Hazardous Substances Disease and Injury and Lead Absorption Notifications via BPAC - Information for GPs

General Practitioners are now asked to notify cases of disease and injury caused by hazardous substances seen in primary care to the Medical Officer of Health. A short electronic form linked to MedTech32 and developed by bestpractice Decision Support (BPAC) is available to make notification as simple as possible.

Notification may result in a Public Health Unit (PHU) investigation of a particular event or, a collection of related cases may initiate the investigation of a particular substance in a region or nationwide.

1 What to notify

Hazardous substances disease or injury
This is a vast group of diagnoses; from children swallowing cleaning products or cosmetics, intentional overdoses with agrichemicals, carbon monoxide poisoning, illness caused by exposure to chemicals such as solvents or chlorine, contact dermatitis from chemicals, a fireworks burn or eye injury, or huffing of butane.

A hazardous substance is officially defined as anything that can explode, catch fire, oxidise, corrode, or be toxic to humans; this is set down in the Hazardous Substances and New Organisms Act 1996. The same act was amended in 2005 requiring medical practitioners to notify cases to the Medical Officer of Health (see Appendix 1 for the legislation - section 143 2(A)).

Lead absorption
Notification of cases of lead absorption ≥0.48 µmol/L from non-occupational lead exposure is required under the Health Act 1956 (also in Appendix 1). The electronic form can also be used for these notifications. Please note that clinician notification is encouraged alongside direct laboratory notification.

Chemical contamination of the environment
Cases of disease or injury arising from chemical contamination of the environment eg. health effects following an agrichemical spray drift event, or skin effect following an oil spill event such as the MV Rena in 2011, are also required under the Health Act 1956 and can be notified using this form.
Occupational cases
Both occupational and non-occupational disease and injuries can be notified. However occupational notifications will not be followed up by the PHU. In some instances, the PHU may refer the notification to the Labour Group, Ministry of Business Innovation and Employment (MBIE) for investigation but this will only occur with the consent of the patient.

GPs are asked to notify cases on suspicion, except for lead absorption where a confirmed blood lead level is required.

2 Accessing the notification form
After logging on at https://www.bestpractice.org.nz or through MedTech32, look for ‘Hazardous Substances & Lead Notifications’ on the dashboard. Access to the form for users of other PMSs will be available later in 2013. Please phone your local PHU to notify cases where the electronic form is not available.
3 Completing the notification

The notification form can be completed at the time of consultation or for lead absorption, when results are confirmed. If necessary, ‘Park’ while awaiting further information.

The form has three tabs: ‘Exposure Event’ and ‘Assessment’, and Notifier/Patient Details (which is prepopulated from MedTech).

**Exposure Event tab**

If workplace is selected, enter the patient’s current occupation. This will not be written back to the PMS.

If the substance is lead, include the blood lead result from your inbox.

Choose which Public Health Unit to send the notification to, based on the patient’s address (see Appendix 2). The default will be based on your practice address.

**Assessment tab**

Enter the substance name in at least one field. Where multiple substances are involved click on the plus sign to enter further names.

If waiting on further information, park the notification form. Parked forms can be accessed later from the BPAC dashboard.
Assessment tab

Diagnosis: if the clinical findings are not consistent with the exposure select no injury/ disease. Alternatively, select other and provide further detail in text box.

Notify/Patient Details tab

Data will be entered directly from the PMS.

After submitting the form a version will be saved in your outbox for future reference.
4 Other considerations

Communication with patient
Although formal written consent is not required for a notification required under legislation, it is good practice to inform your patient of the notification. Advise your patient that the PHU may (or may not) be in touch with them to ask for more information. Patient resources are also available under the ‘Resources’ section and may be useful for your patient.

Communication with the Medical Officer of Health/PHU
Notifications can be discussed by phone with the public health unit or Medical Officer of Health if there are particular concerns about the patient or event. GPs can also notify cases by calling the PHU and giving details via phone to your local PHU.

A Medical Officer of Health or PHU staff member may call the practice for more information on a notification, particularly if a direct laboratory notification has been received and clinical information is required.

The PHU may provide feedback to the practice on a case where public health advice has been given or an investigation carried out, to ensure continuity of care with those involved in the ongoing management of the case and/or members of their household.

5 What happens to the notification
Notification allows for appropriate public health control measures to be taken to reduce the risk of further cases occurring and for disease surveillance which monitors the effectiveness of current control measures and informs future policy and preventive actions.

The Medical Officer of Health will decide whether or not public health intervention is required. PHU staff add further information and the completed form without identifying data is forwarded to the Hazardous Substances Surveillance System (HSSS). The HSSS is administered by the Centre for Public Health Research, Massey University Wellington for the Ministry of Health.

6 Privacy and security of patient information sent via BPAC
All BPAC products need a user name and password to be able to access the programmes.
BPAC run server side SSL certificates and use uuencoded documents and bit level encryption to secure the data in transmission. BPAC meets all relevant aspects of the Health Information Privacy Code 1994 relating to the collection, management and disclosure of health information.

The security for the *bestpractice* servers and application meets or exceeds current New Zealand health standards and includes:

- Health provider access to *bestpractice* is confirmed with username, password server side digital certificate
- Servers are additionally protected from the outside world with industry grade firewalls, intrusion detection, server hardening and security vulnerability patching
- BPAC servers housed in a secure data hosting facility that provides both electronic and physical security along with natural disaster and fire protection
- Storage of data and personal information complies with the Health Information Privacy Code 1994 and the Privacy Act
- The data base is security controlled and access is restricted. All authorised access to the data base is logged and activity recorded.
- All staff with access to any hardware or data files have signed confidentiality agreements as part of their employment contract

7 Feedback or queries

If you have questions regarding the patient or notification, please contact your local PHU.

If you have feedback or questions regarding the BPAC software or access to the form these can be entered using the ‘Send Feedback’ link in the BPAC dashboard, or call 0800 633236.
Appendix 1  Legislation

Hazardous Substances and New Organisms Act 1996

Definition of a hazardous substance

**hazardous substance** means, unless expressly provided otherwise by regulations, any substance—

(a) with 1 or more of the following intrinsic properties:
   (i) explosiveness;
   (ii) flammability;
   (iii) a capacity to oxidise;
   (iv) corrosiveness;
   (v) toxicity (including chronic toxicity);
   (vi) ecotoxicity, with or without bioaccumulation; or

(b) which on contact with air or water (other than air or water where the temperature or pressure has been artificially increased or decreased) generates a substance with any 1 or more of the properties specified in paragraph (a)

Requirement to notify

143 Notification of hazardous substances injuries

(1) In this section,—
   hospital means a hospital care institution within the meaning of section 58(4) of the Health and Disability Services (Safety) Act 2001
   medical practitioner means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of medicine.

(2) If any person, upon admission to a hospital, is found to be suffering from any injury caused by a hazardous substance, the person for the time being in charge of the hospital shall give notice of the injury to the Medical Officer of Health.

(2A) If a medical practitioner finds that a person who is not admitted to a hospital is suffering from an injury caused by a hazardous substance, the medical practitioner must give notice of the injury to the Medical Officer of Health.

(3) The Medical Officer of Health shall ensure that information about any injury notified in accordance with subsection (2) or subsection (2A) (not being information which identifies any individual person) is supplied to the Minister of Health.


Health Act 1956

Requirement to notify lead absorption and poisoning arising from chemical contamination of the environment.

Schedule 2
Diseases notifiable to medical officer of health (other than notifiable infectious diseases)


Section A Conditions arising from occupation


Section B Other conditions

Cysticercosis
Decompression sickness
Lead absorption equal to or in excess of 0.48 μmol/l
Poisoning arising from chemical contamination of environment
Taeniasis
Trichinosis

Appendix 2  Maps of PHU boundaries