

NZ lawyer joins fight against Ebola



Kim Lovegrove

of the New Zealand Institute of Building.

Once Ebola has spread to Europe, it has the potential to spread to anywhere in the world, he said.

“Ominously a nurse who cared for an Ebola

LAWYER KIM LOVEGROVE, WHO PRACTISES in both New Zealand and Australia, has put together a coalition of experts to draft a model building standard for the construction and use of Ebola healthcare facilities.

The aim of the initiative, which he is undertaking pro bono, is to generate an international standard to promulgate to governments.

The coalition currently includes people with legal, building and medical contagion and disaster expertise.

The standard aims to provide guidance on construction of Ebola facilities to optimise opportunities for care and recovery and, in turn, provide safe working environments for healthcare workers, mindful of the remarkable ability of the virus to migrate.

Speaking to *LawTalk* on 20 October, Mr Lovegrove noted that the Ebola epidemic had claimed about 4,500 lives. Most of these were in five African countries, together with one life in the United States and one life in Spain.

Dr Tomas Frieden, the director of the United States-based Centres for Disease Control and Prevention, has described Ebola as a “global problem”, Mr Lovegrove said.

Dr Frieden went on to say that: “The level of outbreak is beyond anything we’ve seen – or even imagined ... As long as Ebola is spreading anywhere, all of us need to be concerned.”

“Certainly New Zealand is not giving this matter anywhere enough attention,” said Mr Lovegrove, who is Conjoint Professor of Building Regulation at the University of Newcastle, New South Wales, and President-elect of the Northern Chapter

patient in a Spanish hospital containment facility has contracted Ebola even though she was wearing protective gear ... and even though she only had two occasions of contact with the patient.

“The disease is incredibly contagious and is also known as hemorrhagic fever because it causes major internal organ hemorrhaging.”

There are a lot of challenges in drafting the standard as it needs to take into account many holistic and complex considerations, and regard for the means to prevent spread of Ebola through egress or human transmission.

The standard needs to deal with some unique considerations and must be cognisant of the fact that such facilities need to be constructed in the fastest and most cost effective manner, Mr Lovegrove said.

“There is an imperative that an international standard be generated to provide guidelines for the construction of the premises to minimise loss of life to both patients and healthcare givers. An horrific anecdotal observation is that of the [first] 3,400 dead, more than 800 ... are healthcare workers.

“The development of international best practice standards for the construction of Ebola healthcare facilities, be they permanent or temporary should be a priority,” Mr Lovegrove said.

“Furthermore, law makers need to synthesise the most utilitarian elements of best practice model standards and call them up in legislation such as Building Acts or Health and Safety Acts of parliament.”

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The number of earthquake-related cases filed with the High Court from September 2010 to 30 September 2014. This is stated in the High Court’s Christchurch Earthquake Litigation List Report for that period.

The earthquake list was set up in May 2012 to manage litigation arising from the earthquakes of 2010 and 2011. It seeks to promote expedition, to resolve important cases early, to facilitate settlement and to ensure that the parties get their respective cases ready for hearing in a timely fashion. The report is on the Courts of New Zealand website at <http://courtsfnz.govt.nz/front-page/business/high-court-lists/earthquake-list-christchurch>.

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