Government of **Western Australia**
Department of **Health**

Guidelines for Managing HIV Transmission Risk Behaviours in Western Australia (DRAFT)

2019

Enquiries about this document should be referred to:

The Manager
Sexual Health and Blood-borne Virus Program
Communicable Disease Control Directorate
Level 3, A Block, 189 Royal Street
EAST PERTH WA 6004
Tel: (08) 9222 2235
Fax: (08) 9222 0227
Email: shbbvp@health.wa.gov.au

This document will next be reviewed on [**To insert date 2 years from publication**].

Contents

Definitions

ART means antiretroviral therapy.

Authorised Officer means a person designated to undertake duties under Section 24 of the Public Health Act.

CDCD means the Communicable Disease Control Directorate, WA Department of Health.

CHO means the Chief Health Officer designated under section 11 of the Public Health Act.

Clinician means the health professional overseeing the clinical management of HIV.

CMO means a Case Management Officer from the ICMP.

Department means the Department of Health Western Australia.

Director CDCD means the Director of CDCD.

DOT means directly observed therapy.

Health Services Act means the *Health Services Act 2016* (WA).

HIV means Human Immunodeficiency Virus.

HSP means Health Service Provider as per the meaning set out in section 6 of the Health Services Act.

ICMP means the Integrated Case Management Program.

Minister means the Minister for Health.

National Guidelines means the *National Guidelines for Managing HIV Transmission Risk Behaviours (2018)* published by the Department of Health.

Panel means the Case Management and Coordination Advisory Panel known as the Case Management Advisory Panel established by the CHO under section 144 of the Public Health Act.

PHU means Public Health Unit.

Post-exposure prophylaxis means taking appropriate medication as prescribed by a doctor following exposure to HIV, with the aim to reduce the risk of HIV transmission.

Pre-exposure prophylaxis (PrEP) means taking appropriate medication as prescribed by a doctor prior to potential exposure to HIV, with an aim to reduce the risk of HIV transmission.

Public Health Act means the *Public Health Act 2016* (WA).

Regional Population Health Director means the Director of Population Health for the respective region in WA.

State Guidelines means this document entitled *A Guideline for Managing HIV Transmission Risk Behaviours in Western Australia* (2019).

Introduction

HIV transmission is preventable, and there are a range of potential strategies to reduce transmission.

Integrated case management provides an approach to managing HIV transmission risks among people with HIV who are identified to be placing others at risk of HIV transmission. This approach consists of measures to address all biopsychosocial aspects of a person's life to reduce transmission, including but not limited to counselling, education, medical treatment, provision of social supports and linkages with relevant organisations, and if required, may include public health or test orders, or detention and/or isolation.

The State Guidelines provide a consistent approach to HIV integrated case management in WA, based on the four-level management program set out in the National Guidelines and on current best-practice evidence based management of HIV. Preference is given to the least restrictive approach that will be the most effective. Integrated case management in WA is undertaken by clinicians, PHUs, and ICMP staff. ICMP staff also assist clinicians and PHUs for integrated case management in regional areas.

As in the case of the National Guidelines, the State Guidelines do not apply to people with HIV who take ART daily as prescribed and maintain sustained viral suppression, as they effectively have no risk of sexually transmitting the virus to a HIV-negative partner, and are taking reasonable steps to prevent HIV transmission. (1)

The presence of a detectable viral load does not itself warrant management under these State Guidelines, unless there are also behaviours that place others at risk of HIV transmission. However, where there is concern that a person with HIV who is engaging in transmission risk behaviours may not be able to maintain sustained viral suppression without close support and case management, public health management may be appropriate. The aim of these interventions is to achieve a sustainable non-detectable viral load and therefore reducing their risk of transmitting HIV to others.

The State Guidelines are subordinate to the Public Health Act (and any other applicable legislation).

2. Application of the State Guidelines

The purpose of the State Guidelines are to:

1. Identify and explain the roles and responsibilities of various State and private entities in respect of managing persons who have HIV and are at risk of transmitting HIV to others;
2. Ensure a consistent approach to integrated case management for HIV in WA;
3. Set out the four levels of management that are applied in respect of managing persons who have HIV and are at risk of transmitting HIV to others;
4. Identify the process by which a person is managed (and discharged from management) under these State Guidelines.

3. Guiding Principles

The State Guidelines are based on the following principles and assumptions:

- A consistent approach is required for each person with HIV being managed under these guidelines, regardless of gender, gender identity, disabilities, mental health diagnoses, sexual practices and orientation, work practices (including sex work), injecting drug use, cultural background and religious beliefs, in order to maintain transparency, ensure fair treatment and to avoid any implication of stigma or discrimination;
- HIV positive status is not itself a marker of risk behaviour, nor are the factors listed above;
- Most people with HIV are motivated to avoid placing others at risk and will respond when given access to the information, education and resources needed to prevent transmission including condoms, sterile needles and syringes and access to ART;
- There is a mutual obligation for both a person with HIV, and a person who is at risk of contracting HIV, to take all reasonable precautions to avoid disease transmission;
- High adherence to ART, sustained viral suppression, and retention in appropriate ongoing clinical care and treatment monitoring minimise risk of HIV transmission;
- HIV is a lifelong infection with no cure to date, however it is now considered a manageable chronic health condition;
- Efforts should be made by health professionals to address perceived or actual stigma and discrimination, in order to improve a person's willingness or ability to engage in medical management, and use prevention strategies;
- The presence of a detectable viral load does not itself warrant management under these guidelines, unless there are also behaviours that place others at risk of HIV transmission;
- People with HIV who are placing others at risk of HIV transmission often have complex psychosocial factors, drug and alcohol use, or coexisting comorbidities, which may affect a person's ability to manage transmission risk behaviours. These factors should be identified and a multi-disciplinary management approach with adequate support for the individual provided throughout management under these guidelines.

4. Public health risk

HIV is a human retrovirus, with transmission possible through unprotected sexual contact, or blood to blood contact with a person infected with HIV. Transmission of HIV relies on a detectable viral load being present.

HIV is a "notifiable infectious disease" as that term is defined in the Public Health Act. This means that medical practitioners, nurse practitioners and pathologists are required to notify the CHO if he or she forms the opinion that a patient has or may have HIV.

HIV transmission is preventable, and there are a range of potential strategies to reduce transmission risk including treatment as prevention (ART), barrier protection (condoms and lubricant), pre-exposure prophylaxis (PrEP), post-exposure prophylaxis, and provision of clean injecting equipment to minimise risk of transmission via sharing injecting equipment.

Evidence relating to treatment as prevention shows that a person with HIV who has achieved sustained viral suppression with ART poses no risk of sexually transmitting HIV to others. (1)

As referred to in Part 9 of the Act, there is a mutual obligation for both a person with HIV, and a person who is at risk of contracting HIV, to take all reasonable precautions to avoid disease transmission.

5. Management of a person with HIV under the State Guidelines

A person with HIV must be managed under the ICMP when there is a real and immediate risk of HIV transmission to other people and where management of that risk by the person's health care team has been unsuccessful. This includes people who are unable to maintain sustained viral suppression without close support and case management, and pose a risk of HIV transmission to others.

A person may be managed under Level One of the ICMP by their clinician or PHU without formal referral to ICMP staff. At the point that the clinician or PHU requires further advice or support to ensure a person with HIV adheres to ART, they can send a formal referral to ICMP staff for a case review by the Panel. Alternatively, the clinician or PHU may contact ICMP staff for advice and support without a formal referral, however this may lead to a formal referral on the advice of ICMP staff.

ICMP staff will accept referrals from HSPs or members of the community who are concerned about a person with HIV whose behaviour is or has placed others at risk of infection. HSPs must complete a referral form that identifies the risk behaviours and nature of support or intervention that is required.

ICMP staff will work collaboratively with regional service providers to assess and plan the care for the individual.

6. Roles and responsibilities

6.1 Communicable Disease Control Directorate, Department of Health Western Australia

The Department is the department of the Public Service principally assisting the Minister in the administration of the Public Health Act and the Health Services Act.

The CDCD is an administrative unit of the Department, falling within the Public and Aboriginal Health Unit with responsibility for the prevention, control and monitoring of notifiable infectious diseases.

CDCD staff who administer the ICMP comprises of the Director, CDCD, the Manager of the ICMP, and CMOs of the ICMP, who are based in the Perth metropolitan area.

The Director, CDCD is the delegate of the CHO, and is able to exercise the powers and functions delegated to the Director, CDCD in accordance with the Public Health Act.

6.2 The Integrated Case Management Program team

The ICMP is a program operated by the CDCD within the Department. It was established in 1991 under the Director, CDCD and aims to prevent the risk of HIV transmission by certain individuals who place others at risk of HIV infection.

The daily administration of the ICMP is undertaken by the Manager of the Sexual Health and Blood-borne Virus Program (Manager, ICMP) and CMOs.

The Manager, ICMP works under the direction of the Director, CDCD to gather the information required to make decisions regarding people being managed under ICMP and to implement these decisions.

The ICMP team:

1. undertake direct case management of clients referred to the ICMP who are located within the Perth metropolitan area (whether permanently or temporarily); and
2. provide advice to clinicians and PHUs in WA for clients located outside of the metropolitan area and who are being managed under the State Guidelines.

The role and responsibilities of ICMP staff for managing persons under the four level management program is discussed in more detail in part 10 of these Guidelines.

6.3 The Chief Health Officer

The CHO is a person designated by the Minister, and has a number of functions in relation to the administration of the Public Health Act.

The CHO is responsible for developing and implementing policies and programmes to achieve the objects of the Public Health Act. These State Guidelines are a related document to one of those policies under the Health Services Act. The CHO receives recommendations from the Panel regarding management of a person with HIV under the ICMP. The CHO is responsible for providing advice or recommendations to HSPs, and relevant agencies, on matters relevant to public health.

The CHO is the officer to whom notification of a person who has or may have HIV must be given.

The CHO may delegate any function of the CHO under the Public Health Act to a public health official.

6.4 Case Management Advisory Panel

The Panel is the Case Management Advisory Panel which is a Case Management and Coordination Advisory Panel established by the CHO under section 144 of the Public Health Act.

The membership of the Panel is as follows:

- Director, CDCD (Chairperson)
- Manager, ICMP
- Case Management Officers, ICMP
- Medical Officer, CDCD
- Legal Advisor, State Solicitor's Office
- Community Advisor, WA AIDS Council
- Advocate, Health Consumer's Council WA

The Panel may invite additional members when their expertise and services are required with specific clients, and may include a clinician, regional public health medical officer, or other specialist.

In practice, the Panel performs its functions of advising the CHO on the management of a person who has, or a group of persons who have, HIV in respect of persons who are at risk of transmitting HIV to others.

The function of the Panel is to advise the CHO on the management of a person who has, or a group of persons who have, HIV and are placing others at risk of HIV transmission. The

Panel provides independent, expert advice to the CHO on the management of cases referred to the ICMP that are classified as Level Two or higher.

The Panel meets at least every six months to review cases being managed by the ICMP, with the capacity to convene at short notice in the event of an urgent case. All advice to the CHO, including recommendations and their rationale, will be documented in the Panel's meeting minutes.

6.5 Health Service Providers and Public Health Units

Under the Health Services Act, the Minister established a number of HSPs. The HSPs are designated for particular areas within the State[1] and are generally responsible for providing health services, including services dealing with public health, through public hospitals and PHUs within those designated areas.

PHUs are part of HSPs, and undertake various public health duties including the public health management of notifiable infectious diseases.

6.6 Clinicians

Clinicians are usually the first contact with the ICMP for a person who has HIV. Clinicians may be in the private health system (for example, general practitioners) or employed by a HSP in the public health system. A clinician includes doctors, allied health professionals, Aboriginal health workers, and nurses involved in the clinical management of a person with HIV.

Clinicians are responsible for regularly reviewing HIV transmission risks with people who have HIV who do not have a sustained undetectable viral load and have behaviours that intentionally place others at risk of HIV, or who have an undetectable viral load but there is concern around HIV transmission risk behaviours and the ability of the person to maintain a sustained viral suppression. In these instances, clinicians are encouraged to seek advice from the ICMP team.

The HIV viral load and adherence to treatment should be monitored by the medical professional on a case-by-case basis as per national HIV management recommendations. (2) Clinicians should regularly discuss new partners and managing transmission risks, and provide counselling on prevention strategies, on a case-by-case basis or at least six-monthly. They should also ensure that the person has access to treatment, psychosocial support, counselling and linkage to services including specialist and community services.

Clinicians are responsible for identifying people with HIV who are placing others at risk, and where required, managing the person under these State Guidelines. Referral is made directly to ICMP staff via the referral form (see Appendix 1 ICMP Referral Form), and should clearly indicate who is taking responsibility for referring a person with HIV for management under ICMP. Clinicians are encouraged to use a multidisciplinary care approach. Further information regarding the referral process is covered in part 10 of these Guidelines.

Clinicians are also responsible for implementing interventions under the ICMP as directed by the CHO or a delegate of the CHO. It should be noted that the Panel will include the clinician and the PHU during the case review process wherever possible, which will inform management recommendations made by the Panel.

[1] The HSPs include the North Metropolitan Health Service, the East Metropolitan Health Service, the South Metropolitan Health Service, the Child and Adolescent Health Service, and the WA Country Health Service.

7. Confidentiality, Disclosure, and Exchange of Information

7.1 Confidentiality

Health professionals in WA are subject to obligations of confidence in respect of a patient's health and medical information (including a person's HIV status).

The protection of confidentiality in small communities, including rural communities or within cultural and social groups is especially important if the individual is to be supported and is to remain living within the community.

The Patient Confidentiality Policy (MP0010/16) provides a broad overview of the common law duty of confidentiality, the exceptions to that duty, and the statutory duty of confidentiality and permissible disclosures introduced by the Health Services Act. The Patient Confidentiality Policy is binding on HSPs and applicable to the Department. The Patient Confidentiality Policy is publicly available from the Department's website. (3)

In addition to the Health Services Act, which is expressly referred to in the Patient Confidentiality Policy, the Public Health Act authorises disclosures of information in specified circumstances.

All health professionals (whether working within the Department, employed by a HSP, or other) must comply with any other applicable policies in respect of confidentiality.

7.2 Disclosure

It is the responsibility of the person making a disclosure to ensure that the disclosure is permitted or authorised. Health professionals involved in the management of a person under ICMP should seek guidance from the relevant HSP or the Department, regarding the appropriate circumstances and mechanisms that authorise the disclosure of health information. HSPs and Department of Health WA officers should consider consulting the Director of CDCD before disclosing information.

It is recommended that legal advice be sought before making a disclosure, where disclosure is required to manage HIV-related public health risk.

7.3 Privacy

Non-government health professionals may be subject to obligations under the *Privacy Act 1988* (Commonwealth).

7.4 Exchange of Information

7.4.1 Interjurisdictional

If a person under management of the State Guidelines plans to relocate, the clinician should ensure appropriate case management information is shared, with consent from the individual, in order to continue to provide best-practice care. This should include whether the person needs support to access any additional services.

In circumstances where there is a reasonable belief or knowledge that a client being managed under ICMP has travelled or plans to travel to another State, the CHO should take steps to notify the public health authority of that state of the client's HIV status and any statutory actions taken.

The Public Health Act provides a mechanism for the recognition of public health orders that are made under a corresponding law of another State.

7.4.2 Intrastate

Where a person under management of the State Guidelines moves to another area or region, the Manager, ICMP and/or the Regional Population Health Director and regional PHU responsible for the client's case management should refer the client to the receiving Regional Population Health Director and regional PHU for ongoing case management. The Manager, ICMP and the Population Health Director or delegate should provide the receiving Director all relevant details that are necessary for ongoing management, in accordance with Section 7 of these Guidelines.

7.4.3 Referral to Police

The involvement of police services in Level Three and Four orders under the Public Health Act is addressed elsewhere (see part 9.3.4 of these State Guidelines).

In some situations, individuals who expose others to HIV infection may be referred to Police and prosecuted for offences under the Criminal Code 1913 (WA). When this occurs, police investigations take precedence over ICMP activity until the legal proceedings are complete. However, support by the ICMP team for the client continues during this process as appropriate.

8. Legislative Provisions

The State Guidelines are for the purposes of the Public Health Act.

8.1 The *Public Health Act 2016*

The Public Health Act is, relevantly, an Act to protect, promote and improve the health and wellbeing of the public of WA.

Parts 3, 4 and 9 (except Division 8) of the Act are most relevant to the management of people with HIV.

Part 3 of the Public Health Act imposes a general duty on all persons to take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from anything done or omitted to be done by that person.

Part 4 of the Public Health Act creates offences relating to "serious public health risks" and "material public health risks" and imposes substantial penalties (including imprisonment). Proceedings for an offence may be commenced by the CHO or an authorised officer and may be commenced in addition to any action taken under Part 9 of the Public Health Act or a referral to Police.

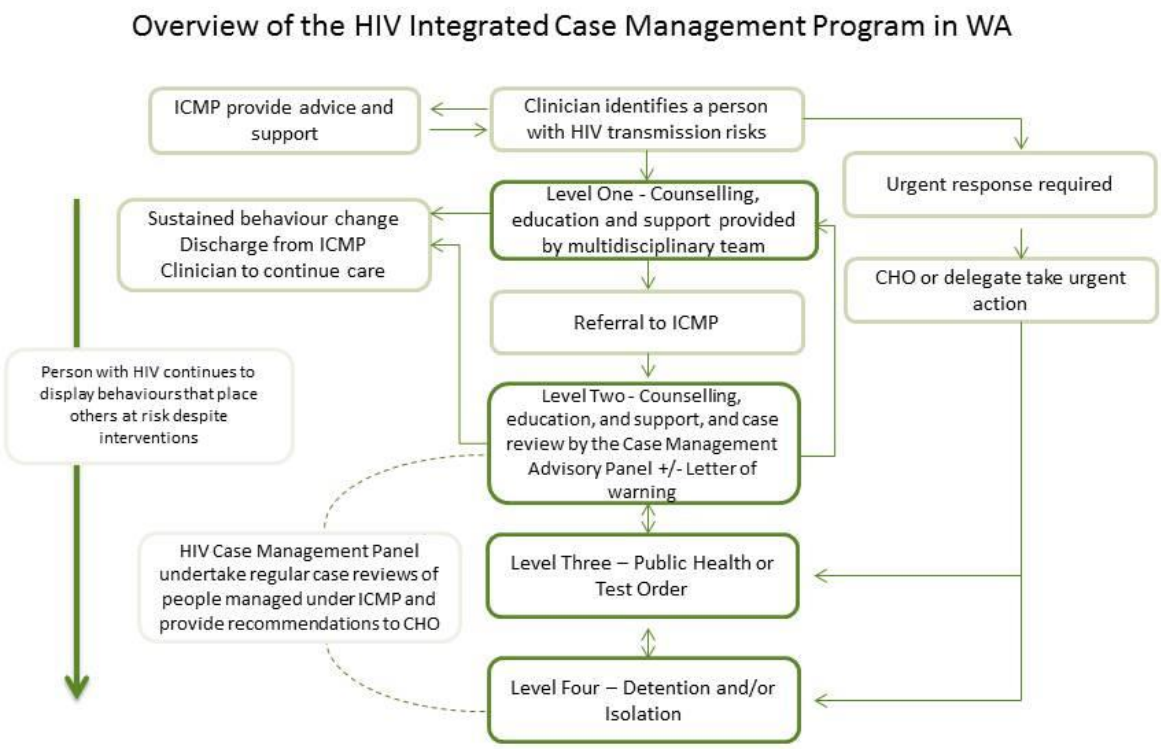
Part 9 of the Public Health Act sets out a framework for the management of notifiable infectious diseases and notifiable infectious disease related conditions. It utilises four common public health tools:

1. imposes obligations for medical practitioners, nurse practitioners and pathologists to notify the CHO of notifiable infectious diseases and notifiable infectious disease related conditions;
2. provides for test orders to be made, compelling a person to submit to testing;
3. provides for public health orders to be made, requiring a person to do or not do specified matters;

4. obtaining information to identify persons who have or who may be affected by or exposed to a notifiable infectious disease.

Part 9 also deals with the establishment and functions of the Panel.

Figure 1. Overview of the HIV Integrated Case Management Program in WA



*CHO = Chief Health Officer, ICMP= Integrated Case Management program

9. The Four-level Integrated Case Management Program

The four-level management program outlines the requirements for managing HIV transmission risk behaviours through integrated case management in WA. While most people will commence at Level One, management is not strictly hierarchical or sequential. People will be managed at the appropriate level following case review, and will be escalated to a higher level or discharged depending on the person's engagement and risk behaviours. An overview of the ICMP is provided in *Figure 1*.

At all stages of ICMP implementation, all health professionals involved in the management of people who place others at risk of HIV infection are required to exercise considerable professional judgement based on the unique circumstances of each case. Managing the risk of a potential harm to themselves or others, where other interventions have failed, underpins the reason for managing a person with HIV under the ICMP.

The person should be encouraged to identify an independent person of their choice to act as their advocate for the duration of their management under these guidelines, if they choose to, but this is not mandatory.

Keeping the person informed

When a decision is first made under these Guidelines by the clinician, PHU or ICMP staff, to manage a person with HIV who is at risk of transmitting HIV to others under these Guidelines, the following information must be provided to the person:

(a) the implications of being managed under the State Guidelines;
(b) the functions and powers of the CHO under the Public Health Act to make Public Health Orders and Test Orders, where the circumstances require it;
(c) that the Public Health Act contains offence provisions in respect of serious public health risks and material serious public health risks, and serious penalties are applicable; and
(d) that the Criminal Code contains an offence provision in respect of acts likely to result in a person having a serious disease, and serious penalties are applicable.

This information should be provided in a supportive manner which aims to change the person's behaviour.

The person responsible for providing the person with the information set out above is:

(a) in the Perth metropolitan area – CMOs from the ICMP; or
(b) other than in the Perth metropolitan area – the clinician or an authorised officer from the relevant PHU.

The person responsible for providing the person with the information must:

(a) ask for the person's consent to disclose their health and medical information to the ICMP;
(b) refer the person to the ICMP in a confidential matter;
(c) address any confidentiality or privacy concerns.

It should also be acknowledged that a person with HIV being managed under the ICMP may affect the therapeutic relationship between the person with HIV and the clinician to some extent at all Levels of ICMP. Support can be provided by the CMOs or local PHU upon request from the clinician.

9.1 Level One – Counselling, Education and Support

Where a person has been identified to be putting others at risk of HIV infection, either by the clinician, PHU, or ICMP staff, the preferred initial step is to implement Level One management by providing counselling, education and support. This management may be undertaken by the clinician, with advice and support from the ICMP staff where requested, or management may be undertaken by the ICMP staff. This Level does not require involvement from the Panel.

A biopsychosocial approach should be used during interventions under Level One, and a review should be undertaken of potential services and assistance that the person could benefit from with an aim to support the person with adherence to HIV treatment and care. Interventions should be adopted in agreement with the person and individualised to address their needs.

9.1.1 Level One interventions

Each of the following interventions must be considered or offered for people being managed under Level One, dependent on consent being obtained by the person:

- counselling and education relating to safe sex, injecting practices and transmission prevention and the importance of adhering to medical treatment;
- referrals, advocacy and liaison with government and non-government agencies for a variety of concerns, as appropriate, such as:
  - HIV clinical care;
  - mental health and alcohol and other drug services;
  - counselling;
  - peer support services and/or community based organisations with a focus on HIV, for additional support, counselling or education;
  - access to housing or supported accommodation;
  - income assistance (e.g. Centrelink), referral to employment or training agencies, or life skills training (budgeting, social skills);
  - home care support (shopping, cleaning, transport, personal care);
  - disability services or other relevant services; and
  - legal support;
- free access to preventative materials, such as condoms and sterile injecting equipment;
- assistance with transport to relevant appointments, including to neighbouring local areas to avoid identification in clinics;
- access to a translator service from outside of their community;
- consideration of the role of DOT where there is poor adherence to ART; and
- a written agreement (undertaking) outlining the management plan and responsibilities agreed upon by the client at that time, if necessary, which should also include informing ICMP of any intended change of address or contact details.

The use of a case conference with the individual to engage with services may be useful in developing a plan in a patient-centred manner. In the case of people with HIV who have complex needs, often associated with cognitive, behavioural and/or mental health problems, specialist tertiary services should be involved in assessment and management. If travel assistance to see a specialist is required, the Patient Assisted Travel Scheme should be utilised.

ICMP staff can be contacted at any stage for advice or support; this will not automatically lead to the client being managed under the ICMP or by ICMP staff. ICMP staff may be able to provide advice and support, including assisting with referrals to other agencies or professionals who are better placed to provide support.

Some people with HIV may benefit from DOT, particularly where there are both public health risk concerns and poor adherence to ART. It is the managing clinician or PHU's decision whether DOT should be considered as part of clinical management, in discussion with the ICMP team. An 'undertaking' may be considered. There may be cases where DOT is not feasible, for example where a person is frequently mobile over a large area, and needs to be considered on a case-by-case basis. DOT provided by home and community care agencies and other nursing providers may be an option if the client primarily resides at one address only; where agreed, this will be funded by the Department in the metropolitan area and in regional areas, where a suitable provider exists.

All efforts should be made to ensure that potential barriers to accessing support and services are addressed, including transport, access to telehealth, or the use of translators.

With client permission, clients at Level One may be co-case managed with other community-based services. This may be suitable for clients with chronic psycho-social and complex health needs.

9.1.2 Responsibilities and Process

These interventions may be implemented by the person's clinician, PHU, or alternative arrangements made to ensure the person receives the optimal management. The person must be made aware of the implications of being managed under Level One of these Guidelines, including that non-adherence to management under Level One may result in escalation to Level Two or higher, which will require a case review by the Case Management Advisory Panel, and could include a letter of warning and a public health order or test order.

The clinician or service provider can seek advice from ICMP staff at any time, without the requirement to identify the person with HIV. Seeking advice from ICMP staff, which may include the Manager, ICMP, or Director, CDCD, under Level One does not immediately lead to the person being managed under the guidelines at Level Two or above.

If not already undertaken, or if the client was previously unwilling to name sexual or injecting drug use partners, ICMP staff may assist with contact tracing. This does not imply that ICMP staff are a specialist HIV contact tracing service, and contact tracing should be initiated by the local PHU.

9.1.3 Consideration of Management at Level Two or higher

Management under Level Two should be considered where strategies under Level One appear to have failed. Management at a higher level will be considered if a person's behaviour is deemed to be higher risk, e.g. non adherence to engaging with strategies under Level One; non-adherence to ART and not sustaining an undetectable viral load. The imminence of the risk to the public should also be considered. If the clinician, PHUs or CMOs have not been able to establish a therapeutic relationship resulting in the client adhering to treatment after four months of sustained and documented efforts, the client's case must be referred to the ICMP staff for case review by the Panel. A sustained effort to contact a client may involve weekly contact attempts using telephone calls, text messages, email, post or home visits. Escalation to a higher level will be considered if a person's behaviour is deemed to be higher risk, e.g. evidence of sharing needles such as a newly acquired hepatitis C virus infection or substantiated evidence of unprotected sex.

Consultation between the clinician, PHU or ICMP staff, and the Manager, ICMP and Director, CDCD must occur at this stage in order to assess whether additional efforts should be undertaken at Level One, or whether management under Level Two or higher is necessary. If a decision is made for management under Level Two, a referral form must be submitted by the clinician or PHU to ICMP staff, for review by the Panel. The clinician and

PHU should clearly outline the referral criteria and goals of ICMP intervention. The Panel will undertake a case review and provide recommendations to the CHO at Level Two.

9.2 Level Two – Counselling, education, and support, and case review by the Case Management Advisory Panel

Management of a person with HIV under Level Two includes counselling education and support. Additionally, a case review is undertaken by the Panel, and recommendations made to the CHO.

9.2.1 Level Two Interventions

The following interventions must be implemented for people being managed under Level Two:

- All of the interventions listed under Level One management must be considered or offered to the person;
- The Panel must undertake a case review and provide written recommendations to the CHO;
    - The case review may include the request for a full medical examination including a psychosocial assessment;
    - The case review may consider inviting the person with HIV and person's advocate to present at the Panel meeting, and may also seek further information from the clinician or other specialist as deemed necessary;
    - Consideration of a multi-disciplinary case conference and discussion based on the existing ICMP case management plan.
- Consideration of issuing a formal letter of warning to the person from the CHO or their delegate, advising them:
    - of their responsibilities under the Public Health Act and that their behaviour has come to the attention of, and is being monitored by public health authorities;
    - of the expected changes in behaviour;
    - of the role of the ICMP and the Panel;
    - of the availability of counselling, education, testing, treatment and support services;
    - of the requirement to initiate and maintain contact with particular agencies by a specified time(s); and
    - consider including that the next step may include a test or public health order;

Issuing a letter of warning, served by a process server in the metropolitan area and in conjunction with PHU staff in regions, must be supported by evidence that the person with HIV has not responded to repeated efforts by ICMP or clinical services to engage with assessment (examination or test) or management. The Manager, ICMP must ensure the person has received and understood the letter of warning and has been advised to discuss its contents with an independent advocate of their choice. Refer to Appendix 5 for a sample letter of warning.

The managing clinician or case manager must provide written reports to the Panel on the follow up of the person being managed under Level Two of ICMP, for consideration by the Panel at its regular meetings.

Arrangements should be made to assist the person to have appropriate advocacy and legal representation during this process. Where possible, and appropriate, the person should be advised that they are being managed under Level Two of the ICMP which will include the Panel discussing their care. At times, discussions may need to occur without the person's knowledge or consent. Appropriate documentation is required at all times.

9.2.2 Responsibilities and process

It is the responsibility of the clinician or local PHU (after consulting with the clinician) to refer the patient to the ICMP. This process will expedite the referral to the Panel who will undertake a case review at the next Panel meeting or earlier. On the request of the Panel, the clinician or PHU may be required to present at the Panel's meeting.

The Panel will advise the CHO on the recommended management as determined through the case review. This advice will be made by written recommendation.

The clinician is responsible for implementing management recommendations that are agreed to be within their scope of practice. ICMP staff will provide ongoing support to the clinician or PHU including advice to manage the person until a recommendation is made by the Panel, and provide support during the implementation process.

The case will be reviewed again at the Panel's six-monthly meetings, or earlier as needed.

9.2.3 Consideration of Management at Level Three or higher

If a person does not demonstrate evidence of behaviour change despite the implementation of Level Two measures and continues to place others at risk through their behaviour, consideration should be given to managing the person under Level Three or higher. This decision must be made by the CHO, with recommendations provided from the Panel, where possible.

9.3 Level Three – Management under a Public Health Order or Test Order

9.3.1 Overview of the intervention

Management of a person with HIV under Level Three of the ICMP involves the issuing of a public health order or a test order to the person by the CHO on the recommendation of the Panel or on urgent referral of the case by the ICMP, Manager and Director, CDCD. These are described in Divisions 4 and 5 of Part 9 of the Act.

Management of a person under Level Three of ICMP should include the following:

- Where all other measures under Levels One and Two have failed, a decision is made for a test or public health order to be issued to the person with HIV.
- If a test order is deemed necessary, it may stipulate the following requirements:
    - to undergo testing for a specified sample, this may involve regular testing of their HIV viral load to monitor medication adherence and infectivity.
- If a public health order is deemed necessary, it may stipulate the following requirements:
    - to undergo counselling;
    - to undergo specified medical examination or treatment;
    - to refrain from specified conduct or activities;
    - to restrict movement, such as that the person must stay at a particular address, town or region;
    - to be subject to supervision.
- The order may stipulate a timeframe in which these requirements need to occur.
- All of the interventions listed under Level One and Level Two management must be considered, and the availability of counselling, education, examination, treatment including assistance with access, and support services should be reiterated to the person.
- Consideration of advising the person the implications of non-adherence, including that the next step may include detention and/or isolation.

A person who is named in a test order or public health order may apply to the State Administrative Tribunal for a review of the decision to make the test order or public health order. The State Administrative Tribunal must hear and decide on the matter as soon as possible. Arrangements should be made to assist the person to have appropriate advocacy and legal representation during this process.

9.3.2 Responsibilities and process

Serving a test order or public health order to a person must be done in compliance with Divisions 4 and 5 of Part 9 of the Public Health Act.

The decision to issue a test or public health order is made by the CHO, taking into consideration recommendations from the Panel. The CHO should obtain legal advice, either from Legal and Legislative Services or the State Solicitor's Office, whichever is appropriate in the circumstances, prior to a test order or public health order being issued.

The CHO must ensure the person has received and understood the test order or public health order and that they have been advised to discuss its contents with an independent advocate of their choice.

9.3.3 Management of restriction and/or supervision orders

A public health order which includes supervision or restriction of movement, is managed by the ICMP staff or a local PHU. The decision to impose restriction of movement or

supervision orders will be made on a case-by-case basis. Resources will be allocated by CDCD so that this can be effectively achieved until it is deemed no longer necessary.

Restriction of movement may include not leaving a town or region without advising a local PHU, or ICMP staff in the metropolitan area.

9.3.4 Involvement of police

This needs to be considered specifically for Level Three and Four orders, as police involvement should not be required unless absolutely necessary and are only considered as a last resort – noting that these Levels of management should still be focused on increasing positive engagement with services.

Sections 106 and 122 of the Public Health Act provides for an authorised officer to request assistance of a police officer for assistance in the enforcement of a test order or public health order. The decision to involve police in the enforcement of an order should be done with legal advice and senior management approval.

9.3.5 Management at Level Four

Rarely, where a person does not adhere to a test order or public health order, and is deemed to pose a risk to public health of HIV transmission, the CHO may consider detention and/or isolation. This should only be used as a last resort where all other strategies have failed and after a detailed review and report conducted. A specific time period for this isolation is required.

9.4 Level Four – Detention and/or Isolation

Detention or isolation for the purposes of managing HIV public health risks are to be strategies of last resort and will need to be undertaken on the basis of a clearly documented risk reduction strategy that includes the indications for detention/isolation, and the goals of the intervention. It is expected that these will be a rare occurrence, and will be considered after all other measures to manage the public health risk of HIV infection have failed.

The CHO may consider a public health order to confine a person in the interests of public health, if the CHO believes a person is behaving in a way that continues to place others at risk of HIV transmission despite all other interventions being implemented. This will be considered following recommendations from the Panel.

A public health order may require the person to submit to being detained or isolated at a specified place, such as the individual's home or other suitable location, and may take the form of a curfew for certain hours each day or for extended periods of days to weeks.

Where the client is already detained under a custodial sentence or on remand, the CHO should consider revoking the public health order of isolation while the client is under detention by the Police or the Department of Corrective Services, due to complex legalities for the enforcement of the order.

Management of a person under Level Four of ICMP should include the following:

- A public health order is made by the CHO to isolate or detain a person with HIV who continues to place others at risk of HIV transmission;
- The CHO must review the person's detention at intervals not greater than 28 days;
- Concurrent access to the following should be provided:
    - Counselling, education and behaviour change therapy;
    - Ongoing medical management, if necessary, including psychiatric assessment and management;
    - Assessment and management of drug and alcohol dependence; and
    - An independent advocate.

The person is entitled to obtain legal advice and communicate with a lawyer or be represented by a responsible person.

9.4.1 Responsibilities and process

It is the CHO's responsibility to place an individual under a public health order to detain or isolate them. This must be done in compliance with Part 9 of the Act. This decision should take into account recommendations from the Panel who will have undertaken a case review in collaboration with the clinician, the PHU, and/or other specialists as deemed necessary. The CHO must be satisfied that the person is safely detained or isolated, and has access to services including but not limited to legal representation, counselling and support services, clinical HIV and other medical management. The CHO must review the order at not greater than 28 days to determine whether the detention of the person continues to be required.

The CHO should obtain legal advice, either from Legal and Legislative Services or the State Solicitor's Office, whichever is appropriate in the circumstances, prior to a test order or public health order being issued. This will also include provisions for police involvement as well as requirements for secure isolation/detention in cases where the individual may resist the order.

10. Integrated Case Management Program Procedures

10.1 Referrals to ICMP staff

Formal referral to ICMP staff is required when interventions are deemed necessary at Level Two or higher. This referral should be made by the clinician or PHU using the Referral Form (see *Appendix 1*) which is available on the Department's website, and sent to ICMP staff. ICMP staff will send a receipt to acknowledge the referral, and will aim to make contact with the person referred to ICMP within three working days.

In the event of an urgent referral, the clinician or PHU can contact the ICMP manager or CMOs via phone, or refer as an urgent or high-risk referral using the referral form.

In the case of re-referral, if a client was managed by ICMP within the past two years, a brief email or verbal re-referral outlining risks/ concerns will suffice for re-referral to ICMP. The full referral form is not required.

Community members may make a verbal referral to the CMOs.

10.2 Allegations of HIV transmission

If an allegation of potential HIV transmission is made against a person, the person will be interviewed by a CMO or an Authorised Officer in a regional setting. A videoconference or telephone call with the CMOs may be used for regionally based clients, if agreed to by the client. The first interview with the client should be completed within three working days, or sooner, if an urgent case. At the time of the interview, the person must be notified of the existence of the allegation, but not the source of the allegation or the identity of the person to whom he or she is alleged to have transmitted HIV.

The CMOs will determine whether the case is accepted for management under the guidelines, depending on the outcome of the interview. All cases will be initially managed under Level One for intensive education and counselling, but this will be assessed on a case-by-case basis, in consultation with the clinician or PHU.

10.3 Documentation

At all stages of management under the ICMP guidelines, clear and appropriate documentation about the rationale for decisions and the progress of implementation must be maintained, involving:

- case files held by ICMP or in the regions kept according to the current records management policies and standards, with consideration given to protecting the privacy of clients;
- unique identifier codes used in place of names, wherever possible, to reduce the number of people who know the identity of clients;
- induction or training activities for administrative officers working with these files to ensure they are aware of policies about the protection of medical information; and
- multidisciplinary case notes and documented goals of care that can be shared under appropriate restrictions with clinicians and other agencies involved in the individual case.

10.4 Monitoring and reporting of cases

ICMP staff and the clinician or PHU will be required to maintain regular contact and review processes that focus on the goals of care outlined in the case management plan including agreed plans regarding escalation, de-escalation and discharge. This may be done via email or over the phone, and will be followed up by the CMOs on a fortnightly basis. This is

essential to evaluate the success of interventions, and whether consideration for a change in management is required.

The CMOs meet on a weekly basis with the Manager, ICMP to provide an update of cases. The Director, CDCD (Chairperson of the Panel) and Manager, ICMP meet weekly to discuss cases. The Manager, ICMP will provide a report on people with HIV being managed at Level Two and higher under ICMP to the Panel on at least a six-monthly basis, or more frequently if required. If an urgent case review is required prior to the next Panel meeting, the Manager, ICMP will discuss the case with the Director, CDCD (Chairperson of the Panel), who will coordinate an urgent Panel meeting.

10.5 Discharge from ICMP

The CHO will decide when a person with HIV can be discharged from ICMP at Level Two or higher, on recommendation of the Panel. This decision should be informed by advice from the clinician or PHU, and consultation with community based services to ensure they have the capacity to take on new clients, such as people with HIV who may require ongoing support from services such as SHAPE (Supporting Health and Personal Empowerment, WA AIDS Council).

A person with HIV can be discharged from ICMP when there is evidence of:

- sustained undetectable viral load for at least 6-12 months;
- no outstanding material public health risk concerns or allegations;
- engagement with tertiary HIV clinical services, regional PHU or HIV S100 prescriber and independently attending clinical appointments, pathology, and ART collection (or with other formal or informal assistance); and
- outstanding psychosocial concerns are managed locally or via another service or client has declined referrals.

Acknowledging that cases referred to ICMP are highly likely to have complex psychosocial issues, substance abuse, or coexisting comorbidities, the involvement of community-based services such as SHAPE or regional PHUs should be considered alongside involvement by ICMP staff where appropriate, and should also be involved in discharge planning from case management under the ICMP. ICMP staff will facilitate this referral.

11. Appeals against decisions

A person under management of the State Guidelines has the right to appeal against a decision made under the ICMP by the CHO. Sections 109 and 127 of the Act provide the right for a person subject to a test order or public health order to apply to the State Administrative Tribunal for a review of the decision to make the order. The State Administrative Tribunal must hear and determine the application as soon as practicable. The person also has the right to obtain legal advice and to communicate with a lawyer. ICMP staff may provide advice to assist the person in obtaining appropriate advocacy and legal representation during review processes.

12. Clients who are minors (persons under the age of 18 years) or an incapable person

People with HIV who are minors can be managed under the State Guidelines but additional steps are required. The person needs to be assessed as to whether they can be considered a “mature minor” and are able to comprehend the situation and make informed decisions for themselves. If not, a parent, guardian or responsible adult needs to be present at any interview with the minor.

References

1. Centers for Disease Control and Prevention. Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV [factsheet]. 2018. Available from https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf
2. Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine. *Plasma HIV-1 RNA (Viral Load) and CD4 Count Monitoring*. 2018. Available from http://arv.ashm.org.au/plasma-hiv-1-rna-viral-load-and-cd4-count-monitoring/
3. Department of Health WA. Patient Confidentiality Policy. Available from https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Legal/Mandatory-requirements/Patient-Confidentiality-Policy

Appendices

Appendix 1 – Integrated Case Management Program Referral Form

Government of Western Australia
Department of Health
Public and Aboriginal Health Division
Communicable Disease Control Directorate

REFERRAL TO
INTEGRATED CASE MANAGEMENT PROGRAM (ICMP)

ICMP Case Management Officer Contacts:
Bernadette Gillespie: 9221 9324 or 0417 926 570 Ines Bruss: 9421 1072 or 0427 013 593

***Email completed referrals to*:** (please complete electronically if possible):
CMP.Referrals@health.wa.gov.au

Check relevant box below: ***Client must meet one of the following criteria:***

☐ **Possible Statutory Action** (PRIORITY 1 - High):

High risk: i.e. allegations of high risk sexual behaviours and / or injecting drug use behaviours where client is knowingly placing others at risk of transmission of HIV. Poor ART adherence.

☐ **Preventative and Support Management** (PRIORITY 2 - medium):

- **New Diagnosis:** multiple attempts to contact patient to receive HIV+ result or link to HIV specialist, **OR**
- **New / Prior diagnosis:** 3x DNAs with primary HIV service provider within 3 months

AND :

- ✓ **POOR MEDICATION ADHERENCE** and /or **detectable viral load**
- ✓ **HIGH RISK BEHVIOURS with HIV transmission risk - (ICMP mandate)**
- ✓ exhausted attempts to re-engage client by phone / letter / email / other contacts

REFERRER:				
Agency & contacts				
Date				
Other relevant agency staff				
CLIENT DEMOGRAPHIC INFORMATION:				
UMRN (If available)				
Surname:				
First name:				
Other names:				
Aliases:				
DOB:		Place of birth		
Ethnicity				
Interpreter needed	Yes ☐	No ☐	Language	
Address 1				
Address 1 phone		Mobile phone		
Address 2				
Address 2 phone				
Email:				
Sexual preference & gender identification				

Form - Referral to ICMP – updated January 2019 Page 1

CONTACTS:	
NOK 1/ emergency contacts / relationship	
NOK 2/ emergency contacts / relationship	
Local contact 1 / relationship	
Local contact 2 / relationship	
Contact tracing commenced and by whom?	
Who is aware of diagnosis?	
Sexual contacts (list as many as possible/relevant)	

MEDICAL INFORMATION:			
GP name / contact			
HIV+ diagnosis date			
Treatment / medications / date			
ART adherence			
Viral Load / date		CD4 / date	
Other STIs			
Other medical conditions, including treatment			

BACKGROUND INFORMATION FOR TRIAGING / RISK CONCERNS:			
☐ Has not started ART ☐ Challenges in remaining on treatment	Yes ☐	No ☐	Unknown ☐
High risk sexual practices	Yes ☐	No ☐	Unknown ☐
Difficulties negotiating safe sex	Yes ☐	No ☐	Unknown ☐
Sex Worker	Yes ☐	No ☐	Unknown ☐
Sex Worker/ working name(s)/ aliases			
Websites used to advertise			
Family / domestic violence victim or perpetrator	Yes ☐	No ☐	Unknown ☐
Child protection concerns	Yes ☐	No ☐	Unknown ☐
Mental health diagnosis / treatment	Yes ☐	No ☐	Unknown ☐
Risk of suicide / self-harm (previous attempts?)	Yes ☐	No ☐	Unknown ☐
Homeless / transient: alternative addresses	Yes ☐	No ☐	Unknown ☐
History of violence / aggression	Yes ☐	No ☐	Unknown ☐
Cognitive concerns	Yes ☐	No ☐	Unknown ☐
Alcohol use	Yes ☐	No ☐	Unknown ☐
Injecting drug use	Yes ☐	No ☐	Unknown ☐
Other illicit drug use or solvents (other than IDU)	Yes ☐	No ☐	Unknown ☐

Form - Referral to ICMP – updated January 2019 Page 2

BACKGROUND INFORMATION FOR TRIAGING / RISK CONCERNS (continued):			
Concerns client may be placing others at risk of HIV transmission	Yes ☐	No ☐	Unknown ☐
Does client have a reasonable understanding of HIV and modes of transmission and prevention?	Yes ☐	No ☐	Unknown ☐
Other risk concerns?	Yes ☐	No ☐	Unknown ☐
OTHER ISSUES:			
Literacy issues	Yes ☐	No ☐	Unknown ☐
Income concerns	Yes ☐	No ☐	Unknown ☐
Visa issues	Yes ☐	No ☐	Unknown ☐
OTHER AGENCIES INVOLVED:			
WAAC / SHAPE	Yes ☐	No ☐	Unknown ☐
Magenta	Yes ☐	No ☐	Unknown ☐
Homeswest / Department of Housing	Yes ☐	No ☐	Unknown ☐
Justice / Prisons	Yes ☐	No ☐	Unknown ☐
Alcohol / drug agencies	Yes ☐	No ☐	Unknown ☐
Other	Yes ☐	No ☐	Unknown ☐
ADDITIONAL INFORMATION: *Please attach any other relevant information*			

Is client aware of referral? Yes ☐ No ☐ Unknown ☐

(please note, for possible statutory referrals, client consent is preferred but not required)

Client has consented to this referral Yes ☐ No ☐

Client signature Date
(preferred but not required)

Referrer signature Date
(email is accepted as electronic signature)

Government of Western Australia
Department of Health

Appendix 2 – Client Case Summary Risk Assessment Form

Integrated Case Management Program (ICMP)
Case Summary Risk Assessment

Name: **DOB**: **Aboriginal:** Yes ☐ No ☐

Country of birth: **Ethnicity:**

Is there an allegation of HIV transmission? Yes ☐ No ☐

Gender: Male ☐ Female ☐ TG (M→F) ☐ TG (F→M) ☐ **Sexual identity**: Gay ☐ Bisexual ☐ Heterosexual ☐ MSM ☐

Clinical

Risk Factor	Yes	No	Unknown	Comments
Viral load	☐	☐	☐	
Disengaged from clinical services	☐	☐	☐	
Not adherent to medication	☐	☐	☐	
Treatment resistant virus	☐	☐	☐	
Other STIs	☐	☐	☐	
Hepatitis C positive	☐	☐	☐	
Mental health diagnosis	☐	☐	☐	
Sub-total				

Behavioural

Risk Factor	Yes	No	Unknown	Comments
Injecting drug user (IDU)	☐	☐	☐	
Homeless / transient home	☐	☐	☐	
Alcohol	☐	☐	☐	
Other drugs	☐	☐	☐	
Sex worker	☐	☐	☐	
High number of sexual contacts	☐	☐	☐	
Reported unsafe sex	☐	☐	☐	
Sub-total				
Total				

Assessment as a material public health risk:
(a) means a public health risk involving potential harm to public health that is neither trivial nor negligible; and
(b) includes a public health risk declared by the regulations to be a material public health risk; but
(c) does not include a public health risk declared by the regulations not to be a material public health risk.

Risk Factor	Yes	No	Unknown	Comments
Material public health risk	☐	☐	☐	
Cognitive assessment	☐	☐	☐	
Mental health assessment	☐	☐	☐	

Management options	Comments
T1-4 Case Management	
Letter of Warning	
Test Order	
Public Health Order	
Cultural mentor	
Referral	
Other	

Appendix 3 – ICMP Consumer Information Fact Sheet

The Integrated Case Management Program in Western Australia FACT SHEET

Who is the Integrated Case Management Program (ICMP) for?

Most people living with HIV do not place other people at risk of HIV infection. However, a very small number of people living with HIV inadvertently continue to place others at risk of HIV transmission through their behaviours.

The Integrated Case Management Program (ICMP) in Western Australia provides a management approach for health professionals to support people living with HIV who are identified to be placing other people at risk of HIV.

The aim of the ICMP is to assist a person with taking their HIV medication and attending appointments. Help is provided for other issues in their lives which may include homelessness, drug and alcohol use, mental health issues, lack of social support, family violence, lack of transport and other concerns. These issues can all make it harder for a person to take regular medication and attend appointments.

What can a person living with HIV do to prevent involvement with the ICMP?

A person living with HIV can prevent involvement with the ICMP by ensuring that they do all they can to not place other people at risk of HIV infection.

This includes:

- seeing a specialist HIV doctor and attending all of the appointments,
- taking medications for HIV (known as antiretroviral therapy or ART) as prescribed by the doctor, and
- having regular blood tests.

The aim of taking medications for HIV is to have a “sustained virological response” (SVR) meaning that HIV tests for viral loads are always 200 copies/mL or less. This means that there is not enough virus in the blood to sexually transmit the virus to someone else.

If having sex, a person should make sure:

- they always use a condom with water based lubricant, and/ or
- they take their HIV medication as prescribed and achieve a SVR, and/or
- that their sexual partner is taking HIV medication known as pre-exposure prophylaxis (PrEP) for HIV prevention as prescribed.

If injecting drugs, a person should make sure that they only use sterile needles and syringes, and do not share injecting equipment, every single time they inject.

Help or advice is available through the services listed on the back of this flyer.

Who decides whether a person needs the ICMP?

A person will only need the ICMP when all other efforts for them to be on HIV medications or to stop putting other people at risk of HIV infection haven’t worked. This decision may be made by their HIV specialist team or doctor, the Public Health Unit (if they live in the country), and the Department of Health WA.

What does the ICMP involve?

A team of people will support a person needing the ICMP, and may include:

- a specialist team for HIV treatment, which may include a doctor, nurse and social worker;
- a Case Management Officer from the Department of Health WA; and
- the local Public Health Unit in regional areas.

The team may recommend enlisting the assistance of other specialist services, for example housing or drug and alcohol services.

Sometimes, further steps may need to be taken, including:

Case review by the Case Management Advisory Panel – The Panel meets and considers whether a letter of warning or order is necessary.

A letter of warning – This is a letter sent by the Chief Health Officer of Western Australia, which warns a person that they must stop putting other people at risk of HIV, otherwise they may be issued an order (as below).

A test order – This requires that a person must be tested for HIV or other infectious diseases. They may need to go for regular testing.

A public health order – This requires that a person does certain things, which can include starting medications, seeing their doctor, having tests, going to counselling, having drug and alcohol treatment, and may require staying in one place for the duration of the order.

A test order and public health order are described in full in the *Public Health Act 2016 (WA)*, and are only used as a last resort.

At all times, people are encouraged to have an independent advocate. This may be a friend or relative, a lawyer or any person or agency/ service that agrees to be their advocate.

The following services can be contacted for support or information to help identify which agencies can best assist with any concerns.

- **WA AIDS Council** for HIV peer-support, counselling and education services, 9482 0000
- **Legal Aid** 1300 650 579
- **Aboriginal Legal Services** 1800 019 900 or 9265 6666
- **Integrated Case Management Program (Department of Health WA)** can provide information about other services, 9221 9324 or 9421 1072.
- If the person is being managed by a **specialist team** at a hospital that provide HIV treatment, they can seek further information and support from the team.
- In regional areas, the **local Public Health Unit** can also provide information and support.

Appendix 4 – Authority to Release Form

Government of **Western Australia**
Department of **Health**
Public and Aboriginal Health Division

AUTHORITY TO RELEASE INFORMATION

TO: .....
.....
.....
.....

I, ... date of birth .....

of .....

.....HEREBY AUTHORISE
any staff member at Public and Aboriginal Health Division, to:
Release/ Exchange information with the following Agencies and/ or professionals:

.....

.....

.....

Regarding the following Issues/ Concerns:

.....

.....

.....

.....

.....

Signed: .....
Print name: .....
Dated: .....

Witnessed: .....
Print name: .....
Dated: .....

Public and Aboriginal Health Division - Department of Health WA
Letters PO Box 8172 Perth Business Centre Western Australia 6849
Telephone: (08) 9221 9324 or 9421 1072
ABN 13 993 250 709

Appendix 5 – Transition or Discharge Management Plan Form

Government of **Western Australia**
Department of **Health**
Public and Aboriginal Health Division
Communicable Disease Control Directorate

TRANSITION OR DISCHARGE MANAGEMENT PLAN – RPH, SHAPE, ICMP

CLIENT: _____ UMRN: _____

Phone: _____ Current Address: _____

☐ Client is being **discharged** from ICMP on DATE: _____

☐ Client is being **transitioned** to SHAPE: from _____ to about _____ (Dates)

ACHIEVEMENTS:

ONGOING RISKS/ ISSUES:

CLIENT HAS BEEN REFERRED TO: (Please note if client has refused referrals offered)

PLANS: Actions / Goals / Recommendations: (i.e. appointments, referrals):

CASE MANAGEMENT OFFICER (ICMP) name: _____

SHAPE worker (if applicable) name: _____

RPH CLINICAL IMMUNOLOGY CONSULTANT (Signature): _____

Clinical Immunology Consultant (Name): _____

DATE: _____

Integrated Case Management Program, Communicable Disease Control Directorate
Letters PO Box 8172 Perth Business Centre Western Australia 6849
Telephone: (08) 9221 9324 or (08) 9421 1072
ABN 13 993 250 709

Appendix 6 – Clinical Services Referral WA Aids Council Form

WAAC WA AIDS Council

SHAPE
Supporting Health & Personal Empowerment

CLINICAL SERVICES REFERRAL FORM

Please indicate the program you wish to refer your client to:

SHAPE OUTREACH

Assessment discussion will take place with Clinical Services upon your referral, to determine needs and criteria.

Integrated Case Management Program:	**DATE:**

NAME OF CLIENT:
DOB:
DIAGNOSED:
ADDRESS:
PHONE:
EMAIL:

IN CASE OF EMERGENCY CONTACT **IS THIS PERSON AWARE OF HIV STATUS?**
NAME:
ADDRESS:
PHONE:

DETAILS OF PRIMARY SERVICE/S REQUIRED:

OTHER SERVICES/AGENCIES CURRENTLY LINKED IN:

RELEVANT HEALTH INFORMATION:

CURRENT TREATMENT INFORMATION:

RISK ASSESSMENT QUESTIONS

DOES THE CLIENT HAVE A KNOWN MENTAL HEALTH DIAGNOSIS?

DOES THE CLIENT HAVE ANY KNOWN HISTORY OR CURRENT SUICIDALITY?

DOES THE CLIENT HAVE ANY KNOWN OR REPORTED HISTORY OR CURRENT VIOLENT OR AGGRESSIVE BAHAVIOUR?

DOES THE CLIENT HAVE ANY CURRENT DRUG AND/OR ALCOHOL DEPENDENCY ISSUES ?

WHO DOES THE CLIENT RESIDE WITH?

This Referral has been discussed with the client and they have agreed to the referral.

Signed: _____

Name: _____

Position: _____

Date: _____

This referral form is to be sent to BOTH Clinical Services Manager and Team Leader

djessup@waaids.com
ltomnev@waaids.com

Appendix 7 – Integrated Case Management Program Feedback Form

Compliments and Complaints about the Integrated Case Management Program (ICMP)

The Integrated Case Management Program (ICMP) team is a program within the Western Australian Department of Health, which provides a service to HIV positive people who are at risk of knowingly exposing others to HIV infection. The ICMP team operates under the *Public Health Act 2016*. The ICMP team is integrated with tertiary clinical immunology services at Royal Perth Hospital, Fiona Stanley Hospital and Sir Charles Gairdner Hospital to assist marginalised clients into HIV treatment. Clients referred to the ICMP team are offered counselling, support and education; the aim is to encourage them into behaviour change to stop transmission to others.

The ICMP team provide education and counselling to reduce the risk of HIV transmission, condoms and lubricant to encourage safe sex, and clean needles and syringes (fitstick packs) to encourage safe injecting practises. The ICMP team also provide other psychosocial services to assist clients to maintain their health and wellbeing. People living with HIV have rights as well as responsibilities. They have the right not to be discriminated against and they have a responsibility not to infect others with HIV. Under the *Public Health Act 2016,* the Chief Health Officer has powers to make orders which can impose restraints on a person living with HIV who is deliberately exposing others to the risk of infection. However, this course of action would only be considered after all other methods have been utilised.

If you have any comments please complete this form and send it to:

The Manager Sexual Health and Blood-Borne Virus Program
Public and Aboriginal Health Division
PO Box 8172
Perth Business Centre WA 6849

Alternatively, you may wish to contact one of the following:

- Manager of the Sexual Health and Blood Borne Virus Program,
  Department of Health WA – 9222 2355
- Director of Communicable Disease Control Directorate,
  Department of Health WA – 9222 2131
- Health Consumers' Council of WA – 9221 3422 or info@hconc.org.au or
  https://www.hconc.org.au/compliments-and-complaints-form/
- Health and Disability Services Complaints Office – 6551 7600 or 1800 813 583 or
  https://www.hadsco.wa.gov.au/complaints/index.cfm

FEEDBACK

☐ Compliment ☐ Comment ☐ Suggestion ☐ Complaint

We would like to have your feedback:

Name: _____

Contact Details: _____

_____

Phone / email: _____

Date: _____

Thank you!