

Effective 18 January 2016

Guidelines for Notifying Diseases and Food Contaminants

Containing legal requirements for:

- medical practitioners
- laboratories
- hospitals
- residential, educational, healthcare and childcare facilities
- certain people in possession of laboratory test results (for food)

Issuing Statement and Commencement Date

I, Dr Mark Veitch, being and as the Acting Director of Public Health, acting pursuant to a direction under section 21A of the *Acts Interpretation Act 1931*, and the *Public Health Act 1997* (the Act):

1. revoke, effective 18 January 2016, previously issued guidelines under the Act relating to the notification of diseases, human pathogenic organisms and contaminants;
2. issue these Guidelines, being the *Guidelines for Notifying Diseases and Food Contaminants*; and
3. determine that these Guidelines come into effect on and from 18 January 2016.

Signed,

Dr Mark Veitch
A/Director of Public Health

24 December 2015

Table of Contents	Page
<i>INTRODUCTION</i>.....	4
What the Guidelines are about.....	4
Who the Guidelines apply to.....	4
Definitions - general.....	5
<i>DIVISION 1...Notifying Diseases (other than cancer)</i>	6
Introduction.....	6
Definitions for Division 1	7
Part 1 Notification of diseases (other than cancer) by a laboratory	8
When to notify	8
How to notify	10
What to notify.....	11
Part 2 Notification of diseases (other than cancer) by a medical practitioner	13
When to notify	13
How to notify	14
What to notify.....	15
Part 3 Notification of gastroenteritis by residential, educational, healthcare, or childcare facility	17
When to notify	17
How to notify	17
What to notify.....	18
<i>DIVISION 2...Notifying Cancer.....</i>	19
Introduction.....	19
Definitions for Division 2	20
Part 1 Notification of cancer by a laboratory	21
When to notify	21
How to notify	21
What to notify.....	22
Part 2 Notification of cancer by a hospital.....	24
When to notify	24
How to notify	24
What to notify.....	25
<i>DIVISION 3...Notifying Food Contaminants</i>	26
Introduction.....	26
Definitions for Division 3	27
Part 1 Notification by a laboratory and other persons	28
When to notify - Laboratory	28
When to notify - Other persons	28
Meaning of aware and suspects	29
How to notify	30
What to notify.....	31

INTRODUCTION

What the Guidelines are about

- (a) These Guidelines set out requirements for notifying the Director of Public Health about certain diseases and food contaminants. They also contain requirements for notifying cancer to the Tasmanian Cancer Registry.
- (b) The requirements in the Guidelines are legal obligations and a failure to follow them may attract penalties under the *Public Health Act 1997* (see sections 143 and 184).
- (c) Notification requirements also exist in relation to drinking water – these are in the *Tasmanian Drinking Water Quality Guidelines* issued by the Director (available at www.dhhs.tas.gov.au/publichealth).

Who the Guidelines apply to

- (d) The Guidelines have 3 divisions that each apply to particular persons:

Division 1 – **notifying certain diseases** (other than cancer). This division applies to the superintendent of a laboratory, to medical practitioners, and to the superintendent and senior health professional responsible for care in a residential, educational, healthcare or childcare facility.

Division 2 – **notifying cancer**. This division applies to the superintendent of a laboratory and to the superintendent of a hospital.

Division 3 – **notifying certain contaminants in food**. This division applies to laboratories and people who receive test results from a laboratory outside Tasmania.

Definitions - general

- (e) A word or phrase used in these Guidelines and defined in the Act has the meaning given to it in the Act. At the time of issuing the Guidelines, such words or phrases include:

Act
Agency
Director
laboratory
public authority
public health
public notice
threat to public health

- (f) Other words and phrases are defined at the beginning of each division of the Guidelines.

DIVISION I Notifying Diseases (other than cancer)

Introduction

- (a) Under section 40 of the *Act*, the *Director* has issued a *public notice* declaring certain diseases to be *notifiable diseases*. This means they must be notified to the *Director*. Pursuant to section 46 of the *Act*, this Division sets out:
- who must notify the *Director* of a *notifiable disease*
 - when to notify
 - how to notify
 - what information to notify.
- (b) Section 184(5) of the *Act* imposes a penalty for failure to comply with the Guidelines.
- (c) This division is set out as follows:
- Part 1 – applies to laboratories
 - Part 2 – applies to medical practitioners
 - Part 3 – applies to the superintendent and senior health professional responsible for care in a residential, educational, healthcare or childcare facility.

Definitions for Division I

Act	means the <i>Public Health Act 1997</i>
excepted laboratory	means a <i>laboratory</i> the <i>Director</i> or <i>Public Health Officer</i> has advised in writing is an excepted laboratory for the purposes of these Guidelines
Public Health Officer	in this Division I, means a person who holds a delegation from the <i>Director</i> under the <i>Act</i> to investigate the occurrence or presence, or suspected occurrence or presence, of a <i>notifiable disease</i> .
superintendent	means the person in charge
working day	means a day other than: <ul style="list-style-type: none"> (a) Saturday (b) Sunday (c) a day that is a public holiday for the purposes of section 4 of the <i>Statutory Holidays Act 2000</i>; or (d) a day that is a public holiday for the purposes of section 5 of the <i>Statutory Holidays Act 2000</i>, if at the time of being required to notify under these Guidelines the person is working in the area of the State to which the public holiday relates.

Part I Notification of diseases (other than cancer) by a laboratory

When to notify

- (1) The *superintendent* of a *laboratory* who is **aware** (by reason of a test carried out in, or a test result received by, the *laboratory*) that a person has evidence of a *notifiable disease* listed below at clause (4), must notify the *Director* or *Public Health Officer* in accordance with the requirements of this Part I.
- (2) The *superintendent* of a *laboratory* who receives and accepts a **request for testing** in relation to a person for Creutzfeldt-Jakob Disease, or Creutzfeldt-Jakob Disease – variant, must notify the *Director* or *Public Health Officer* in accordance with the requirements of this Part I.
- (3) For the avoidance of doubt, clause (1) continues to operate notwithstanding notice given under clause (2).

(4) For the purposes of clause (1), the following are *notifiable diseases* to be notified by the *superintendent*:

- | | | |
|---|---|---|
| 1. Anthrax | 25. Hepatitis B | 48. Plague |
| 2. Arbovirus – Ross River virus infection | 26. Hepatitis C | 49. Pneumococcal infection (invasive) |
| 3. Arbovirus – Barmah Forest virus infection | 27. Hepatitis D | 50. Poliovirus infection |
| 4. Arbovirus – Chikungunya virus infection | 28. Hepatitis E | 51. Q fever |
| 5. Arbovirus – Dengue | 29. Human immunodeficiency virus infection | 52. Rabies |
| 6. Arbovirus - Japanese encephalitis | 30. Hydatid infection | 53. Rickettsial infection |
| 7. Arbovirus – Murray Valley encephalitis | 31. Influenza infection | 54. Rotavirus infection |
| 8. Arbovirus – West Nile/Kunjin virus infection | 32. Blood lead level greater than 5 micrograms per decilitre (0.24 micromoles per litre) where the person has not been occupationally exposed to lead | 55. Rubella (including congenital) |
| 9. Avian influenza | 33. Legionellosis | 56. Salmonellosis |
| 10. Botulism | 34. Leprosy | 57. Severe Acute Respiratory Syndrome |
| 11. Brucellosis | 35. Leptospirosis | 58. Shiga toxin or vero toxin producing <i>Escherichia coli</i> |
| 12. Campylobacteriosis | 36. Listeriosis | 59. Shigellosis |
| 13. Carbapenemase-producing Enterobacteriaceae | 37. Lymphogranuloma venereum | 60. Smallpox |
| 14. <i>Chlamydia trachomatis</i> infection | 38. Lyssavirus – Australian bat lyssavirus infection | 61. <i>Staphylococcus aureus</i> bacteraemia |
| 15. Cholera | 39. Lyssavirus – other (unspecified) lyssavirus infection | 62. Syphilis (including congenital) |
| 16. Creutzfeldt-Jakob Disease | 40. Malaria | 63. Tetanus |
| 17. Creutzfeldt-Jakob Disease – variant | 41. Measles | 64. Tuberculosis |
| 18. Cryptosporidiosis | 42. Meningococcal infection | 65. Tularaemia |
| 19. Diphtheria | 43. Middle East Respiratory Syndrome | 66. Typhoid |
| 20. Donovanosis | 44. Mumps | 67. Vancomycin Resistant Enterococcus |
| 21. Flavivirus infection - unspecified | 45. Ornithosis (psittacosis) | 68. Varicella |
| 22. Gonococcal infection | 46. Paratyphoid | 69. <i>Vibrio</i> infection |
| 23. <i>Haemophilus influenzae</i> type b infection (invasive) | 47. Pertussis | 70. Viral Haemorrhagic fever |
| 24. Hepatitis A | | 71. Yellow Fever |
| | | 72. <i>Yersinia</i> infection |

How to notify

Immediate notifications

- (5) For a *notifiable disease* listed below, the *superintendent* must:
- (a) **immediately** upon being required to notify under this Part I, **telephone 1800 671 738** and notify the *Director* or *Public Health Officer*; **and**
 - (b) by **5:00pm** on the next *working day*, send a facsimile to 03 6222 7744.

- | | | |
|--|---|---|
| 1. Anthrax | 11. Lyssavirus – Australian bat lyssavirus infection | 20. Rubella (including congenital) |
| 2. Avian influenza | 12. Lyssavirus – other (unspecified) lyssavirus infection | 21. Severe Acute Respiratory Syndrome |
| 3. Botulism | 13. Measles | 22. Shiga toxin or vero toxin producing <i>Escherichia coli</i> |
| 4. Cholera | 14. Meningococcal infection | 23. Smallpox |
| 5. Creutzfeldt-Jakob Disease | 15. Middle East Respiratory Syndrome | 24. Tularaemia |
| 6. Creutzfeldt-Jakob Disease – variant | 16. Paratyphoid | 25. Typhoid |
| 7. Diphtheria | 17. Plague | 26. Viral Haemorrhagic fever |
| 8. <i>Haemophilus influenzae</i> type b infection (invasive) | 18. Poliovirus infection | 27. Yellow Fever |
| 9. Legionellosis | 19. Rabies | |
| 10. Listeriosis | | |

Notifications for *Chlamydia trachomatis* infection

- (6) For *Chlamydia trachomatis* infection, the *superintendent* of a *laboratory* that is not an *excepted laboratory*, must, on or before the 5th *working day* of every month, in relation to the instances in the immediately preceding month in which the *superintendent* is required to notify under this Part I, send a password protected spreadsheet via email to an email address notified in writing to the *laboratory* by the *Director* or *Public Health Officer* and, unless the password has been previously notified, telephone 1800 671 738 and notify the *Director* or *Public Health Officer* of the password.
- (7) For *Chlamydia trachomatis* infection, the *superintendent* of an *excepted laboratory*, must, on or before the 5th *working day* after the *superintendent* is required to notify under this Part I, send a facsimile to 03 6222 7744.

Other notifications

- (8) For *notifiable diseases* not referred to in clauses (5), (6) or (7), the *superintendent* must, before **5:00pm** on the next *working day* after the *superintendent* is required to notify under this Part I, send a facsimile to 03 6222 7744.

What to notify

(9) The *superintendent* must notify the following information:

(a) In relation to the person with evidence of a *notifiable disease*:

i. where the *notifiable disease* is *Chlamydia trachomatis* infection, Donovanosis, Gonococcal infection, Human immunodeficiency virus infection, Lymphogranuloma venereum, or Syphilis (other than congenital):

- I. The first 2 letters of their surname, followed by the first two letters of their first name (eg Jane Smith = SMJA)
- II. Gender
- III. Date of birth
- IV. Suburb of usual residence
- V. Postcode
- VI. Whether the person is Aboriginal or Torres Strait Islander or both (if known)

ii. where the *notifiable disease* is not listed above in clause 9(a)(i):

- I. Full name
- II. Gender
- III. Date of birth
- IV. Telephone number(s) (if known)
- V. Usual residential address (street number and name, suburb, postcode)
- VI. Postal address (if different to above)
- VII. Whether the person is Aboriginal or Torres Strait Islander or both (if known)

(b) In relation to each *notifiable disease*:

- i. Name of disease
- ii. *Laboratory* allocated number for the specimen
- iii. Date the specimen tested was collected
- iv. Other than when notifying acceptance of a test for Creutzfeldt-Jakob Disease, or Creutzfeldt-Jakob Disease – variant:
 - I. Method of diagnosis
 - II. Date the test result was authorised by the *laboratory*

(c) In relation to the *superintendent*:

- i. Name
- ii. Telephone number(s)

(d) In relation to the *laboratory*:

- i. Name
- ii. If not previously notified to the *Director* or *Public Health Officer*:
 - I. Street address (street number and name, suburb, postcode)
 - II. Postal address (if different to above)
 - III. Telephone number(s)
 - IV. Facsimile number
 - V. Email address

(e) In relation to the medical practitioner requesting the test:

- i. Name
- ii. Name of practice clinic / hospital
- iii. Practice clinic / hospital street address (street number and name, suburb, postcode)
- iv. Practice clinic / hospital postal address (if different to above)
- v. Telephone number(s)
- vi. Facsimile number
- vii. Email address (if known)

Part 2 Notification of diseases (other than cancer) by a medical practitioner

When to notify

- (1) A medical practitioner, who is **aware or suspects** that a person he or she is attending has evidence of a notifiable disease listed below at clause (3), must notify the *Director or Public Health Officer* in accordance with the requirements of this Part 2.
- (2) A medical practitioner is not required to notify under clause (1) if he or she is aware that the *Director or Public Health Officer* has previously been notified in relation to the *notifiable disease* in accordance with the requirements of this Part 2 or the requirements of Part 1 of this Division (notification by a *laboratory*).
- (3) For the purposes of clause (1), the following are *notifiable diseases* to be notified by the medical practitioner:

- | | | |
|--|---|---------------------------------------|
| 1. Anthrax | practitioner considers | 21. Pertussis |
| 2. Avian influenza | the case is part of an | 22. Plague |
| 3. Botulism | outbreak | 23. Poliovirus infection |
| 4. Cholera | 11. Haemolytic uraemic | 24. Rabies |
| 5. Creutzfeldt-Jakob Disease | syndrome | 25. Rubella (including congenital) |
| 6. Creutzfeldt-Jakob Disease – variant | 12. Hepatitis - unspecified | 26. Severe Acute Respiratory Syndrome |
| 7. Diphtheria | 13. Hydatid infection | 27. Smallpox |
| 8. Donovanosis | 14. Leprosy | 28. Syphilis (congenital only) |
| 9. Food or waterborne illness | 15. Lyssavirus – Australian bat lyssavirus infection | 29. Tetanus |
| 10. Gastroenteritis - if the person resides, attends or works in a residential, educational, healthcare, or childcare facility and the medical | 16. Lyssavirus – other (unspecified) lyssavirus infection | 30. Tuberculosis |
| | 17. Measles | 31. Tularaemia |
| | 18. Meningococcal infection | 32. Varicella |
| | 19. Middle East Respiratory Syndrome | 33. Viral Haemorrhagic fever |
| | 20. Mumps | 34. Yellow Fever |

How to notify

Immediate notifications

- (4) For a *notifiable disease* listed below, the medical practitioner must:
- (a) **immediately** upon being required to notify under this Part 2, **telephone 1800 671 738** and notify the *Director or Public Health Officer*; **and**
 - (b) by **5:00pm** on the next *working day*, send a facsimile to 03 6222 7744.

- | | | |
|-----------------------------|-----------------------------|--------------------------|
| 1. Anthrax | the case is part of an | 15. Poliovirus infection |
| 2. Avian influenza | outbreak | 16. Rabies |
| 3. Botulism | 8. Haemolytic uraemic | 17. Rubella (including |
| 4. Cholera | syndrome | congenital) |
| 5. Diphtheria | 9. Lyssavirus – Australian | 18. Severe Acute |
| 6. Food or waterborne | bat lyssavirus infection | Respiratory Syndrome |
| illness | 10. Lyssavirus – other | 19. Smallpox |
| 7. Gastroenteritis - if the | (unspecified) lyssavirus | 20. Tularaemia |
| person resides, attends | infection | 21. Viral Haemorrhagic |
| or works in a | 11. Measles | fever |
| residential, educational, | 12. Meningococcal infection | 22. Yellow fever |
| healthcare, or childcare | 13. Middle East Respiratory | |
| facility and the medical | Syndrome | |
| practitioner considers | 14. Plague | |

Other notifications

- (5) For a *notifiable disease* not listed at clause (4), the medical practitioner must, before **5:00pm** on the next *working day* after the medical practitioner is required to notify under this Part 2:
- (a) telephone **1800 671 738** and notify the *Director or Public Health Officer*; or
 - (b) send a facsimile to 03 6222 7744.

What to notify

- (6) The medical practitioner must notify the following information:
- (a) In relation to the person with, or with suspected, evidence of a *notifiable disease*:
- i. where the *notifiable disease* is Donovanosis:
 - I. The first 2 letters of their surname, followed by the first two letters of their first name (eg Jane Smith = SMJA)
 - II. Gender
 - III. Date of birth
 - IV. Suburb of usual residence
 - V. Postcode
 - VI. Whether the person is Aboriginal or Torres Strait Islander or both (if known)
 - VII. Date of death (if applicable)
 - ii. where the *notifiable disease* is not listed above in clause 6(a)(i):
 - I. Full name
 - II. Gender
 - III. Date of birth
 - IV. Telephone number(s)
 - V. Usual residential address (street number and name, suburb, postcode)
 - VI. Postal address (if different to above)
 - VII. Whether the person is Aboriginal or Torres Strait Islander or both (if known)
 - VIII. Date of death (if applicable)

(b) In relation to each *notifiable disease*:

- i. Name of disease
- ii. Suspected date of onset of disease

(c) In relation to the medical practitioner:

- i. Name
- ii. Name of practice clinic / hospital
- iii. Practice clinic / hospital street address (street number and name, suburb, postcode)
- iv. Practice clinic / hospital postal address (if different to above)
- v. Telephone number(s)
- vi. Facsimile number
- vii. Email address

Part 3 Notification of gastroenteritis by residential, educational, healthcare, or childcare facility

When to notify

- (1) Subject to clause (2), the *superintendent* of, and the senior health professional responsible for care in, a residential, educational, healthcare, or childcare facility, who is **aware or suspects**:
 - (a) that a person residing, attending or working in the facility has gastroenteritis; and
 - (b) the case is part of an outbreakmust notify the *Director* or *Public Health Officer* in accordance with the requirements of this Part 3.
- (2) The *superintendent* or health professional is not required to notify under clause (1) if he or she is aware that the *Director* or *Public Health Officer* has previously been notified of the disease in accordance with the requirements of this Part 3.

How to notify

- (3) The *superintendent* or health professional must, **before 5:00pm on the day** on which he or she is required to notify under this Part 3, **telephone 1800 671 738** and notify the *Director* or *Public Health Officer*.

What to notify

(4) The *superintendent* or health professional must notify the following information:

(a) In relation to the *superintendent* or health professional (whichever is notifying):

- i. Name
- ii. Telephone number(s)

(b) In relation to the facility:

- i. Name
- ii. Street address (street number and name, suburb, postcode)
- iii. Postal address (if different to above)
- iv. Telephone number(s)
- v. Services provided by the facility

(c) In relation to the person with, or with suspected, gastroenteritis:

- i. Full name
- ii. Gender
- iii. Date of birth
- iv. Date of death (if applicable)

(d) The basis upon which the *superintendent* or health professional is aware or suspects the case is part of an outbreak.

DIVISION 2 Notifying Cancer

Introduction

- (a) Under section 143 of the *Act*, the *Director* may establish registers containing information which the *Director* considers may assist in facilitating, protecting, promoting or maintaining *public health*. The *Director* may require any person, *public authority*, or *Agency* to provide information to include in the register.
- (b) The *Director* has established the Tasmanian Cancer Registry as a register for the purposes of section 143.
- (c) This Division 2 requires the *superintendent* of a *laboratory* and the *superintendent* of a *hospital* to notify information for that Register.
- (d) Section 143(2A) of the *Act* imposes a penalty for failure to provide the information.

Definitions for Division 2

Act	means the <i>Public Health Act 1997</i>
cancer	<p>means:</p> <p>(1) a malignant neoplasm of human tissue that, if unchecked, is likely to invade adjacent tissues or extend beyond its site of origin and that has the propensity to recur either locally or remotely in the body and includes, but is not limited to:</p> <ul style="list-style-type: none"> (a) carcinoma (b) sarcoma (c) mixed tumour (d) leukaemia (e) lymphoma (f) myeloma (g) melanoma (h) mesothelioma; and <p>(2) all in-situ neoplasms; and</p> <p>(3) in the case of primary tumours of the central nervous system, any benign neoplasm</p>
hospital	<p>means:</p> <p>(1) a hospital maintained or operated by or on behalf of the State</p> <p>(2) a 'private hospital' within the meaning of the <i>Health Service Establishments Act 2006</i></p>
superintendent	means the person in charge

Part I Notification of cancer by a laboratory

When to notify

- (1) The *superintendent* of a *laboratory* who is **aware** (by reason of a test, whether by pathological, imaging or clinical means, carried out in or test result received by the *laboratory*), that a person has, or has died with, evidence of *cancer* as defined in this Guideline, must, in accordance with the requirements of this Part I, notify:
 - (a) the person occupying the position of Director of the Tasmanian Cancer Registry, being a Register established under the *Act*; or
 - (b) a person who holds a delegation under the *Act* for the purposes of the Tasmanian Cancer Registry.

How to notify

- (2) The *superintendent* must, as soon as practicable and **not later than 7 days** after being required to notify under this Part I, notify by one of the following means:
 - (a) Send a *Health Level Seven (HL7)* message, in accordance with the Australian Standard for HL7, to CANGRET (preferred); or
 - (b) Send a facsimile to 03 6226 7755; or
 - (c) Send hardcopy by registered post to Tasmanian Cancer Registry, Private Bag 23, Hobart, Tasmania, 7001.

What to notify

(3) The *superintendent* must notify the following information:

(a) in relation to the *laboratory*:

i. *Laboratory* identifier (eg name and contact details; or sending facility identifier as used in HL7 messages)

(b) In relation to the person with evidence of *cancer*:

i. *Laboratory* allocated patient identifier number

ii. Full name

iii. Gender

iv. Date of birth

v. Usual residential or mailing address

vi. Whether the person is Aboriginal or Torres Strait Islander or both (if known)

vii. Country of origin (if known)

(c) In relation to the test:

i. Date referral for the test was made

ii. Name of the medical practitioner referring for the test

iii. *Laboratory* allocated test number

iv. Date specimen to be tested was received by the *laboratory*

v. Date specimen was tested at the *laboratory*

(d) In relation to each *cancer*, as relevant:

- i. Type of *cancer*
- ii. Basis of diagnosis
- iii. *Laboratory* allocated specimen number
- iv. Macroscopic appearance
- v. Microscopic appearance
- vi. Staging (TNM criteria)
- vii. Laterality
- viii. Size
- ix. Grade
- x. Differentiation
- xi. Thickness
- xii. Diagnosis
- xiii. Name of medical practitioner reporting the diagnosis

Part 2 Notification of cancer by a hospital

When to notify

- (1) The *superintendent* of a *hospital* must, by 31 March in each year, in respect of each person who, in the immediately preceding calendar year, received an episode of care in the *hospital* and who had evidence of cancer, notify:
 - (a) the person occupying the position of Director of the Tasmanian Cancer Registry, being a Register established under the *Act*; or
 - (b) a person who holds a delegation under the *Act* for the purposes of the Tasmanian Cancer Registry.

How to notify

- (2) The *superintendent* must send a password protected spreadsheet via email to TCR@menzies.utas.edu.au and, unless the password has been previously notified, telephone 03 6226 7757 and notify the Director of the Tasmanian Cancer Registry, or a person holding a delegation under the *Act* for the purposes of the Registry, of the password.

What to notify

(3) The *superintendent* must notify the following information:

(a) The name of the *hospital*

(b) In relation to each person with evidence of *cancer*:

i. Full name

ii. Maiden name (if applicable)

iii. Alias (if applicable)

iv. Gender

v. Date of birth

vi. Usual residential address (street number and name, suburb, postcode)

vii. Postal address (if different to above)

viii. Whether the person is Aboriginal or Torres Strait Islander or both (if known)

ix. Country of birth (if known)

x. Dates of admission to, and discharge from, the *hospital*

xi. Date of death in *hospital* (if applicable)

xii. Name of the treating *medical practitioner* in the *hospital*

(c) In relation to each *cancer*:

i. ICD-10AM code (site and morphology)

ii. Morphology code

DIVISION 3 Notifying Food Contaminants

Introduction

- (a) Under section 40 of the *Act*, the *Director* has issued a public notice declaring certain organisms and substances to be *notifiable contaminants*. Any toxins produced by those organisms are also *notifiable contaminants* (under section 3 of the *Act*). This means they must be notified to the *Director*.
- (b) Pursuant to section 46 of the *Act*, this Division 3 sets out the requirements for:
 - who must notify the *Director* of a *notifiable contaminant* in *food*
 - when to notify
 - how to notify
 - what information to notify.
- (c) Section 184(5) of the *Act* imposes a penalty for failure to comply with the Guidelines.

Definitions for Division 3

Act	means the <i>Public Health Act 1997</i>
food	has the meaning given to it in the <i>Food Act 2003</i> . (Note, in relation to water, the meaning given to <i>food</i> in the <i>Food Act</i> includes packaged water - eg bottled water and packaged ice - but does not include drinking water supplied by a regulated entity, private drinking water suppliers or water carriers. For those suppliers, the <i>Tasmanian Drinking Water Quality Guidelines</i> issued by the <i>Director</i> apply).
Food Standards Code	has the meaning given to it in the <i>Food Act 2003</i>
person	except for clauses (4) and (5) and the definition of <i>Public Health Officer</i> , includes the <i>superintendent</i>
Public Health Officer	in this Division 3, means a person who holds a delegation from the <i>Director</i> under the <i>Act</i> to investigate the occurrence or presence, or suspected occurrence or presence, of a <i>notifiable contaminant</i>
superintendent	means the person in charge
working day	means a day other than: <ul style="list-style-type: none"> (a) Saturday (b) Sunday (c) a day that is a public holiday for the purposes of section 4 of the <i>Statutory Holidays Act 2000</i>; or (d) a day that is a public holiday for the purposes of section 5 of the <i>Statutory Holidays Act 2000</i>, if at the time of being required to notify under these Guidelines the person is working in the area of the State to which the public holiday relates.

Part I Notification by a laboratory and other persons

When to notify - Laboratory

- (1) Subject to clauses (2) and (3), the *superintendent* of a *laboratory* who is **aware or suspects** (by reason of a test carried out in, or a test result received by, the *laboratory*) that:

- (a) a *notifiable contaminant* listed below at clauses (8) or (9); or
- (b) a toxin produced by any such *notifiable contaminant*

is present, or may be present, in *food* must notify the *Director* or *Public Health Officer* in accordance with the requirements of this Part I.

- (2) Where a test referred to in clause (1) was carried out for educational or academic research purposes only, the *superintendent* is not required to notify under clause (1) unless he or she suspects that the presence, or suspected presence, of a *notifiable contaminant* indicates a *threat to public health* or likely *threat to public health*.
- (3) The *superintendent* is not required to notify under clause (1) if he or she is aware that the *Director* or *Public Health Officer* has previously been notified in relation to the *notifiable contaminant* in accordance with the requirements of this Part I.

When to notify - Other persons

- (4) Subject to clause (5), a person, other than a person referred to in clause (1), who is **aware or suspects** (by reason of information received from a *laboratory* located outside Tasmania) that:

- (a) a *notifiable contaminant* listed below at clauses (8) or (9); or
- (b) a toxin produced by any such *notifiable contaminant*

is present, or may be present, in *food* must notify the *Director* or *Public Health Officer* in accordance with the requirements of this Part I.

- (5) A person is not required to notify under clause (4) if he or she is aware that the *Director* or *Public Health Officer* has previously been notified in relation to the *notifiable contaminant* in accordance with the requirements of this Part I.

Meaning of aware and suspects

- (6) For the purposes of this Part I, and without limiting the meaning of aware, a person is **taken to be aware** that a *notifiable contaminant* is present in *food* if a *laboratory test*, other than a preliminary test, detects or isolates a *notifiable contaminant* in or from *food*.
- (7) For the purposes of this Part I, and without limiting the meaning of suspect, a person is **taken to suspect** that a *notifiable contaminant* may be present in *food* if:
- (a) a preliminary *laboratory test* detects or isolates a *notifiable contaminant* in or from *food*; or
 - (b) a *laboratory test* (whether preliminary or otherwise) detects or isolates an organism, or a class of organisms, in or from *food*, which indicates a *notifiable contaminant* is or may be present in *food*.
- (8) For the purposes of this Part I, the following organisms are *notifiable contaminants* to be notified by the *person*:
- | | |
|--|---|
| 1. any microorganism for which a maximum permissible level is prescribed in the <i>Food Standards Code</i> , if that level is exceeded | 9. Hepatitis A |
| 2. <i>Bacillus cereus</i> | 10. Hepatitis E |
| 3. <i>Campylobacter</i> (any species) | 11. <i>Listeria</i> (any species) |
| 4. <i>Clostridium botulinum</i> | 12. <i>Salmonella</i> (any species) |
| 5. <i>Clostridium perfringens</i> | 13. Shiga toxin or vero toxin producing <i>Escherichia coli</i> |
| 6. <i>Cryptosporidium</i> (any species) | 14. <i>Shigella</i> (any species) |
| 7. <i>Cyclospora</i> (any species) | 15. <i>Staphylococcus aureus</i> |
| 8. <i>Giardia</i> cysts | 16. <i>Vibrio</i> (any species) |
| | 17. <i>Yersinia</i> (any species) |

- (9) For the purposes of this Part I, the following substances are *notifiable contaminants* to be notified by the *person*:
- (a) any metal or non-metal contaminant or natural toxicant for which a maximum permissible level in a nominated *food* is prescribed in the *Food Standards Code*, if that level is exceeded in that *food*;
 - (b) any agricultural or veterinary chemical residue:
 - i. for which a maximum residue limit or extraneous residue limit in a nominated *food* is prescribed in the *Food Standards Code*, if that level is exceeded in that *food*;
 - ii. for which a maximum residue limit or extraneous residue limit in a nominated *food* is prescribed in the *Food Standards Code*, if detected at any level in *food* other than the nominated *food*;
 - iii. for which a maximum residue limit or extraneous residue limit is not prescribed in the *Food Standards Code*, if detected at any level in any *food*.

How to notify

- (10) The *person* required to notify must:
- (a) Telephone **1800 671 738** and notify the *Director* or *Public Health Officer*;
or
 - (b) Send an email to foodnotification@dhhs.tas.gov.au.
- (11) Where the *person* is required to notify as a result of being **aware** of the presence of a *notifiable contaminant*, the *person* must notify **as soon as possible and otherwise before 4:00pm on the day** he or she is required to notify under this Part I.
- (12) Where the *person* is required to notify as a result of **suspecting** the presence of a *notifiable contaminant*, the *person* must notify before **4:00pm on the next working day** after he or she is required to notify under this Part I.

What to notify

(13) A person must notify the following information:

(a) In relation to the person notifying:

- i. Name
- ii. Name of *laboratory* or organisation where employed
- iii. Street address (street number and name, suburb, postcode)
- iv. Postal address (if different to above)
- v. Telephone number(s)
- vi. Email address

(b) In relation to the *laboratory* where the test occurred:

- i. Name of *laboratory*

(c) In relation to the *food*:

- i. Name of relevant business (eg the business producing, handling, selling or intending to sell the *food*)
- ii. Sample description (including *food* type)
- iii. Date of sample collection
- iv. Batch details, if known (eg code to identify a particular production run, or a use-by date)

(d) In relation to the test:

- i. Test method
- ii. *Laboratory* allocated sample identification number

(e) In relation to the test result and each *notifiable contaminant*:

- i. Name of substance, organism, and/or toxin
- ii. Level (if known)



Tasmanian
Government

Public and Environmental Health Service

Public Health Services

Department of Health and Human Services

GPO Box 125, Hobart 7001

Phone: 1800 671 738

Email: public.health@dhhs.tas.gov.au

Visit: [dhhs.tas.gov.au/public health](http://dhhs.tas.gov.au/public%20health)