

Guidelines for Notifying Diseases and Food Contaminants

Containing legal requirements for:

- Medical practitioners
- Laboratories
- Hospitals
- Residential care, hospitals and childcare facilities
- Certain people in possession of laboratory test results (for food)

Issued by the Director of Public Health under the Public Health Act 1997

Effective 1st June 2024

Issuing Statement and Commencement Date

I, Dr Mark Veitch, being and as the Director of Public Health, acting pursuant to section 184 of the *Public Health Act 1997* (the Act):

1. revoke, effective 31st May 2024, the previously issued *Guidelines for Notifying Diseases and Food Contaminants* issued by me on 1 July 2022;
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 1st June 2024.

Signed,



Dr Mark Veitch
Director of Public Health

31st May 2024

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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 <https://www.health.tas.gov.au/health-topics/environmental-health/drinking-water-quality/drinking-water-quality-guidelines-and-reports>).
- (d) These Guidelines and associated fact sheets are available on the Department of Health website at <https://www.health.tas.gov.au/health-topics/environmental-health/public-health-act-and-associated-guidelines>

Who the Guidelines apply to

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

Division 1 – **notifying certain diseases** (other than cancer). This division applies to the responsible person of a laboratory, to medical practitioners, and to the responsible person in a residential care, hospital or childcare facility.

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

- (f) 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
- (g) 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 responsible person in a residential care, hospital or childcare facility.

Definitions for Division I

Word or phrase	Definition
Act	means the <i>Public Health Act 1997</i>
established electronic reporting channel	means an electronic reporting channel that conforms to the international standard known as Health Level 7 or HL7, version 2.3.1
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> .
responsible person	means the nominated person within an organisation designated with role of meeting the statutory responsibility of the organisation for notifying diseases, outbreaks and or food contaminants
Secure email	An email sent using multifactorial authentication and/or password protection
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 *responsible person* 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 *responsible person* 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 *responsible person*:

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

How to notify

Immediate notifications

- (5) For a *notifiable disease* listed below, the *responsible person* must:
- (a) **immediately** upon being required to notify under this Part I, notify the *Director* or *Public Health Officer* by **telephoning 1800 671 738** or other direct number; **and**
 - (b) by **5:00pm** on the next *working day*:
 - i. send a report via an established electronic reporting channel; or
 - ii. send a report via secure email to cdpu.notifications@health.tas.gov.au or
 - iii. send a facsimile to **03 6173 0821**
1. Anthrax
 2. Avian influenza
 3. Botulism
 4. Cholera
 5. Creutzfeldt-Jakob Disease
 6. Creutzfeldt-Jakob Disease – variant
 7. Diphtheria
 8. *Haemophilus influenzae* type b infection (invasive)
 9. Legionellosis
 10. Listeriosis
 11. Lyssavirus – Australian bat lyssavirus infection
 12. Lyssavirus – other (unspecified) lyssavirus infection
 13. Measles
 14. Meningococcal infection
 15. Middle East Respiratory Syndrome (MERS)
 16. Monkeypox virus infection (mpox)
 17. Paratyphoid
 18. Plague
 19. Poliovirus infection
 20. Rabies
 21. Rubella (including congenital)
 22. Severe Acute Respiratory Syndrome (SARS)
 23. Shiga toxin or vero toxin producing *Escherichia coli*
 24. Smallpox
 25. Tularaemia
 26. Typhoid fever
 27. Viral haemorrhagic fever
 28. Yellow fever

Other notifications

- (6) For *notifiable diseases* not referred to in clauses (5), the *responsible person* must, before **5:00pm** on the next *working day* after the *responsible person* is required to notify under this Part I:
- (a) send a report via an established electronic reporting channel; or
 - (b) send a report via secure email to cdpu.notifications@health.tas.gov.au
or
 - (c) send a facsimile to **03 6173 0821**

What to notify

- (7) The *responsible person* must notify the following information:
- (a) In relation to the person with evidence of a *notifiable disease*:
 - 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 *responsible person*:

- 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 they are 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 they are 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
2. Avian influenza
3. Botulism
4. Cholera
5. Creutzfeldt-Jakob Disease
6. Creutzfeldt-Jakob Disease – variant
7. Diphtheria
8. Donovanosis
9. Food or waterborne illness (including shellfish poisoning)
10. Gastroenteritis (if the person resides, attends or works in a residential, hospital, or childcare facility and the medical practitioner considers the case is part of an outbreak)
11. Haemolytic uraemic syndrome
12. Hepatitis – unspecified
13. Hydatid infection
14. Invasive Group A streptococcal disease
15. Leprosy
16. Lyssavirus – Australian bat lyssavirus infection
17. Lyssavirus – other (unspecified) lyssavirus infection
18. Measles
19. Meningococcal infection
20. Middle East Respiratory Syndrome (MERS)
21. Monkeypox virus infection (mpox)
22. Mumps
23. Pertussis
24. Plague
25. Poliovirus infection
26. Rabies
27. Rubella (including congenital)
28. Severe Acute Respiratory Syndrome (SARS)
29. Smallpox
30. Syphilis (congenital only)
31. Tetanus
32. Tuberculosis
33. Tularaemia
34. Varicella zoster
35. Viral haemorrhagic fever
36. 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, notify the *Director* or *Public Health Officer* by **telephoning 1800 671 738** or other direct number; **and**
 - (a) by **5:00pm** on the next *working day*,
 - i. send a report via secure email to cdpu.notifications@health.tas.gov.au
 - or
 - ii. complete a secure online notification form
 - or
 - iii. send a facsimile to **03 6173 0821**.

- | | |
|---|--|
| 1. Anthrax | 17. Rabies |
| 2. Avian influenza | 18. Rubella (including congenital) |
| 3. Botulism | 19. Severe Acute Respiratory Syndrome (SARS) |
| 4. Cholera | 20. Smallpox |
| 5. Diphtheria | 21. Tularaemia |
| 6. Food or waterborne illness (including shellfish poisoning) | 22. Viral haemorrhagic fever |
| 7. Gastroenteritis (if the person resides, attends or works in a residential, hospital, or childcare facility and the medical practitioner considers the case is part of an outbreak) | 23. Yellow fever |
| 8. Haemolytic uraemic syndrome | |
| 9. Lyssavirus – Australian bat lyssavirus infection | |
| 10. Lyssavirus – other (unspecified) lyssavirus infection | |
| 11. Measles | |
| 12. Meningococcal infection | |
| 13. Middle East Respiratory Syndrome (MERS) | |
| 14. Monkeypox virus infection (mpox) | |
| 15. Plague | |
| 16. Poliovirus infection | |

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, notify the *Director* or *Public Health Officer* by:

(a) telephoning **1800 671 738** or other direct number;

or

(b) sending a report via secure email to cdpu.notifications@health.tas.gov.au

or

(c) complete a secure online notification form

or

(d) sending a facsimile to **03 6173 0821**.

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. 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 care, hospital, or childcare facility

When to notify

- (1) Subject to clause (2), the *responsible person* of a residential care, hospital, 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 *responsible person* is not required to notify under clause (1) if they are 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

The *responsible person* must, **before 5:00pm on the day** on which they are required to notify under this Part 3, notify the *Director* or *Public Health Officer* by

- (a) **telephoning 1800 671 738** or other direct number;
- or
- (b) sending a report via secure email to cdpugastro@health.tas.gov.au

What to notify

- (1) The *responsible person* or health professional must notify the following information:
 - (a) In relation to the *responsible person* 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 *responsible person* 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 *responsible person* of a *laboratory* and the *responsible person* 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 when required to do so.

Definitions for Division 2

Word or phrase	Definition
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 or borderline neoplasm</p>
established electronic reporting channel	means an electronic reporting channel that conforms to the international standard known as Health Level 7 or HL7, version 2.3.1
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>
responsible person	means the nominated person within an organisation designated with role of meeting the statutory responsibility of the organisation for notifying diseases, outbreaks and or food contaminants

Part I Notification of cancer by a laboratory

When to notify

- (1) The *responsible person* 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 *responsible person* 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 report via an established electronic reporting channel to CANCREGT (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 *responsible person* must notify the following information:
- (a) in relation to the *laboratory*:
 - i. *Laboratory* identifier (e.g. 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 *responsible person* 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 *responsible person* must send a password protected spreadsheet via email to menzies.tcr@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 *responsible person* 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

Word or phrase	Definition
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>responsible person</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>
responsible person	means the nominated person within an organisation designated with role of meeting the statutory responsibility of the organisation for notifying diseases, outbreaks and or food contaminants
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 *responsible person* 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 *responsible person* is not required to notify under clause (1) unless they suspect that the presence, or suspected presence, of a *notifiable contaminant* indicates a *threat to public health* or likely *threat to public health*.
- (3) The *responsible person* is not required to notify under clause (1) if they are 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 they are 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** or other direct number to notify the *Director* or *Public Health Officer*; or
 - (b) Send a secure email to foodnotification@health.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** they are 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 they are 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)



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