



Australian Capital Territory

# **Public Health Regulations 2000**

**SL2000-1**

in force under the

**Public Health Act 1997**

**Republication No 1 (RI)**

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## **About this republication**

### **The republished law**

This is a republication of the *Public Health Regulations 2000* effective from 15 January 2000 to 31 December 2000.

### **Kinds of republications**

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- authorised republications to which the *Legislation Act 2001* applies
- unauthorised republications.

The status of this republication appears on the bottom of each page.

### **Editorial changes**

The *Legislation (Republication) Act 1996*, part 3, division 2 authorised the Parliamentary Counsel to make editorial amendments and other changes of a formal nature when preparing a law for republication. Editorial changes do not change the effect of the law, but have effect as if they had been made by an Act commencing on the republication date (see *Legislation (Republication) Act 1996*, s 14 and s 16). The changes are made if the Parliamentary Counsel considers they are desirable to bring the law into line, or more closely into line, with current legislative drafting practice.



Australian Capital Territory

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in force under the  
**Public Health Act 1997**

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Australian Capital Territory

## Public Health Regulations 2000

in force under the  
**Public Health Act 1997**

### PART 1—PRELIMINARY

#### 1 Name of regulations

These regulations are the *Public Health Regulations 2000*.

#### 2 Commencement

These regulations commence on 15 January 2000.

#### 3 Definitions—the dictionary

The dictionary at the end of these regulations is part of these regulations.

*Note 1* The dictionary defines certain words and expressions used in these regulations, and includes references (*signpost definitions*) to other words and expressions defined elsewhere in these regulations or in other legislation.

For example, the signpost definition '*transmissible notifiable condition*—see *Public Health Act 1997*, subsection 5 (1)' indicates that the expression *transmissible notifiable condition* is defined in s 5 (1) of that Act, and that the definition there applies to these regulations.

*Note 2* A definition in the dictionary (including a signpost definition) applies to the entire regulations unless the definition, or another provision of the regulations, provides otherwise or the contrary intention otherwise appears (see *Interpretation Act 1967* s 11F and s 11G as applied by the *Subordinate Laws Act 1989*, s 9).

## PART 2—COMMUNICABLE DISEASE CONTROL

### *Division 2.1—Key concepts*

#### **4 Immunisation against vaccine preventable diseases**

(1) For these regulations, a person is *immunised* against a vaccine preventable disease only if—

- (a) a vaccine registered under the *Therapeutic Goods Act 1989* (Cwlth) has been administered to the person and the applicable vaccination procedure (under subregulation (2)) was followed; or
- (b) the person has serological evidence of immunity against the disease.

(2) The applicable vaccination procedure for an immunisation against a vaccine preventable disease is the procedure directed by the chief health officer by instrument.

(3) A direction under subregulation (2) is a disallowable instrument.

#### **5 What is a vaccine preventable disease?**

(1) For these regulations, the following diseases are *vaccine preventable diseases*:

- (a) diphtheria;
- (b) *Haemophilus influenzae* type b (hib) infection;
- (c) measles;
- (d) mumps;
- (e) poliomyelitis;
- (f) rubella (German measles);
- (g) tetanus;
- (h) pertussis (whooping cough);
- (i) hepatitis B;
- (j) a disease declared under subregulation (2).

(2) The chief health officer may, by instrument—

- (a) declare another disease to be a vaccine preventable disease; or
- (b) declare that a disease (including a disease mentioned in paragraphs (1) (a) to (i)) is not a vaccine preventable disease.

(3) A declaration under subregulation (2) is a disallowable instrument.



**6 Obligations on parents, guardians and responsible persons**

(1) For these regulations, if an obligation is expressed to apply to a parent or guardian of a child (but not to a particular parent or guardian of the child)—

- (a) it is sufficient for any parent or guardian of the child to carry out the obligation; and
- (b) if no parent or guardian of the child carries out the obligation—each parent and guardian is liable for the failure to carry out the obligation.

(2) For these regulations, if an obligation is expressed to apply to a person responsible for a child (but not to a particular person responsible for the child)—

- (a) it is sufficient for any person responsible for the child to carry out the obligation; and
- (b) if no person responsible for the child carries out the obligation—each person responsible for the child is liable for the failure to carry out the obligation.

**7 What is a child care centre?**

(1) In these regulations—

*child care centre* means premises mentioned in section 324 of the *Children and Young People Act 1999*.

(2) However, until the day when chapter 9 of the *Children and Young People Act 1999* commences, in these regulations—

*child care centre* means premises licensed under section 120 of the *Children's Services Act 1986*.

(3) Subregulation (2) and this subregulation cease to have effect on the day when chapter 9 of the *Children and Young People Act 1999* commences.

***Division 2.2—Immunisation***

**8 Provision of immunisation history on enrolment at school**

(1) When a child is enrolled at a kindergarten or primary school for the first time (for that kindergarten or school), the person in charge of the kindergarten or school must require a parent or guardian of the child to provide, for each vaccine preventable disease—

- (a) an immunisation record stating the immunisation status of the child for the disease; or
- (b) if the parent or guardian cannot provide an immunisation record for the disease—a statutory declaration that the child has been immunised against the disease; or
- (c) a declaration that the child has not been immunised against the disease; or
- (d) a declaration that the parent or guardian does not know whether or not the child has been immunised against the disease.

Maximum penalty: 10 penalty units.

(2) When a child is enrolled at a preschool or child care centre for the first time (for that preschool or centre), the person in charge of the preschool or centre must require a parent or guardian of the child—

- (a) to provide for inspection an immunisation record setting out the immunisation status of the child for each vaccine preventable disease; and
- (b) to give the person in charge a copy of that record.

Maximum penalty: 10 penalty units.

(3) A parent or guardian of a child must comply with a requirement under this regulation.

Maximum penalty: 10 penalty units.

(4) It is a defence to a prosecution under this regulation for failure to do a thing that the defendant had a reasonable excuse for that failure.

**9 Immunisation records kept by pre-secondary schools**

(1) The person in charge of a pre-secondary school must make a record of the immunisation status of each child enrolled at the school in a form that is readily accessible to the person in charge and the chief health officer.

Maximum penalty: 10 penalty units.

(2) In a prosecution for an offence against subregulation (1), an immunisation record signed by any of the following persons is evidence that a specified child is immunised against the vaccine preventable disease to which the signature relates:

- (a) a doctor;
- (b) a registered nurse;
- (c) a person authorised in writing by the chief health officer for the purpose.

(3) The person in charge of a pre-secondary school must—

- (a) keep a copy of a child's immunisation record while the child is enrolled at the school; and
- (b) give a copy of the immunisation record to the chief health officer within a reasonable time after enrolment.

Maximum penalty: 10 penalty units.

(4) It is a defence to a prosecution under this regulation for failure to do a thing that the defendant had a reasonable excuse for that failure.

#### **10 Change of immunisation status—notification**

(1) When a child is enrolled at a pre-secondary school for the first time (for that school), the person in charge of the school must require a parent or guardian of the child to tell the person in charge of a change in the immunisation status of the child within a reasonable time after the status changes.

Maximum penalty: 10 penalty units.

(2) The parent or guardian of a child enrolled at a pre-secondary school must tell the person in charge of the school of a change in the immunisation status of the child within a reasonable time after the status changes.

Maximum penalty: 10 penalty units.

(3) If the person in charge of a pre-secondary school is told of a change in a child's immunisation status, the person must attach a note of the change to the child's immunisation record.

Maximum penalty: 10 penalty units.

(4) The person in charge of a pre-secondary school must, within a reasonable time after a note is attached under subregulation (2), give a copy of the note to the chief health officer.

Maximum penalty: 10 penalty units.

(5) It is a defence to a prosecution under this regulation for failure to do a thing that the defendant had a reasonable excuse for that failure.

### **11 Access to information about immunisation status**

(1) The chief health officer, or a person authorised in writing by the chief health officer, may obtain access to and take copies of information about a child's immunisation status if required to do so—

- (a) for these regulations; or
- (b) to conduct an epidemiological study.

(2) The chief health officer may authorise another person under subregulation (1) only if satisfied that the authorised person has adequate knowledge and experience of—

- (a) disease control; or
- (b) the management of immunisation programs.

(3) In this regulation—

*epidemiological study* means a study or series of studies of—

- (a) the incidence or distribution of a vaccine preventable disease in the Territory population, a group of persons in that population or a sub-sample of such a group; or
- (b) the factors responsible for the incidence or distribution, or both, of the disease.

### ***Division 2.3—Vaccine preventable diseases in schools***

### **12 Notice by school to parent or guardian, and chief health officer**

The person in charge of a school must give notice to a parent or guardian of a child, and the chief health officer, if the person in charge believes, on reasonable grounds, that a child enrolled at the school—

- (a) has a vaccine preventable disease; or
- (b) has not been immunised against a vaccine preventable disease and has been in contact with a person infected with such a disease.

Maximum penalty: 10 penalty units.

**13 Exclusion of children from school**

(1) This regulation applies if the chief health officer believes, on reasonable grounds, that there is a significant risk to public health caused by—

- (a) an occurrence of a vaccine preventable disease at a school; or
- (b) an occurrence of a vaccine preventable disease in the community where a school is situated.

(2) The chief health officer may give a written direction (a *school health direction*) to the person in charge of the school to do any or all of the following:

- (a) exclude from school a child, or each child, who has the disease;
- (b) exclude from school a non-immunised child, or each non-immunised child;
- (c) in circumstances specified in the direction—exclude from school a child, or each child, who has the disease;
- (d) in circumstances specified in the direction—exclude from school a non-immunised child, or each non-immunised child;
- (e) take other action specified in the direction to reduce the public health risk caused by the occurrence of the disease.

(3) A school health direction has effect for a child until the earliest occurring of the following days:

- (a) a day (if any) specified in the direction for the child;
- (b) a day specified in a return to school notice for the child.

(4) The person in charge of the school must give written notice of the effect of a school health direction to a parent or guardian of a child for whom the direction is given.

Maximum penalty: 10 penalty units.

(5) When the chief health officer is satisfied that the risk to public health has ceased, the chief health officer may direct the person in charge of the school to give a notice (a *return to school notice*) to a parent or guardian of a child who has been excluded to the effect that the child may recommence attendance at school on a day specified in the notice.

(6) The chief health officer may issue more than 1 school health direction for a child.

(7) If more than 1 school health direction is issued for a child, the most recent direction prevails to the extent of any inconsistency.

(8) This regulation does not prevent or limit the operation of any other provision of this Part.

#### **14 Enforcement of exclusion**

(1) A person in charge of a school must not, without reasonable excuse, fail to comply with a school health direction, or a direction of the chief health officer to give a return to school notice.

Maximum penalty: 10 penalty units.

(2) If a child is excluded from school under a school health direction, and a parent or guardian of the child has been given notice of the direction under subregulation 13 (4), the parent or guardian of the child must not allow the child to attend school until the direction ceases to have effect.

Maximum penalty: 10 penalty units.

#### **15 School staff with vaccine preventable diseases**

The person in charge of a school must, as soon as possible, notify the chief health officer if the person in charge knows or suspects that a member of staff of the school has a vaccine preventable disease.

Maximum penalty: 10 penalty units.

### ***Division 2.4—Schedule 1 conditions***

#### **16 Notice to school from parent or guardian—cases and contacts**

(1) A parent or guardian of a child enrolled at a school or attending home-based care must, as soon as possible, inform the person in charge of the school or care if the parent or guardian has reasonable grounds for believing that the child has a condition mentioned in Schedule 1.

Maximum penalty: 10 penalty units.

(2) A parent or guardian of a child enrolled at a school or attending home-based care must, as soon as possible, inform the person in charge of the school or care if the parent or guardian has reasonable grounds for believing that the child has been in contact with a person who has a condition mentioned in Schedule 1, if a period of exclusion from school or care is specified in Schedule 1 for contacts of persons with the condition.

Maximum penalty: 10 penalty units.

**17 Exclusion from school or home-based care—cases**

(1) A parent or guardian of a child enrolled at a school or attending home-based care must not, if the parent or guardian has reasonable grounds for believing that the child has a condition mentioned in Schedule 1, allow the child to attend school or care for the period specified in Schedule 1 for children with the condition.

Maximum penalty: 10 penalty units.

(2) The person in charge of a school or home-based care must not, if the person in charge has reasonable grounds for believing that the child has a condition mentioned in Schedule 1, allow the child to attend school or care for the period specified in Schedule 1 for children with the condition.

Maximum penalty: 10 penalty units.

**18 Children with Schedule 1 conditions—precautions**

(1) This regulation applies if a child has a condition mentioned in Schedule 1 and has been excluded from school or home-based care, under these regulations, because of that condition.

(2) A person responsible for the child must, during the period of exclusion from school or home-based care, take reasonable precautions (appropriate to that condition) to prevent the child transmitting the condition.

Maximum penalty: 10 penalty units.

(3) In this regulation—

*reasonable precautions* includes precautions taken on the advice of a doctor or an authorised officer.

**19 Exclusion from school or home-based care—contacts**

(1) A parent or guardian of a child enrolled at a school or attending home-based care must not, if the parent or guardian has reasonable grounds for believing that the child has been in contact with a person who has a condition mentioned in Schedule 1, allow the child to attend school or care for the period specified in Schedule 1 for contacts of persons with the condition.

Maximum penalty: 10 penalty units.

(2) The person in charge of a school or home-based care must not, if the person in charge has reasonable grounds for believing that the child has been in contact with a person who has a condition mentioned in Schedule 1, allow the child to attend school or care for the period specified in Schedule 1 for contacts of persons with the condition.

Maximum penalty: 10 penalty units.

**20 Contacts of children with Schedule 1 conditions—precautions**

(1) This regulation applies if—

- (a) a child (*the contact child*) is a contact of a person who has a condition mentioned in Schedule 1; and
- (b) a period of exclusion from school or home-based care is specified in Schedule 1 for such children.

(2) A person responsible for the contact child must, during the period of exclusion from school or care, take reasonable precautions (appropriate to the condition) to prevent possible transmission of the condition by the contact child.

Maximum penalty: 10 penalty units.

(3) In this regulation—

*reasonable precautions* includes precautions taken on the advice of a doctor or an authorised officer.

***Division 2.5—Transmissible notifiable conditions***

**21 Persons with transmissible notifiable conditions**

(1) A person who knows or suspects that he or she has a transmissible notifiable condition, or knows or suspects that he or she is a contact of such a person, must take reasonable precautions (appropriate to that condition) against transmitting the condition.

Maximum penalty: 10 penalty units.

(2) If a person responsible (the *responsible person*) for another person (the *other person*) knows or suspects that the other person has a transmissible notifiable condition, or knows or suspects that the other person is a contact of such a person, the responsible person must take reasonable precautions (appropriate to the condition) to prevent the other person from transmitting the condition.

Maximum penalty: 10 penalty units.

(3) In this regulation—

*reasonable precautions* includes precautions taken on the advice of a doctor (including an authorised medical officer) or an authorised officer.



## PART 3—CERVICAL CYTOLOGY

### *Division 3.1—Cervical cytology register*

#### **22 What is registrable information?**

*Registrable information* is the following information about a woman and her cervical smear or cervical tissue:

- (a) her full name and any previous name;
- (b) her date of birth;
- (c) her postal address;
- (d) the date the smear or tissue was taken;
- (e) the identification code of the laboratory that examined the smear or tissue;
- (f) the identification code of the health practitioner who took the smear or tissue;
- (g) her test results;
- (h) for a smear with abnormal test results—
  - (i) the period of time (if any) within which the laboratory that examined the smear has advised the health practitioner who took the smear to take another smear; or
  - (ii) the details of other management recommendations (that is, coloscopy plus biopsy).

#### **23 Participation in the cervical cancer prevention program**

**(1)** The chief health officer must inform each woman from whom a cervical smear or cervical tissue is to be taken—

- (a) of her right to choose not to participate in the cervical cancer prevention program by contributing registrable information to the cervical cytology register; and
- (b) that failure to participate in the program will not affect her right to have the smear or tissue taken.

**(2)** A health practitioner who takes a cervical smear or cervical tissue from a woman must attach a refusal of consent marker to the pathology request form if the woman informs the practitioner that she does not consent to registration of her registrable information.

(3) However, a health practitioner who takes a cervical smear or cervical tissue from a woman must not attach a refusal of consent marker to the pathology request form unless the woman informs the practitioner that she does not consent to registration of her registrable information.

(4) This regulation only applies to a woman whose usual place of residence is in the Territory.

#### **24 Sending registrable information from the laboratory to the chief health officer**

(1) The person responsible for the day-to-day control of a laboratory must, after a woman's cervical smear or cervical tissue is examined, send the registrable information to the chief health officer, unless a refusal of consent marker is attached to the pathology request form.

(2) If a person responsible for the day-to-day control of a laboratory gives registrable information to the chief health officer—

(a) giving the information is not—

(i) a breach of confidence; or

(ii) a breach of professional etiquette; or

(iii) a breach of professional ethics; or

(iv) a breach of a rule of professional conduct; and

(b) no civil or criminal liability is incurred only because the information is given.

#### **25 Cervical cytology register**

(1) The chief health officer must maintain a *cervical cytology register*.

(2) The chief health officer must enter in the register registrable information provided under regulation 24.

(3) The cervical cytology register is the register under that name established under the *Public Health (Cervical Cytology) Regulations*, and includes the information on that register immediately before 15 January 2000.

(4) Subregulation (3) and this subregulation cease to have effect on 1 January 2001.

**26 Use of information on cervical cytology register**

**(1)** The cervical cytology register is established for the following purposes:

- (a) after a woman has had her cervical smear taken and the test results recorded on the register—to remind the woman (after a reasonable time following the end of a period determined by the chief health officer after the smear was taken) that she should have another smear taken, if she has failed to do so;
- (b) to establish a record of test results that links each woman on the register with her health practitioner and any laboratory that produces her test results;
- (c) to monitor test results to encourage consistency of performance between laboratories;
- (d) to provide data for the following purposes:
  - (i) to assess participation in the cervical cancer prevention program;
  - (ii) to assist in the design of strategies to educate women to take responsibility for having a cervical smear taken at appropriate intervals;
  - (iii) to assist in the design of strategies to encourage women to be included in the register;
  - (iv) for use in research programs approved under paragraph (4) (a) into the alleviation and prevention of cervical cancer;
  - (v) to increase public awareness by the publication of statistics;
  - (vi) to assist in the compilation of comparative data by national organisations approved under paragraph (4) (b).

**(2)** The chief health officer must notify a woman that she is overdue to have her next cervical smear taken if—

- (a) the woman's last registered test results are normal; and
- (b) an appropriate interval, decided by the management committee, has elapsed since the end of the period mentioned in paragraph (1) (a) after the taking of that smear; and
- (c) the woman has not had another smear taken.

- (3) The chief health officer must take reasonable steps to ensure that appropriate action is taken to notify the health practitioner who took the last smear from a woman, or the woman herself, that the woman's next smear is overdue if—
- (a) the woman's last registered test results are abnormal; and
  - (b) the registrable information for her last cervical smear recommended a time within which the next smear should be taken, or other follow-up action; and
  - (c) the woman has not had a further smear taken or other recommended follow-up action within a reasonable time after the time referred to in paragraph (b).
- (4) The Minister may, by instrument, approve—
- (a) research programs for subparagraph (1) (d) (iv); and
  - (b) national organisations for subparagraph (1) (d) (vi).
- (5) The Minister may only approve a research program if satisfied that disclosure of the information for the program and its use would meet the requirements of the *Privacy Act 1988* (Cwlth) for medical research, whether or not that Act applies to the research program of its own force.
- (6) An approval under subregulation (4) is a disallowable instrument.

## **27 Disclosure of identifying information—women**

(1) A person must not, without good reason, disclose information on the cervical cytology register in such a way that the woman to whom the information relates is reasonably able to be identified, unless the woman consents in writing to such disclosure.

Maximum penalty: 10 penalty units.

- (2) Subregulation (1) does not apply to a disclosure (under subregulation 26 (3)) of information about a woman's abnormal test results to—
- (a) a laboratory at which a cervical smear or cervical tissue taken from the woman is being examined in accordance with a pathology request form; or
  - (b) a health practitioner who has taken a cervical smear or cervical tissue from the woman.
- (3) Upon a woman's written request, the chief health officer must disclose to her any information on the cervical cytology register that relates to her alone.

**28 Disclosure of identifying information—health practitioners and laboratories**

A person must not, without good reason, disclose information on the cervical cytology register in such a manner that a health practitioner or laboratory to whom the information relates is reasonably able to be identified, unless the health practitioner or person responsible for the day-to-day control of the laboratory consents in writing to such disclosure.

Maximum penalty: 10 penalty units.

**29 Deletion of material on cervical cytology register**

The chief health officer must, after receiving a written request by a woman, remove from the cervical cytology register any information that could reasonably enable the woman to be identified.

***Division 3.2—The management committee***

**30 Meaning of *member* in div 3.2**

In this Division—

*member* means a member of the management committee.

**31 Establishment**

(1) The chief health officer must maintain a *management committee* in accordance with this Division.

(2) The management committee is the committee under that name established under the *Public Health (Cervical Cytology) Regulations*, and is taken to consist of the members, and the chairperson and deputy chairperson, who constituted that committee immediately before 15 January 2000.

(3) An instrument of appointment of a member of the management committee that was made by the Minister before 15 January 2000 for a period ending after that day is taken to have been made under these regulations, and to be effective until the end of the period specified in the instrument.

(4) Subregulations (2) and (3) and this subregulation cease to have effect on 15 January 2002.

### **32 Constitution**

The management committee must be constituted by at least 7 members and at most 9 members, appointed in writing by the chief health officer, of whom—

- (a) 2 must be nominees of the ACT Division of General Practice Incorporated; and
- (b) 1 must be a nominee of the ACT Branch of the Royal College of Pathologists of Australasia; and
- (c) 1 must be a nominee of the ACT Branch of the Royal Australian College of Obstetricians and Gynaecologists; and
- (d) 1 must be a nominee, and member, of the ACT Cancer Society Incorporated; and
- (e) 1 must be a person nominated by an organisation whose main purpose is, in the opinion of the chief health officer based on reasonable grounds, to consider and comment on the provision of health services on behalf of the community; and
- (f) 1 must be a public servant whose functions include the maintenance of the cervical cytology register.

### **33 Functions**

- (1) The functions of the management committee are as follows:
  - (a) to monitor the use, role and maintenance of the cervical cytology register;
  - (b) to advise the chief health officer about the use, role and maintenance of the register;
  - (c) to advise public servants maintaining the register about relevant areas in which members have expertise.
- (2) The chief health officer must consider any advice of the management committee under subregulation (1).

### **34 Powers**

The management committee has power to do all things necessary or convenient to be done for or in connection with the performance of its functions.

**35 Terms of appointment**

- (1) A member holds office on a part-time basis.
- (2) An appointment is for a period of not longer than 2 years, specified in the instrument of appointment.

**36 Appointment of chairperson and deputy chairperson**

The chief health officer must appoint—

- (a) as chairperson—a member of the ACT Cancer Society Incorporated (nominated by the society as a member of the management committee); and
- (b) as deputy chairperson—another member of the management committee.

**37 Termination of appointment**

The chief health officer may terminate the appointment of a member—

- (a) for misbehaviour or physical or mental incapacity; or
- (b) on written notice from the organisation who nominated the member.

**38 Acting members**

- (1) The chief health officer may appoint a person to act as a member—
  - (a) during a vacancy in the office of the member, whether or not an appointment has previously been made to the office; or
  - (b) during any period, or during all periods, when the member is, for any reason, unable to perform the functions of the office.
- (2) A person appointed to act as a member must not act continuously for more than 12 months.
- (3) Anything done in good faith by or in relation to a person purporting to act under subregulation (1) is not invalid on the ground that—
  - (a) the person's appointment was ineffective or had ceased to have effect; or
  - (b) the occasion for the person to act had not arisen or had ceased.

**39 Meetings**

- (1) The chairperson or, if he or she cannot do so, the deputy chairperson, must—
- (a) call a management committee meeting if the chairperson (or deputy, as appropriate) considers it necessary for the efficient performance of the committee's functions; and
  - (b) call a meeting of the management committee if requested by the chief health officer, or on receipt of a written request signed by a majority of members.
- (2) In each period of 12 months, at least 2 management committee meetings must be called.

**40 Procedure at meetings**

- (1) The chairperson must preside at all management committee meetings at which he or she is present.
- (2) If the chairperson is not present at a meeting, the deputy chairperson must preside.
- (3) If the chairperson and deputy chairperson are both absent from a meeting, the members present must elect 1 of their number to preside.
- (4) The presiding member may give directions about the procedure to be followed in connection with the meeting.
- (5) Questions arising at a meeting must be decided by a majority of the votes of the members present and voting.
- (6) The presiding member has a deliberative vote and, in the event of an equality of votes, a casting vote.
- (7) The management committee must keep minutes of its proceedings.

**41 Conduct of business**

Subject to these regulations, the management committee may conduct its business as it thinks fit.



## PART 4—CANCER REPORTING

### 42 Notification of pathologist test results

- (1) If the result of a test performed on a specimen taken from a person ordinarily resident in the Territory at a laboratory indicates the presence of cancer, the person responsible for the day-to-day control of the laboratory must give the chief health officer a notice in the form approved by the chief health officer.
- (2) However, notice need not be given of a natural progression of a cancer that has been notified within the previous year.

### 43 Notification of cancer cases at hospitals and nursing homes

- (1) The person responsible for the day-to-day control of a hospital or nursing home in the Territory must give the chief health officer a notice in the form approved by the chief health officer if—
- (a) a person who is a patient or resident at the hospital or nursing home is found to have cancer; or
  - (b) a person is treated for cancer at the hospital or nursing home.
- (2) However, notice need not be given of a natural progression of a cancer that has been notified within the previous year.

### 44 Further information from doctors

- (1) This regulation applies if the chief health officer—
- (a) has been notified (by notice under regulation 42 or 43—*the cancer notice*) that a person (*the cancer patient*) has cancer; and
  - (b) the cancer notice does not properly comply with the approved form, or is unclear.
- (2) The chief health officer may, by written notice, request a doctor who has professionally attended the cancer patient to give the chief health officer any specified information required to be included in the cancer notice.

### 45 Protection of persons giving cancer information

If a person gives information to the chief health officer under this Part—

- (a) giving the information is not—
  - (i) a breach of confidence; or
  - (ii) a breach of professional etiquette; or

- (iii) a breach of professional ethics; or
  - (iv) a breach of a rule of professional conduct; and
- (b) no civil or criminal liability is incurred only because the information is given.

#### **46 Cancer register**

- (1) The chief health officer must maintain a *cancer register*.
- (2) The chief health officer must enter in the register all information given under this Part.
- (3) The cancer register is the register under that name established under the *Public Health (Cancer Reporting) Regulations*, and includes the information on that register immediately before 15 January 2000.
- (4) Subregulation (3) and this subregulation cease to have effect on 1 January 2001.

#### **47 Disclosure of information on the cancer register**

- (1) The chief health officer may disclose information on the cancer register about a cancer patient whose usual place of residence is in a State or another Territory to the person responsible for maintaining a cancer registry (if any) established under a law of the State or other Territory.
- (2) The chief health officer may disclose information on the cancer register to a person, approved in writing by the Minister, who is engaged in—
- (a) the collection of cancer statistics; or
  - (b) medical research.
- (3) The chief health officer may otherwise only disclose information on the cancer register to a person if the information is disclosed in such a way that it is not possible to identify—
- (a) the person to whom the information relates; or
  - (b) the doctor who attended the person; or
  - (c) the laboratory, hospital or nursing home who notified the chief health officer of the person's cancer.

#### **48 Refusal of approval of access to registered information**

- (1) If the Minister refuses to approve a person under subregulation 47 (2) he or she must, within 28 days, give written notice of that refusal to the chief health officer and to the person refused approval.

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(2) A notice of refusal of approval must be in accordance with the requirements of the code of practice in force under subsection 25B (1) of the *Administrative Appeals Tribunal Act 1989*.

(3) Application may be made to the administrative appeals tribunal for a review of a decision of the Minister to refuse approval to a person.

**49 Confidentiality**

(1) A person must not, except for these regulations or as required by law, make a record of or divulge or communicate to any person any information, or document, acquired under these regulations.

Maximum penalty: 10 penalty units.

(2) This regulation does not affect the operation of any other law relating to the confidentiality of information or documents.

## **PART 5—DRUG PREPARATION AND SUPPLY**

### ***Division 5.1—Application***

#### **50 Pharmaceutical businesses responsible for staff compliance**

A person carrying on a business involving the preparation, storage or supply of drugs must do everything reasonable to ensure that all persons engaged in the business comply with this Part.

Maximum penalty: 10 penalty units.

### ***Division 5.2—Advertising and supply***

#### **51 Sale of injurious drugs, articles and apparatus**

- (1) This regulation applies to the advertising or supply of—
  - (a) a drug; or
  - (b) an article or apparatus claimed to relieve human suffering or to cure, overcome or alleviate any physical defect.
- (2) The Minister may, by instrument, prohibit the advertising or supply of a drug, article or apparatus that the Minister believes is injurious to life or health or which is useless for the advertised purpose.
- (3) A prohibition under subregulation (2) is a disallowable instrument.
- (4) If the Minister proposes to prohibit the advertising or supply of a drug or thing, the Minister must give prior written notice of the proposal to any person known to the Minister who manufactures, imports, distributes or supplies the drug or thing inviting the person to give a written objection to the Minister (stating the reasons for objection) within a specified period of not less than 28 days after receiving the notice.
- (5) In deciding whether to prohibit the advertising or supply of a drug or thing, the Minister must consider any objection given as invited under subregulation (4).
- (6) If the advertising or supply of a drug or thing is prohibited under subregulation (2), a person must not—
  - (a) advertise or supply the drug or thing; or
  - (b) publish an advertisement for the drug or thing.

Maximum penalty: 10 penalty units.

- (7) Subregulation (6) does not apply to—
- (a) the advertisement of drugs in genuine trade journals; or
  - (b) advertisements consisting of price lists provided by manufacturers to the retail trades only; or
  - (c) the supply of drugs by prescription or order, signed by a doctor; or
  - (d) the supply of drugs by a doctor to his or her patient or a person acting on behalf of such a patient.

**52 Supply of disinfectants and proprietary remedies**

- (1) The Minister may, by instrument, prohibit the supply of—
- (a) a substance or compound as a disinfectant, germicide, antiseptic or preservative; or
  - (b) a patent or proprietary medicine the chief health officer certifies to be harmful to health.
- (2) A prohibition under subregulation (1) is a disallowable instrument.
- (3) A person must not supply a substance, compound or medicine in contravention of a prohibition under subregulation (1).

Maximum penalty: 10 penalty units.

- (4) For this regulation—

*patent or proprietary medicine* means a medicine for external or internal use which the maker or seller has an exclusive right to make under the authority of letters patent, or which is advertised (including an advertisement consisting of a price list, handbill or label) for the prevention, cure or relief of a human ailment or physical defect.

**53 Labelling disinfectants, germicides, antiseptics and preservatives**

- (1) The chief health officer may, by instrument, direct what information and directions are to be placed on labels of packages of disinfectants, germicides, antiseptics or preservatives.
- (2) A direction under subregulation (1) is a disallowable instrument.

**(3)** A person must not supply a substance or compound called, described or intended to be used as a disinfectant, deodoriser, germicide, preservative, antiseptic, sanitary powder or sanitary fluid unless the label sets out distinctly and legibly the following information:

- (a) any information or directions required by subregulation (1);
- (b) the name or names of the substance or compound;
- (c) the percentage of active ingredients in the substance or compound.

Maximum penalty: 10 penalty units.

#### **54 Supply of adulterated drugs**

**(1)** A person must not—

- (a) prepare or store a drug so as to adversely affect the quality or potency of the drug; or
- (b) supply a drug that is prepared or stored in that way.

Maximum penalty: 10 penalty units.

**(2)** A person must not supply a drug that contains matter that is inedible, or likely to cause injury if taken by mouth, unless the drug is labelled distinctly and legibly as being unsuitable for administration by mouth.

Maximum penalty: 10 penalty units.

**(3)** A person must not—

- (a) prepare a drug so as fraudulently to increase its weight, bulk or measure, or to conceal its inferior quality; or
- (b) supply a drug that is prepared in that way.

Maximum penalty: 10 penalty units.

**(4)** A person must not supply a drug otherwise than in accordance with the instructions of the person to whom it is supplied in any of the following respects:

- (a) nature;
- (b) substance;
- (c) quality;
- (d) weight;
- (e) measure;
- (f) quantity;
- (g) composition.

Maximum penalty: 10 penalty units.

***Division 5.3—Inspections***

**55 Inspection of drugs and appliances**

- (1) The chief health officer may inspect a drug, article or appliance which is advertised, or offered, for supply for the purpose of curing or alleviating a condition to find out its composition and properties.
- (2) The chief health officer may compare the results of an inspection with any advertisement which relates to the drug, article or appliance.
- (3) The chief health officer may prepare a report of the results of an inspection and comparison including any comment that the chief health officer considers desirable in the public interest.
- (4) The chief health officer may, with the Minister's written approval—
  - (a) publish the report in a newspaper circulating in the Territory, and in any other way considered desirable by the chief health officer; and
  - (b) otherwise make the report available to the public.
- (5) A proceeding may not be brought—
  - (a) against the Territory or any person on the basis of the publication of a report under this regulation; or
  - (b) against the Territory or any other person on the basis of the republication (in whole or in part) of a report published under this regulation.

***Division 5.4—Pharmaceutical workers***

**56 Medical examination of pharmaceutical workers**

- (1) This regulation applies if the chief health officer or an authorised medical officer suspects, on reasonable grounds, that a person who prepares, stores or supplies drugs has a condition that may be transmitted to someone else because of that preparation, storage or supply.
- (2) The person must not, without reasonable excuse, fail to comply with a written direction by a public health officer to have either or both of the following examinations:
  - (a) an examination by the chief health officer or an authorised medical officer on a day, and at a time and place, specified in the direction; or

- (b) a specified clinical or bacteriological examination on a day, and at a reasonable time and place, specified in the direction.

Maximum penalty: 10 penalty units.

**57 Directions to pharmaceutical workers with transmissible conditions**

- (1) This regulation applies if the chief health officer—
  - (a) believes, as a result of an examination mentioned in regulation 56, that the person examined has a condition mentioned in that regulation; and
  - (b) gives the person a written direction not to prepare, store or supply drugs, or handle any equipment for such preparation, storage or supply.
- (2) The person must comply with the direction until—
  - (a) the chief health officer gives the person written notice withdrawing the direction; or
  - (b) the person gives the chief health officer a certificate from a doctor certifying that the person does not have a condition mentioned in regulation 56.

Maximum penalty: 10 penalty units.

**58 Transmissible conditions and bandages**

- (1) A person must not prepare, store or supply a drug if he or she—
  - (a) has a condition that may be transmitted to someone else because of that preparation, storage or supply; or
  - (b) is wearing unclean or medicated bandages, and there is, as a result, a reasonably significant risk of contamination of a drug.

Maximum penalty: 10 penalty units.

- (2) Paragraph (1) (b) does not apply in relation to the preparation, storage or supply of drugs if the bandages are on the person's hands or wrists, and are, while that activity is being carried out, covered by clean gloves suitable for the activity.

**59 Personal cleanliness**

While preparing, storing or supplying a drug, a person must be clean and wear clean clothes.

Maximum penalty: 10 penalty units.



**60 Offensive habits**

While preparing, storing or supplying a drug, a person must not smoke or chew tobacco, or spit.

Maximum penalty: 10 penalty units.

***Division 5.5—Equipment and temperature control***

**61 Keeping equipment clean**

A person who prepares, stores, supplies or transports drugs must keep all equipment used for that preparation, storage, supply or transport clean and free from odours.

Maximum penalty: 10 penalty units.

**62 Temperature control**

(1) A person who prepares, stores or transports a drug must not, without reasonable excuse, fail to ensure that the drug is kept within the manufacturer's recommended storage temperature range.

Maximum penalty: 10 penalty units.

(2) If a person who prepares, stores or transports a drug does not keep the drug within the manufacturer's recommended storage temperature range, the person must dispose of the drug.

Maximum penalty: 10 penalty units.

***Division 5.6—Pharmacies***

**63 Insanitary conditions**

(1) A person carrying on business as a pharmacist must not do so in such a way as to cause an insanitary condition.

Maximum penalty: 10 penalty units.

(2) A person carrying on business as a pharmacist must not do so in a place that is in an insanitary condition.

Maximum penalty: 10 penalty units.

***Division 5.7—Miscellaneous***

**64 Supply by self or agent**

A person is taken to supply a drug or article if the person supplies it on his or her own account or as the agent or employee of another person.

## **PART 6—GENERAL SANITATION**

### ***Division 6.1—Animals and birds***

#### **65 Keeping animals and birds—insanitary conditions**

(1) A person must not keep an animal or bird so as to cause an insanitary condition.

Maximum penalty: 10 penalty units.

(2) A person must not keep an animal or bird in a place that is in an insanitary condition.

Maximum penalty: 10 penalty units.

#### **66 Keeping domestic birds**

(1) This regulation applies to a person keeping domestic birds in the city area other than inside his or her home.

(2) A person must not, without the written permission of the chief health officer, keep the birds in a yard or run—

(a) smaller than 20m<sup>2</sup>; or

(b) in a yard or run from which the birds can escape.

Maximum penalty: 10 penalty units.

(3) If a person keeps more than 10 birds at a time, the yard or run in which the birds are kept must have an area of at least 10m<sup>2</sup> for every 5 birds.

Maximum penalty: 10 penalty units.

(4) A person must not keep a bird in a yard or run closer than 8m to any home, hospital or school building.

Maximum penalty: 10 penalty units.

(5) A person must, if directed in writing by the chief health officer, remove or alter a yard or run in which birds are kept as directed within a reasonable time after the direction is given.

Maximum penalty: 10 penalty units.

#### **67 Animal and bird diseases**

(1) This regulation applies if an animal or bird develops a condition that, in the opinion of the chief health officer based on reasonable grounds—

(a) is potentially injurious to humans; and

(b) represents a serious risk to public health.

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(2) If this regulation applies, the chief health officer may give the keeper of the animal or bird a written direction to destroy the animal or bird within a period specified in the direction.

(3) If this regulation applies to a dog that has the hydatid disease parasite, the chief health officer may give its keeper a written direction to—

- (a) treat the dog in a manner specified in the direction; or
- (b) destroy the dog.

(4) The keeper of an animal or bird must not, without reasonable excuse, fail to comply with a notice under this regulation.

Maximum penalty: 10 penalty units.

***Division 6.2—Water supply***

**68 Protection of water supply**

(1) This regulation applies to a reservoir, dam or water channel of the Canberra water supply system (the *Canberra water supply*).

(2) A person must not bathe or wash in the Canberra water supply.

Maximum penalty: 10 penalty units.

(3) A person must not put anything into the Canberra water supply that is detrimental to the quality of the water.

Maximum penalty: 10 penalty units.

(4) It is a defence to a prosecution under subregulation (3) for putting a thing into the Canberra water supply if the defendant establishes that the thing was put there in the course of the reasonable grazing or depasturing of animals.

***Division 6.3—Toilets***

**69 Toilets not connected to the sewerage system**

If there is, on premises or occupied land, no connection with the sewerage system, the occupier of the premises or land must not install a toilet unless—

- (a) the toilet is connected to a septic tank installation approved by an authorised officer; or

- (b) the toilet is a chemical toilet, or another type of toilet, approved by an authorised officer.

Maximum penalty: 10 penalty units.

**70 Installation of septic tanks and chemical toilets**

- (1) A person must not install a septic tank or a chemical toilet unless an authorised officer has given permission under this regulation.

Maximum penalty: 10 penalty units.

- (2) The occupier of a place may apply to an authorised officer for permission to install a septic tank or chemical toilet at the place.

- (3) An application must be in the approved form.

- (4) An authorised officer must, on application for the installation of a septic tank or chemical toilet—

- (a) give permission; or
- (b) refuse to give permission.

- (5) An authorised officer may, by written notice given to an applicant, require the applicant to provide additional stated information or documents that the authorised officer reasonably needs to decide the application.

- (6) An authorised officer is not required to decide an application until the applicant complies with a requirement to provide additional information or documents.

**71 Installation of chemical toilets—application of Canberra Sewerage and Water Supply Regulations**

The *Canberra Sewerage and Water Supply Regulations* apply, so far as possible, to the installation of a chemical toilet.

**72 Installation of non-chemical, non-flushing toilets**

A person must not install a toilet (other than a flushing toilet or a chemical toilet) without the written permission of an authorised officer.

Maximum penalty: 10 penalty units.

**73 Alteration of septic tanks and non-flushing toilets**

A person must not alter the construction of a septic tank or toilet (other than a flushing toilet) without the written permission of an authorised officer.

Maximum penalty: 10 penalty units.

**74 Installation of flushing toilets connected to septic tanks**

The *Canberra Sewerage and Water Supply Regulations* apply, so far as possible, to the installation of a flushing toilet discharging to a septic tank.

**75 Connections with septic tanks**

The *Canberra Sewerage and Water Supply Regulations* apply to the installation of a connection with a septic tank as if it were a connection with the sewerage system.

**76 Directions to replace or alter toilets**

(1) An authorised officer may give the occupier of a place a written direction to alter or replace a toilet, if necessary for compliance with these regulations.

(2) The occupier must comply with a direction of an authorised officer under subregulation (1).

Maximum penalty: 10 penalty units.

## PART 7—PRIVATE HOSPITALS

### 77 Expiry

This Part ceases to have effect on 1 January 2001.

### 78 What is a private hospital?

- (1) A *private hospital* is a building to which this regulation applies.
- (2) The business carried on at a private hospital must consist of the provision of facilities for accommodating patients, and offering them medical or surgical treatment, or childbirth facilities (including antenatal and postnatal care).
- (3) The business of a private hospital must not be financially supported (in whole or in part) by the Territory.

### 79 Private hospitals to be registered

A person may only use a building as a private hospital if the person has been granted registration for the building for the purpose by the Minister and the registration is in force.

Maximum penalty: 10 penalty units.

### 80 Applications for registration

- (1) A person may apply to the Minister for a certificate of registration of a private hospital.
- (2) An application must be in accordance with the approved form.

### 81 Application for renewal of registration

- (1) The proprietor of a private hospital may apply to the Minister for the renewal of the hospital's certificate of registration not later than 1 month before it would otherwise expire.
- (2) An application must be in the approved form.

### 82 Further information

- (1) The Minister may, by written notice to an applicant for the grant or renewal of a certificate of registration of a private hospital, require the applicant to give the Minister further specified information or documents that the Minister reasonably requires to make a decision about the application.

(2) The Minister is not required to make a decision about an application until the applicant complies with the requirement.

### **83 Registration of private hospital**

(1) The Minister may, on application—

- (a) register a building as a private hospital or renew its registration; or
- (b) refuse to register a building as a private hospital or refuse to renew its registration.

(2) A certificate is subject to any conditions set out in the certificate about—

- (a) the kind of patients that may be treated at the hospital; and
- (b) the maximum number of patients that may stay in the hospital at a time; and
- (c) the number of registered nurses employed at the hospital; and
- (d) the term for which registration is granted.

(3) A building may only be registered as a private hospital for the treatment of surgical cases if it contains an operating theatre approved by the chief health officer.

### **84 Certificate of registration**

(1) If a building is registered as a private hospital, or registration of the building is renewed, the Minister must give the applicant a certificate of registration in the approved form.

(2) A certificate of registration may be transferred with the consent in writing of the Minister.

(3) The term of registration or renewal of a private hospital, unless otherwise specified in the certificate, ends on 31 December following the date of registration or renewal.

### **85 Suspension and cancellation of registration**

(1) The Minister may suspend the registration of a private hospital in any of the following circumstances:

- (a) the proprietor, or an employee of the proprietor, breaches these regulations;

- (b) the proprietor, or an employee of the proprietor, gives or offers to give advice or services to another person to assist—
    - (i) that other person entering into a commercial substitute parent agreement; or
    - (ii) that other person inducing a person to enter into a substitute parent agreement; or
    - (iii) a person who is a party to a commercial substitute parent agreement becoming pregnant;
  - (c) if, in the opinion of the Minister, it is in the public interest to do so.
- (2) If the Minister suspends the registration of a private hospital, the Minister must give written notice to the proprietor of the grounds of suspension, including details of the proprietor's right to object under this regulation.
- (3) A person who has been served with a notice of suspension may object by written notice given to the Minister.
- (4) A notice of objection must set out the grounds on which the objection is based.
- (5) A notice of objection must be given to the Minister within 28 days after the date of service of the notice of suspension.
- (6) The Minister may, after considering any objection made under this regulation, cancel the registration of the proprietor.
- (7) If the Minister cancels the registration of a private hospital, the Minister must give written notice to the proprietor of the grounds of cancellation.
- (8) For subregulation (1)—

**commercial substitute parent agreement**—see the *Substitute Parent Agreements Act 1994*, section 3.

**substitute parent agreement**—see the *Substitute Parent Agreements Act 1994*, section 3.

*Note:* The *Substitute Parent Agreements Act 1994* defines **commercial substitute parent agreement** and **substitute parent agreement** as follows:

**commercial substitute parent agreement** means a substitute parent agreement under which a person agrees to make or give to someone else a payment or reward, other than for or on account for expenses connected with—

- (a) a pregnancy (including trying to become pregnant) under the agreement; or
- (b) the birth or care of a child born as a result of that pregnancy.



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**substitute parent agreement** means a contract, agreement, arrangement or understanding under which—

- (a) a person agrees to become, or to attempt to become, pregnant and a child born as a result of the pregnancy is to be taken to be (whether by adoption, agreement or otherwise) the child of another person; or
- (b) a person who is pregnant agrees that a child born as a result of the pregnancy is to be taken to be (whether by adoption, agreement or otherwise) the child of another person.

## **86 Inspections**

A proprietor of a private hospital must, at any time—

- (a) give an authorised officer access to inspect the hospital and give help to conduct an inspection; and
- (b) allow an authorised medical officer to examine any patient in the hospital in consultation with the doctor attending the patient.

Maximum penalty: 10 penalty units.

## **87 Provision of hospital equipment**

The proprietor of a private hospital must supply the materials and appliances the chief health officer has, in writing, directed are to be available for the use of patients and staff.

Maximum penalty: 10 penalty units.

## **88 Patient attendants—transmissible conditions**

If a person employed (or engaged) to work at a private hospital has a condition that may be transmitted to anyone else in the course of that work, he or she must not continue that work without the permission of the chief health officer.

Maximum penalty: 10 penalty units.

## **89 Medical record—information**

(1) The proprietor of a private hospital must keep a record (a **medical record**) of the following information for a patient treated at the hospital:

- (a) the name, age, sex and address of the patient;
- (b) a short history of the patient while in the hospital, including the following:
  - (i) the date of admission;
  - (ii) any diseases apparent at the time of admission or afterwards;

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- (iii) any operations performed, with the name of the person performing the operation and the anaesthetist;
- (iv) any anaesthetic used;
- (v) the outcome of any operation;
- (vi) the date when the patient left the hospital, or, if the patient died, the date of death.

Maximum penalty: 10 penalty units.

**(2)** For a patient attending a private hospital for the delivery of a baby, the proprietor must, as well as the information under subregulation (1), make a record of the following information:

- (a) a short history of the delivery;
- (b) the outcome of the delivery and the subsequent period spent at the hospital;
- (c) the sex and condition of the baby or babies.

Maximum penalty: 10 penalty units.

**(3)** If a patient has been consulting a doctor, or has been cared for by a registered nurse, the proprietor must record the name and address of the doctor or nurse (or both, as the case requires).

Maximum penalty: 10 penalty units.

## **90 Inspection of medical record**

The proprietor must allow a public health officer to inspect and make extracts from the medical record.

Maximum penalty: 10 penalty units.

## **91 Failure to keep medical records accurately**

**(1)** The proprietor must not—

- (a) fail to record information mentioned in subregulation 89 (1), (2) or (3) in the medical record; or
- (b) knowingly omit necessary information from the medical record; or
- (c) record false information in the medical record.

Maximum penalty: 10 penalty units.

**(2)** A person directed by the proprietor to record information in the medical record must not—

- (a) fail to record the information as directed; or

- (b) knowingly omit necessary information from the medical record; or
- (c) record false information in the medical record.

Maximum penalty: 10 penalty units.

**92 Communicating information learned from the medical record**

A person may only communicate information that he or she has learned from the medical record—

- (a) for these regulations; or
- (b) in response to a question that he or she is obliged by law to answer.

Maximum penalty: 10 penalty units.

**93 Saving—private hospitals registered before 1 January 2000**

(1) A building registered as a private hospital under the *Public Health (Private Hospital) Regulations* immediately before 1 January 2000—

- (a) is taken to have been registered as a private hospital under those regulations until 14 January 2000; and
- (b) is taken to be registered as a private hospital between 15 January and 29 February 2000 under these regulations.

(2) To remove doubt, a building is taken to be registered as a private hospital under the *Public Health Regulations* immediately before 1 January 2000 if a certificate of registration, or a certificate of the renewal of registration, of the building as a private hospital was given by the Minister in 1999.

**PART 8—MISCELLANEOUS**

**94 Approved forms**

- (1) The chief health officer may approve forms for these regulations.
  - (2) If the chief health officer approves a form for a particular purpose, the approved form must be used for that purpose.
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**SCHEDULE 1**

(See reg 17)

EXCLUSION FROM SCHOOL OR HOME-BASED CARE

<b>Column 1 Condition</b>	<b>Column 2 Exclusion of cases</b>	<b>Column 3 Exclusion of contacts</b>
amoebiasis (entamoeba histolytica)	Exclude until diarrhoea ceases.	Not excluded.
campylobacteriosis	Exclude until diarrhoea ceases.	Not excluded.
chicken pox (varicella and herpes zoster)	Exclude until the last blister has scabbed over.  The child should not continue to be excluded by reason only of some remaining scabs.	Not excluded.  Any child with an immune deficiency (eg with leukaemia, or as a result of receiving chemotherapy) should be excluded for their own protection. Urgent medical advice should be sought, and varicella-zoster immunoglobulin (ZIG) administered if necessary.
conjunctivitis (acute infectious)	Exclude until discharge from eyes ceases.	Not excluded.
cryptosporidiosis	Exclude until diarrhoea ceases.	Not excluded.
diarrhoea	Exclude until diarrhoea ceases.	Not excluded.
diphtheria	Exclude until— (a) at least 2 negative throat swabs have been taken (the first not less than 24 hours after antibiotic treatment ceases and the second not less than 48 hours later); and (b) a certificate is provided by a doctor recommending that the exclusion should cease.	Exclude family and household contacts until approval to return has been given by the chief health officer.

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**SCHEDULE 1**—continued

<b>Column 1 Condition</b>	<b>Column 2 Exclusion of cases</b>	<b>Column 3 Exclusion of contacts</b>
giardiasis	Exclude until diarrhoea ceases.	Not excluded.
<i>Haemophilus influenzae</i> type b (hib) infection	Exclude until a certificate is provided by a doctor recommending that the exclusion should cease.	Not excluded.
hand, foot and mouth disease	Exclude if— (a) child is unwell; or (b) the child is drooling, and not all blisters have dried or an exposed weeping blister is not covered with a dressing.	Not excluded.
hepatitis A	Exclude for at least 7 days after the onset of jaundice and a certificate is provided by a doctor recommending that the exclusion should cease.	Not excluded.
herpes (cold sores)	Exclude young children unable to comply with good hygiene practices while the lesion is weeping. Lesion to be covered by a dressing in all cases, if possible.	Not excluded.
impetigo (school sores)	Exclude until appropriate treatment has begun and sores on exposed surfaces are covered with a watertight dressing.	Not excluded.
influenza and influenza-like illnesses	Exclude until well.	Not excluded.
leprosy	Exclude until approval to return has been given by the chief health officer.	Not excluded.
measles	Exclude for at least 4 days after the rash appears.	(a) Immunised contacts not excluded.

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**SCHEDULE 1—continued**

<b>Column 1 Condition</b>	<b>Column 2 Exclusion of cases</b>	<b>Column 3 Exclusion of contacts</b>
measles (continued)		<p>(b) Exclude non-immunised contacts until 14 days after the first day of appearance of the rash in the index case.</p> <p>(c) Non-immunised contacts immunised with measles vaccine within 72 hours after their first contact with the index case are not excluded after being immunised.</p> <p>(d) Non-immunised contacts who are given normal human immunoglobulin (NHIG) within 7 days after their first contact with the index case are not excluded after being given NHIG.</p>
meningitis (bacterial)	Exclude until well.	Not excluded.
meningococcal infection	Exclude until adequate carrier eradication therapy has begun.	<p>(a) Not excluded if receiving rifampicin or other antibiotic treatment recommended by the chief health officer.</p> <p>(b) Otherwise, excluded until 10 days after last contact with the index case.</p>
mumps	Exclude for 9 days after onset of symptoms, or until parotid swelling goes down (whichever is sooner).	Not excluded.

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**SCHEDULE 1—continued**

<b>Column 1 Condition</b>	<b>Column 2 Exclusion of cases</b>	<b>Column 3 Exclusion of contacts</b>
poliomyelitis	Exclude for at least 14 days after onset of symptoms and until a certificate is provided by a doctor recommending that the exclusion should cease.	Not excluded.
ringworm, scabies, pediculosis (lice), trachoma	Exclude until effective treatment has begun.	Not excluded.
rotavirus	Exclude until diarrhoea ceases.	Not excluded.
rubella (German measles)	Exclude for 4 days after the appearance of the rash.	Not excluded. Female staff of child-bearing age should ensure that their immune status against rubella is adequate.
salmonellosis	Exclude until diarrhoea ceases.	Not excluded.
shigellosis	Exclude until diarrhoea ceases.	Not excluded.
streptococcal infection (including scarlet fever)	Exclude until the person has recovered or has received antibiotic treatment for at least 24 hours.	Not excluded.
tuberculosis	Exclude until approval to return has been given by the chief health officer.	Not excluded.
typhoid and paratyphoid fever	Exclude until a certificate is provided by a doctor recommending that the exclusion should cease.	(a) Not excluded unless the chief health officer notifies the person in charge of the school.  (b) If the chief health officer gives notice, exclusion is subject to the conditions in the notice.



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**SCHEDULE 1—continued**

<b>Column 1 Condition</b>	<b>Column 2 Exclusion of cases</b>	<b>Column 3 Exclusion of contacts</b>
whooping cough (pertussis)	Exclude for 21 days from start of cough, or for at least 5 days after starting a course of antibiotics recommended by the chief health officer.	Exclude non-immunised household, home-based care and close child care contacts under 7 years old for 14 days after the last exposure to infection, or until 5 days after starting a course of antibiotics recommended by the chief health officer (whichever is sooner).
worms (intestinal)	Exclude until diarrhoea ceases.	Not excluded.

DICTIONARY

(See reg 3)

**abnormal**, in relation to test results, means test results that indicate abnormal cell development and appearances in the cervix of the uterus.

**approved form**—see regulation 94.

**authorised officer**—see *Public Health Act 1997*, subsection 5 (1).

**authorised medical officer**—see *Public Health Act 1999*, subsection 5 (1).

**building** includes a house or place.

**cancer** means a malignant growth of human tissue that has the potential to invade tissue beyond its site of origin (other than a basal cell carcinoma, or a squamous cell carcinoma, of the skin), and includes leukaemia.

**cancer register**—see regulation 46.

**cervical cancer** means a malignant growth of human tissue in the cervix of the uterus that has the potential to invade tissue beyond its site of origin.

**Cervical Cytology Register**—see regulation 25.

**cervical smear** means cells scraped from the cervix of a woman for the purpose of cytological examination to determine whether she has cervical cancer or a precursor to cervical cancer.

**cervical tissue** means cervical tissue taken from a woman to determine whether she has cervical cancer.

**chemical toilet** means a toilet in which or connected to which there is a receptacle of watertight material containing a chemical which decontaminates and deodorises all urine and faeces put in it.

**child care centre**—see regulation 7.

**contact**, in relation to a disease or condition, means a person who—

- (a) has been or may have been a source of infection to a person suffering from the disease or condition; or
- (b) has been or may have been exposed to infection by a person with the disease or condition.

**DICTIONARY**—continued

**disallowable instrument**—see *Interpretation Act 1967*, dictionary.

**doctor**—see *Interpretation Act 1967*, dictionary.

**domestic bird** includes fowl, ducks, geese, turkey, guinea fowl and pigeons.

**drug** means any substance used for or in the composition of medicine for internal or external use by a person, and includes anaesthetics, antiseptics, cosmetics, deodorants, disinfectants, dusting powders, essences, germicides, narcotics, preservatives, soaps, unguents, vaccines and toilet articles not listed here.

**equipment** means equipment used for preparing, storing, supplying or transporting drugs, or for keeping drugs free from contamination for the purposes of preparation, supply or transport, and includes the following:

- (a) storage containers;
- (b) implements and tools of trade;
- (c) benches, fittings, appliances and machines;
- (d) vehicles for transporting drugs.

**health practitioner** means—

- (a) a doctor; or
- (b) a general nurse who is a registered nurse under the *Nurses Act 1988*.

**home-based care** is care provided by someone for monetary or other consideration at a home if the provision of care does not amount to a transfer of parental responsibility.

**immunisation**—see regulation 4.

**immunisation record** means a record of immunisation in the approved form.

**insanitary condition**—see *Public Health Act 1997*, subsection 5 (1).

**label** means a label, tag, brand, mark or statement in writing, including pictorial or other descriptive matter.

**DICTIONARY**—continued

***laboratory*** means a place (within or outside the Territory) at which any of the following examinations are undertaken:

- (a) pathological (cytology) examinations of cervical smears;
- (b) pathological (histology) examinations of cervical tissue;
- (c) any other examinations for the detection of cancer.

***management committee***—see regulation 31.

***medical record***—see regulation 89.

***non-immunised child***, for a vaccine preventable disease, means—

- (a) a child who does not have an immunisation record for the disease; or
- (b) a child whose immunisation record for the disease indicates that the child is not immunised against the disease.

***occupier***—see *Public Health Act 1997*, subsection 5 (2).

***package*** includes any means by which goods are encased, covered, enclosed, contained or packed.

***pathology request form*** means a pathology request form requesting a pathological (cytology) examination of a cervical smear or a pathological (histology) examination of cervical material.

***person in charge***, of a school, means—

- (a) the principal teacher; or
- (b) if the school does not have a principal teacher—the person with the most senior administrative responsibility for the school.

***place*** means premises or land.

***pre-secondary school*** means a child care centre, preschool, kindergarten or primary school.

***premises*** includes a vehicle, vessel or aircraft, and a permanent or temporary structure.

***prepare*** a drug means to prepare the drug for supply, and includes manufacture, manipulate, handle (including with implements), pack and dispense.

**DICTIONARY**—continued

**private hospital**—see regulation 78.

**proprietor**, of a private hospital, means the person to whom a certificate of registration of the private hospital is given under these regulations.

**refusal of consent marker**, on a pathology request form, means a clearly visible marker that may be placed on the form to indicate that the cervical cancer information about the woman is not to be registered on the cervical cancer register.

**registered nurse**—see *Nurses Act 1988*, section 3.

**registrable information**—see regulation 22.

**responsible**, for a person, means responsible for the person's care, support or education.

**return to school notice**—see subregulation 13 (5).

**school** includes—

- (a) a child care centre; and
- (b) a preschool; and
- (c) a primary, secondary, technical or private school or a secondary college.

**school health direction**—see subregulation 13 (2).

**septic tank** means a tank or series of tanks for the sedimentation, disintegration or digestion of sewage.

**sewerage system** means the sewerage system in the Territory.

**store** means store drugs for supply.

**supply** means supply to the public, or supply by wholesale, and includes—

- (a) offer for sale; and
- (b) expose for sale; and
- (c) barter (or offer or expose for barter); and
- (d) exchange (or offer or expose for exchange); and

**DICTIONARY**—continued

- (e) supply for value (or offer or expose for supply for value);  
and
- (f) supply for free (or offer or expose for supply for free).

***test results***, for a woman, means the results of—

- (a) a pathological (cytology) examination of a cervical smear taken from her; or
- (b) a histological examination of cervical tissue taken from her.

***toilet*** means a structure for receiving human urine or faeces, and includes a flushing toilet, chemical toilet and composting toilet.

***transmissible notifiable condition***—see *Public Health Act 1997*, subsection 5 (1).

***treatment*** includes attendance and care.

***transport*** a drug means transport the drug for preparation, storage or supply.

***vaccine preventable disease***—see regulation 5.

## ENDNOTES

### 1 About this republication

This is a republication of the *Public Health Regulations 2000* as in force under the *Public Health Act 1997* on 31 March 2000. The regulations had not been amended up to that date.

Amending laws are annotated in the table of legislation and table of amendments.

The Parliamentary Counsel's Office currently prepares 2 kinds of republications of ACT laws: authorised printed republications to which the *Legislation (Republication) Act 1996* applies and unauthorised electronic republications. The status of this republication appears on the cover.

Section 13 of the *Legislation (Republication) Act 1996* authorises the Parliamentary Counsel, in preparing a law for republication, to make textual amendments of a formal nature which the Parliamentary Counsel considers desirable in accordance with current legislative drafting practice. The amendments do not effect a substantive change in the law.

In preparing this republication, amendments have not been made under section 13.

Not all amendments made under section 13 are annotated in the table of amendments. Full details of any amendments can be obtained from the Parliamentary Counsel's Office.

### 2 Abbreviation key

#### Key to abbreviations in tables

am = amended	pres = present
amdt = amendment	prev = previous
ch = chapter	(prev...) = previously
cl = clause	prov = provision
def = definition	pt = part
div = division	r = rule/subrule
exp = expires/expired	reg = regulation/subregulation
Gaz = Gazette	renum = renumbered
hdg = heading	reloc = relocated
ins = inserted/added	R[X] = Republication No
LR = Legislation (Republication) Act 1996	s = section/subsection
mod = modified	sch = schedule
No = number	sdiv = subdivision
notfd = notified	sub = substituted
o = order	SL = Subordinate Law
om = omitted/repealed	sp = spent
orig = original	* SL unless otherwise stated
p = page	† Act or Ordinance unless otherwise stated
par = paragraph	

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**3 Table of legislation**

Subordinate law*	Year and number*	Gazette notification	Commencement	Transitional provisions
<i>Public Health Regulations 2000</i>	2000 No 1	13 Jan 2000	15 Jan 2000	

**4 Table of amendments**

Provision	How affected*
reg 95.....	om R1 (LR s 15 (1) (o) (iv))
sch 2 .....	om R1 (LR s 15 (1) (o) (iv))