



FIRE EVACUATION SCHEME REQUIRED FOR GENERAL PRACTICES

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The College has been working with the Fire Service on clarifying the requirements for general practices to have a Fire Evacuation Scheme, as outlined in the Fire Service Act 1975 s.21 and clause 17 of the Fire and Safety Evacuation of Buildings Regulations 2006.

The application of these regulations was being applied inconsistently around the country as many regional Fire Service officers were not requiring general practices who employed less than 10 employees to have an evacuation scheme. Following legal advice the Fire Service have confirmed that all medical practices, of whatever size require a Fire Evacuation Scheme. This affirms the requirements as set out in the Aiming for Excellence (Cornerstone) and Foundation Standards. The Fire Service advice shown below:

Legal opinion for clarifying the requirement for a Fire Evacuation Scheme focused around defining the term 'medical care' as it was referenced in the Fire Service Act (FSA) as Under section 21A of the FSA, a building (or any part of the building) will be a 'relevant building' if it is used for any of the listed purposes, including providing 'medical care'. In other words, where a building is used for the purpose of providing 'medical care' the owner must provide and maintain an evacuation scheme, this is regardless of the number of employees, or level of accommodation provided (which are other triggers under section 21A of the FSA).

While the FSA itself does not define 'medical care' it does contain a definition for 'medical practitioner' as:

a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of medicine





Therefore, based on this definition, and its inclusion within the FSA, medical care means care provided, or supervised by a *medical practitioner*. The exact nature of the care provided, whether it be a consultation only or some form of sedation or surgery is irrelevant.

Furthermore, section 159 of the health Practitioners Competence Assurance Act 2003 provides that the term medical practitioner when used in other legislation should be interpreted as follows:

Every reference in any enactment to a medical practitioner or registered medical practitioner or duly qualified medical practitioner must, unless a different intention appears, be taken to be a reference to a person who is, or is deemed to be, registered under this Act with the Medical Council of New Zealand and who is practising medicine in accordance with his or her scope of practice.

Based on the above, and along with some confirmations of definitions from the dictionary and further interpretation of various other legal clauses our advice concluded that the following non-exhaustive list would come within the definition of medical care and make the buildings 'relevant buildings' under the FSA:

- A building used for surgery (including any minor surgery);
- General Practitioner's (GP's) office;
- Hospitals;
- Oral surgeons;
- Buildings used to provide care by a Doctor (if they are registered with the Medical Council of New Zealand), such as specialists, including:
 - Dermatologists;
 - Family planning clinics;
 - Sports medicine;
 - Psychiatric; and
 - Plastic surgery.

In summary, this indicates that most GP rooms will require an evacuation scheme regardless of the number of employees they have. In some cases where those rooms are part of a larger building the scheme will have to cover all of the building unless there is clear fire separation and alarm system separation.

Source: <https://rnzcgp.org.nz/fire-evacuation-scheme-required-for-general-practices/>

