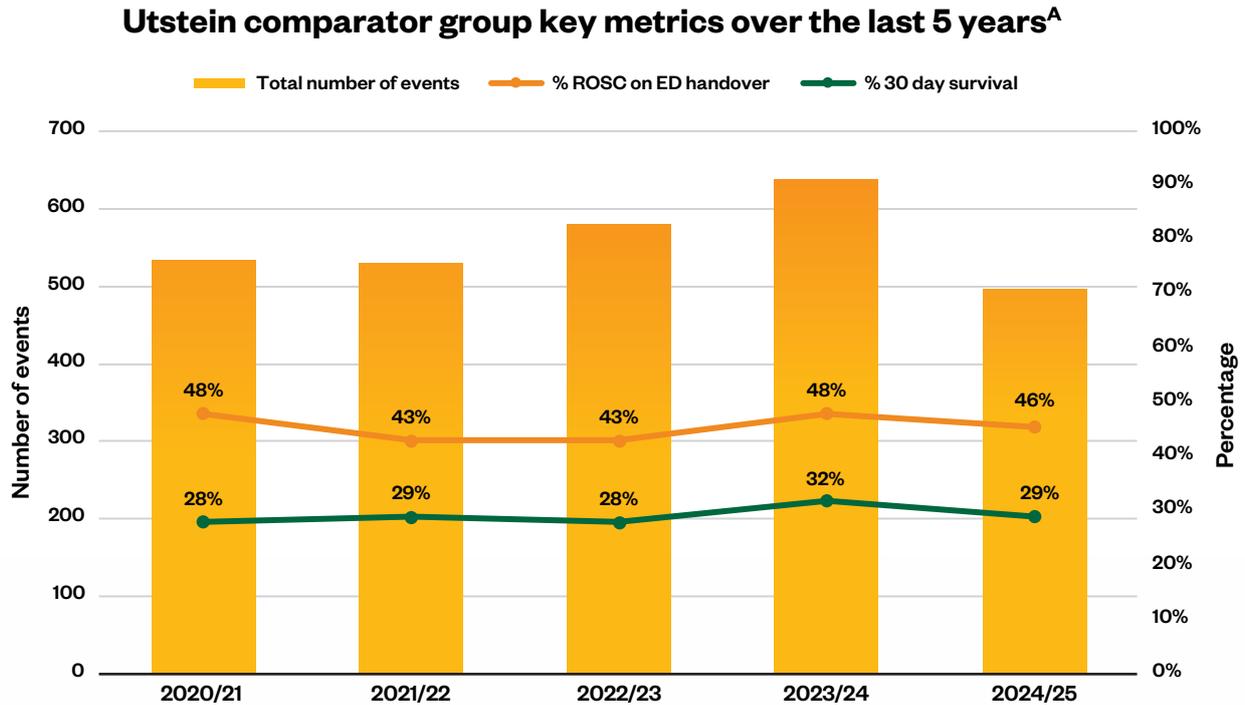


Figure 2. Utstein comparator group key metrics over the last 5 years.



^A Includes adults (≥ 15 years), resuscitation attempted, shockable presenting rhythm, bystander witnessed. Excludes EAS witnessed events.



Figure 3 compares the Hato Hone St John Utstein comparator group survival rate with that of other ambulance services.

Utstein comparator group international survival rates^{A,B,C,D}

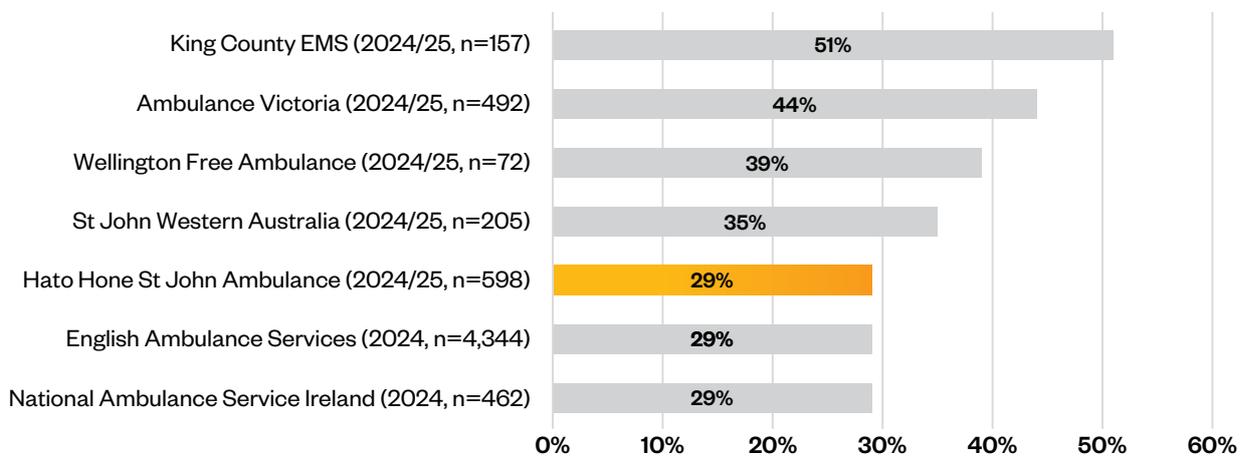


Figure 3. Utstein comparator group international survival rates.

- A** Includes adults (≥15 years), resuscitation attempted, shockable presenting rhythm, bystander witnessed. Excludes EAS witnessed events.
- B** Wellington Free Ambulance, Hato Hone St John, English Ambulance Services, and St John Western Australia report on survival to 30 days, all other services report on survival to hospital discharge.
- C** English Ambulance Services report on all ages. National Ambulance Service Ireland reports on patients ≥17 years old.
- D** King County EMS exclude penetrating and blunt trauma mechanisms.

OHCA survival subgroup *analysis*

Figure 4 compares 30 day survival rates by sex, rurality, ethnicity, and deprivation. Ratios above 1 mean that the odds of survival is higher in the cohort of interest than the comparison group. A ratio below 1 means the odds of survival is lower in the cohort of interest. The horizontal bars show the 95% confidence interval.

Females, Māori, Asians, those living in the most deprived areas, and OHCA cases occurring in rural locations all have lower survival odds compared to their respective reference groups.

Although not statistically significant, figure 4 also shows a trend toward lower survival for Pacific peoples.

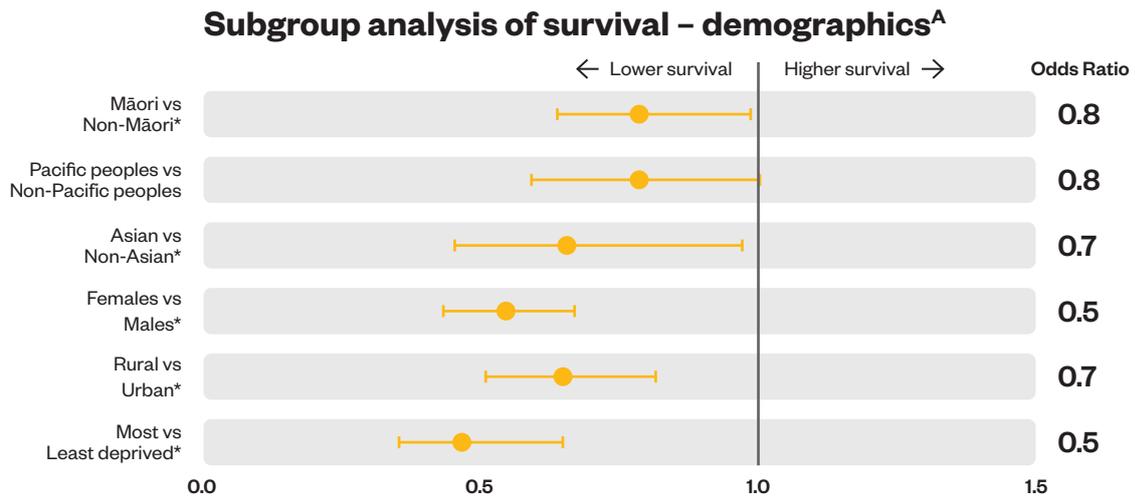


Figure 4. Subgroup analysis of survival – demographics.



^A Data for 2 year period from 1 July 2023 – 30 June 2025. Adults, resuscitation attempted. Excludes EAS witnessed events. Adjusted for age and sex with exception of females vs males which is adjusted for age only.

Community response

Community response factors play a large role in increasing 30-day OHCA survival. Figure 5 compares 30-day survival rates by community interventions. Higher odds of 30-day survival are found if there is bystander CPR (2.2x higher odds of survival), community defibrillation (2.4x) or an accepted GoodSAM alert (1.7x).

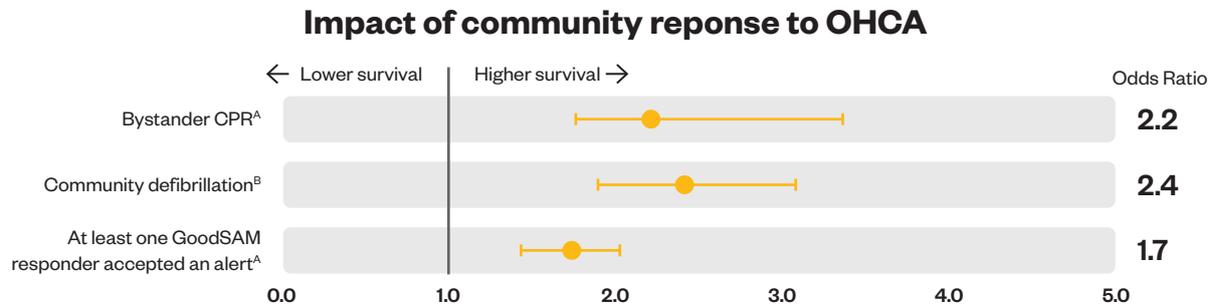
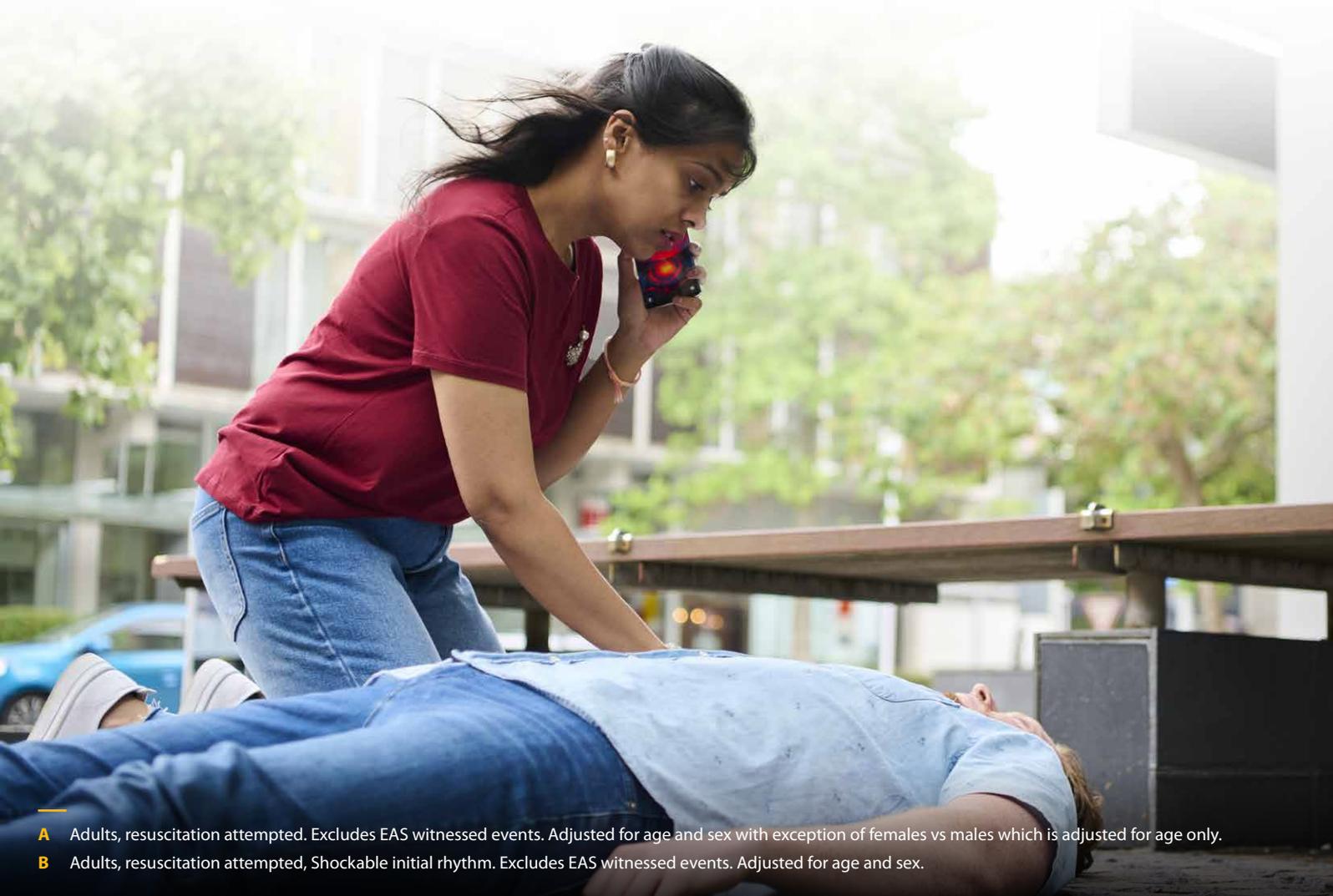


Figure 5. Impact of community response to OHCA over 2 year period: 1 July 2023 - 30 June 2025.

Inequity in community response factors^A

There are clear inequities across population groups in community response rates.

- › OHCA in the most deprived areas had 40% reduced odds of bystander CPR compared to those in the least deprived areas.
- › Females had 60% reduced odds of community defibrillation compared to males.
- › Pacific peoples had 40% reduced odds of having at least one accepted GoodSAM alert.



^A Adults, resuscitation attempted. Excludes EAS witnessed events. Adjusted for age and sex with exception of females vs males which is adjusted for age only.

^B Adults, resuscitation attempted, Shockable initial rhythm. Excludes EAS witnessed events. Adjusted for age and sex.

Hato Hone St John community engagement initiatives to increase OHCA survival

Hato Hone St John facilitates the following programmes to increase public skill and confidence in CPR and defibrillator use, and alert volunteer community responders to OHCA events.

3 Steps for Life

Delivered by approximately 300 Volunteer Community Educators, 3 Steps for Life is a free programme giving New Zealanders confidence and knowledge around basic CPR and defibrillator training.

Our 3 Steps for life programme is for community groups, sports clubs, faith based groups, retirement villages, tertiary institutions, high schools, marae, special events and more!

In the year ended 30 June 2025, 1,119 one-hour sessions were delivered to 48,115 members of the public across Aotearoa New Zealand (figure 6).

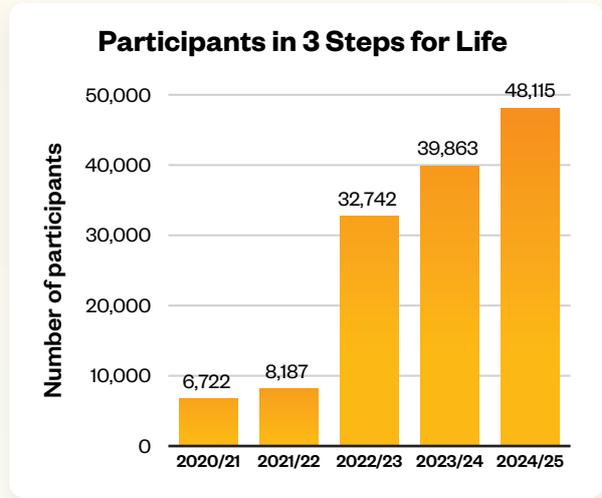


Figure 6. Participants in 3 Steps for Life.

St John in Schools Teaching our tamariki to be lifesavers



St John in Schools is a fun and engaging programme delivered in preschool, primary and intermediate schools across the motu. Younger children learn to recognise emergencies, injury care and mental wellness strategies. Year 7 and 8 students are also taught how to call 111, do CPR and use a defibrillator.

This program has educated over 100,000 tamariki per year for the past 5 years (figure 7).

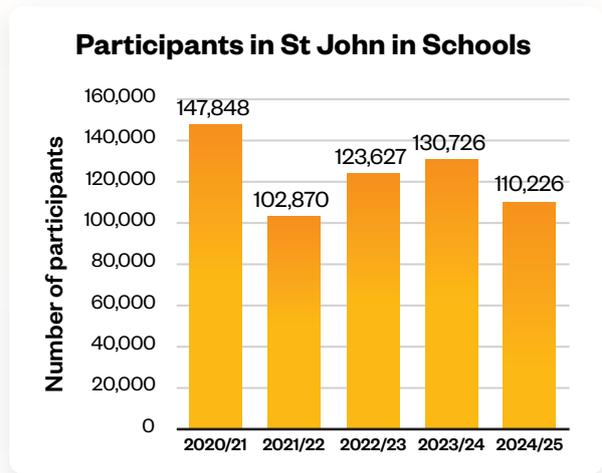


Figure 7. Participants in St John in Schools.



Shocktober

Each year, during the month of October, Hato Hone St John runs a month-long campaign to raise public awareness about how to perform CPR and use a defibrillator.

2025 Shocktober numbers

- **11,811** people trained in 3 steps for life during **295** sessions.
- **6,348** people attended a Hato Hone St John First Aid Training course.
- **18,023** tamariki attended a 'Save your Teddy' session at **210** schools around the motu.

Shocktober

Supported by **mas**[®]

Some feedback from Shocktober participants:

"Well taught and easy to understand. Good practical training – people felt they had skills at the end of the session."

"It was great, the content, the length of the session and the delivery – 10 out of 10."

"Incredibly valuable and easy to understand."

Save your Teddy

For the second consecutive year, on 16 October 2025 – coinciding with World Restart a Heart Day – the "Save Your Teddy" campaign was held. This initiative introduces young tamariki to essential life-saving skills, which they practice on their own teddies.



This year, more than 18,000 tamariki from 210 schools were encouraged to bring a soft toy to school. Each school received a video link demonstrating the steps children can take to "save their teddy." Through this activity, children learned that by calling an ambulance and starting chest compressions, they can play an important role in saving a life.

Feedback from Save Your Teddy participating schools:

"We loved being part of this. The resources provided to use in class were great, and the video was excellent for us to follow along with."

"We all loved learning how to save our teddies. The video was very easy to follow and all children understood what was required of them."

"It was so well done. The facilitator on the video was clear and friendly and moved at a good speed for tamariki. She made a very serious thing seem very comfortable for our tamariki."



GoodSAM

The GoodSAM (Good Smartphone Activated Medics) application alerts community responders to nearby cardiac arrests.



Anyone who is trained in CPR and how to use a defibrillator is able to register as a GoodSAM responder (stjohn.org.nz/first-aid/lifesaving-apps/goodsam).

Currently there are **16,330** people registered as GoodSAM responders across Aotearoa New Zealand.

In 2024/25, the odds of survival increased **by 50%** when at least one GoodSAM responder accepted an alert.

Over the past 5 years, the proportion of OHCA events with at least one accepted GoodSAM alert has increased. In the 2024/25 year, 42% of all OHCA events had at least one accepted GoodSAM alert (figure 8). ●

Proportion of incidents with at least one accepted GoodSAM alert^A

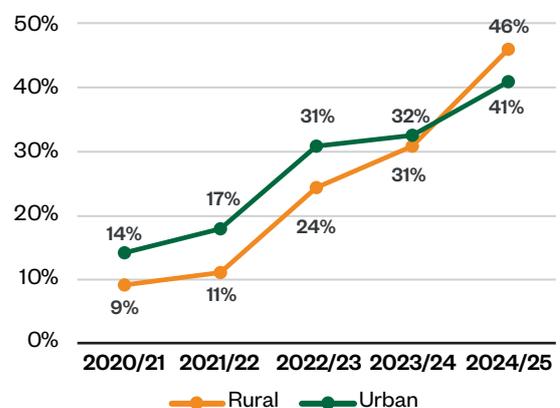


Figure 8. Proportion of incidents with at least one accepted alert.

^A Adults, resuscitation attempted. Excludes EAS witnessed events.

Gender disparities in OHCA

Although males experience a higher overall incidence of OHCA, females consistently have poorer survival outcomes. After adjustment for age, **females have 50% lower odds of survival** following OHCA compared with males.

★ **Key message:** Women are significantly less likely to survive OHCA than men, despite adjustment for age.

This survival gap is multifactorial, with no single explanatory cause. However, several contributing factors have been identified:

- › **Lower rates of bystander intervention:** Females have **60% lower odds of receiving bystander defibrillation.**
- › **Atypical symptom presentation:** Women tend to exhibit less typical cardiac warning signs before OHCA, resulting in symptoms that are more easily overlooked, increasing the risk of delayed action.
- › **Location of arrest:** Females are more likely to experience OHCA in the home, where access to defibrillators and trained responders is limited.
- › **Training and equipment bias:** Resuscitation training materials and manikins are predominantly modelled on male anatomy, which may contribute to hesitation or uncertainty when treating female patients.

★ **Key message:** Reduced bystander defibrillation is a major, modifiable contributor to poorer outcomes for women.

These findings are not unique to New Zealand. A recent study from Victoria, Australia, reported that the gender gap in bystander defibrillation has widened over the past decade¹.



Females have 50% lower odds of survival following OHCA



Females have 60% lower odds of receiving bystander defibrillation



What can be done?

Stories such as Casie's ([page 2](#)) demonstrate that cardiac arrest can occur in women **of any age** and reinforce a critical message: **early CPR and defibrillation save lives – regardless of gender.**

Fear, hesitation, or concerns about modesty must never prevent a woman from receiving timely, life saving care.

To improve equity in OHCA response and outcomes:

- › **Public and professional education** should emphasise that cardiac arrest can affect anyone and highlight atypical cardiac symptoms in women.
- › **Resuscitation training programmes** must explicitly address the practical considerations of the female chest.

Addressing these modifiable barriers is essential to ensuring women receive the same opportunity for survival as men.

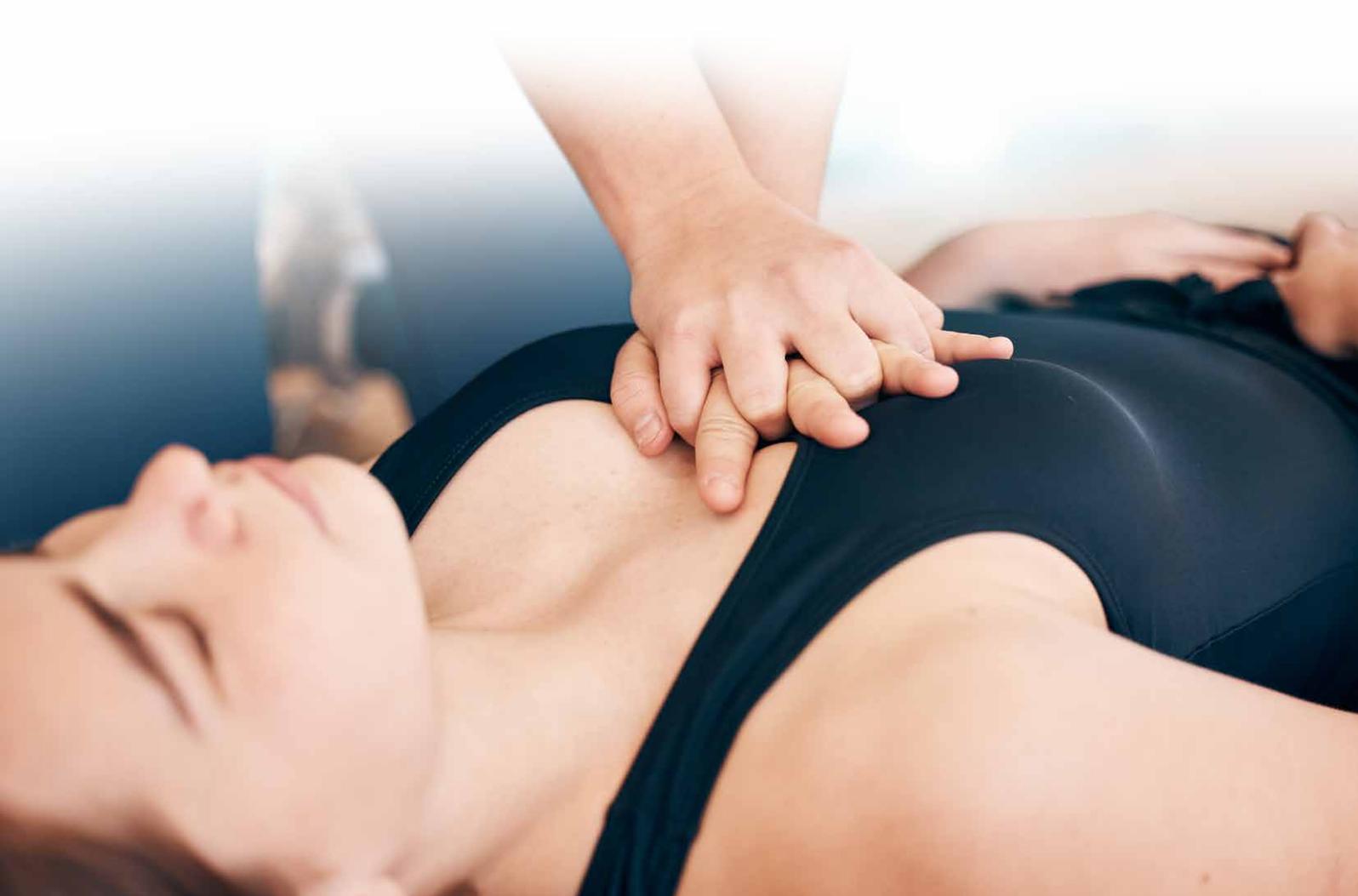
★ **Key message:** Female anatomy must be normalised in resuscitation training to reduce hesitation and improve outcomes. ●



Emphasise that cardiac arrest can affect anyone of any age



Female anatomy must be normalised in resuscitation training



Conclusion

Survival rates from OHCA have remained largely unchanged for the past 5 years.

Hato Hone St John maintains a strong commitment to improving survival from out-of-hospital cardiac arrest, and the continued implementation of our **survival improvement strategy** holds considerable promise for advancing survival and equity in outcomes over time. ●



Appendices

The Out-of-Hospital Cardiac Arrest Registry

The Hato Hone St John OHCA Registry was formally established in September 2013. In 2019, the Hato Hone St John and Wellington Free OHCA Registries were merged to create a National OHCA Registry.

In 2022, the national OHCA Registry was further integrated into the Aotearoa New Zealand Paramedic Care Collection (ANZPaCC) database. ANZPaCC includes all routinely collected clinical data from the electronic Patient Report Form (ePRF) for patients attended by road emergency medical services. It is co-governed by Hato Hone St John and Wellington Free Ambulance.

Analysis is conducted in collaboration with Wellington Free Ambulance by Hato Hone St John Clinical Evaluation, Research, and Insights investigators Heather Hutchinson and Sarah Maessen, along with Auckland University of Technology's ANZPaCC Principal Investigator Bridget Dicker.

Eligibility for inclusion in this report

Hato Hone St John captures data on all OHCA events attended by the Hato Hone St John EAS. Hato Hone St John defines a cardiac arrest as a patient who is unconscious and pulseless with either agonal breathing or no breathing.

Inclusion and exclusion criteria are described in Table A1 and Table A2.

Data capture

The data is collated in the registry using a reporting template based on international definitions outlined in the Utstein style of reporting and the variables developed by the Australasian Resuscitation Outcomes Consortium (Aus-ROC).

In the data collection process there are three separate points where data is acquired:

- › Computer Aided Dispatch (CAD) and supporting systems.
- › On scene by the EAS personnel in attendance.
- › Mortality data from the New Zealand National Health Index (NHI) records.

Computer aided dispatch

Patient and event details are collected by the Ambulance Communications Centre when a 111 call is received and an ambulance is dispatched, with data being entered into the CAD system. Data specifically related to cardiac arrest is obtained from the CAD system and transferred into the Hato Hone St John OHCA Registry.

On scene collection

Table A1: Inclusion criteria (all of the following).

1	Patients of all ages who suffer a documented cardiac arrest
2	Occurs in New Zealand where Hato Hone St John or one of its participating co-responders is the primary treatment provider
3	› Patients of all ages who on arrival of the Hato Hone St John EAS are unconscious and pulseless with either agonal breathing or no breathing or
	› Patients of all ages who become unconscious and pulseless with either agonal breathing or no breathing in the presence of Hato Hone St John EAS personnel or
	› Patients who have a pulse on arrival of Hato Hone St John EAS personnel following successful bystander defibrillation

Table A2: Exclusion criteria (any of the following).

1	Patients who suffer a cardiac arrest in a hospital facility where Hato Hone St John EAS may be in attendance but are not the primary treatment providers
2	Patients who suffer a cardiac arrest during an inter-hospital transfer where Hato Hone St John EAS may be providing transport but are not the primary treatment providers
3	Bystander suspected cardiac arrest where the patient is not in cardiac arrest on arrival of the Hato Hone St John EAS personnel, and where defibrillation did not occur prior to ambulance arrival or no other evidence verifying a cardiac arrest state is present
4	Patients who suffer a cardiac arrest where Wellington Free Ambulance is the primary treatment provider

Ambulance officers on scene attending a patient in cardiac arrest are required to record specific data. This is recorded on an electronic Patient Report Form (ePRF) and submitted electronically to a secure server.

NHI patient outcome data

The patient's NHI is collected by EAS personnel on scene or at hospital handover. If the NHI was not available at the time of the event then the NHI is determined by cross-reference of the patient's date of birth and name to the NHI database.

The date of death is updated by the Manatū Hauora Ministry of Health identity data management team after matching NHI identity with the official death registrations on a monthly basis.

Data quality

The registry undergoes continuous quality-assurance processes, including systematic auditing and the revision of existing records when new, corrected, or previously unavailable information becomes accessible. As a consequence of these ongoing data-validation activities, annual datasets may demonstrate variance attributable to methodological updates rather than genuine changes in clinical or operational performance. Accordingly, figures presented in this report may differ from those published in prior years, reflecting enhancements in data completeness and accuracy rather than substantive shifts in outcomes.

Ethical review

The Hato Hone St John OHCA Registry has been approved by the New Zealand Health and Disability Ethics Committee (Aotearoa New Zealand, Paramedic Care Collection (ANZPaCC), 13415).

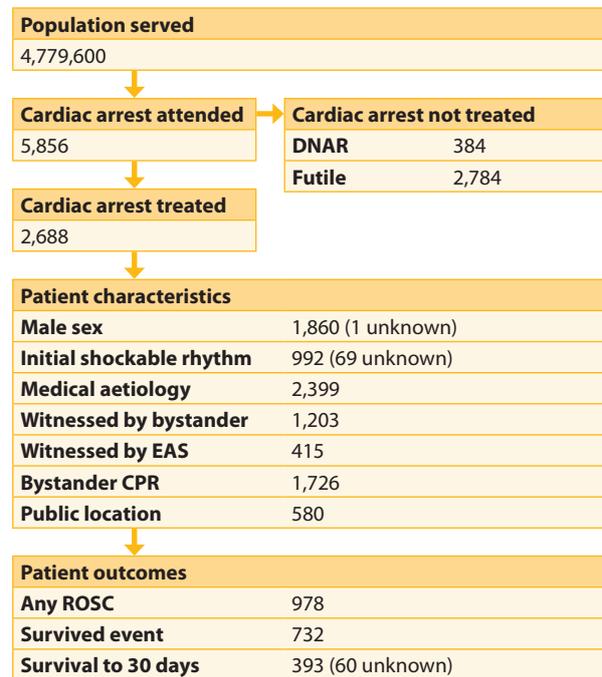
The registry is also subject to Hato Hone St John internal research governance processes that include a locality review and locality authorisation as per the Standard Operating Procedures for Health and Disability Ethics Committees.

The Hato Hone St John OHCA Registry is held on a secure server which requires active directory permissions. At no stage is data that could identify individual patients or individual hospitals released from this registry. ●

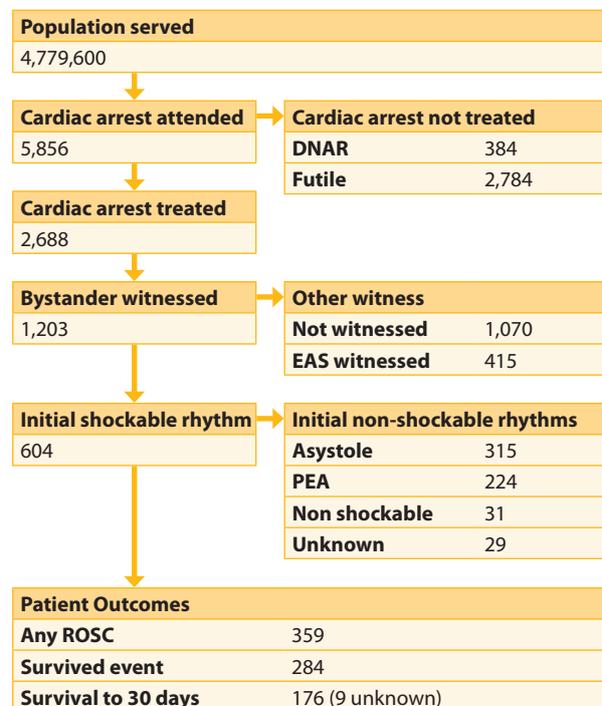
Abbreviations

AED	Automated external defibrillator
CAD	Computer aided dispatch
CPR	Cardiopulmonary resuscitation
DNAR	Do not attempt resuscitation order
EAS	Emergency ambulance service
ED	Emergency Department
EMS	Emergency medical services
GoodSAM	Good Smartphone Activated Medics
OHCA	Out-of-hospital cardiac arrest
PEA	Pulseless electrical activity
ROSC	Return of spontaneous circulation

OHCA flowchart for system effectiveness (attempted resuscitation, all ages, includes EAS witnessed)^A



OHCA flowchart for system effectiveness (Utstein comparator, all ages)^A



Glossary of terms

Adult	Patients aged 15 years or older.
Asystole	The absence of any cardiac electrical activity.
Children	Patients aged less than 15 years.
Community responder	A member of the community who is not part of the EAS service who provides assistance at an OHCA event. For example, a member of the public, or an off duty ambulance officer or an off duty doctor or nurse.
EAS attended	This is the total population of all OHCA patients which Hato Hone St John EAS attended, regardless of whether emergency treatment was provided or not.
EAS personnel	Emergency ambulance crews dispatched to a medical emergency.
Least deprived	Quintile 1 from NZDep2023 based on the patient's home address.
Most deprived	Quintile 5 from NZDep2023 based on the patient's home address.
Presumed cardiac aetiology	An OHCA is presumed to be of cardiac aetiology, unless it is known or likely to have been caused by trauma, drowning, poisoning or any other non-cardiac cause.
Resuscitation attempted	Performance of chest compressions (or other emergency care for cardiac arrests secondary to trauma) by responding EAS personnel, or the delivery of a shock at any time (including before ambulance arrival).
Return of spontaneous circulation	The patient shows clear signs of life in the absence of chest compressions for more than 30 seconds. Signs of life include any of the following: normal breathing, palpable pulse, increasing end tidal CO ₂ or active movement.
Rural and remote service area	Assigned according to the Geographic Classification for Health for the event location. Rural includes: R1, R2 and R3.
Shockable rhythm	Ventricular fibrillation, ventricular tachycardia or unknown shockable (AED).
Specific rates	Rates for specific segments/groups of the population (e.g. sex, age, ethnicity).
Survival to 30-days	The patient is alive at 30-days post-OHCA event.
Survived event	The patient has sustained ROSC to handover at hospital.
Urban area	Assigned according to the Geographic Classification for Health for the event location. Urban includes: U1 and U2.
Witnessed event	A witnessed cardiac arrest is one that is seen or heard by another person.

Sources

Ball, S. et al, *St John Western Australia: OHCA statistics 1 July 2023 to 30 June 2024*. 2025: Personal Communication. Email 16 January 2026.

Dantanarayana, A. et al, *Ambulance Victoria: OHCA statistics 1 July 2024 to 30 June 2025*. 2026: Personal Communication. Email 27 January 2026.

Grasner J-T, Bray JE, Nolan JP, et al. *Cardiac arrest and cardiopulmonary resuscitation outcome reports: 2024 Update of the Utstein Out-of-Hospital Cardiac Arrest Registry template*. Resuscitation. 2024.110288

National Ambulance Service. *Out-of-Hospital Cardiac Arrest Register 17th Annual Report 2024*. 2025; Available from: <https://www.hse.ie/eng/services/news/newsfeatures/out-of-hospital-cardiac-arrest-register-ohcar-/ohcar-annual-report-2024-.pdf>

The University of Warwick. *Out-of-Hospital Cardiac Arrest Overview: English Ambulance Services 2024*. Accessed 2025; Available from https://warwick.ac.uk/fac/sci/med/research/ctu/trials/ohcao/publications/epidemiologyreports/ohcao_epidemiological_report_2024_england_overview_v1.0_09.09.2025.pdf

University of Otago, *NZDep2023 index of deprivation*. 2024; Available from: <https://www.otago.ac.nz/wellington/research/groups/research-groups-in-the-department-of-public-health/hirp/socioeconomic-deprivation-indexes#nzdep-indexes-of-deprivation-releases>

Whitehead J, Davie G, de Graaf B, Crengle S, Fearnley D, Smith M, Lawrenson R, Nixon G. *Defining rural in Aotearoa New Zealand: a novel geographical classification for health purposes*. NZ Med J. 2022 Aug 5;135(1559):24-40.

Young, R., *Public Health- Seattle & King County, Division of Emergency Medical Services, King County, Washington, USA: OHCA statistics 1 July 2024 to 30 June 2025*. 2026: Personal Communication. Email 30 January 2026.



Hato Hone
St John

To find out more about what Hato Hone St John does in communities around Aotearoa New Zealand or to donate:

stjohn.org.nz

0800 ST JOHN (0800 785 646)

info@stjohn.org.nz

Follow Hato Hone St John:

 facebook.com/StJohnNewZealand

 twitter.com/StJohnNZ

 linkedin.com/company/St-John-New-Zealand

 instagram.com/stjohnnz