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

Western Australian guidelines for the management of notifiable infectious disease transmission risk behaviours

Communicable Disease Control Directorate Guideline

Guideline 0032 / Version 1.0 / April 2026

health.wa.gov.au

These guidelines have been developed by the Communicable Disease Control Directorate, Public and Aboriginal Health Division, Western Australian Department of Health.

ACKNOWLEDGEMENT OF COUNTRY AND PEOPLE

The Communicable Disease Control Directorate at the Department of Health acknowledge the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

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1. Acronyms and abbreviations

Abbreviation	Definition
the Act	Public Health Act 2016
Boorloo PHU	Boorloo Public Health Unit
Advisory Panel	Case Management and Coordination Advisory Panel
CDCD	Communicable Disease Control Directorate
CHO	Chief Health Officer
DOH	Department of Health
DOT	Directly Observed Therapy
Guidelines	Guidelines for the management of notifiable infectious disease transmission risk behaviours in Western Australia
HIV	Human Immunodeficiency Virus
HSP	Health Service Provider
ICMP	Integrated Case Management Program
LLS	Legal and Legislative Services
LoW	Letter of Warning
Minister	Minister for Health
NMHS	North Metropolitan Health Service
PHO	Public Health Order
PHU	Public Health Unit
SAT	State Administrative Tribunal
SSO	State Solicitor's Office
TB	Tuberculosis
WA	Western Australia
WACHS	WA Country Health Service
WANIDD	WA Notifiable Infectious Diseases Database
WAPOL	WA Police
WATBCP	WA Tuberculosis Control Program

2. Background

Certain infectious diseases are legally required to be notified to the Chief Health Officer (CHO) under the *Public Health Act 2016* (the Act) in Western Australia (WA). *The Public Health Regulations 2017* lists the diseases that are notifiable under the Act. This requirement means that medical practitioners, nurse practitioners and pathologists are required to notify the CHO if they form the opinion that a patient has or may have a notifiable disease. Through these notifications, Public Health Officials such as public health units (PHU) and the Communicable Disease Control Directorate (CDCD), are able to prevent and reduce the spread of infectious diseases, protect the health of the community and reduce the associated public health impacts.

Transmission of infectious diseases is preventable. Under the Act, a person who is at risk of contracting a notifiable infectious disease must take reasonable precautions[1] to avoid contracting the disease. A person who has a notifiable infectious disease must take all reasonable precautions to ensure that others are not unknowingly placed at risk of contracting the disease. Despite these responsibilities, some individuals continue to display transmission risk behaviours and put others at risk.

These Guidelines outline a policy framework for managing transmission risk behaviours for people who have acquired a notifiable infectious disease, e.g. infectious syphilis, tuberculosis (TB), human immunodeficiency virus (HIV) and anti-microbial resistant gonorrhoea, and who may pose a material public health risk[2] by placing others at risk of infection.

Pursuant to the Act, the CHO can make Test Orders and Public Health Orders (PHOs) on individuals if they present a risk to public health. Both Test and Public Health Orders have significant penalties if not followed. Pursuant to the Act, the CHO has established the Case Management and Coordination Advisory Panel (Advisory Panel) to advise the CHO on the management of a person or a group of persons with notifiable infectious diseases.

These Guidelines outline a **four-level management framework**, from least restrictive to most restrictive measures, to manage people with a notifiable infectious disease who display transmission risk behaviours and represent a risk to public health. At each level, the primary objective is to reduce the risk of transmission of the notifiable infectious disease, and thereby reduce the associated public health risk. Users of this document must ensure they are accessing the most up to date version available on the Department of Health (DOH) website[3]. These Guidelines are subordinate to the Act (and any other applicable legislation). Where the

[1] Reasonable precautions (Part 9, section 88 of the Act) may vary according to the disease and include measures such as the use of barrier protection, use of sterile injecting equipment, immunisation and taking or completing treatment. More information can be found in the WA Health fact sheet available at https://www.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Sexual%20Health/PDF/Notifiable-infectious-diseases-fact-sheet.pdf.

[2] A material public health risk is defined in the Act as a risk that is neither trivial nor negligible and involving potential harm to public health. It includes risks declared by regulation to be material but excludes those declared not to be. The Public Health Act 2016 is available at https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13791_homepage.html.

[3] https://www.health.wa.gov.au/About-us/Policy-frameworks/Public-Healthhttps://www.health.wa.gov.au/About-us/Policy-frameworks/Public-Health.

Guidelines refer to provisions of the Act, or any other legislation, it is not, and is not intended to be, a substitute for the relevant legislation.

3. Purpose

The purpose of these Guidelines is to:

1. identify and explain the roles and responsibilities of various entities in respect of managing a person with a notifiable infectious disease who is placing others at risk
2. ensure a consistent approach to the management, under the Act, of a person with a notifiable infectious disease who is placing others at risk including describing processes in issuing a Test Order or PHO.

4. Legislative Provisions

The Act is a legislative framework for the regulation of public health in WA. Within the Act, a framework exists to enable public health tools that aid in abating, preventing and controlling the spread of notifiable infectious diseases. The Act also includes appropriate penalties that can be used to deter unlawful conduct and thereby prevent or minimise harm to public health. The CHO administers the Act on behalf of the Minister for Health (the Minister) and is responsible for implementing policies and programmes to achieve the objectives of the Act.

4.1 Legislative Requirements

A number of principles apply to the Act (see section 88) and its provisions in managing notifiable infectious diseases. These principles, therefore, underpin these Guidelines:

- the spread of notifiable infectious diseases should be prevented or limited without unnecessarily restricting personal liberty or privacy. In the application of this principle particular regard should be had to the principle of proportionality:
    - decisions made and actions taken in the administration of this Act to prevent, control or abate a public health risk should be proportionate to the public health risk sought to be prevented, controlled or abated; and
    - in the application of the principle of proportionality, decision-making and action should be guided by the aim that, where measures that adversely impact on an individual's or business's activities or a community's functioning are necessary, measures that have the least adverse impact are taken before measures with a greater adverse impact.

4.1.1 Responsibilities under the Act

The Act outlines a list of responsibilities that an individual has, regarding notifiable infectious diseases. These include:

- a person who is at risk of contracting a notifiable infectious disease must take all reasonable precautions to avoid contracting the disease
- a person who suspects that they may have a notifiable infectious disease must ascertain:
    - whether or not they have the disease
    - what precautions should be taken to prevent others from contracting the disease.

- a person who has a notifiable infectious disease must take all reasonable precautions to ensure that others are not unknowingly placed at risk of contracting the disease.

4.1.2 Rights under the Act

To the extent to which the exercise of those rights does not infringe on the wellbeing of others, a person who is at risk of contracting, who suspects that they may have, or who has a notifiable infectious disease, or a notifiable infectious disease-related condition has the right:

- to be protected from unlawful discrimination
- to have his or her privacy respected
- to be given information about the medical and social consequences of the disease or condition and about any proposed medical treatment
- in the case of a notifiable infectious disease
    - to have access to available and appropriate examination and treatment
    - to have that examination and treatment provided free of charge, but only if the requirements set out below are met.
- the right to have an examination or treatment provided free of charge applies:
    - only if the examination or treatment is provided by a public health official
    - only to the extent that the examination or treatment is necessary to prevent the transmission of the disease to another person.

5. Confidentiality and Exchange of Information

Regardless of the level of management, it is important that the confidentiality of a person managed under these Guidelines is respected and that any communication regarding the person and their management is restricted to providers who are directly involved in management of the issues. Under the Act, information, including confidential information, may be disclosed to the Advisory Panel in connection with the performance of its functions, with protections afforded to the person disclosing information. The Act also stipulates confidentiality requirements for members of the Advisory Panel.

De-identification or pseudonyms need to be employed where appropriate. The same de-identification format should be used across all providers for consistency.

5.1 Information Access and Storage

In the WA health system, the privacy of patients is protected through policies such as the WA Health Code of Conduct. DOH's Information Access, Use and Disclosure Policy (MP 0015/16[4]) outlines requirements pursuant to legislation and facilitates lawful and appropriate information access, use and disclosure. The Information Access, Use and Disclosure Policy Resource Compendium[5] provides a broad overview of the duty of confidentiality imposed on persons by

[4] https://www.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Access-Use-and-Disclosure/Information-Access-Use-and-Disclosure-Policy
[5] https://www.health.wa.gov.au/~/media/Corp/Policy-Frameworks/Information-Management/Information-Access-Use-and-Disclosure-Policy/Supporting/Information-Access-Use-and-Disclosure-Policy-Resource-Compendium.pdf

common law, the exceptions to that duty, and the statutory duty of confidentiality and permissible disclosures.

Written documents must be shared via secure transfer means. For example, the WA Health system utilises Microsoft 365 for its email server, employing industry-standard email encryption technologies to guarantee secure email content and end-to-end data encryption. Internal WA Health email servers are sufficient for communications between WA Health entities. However, when communicating externally beyond WA Health agencies, secure transfer systems such as My File Transfer must be utilised.

Records must be kept and disposed of in accordance with DOH's Information Storage Policy (MP 0145/20[6]) and Information Retention and Disposal Policy (MP 0144/20[7]). Any information or documentation compiled and collected in relation to this Guideline will be stored securely on TRIM, DOH's recordkeeping system. Access to these documents will be restricted to relevant persons.

5.2 Exchange of Information

Any exchange of information should be undertaken in accordance with Section 5 of these Guidelines and with the consent of the person where possible.

5.2.1 Interjurisdictional

When there is a reasonable belief or knowledge that a person being managed under these Guidelines has travelled or intends to travel to another Australian jurisdiction:

- the PHU or ICMP team should share appropriate case management information with the receiving clinical team to continue to provide best-practice care. Such information should include an indication as to whether the person needs support to access any additional services (all cases)
- the CHO should notify the public health authority of that state or territory of the person's notifiable infectious disease status and any statutory actions that have been taken. The Act provides a mechanism for the recognition of PHOs that are made under a corresponding law of another state or territory (only cases managed under Level 2 and above).

5.2.2 Between WA regions

Where a person under the management of the Guidelines moves between regions within WA, the PHU, WATBCP or ICMP team managing that person should refer them to the relevant agency in the receiving region and provide that agency with a handover and information necessary for ongoing case management.

[6] https://www.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Storage-and-Disposal/Information-Storage-Policy
[7] https://www.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Storage-and-Disposal/Information-Retention-and-Disposal-Policy

6. Documentation

At all levels of management under these Guidelines, clear and comprehensive documentation about the rationale for decisions must be maintained. The WATBCP, ICMP and PHUs should ensure that the documentation of case notes for people who have a notifiable infectious disease and display transmission risk behaviours are comprehensive and include: details on counselling attempts; reference to counselling and education specifically on the public health risk posed by their behaviours and their notifiable infectious disease; and any other significant notations such as failure to attend scheduled appointments or failed attempts at contacting the person.

7. Guiding Principles

The following principles support evidence-based, ethical, fair and person-centred care:

- public health and clinical management are informed by best-practice guidelines such as WATBCP *Guidelines for Tuberculosis Control in Western Australia*[8], WA Health's *STI/BBV management guidelines*[9], and the relevant guideline from *Communicable Diseases Network Australia's series of National Guidelines*[10]
- health professionals address perceived or actual stigma and discrimination to improve a person's willingness or ability to engage in medical management and use prevention strategies
- principles of procedural fairness are applied when considering and managing a case
- management focuses on counselling, education and support in a manner that is appropriate to the individual's culture, language, literacy, and educational background
- the person is advised of their rights and responsibilities (see 4.1.1 and 4.1.2 under 4. Legislative Provisions) and made aware that they are being managed under these Guidelines
- confidentiality of the individual is maintained (see 5. Confidentiality)
- people managed under this framework are supported by consumer representation or advocacy services
- the use of professional interpreters and culturally secure services is considered and co-opted, particularly when serving a Test Order or PHO, so that the Authorised Officer is satisfied that the person has understood.

[8] https://www.nmhs.health.wa.gov.au/~/media/HSPs/NMHS/Documents/Public-Health/Guideline-for-TB-Control-in-WA.PDF
[9] https://www.health.wa.gov.au/Silver-book
[10] https://www.health.gov.au/resources/collections/cdna-series-of-national-guidelines-songs

8. Stakeholders

In managing an individual with a notifiable infectious disease under these Guidelines, a number of key stakeholders are involved.

8.1 Authorised Officer

Under the Act, the CHO has the power to designate a person as an Authorised Officer. Authorised Officers:

- have the authority to administer and enforce provisions of the Act
- may require a person who is believed to have, or is diagnosed with a notifiable infectious disease, to provide specific information to prevent or minimise spread of the disease
- can undertake contact tracing and enforce a Test Order or a PHO on a person on behalf of the CHO.

8.2 Case Management and Coordination Advisory Panel

Under section 144 of the Act, the CHO has established a Case Management and Coordination Advisory Panel (Advisory Panel) to advise the CHO on the management of a person/s who has/have, a notifiable infectious disease and may pose a material public health risk. Processes are as follows:

- the Advisory Panel advises the CHO on whether a Test Order or PHO should be applied
- confidential information may be lawfully disclosed to the Advisory Panel for the purpose of fulfilling its advisory role
- standing meetings are held at least every six months to review ongoing HIV cases managed under the ICMP
- other notifiable disease cases may be discussed at standing meetings if deemed appropriate by the Chair
- the Chair may request out-of-session consideration of urgent matters or convene extraordinary meetings for cases involving other notifiable diseases.

8.3 The Chief Health Officer

Under the Act, the Minister can designate a person as the CHO, who functions as the administrator for the Act. The CHO has powers to make a Test Order or PHO which may obligate a person to undertake specific instructions to prevent the transmission of notifiable diseases. There are significant penalties for a person for failing to comply with a Test Order or PHO.

8.4 Communicable Disease Control Directorate

CDCD is responsible for the prevention, control, and surveillance of notifiable infectious diseases. CDCD has oversight of policies, surveillance and reporting, and supports Health Service Providers (HSPs) to prevent communicable disease and health care associated infections. CDCD's Director is the delegate of the CHO and can exercise the delegated powers and functions in accordance with the Act. The CDCD Director chairs the Advisory Panel.

8.5 Legal and Legislative Services and State Solicitor's Office

The Legal and Legislative Services (LLS) Unit:

- assists the WA Health system to operate within an appropriate legal framework
- provides a range of services including provision of legal advice and legislative assistance to the WA Health system on a wide range of matters including general advice on legal and compliance matters and statutory interpretation
- are also responsible for the management of the Minister's legislative portfolio.

Legal advice from the State Solicitor's Office (SSO) must be sought via the LLS, in accordance with DOH Obtaining Legal Advice Policy (MP 0023/16[11]).

The SSO is an independent sub-department of the Department of Justice. It is the Western Australian Government law office responsible for the provision of a broad-based legal service to the Government, its departments, instrumentalities, and agencies including DOH and HSPs.

8.6 Public Health Official

Public health officials are DOH officers, or a person employed by a HSP.

8.7 Public Health Units

PHUs are services that sit within HSPs and are responsible for the control and prevention of notifiable diseases. Under the DOH Public Health Policy Framework, PHUs undertake activities including case and contact management.

- North Metropolitan Health Service (NMHS) provides a metropolitan-wide communicable disease control service (Boorloo Public Health Unit) located in Perth.
- WA Country Health Service (WACHS) provides communicable disease control services to country WA through PHUs located in each of the seven health regions (Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, South-West and Great Southern).

These functions are outlined in the *WA health system control of communicable diseases and health care associated infections document*[12] and the *Health Services (Health Service Providers) Order 2016*[13].

8.8 WA Tuberculosis Control program

NMHS also provides a state-wide service for TB management, through the WA Tuberculosis Control Program (WATBCP).

- The WATBCP is based in metropolitan Perth and provides both public health and clinical management of TB cases via a case-management approach.

[11] https://www.health.wa.gov.au/~/media/Corp/Policy-Frameworks/Legal/Obtaining-Legal-Advice-Policy/Obtaining-Legal-Advice-Policy.pdf

[12] https://www.health.wa.gov.au/~/media/Files/Corporate/general-documents/Infectious-diseases/PDF/Roles_and_responsibilities_in_the_control_of_communicable_disease.pdf

[13] https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13792_homepage.html

- In regional areas WACHS PHUs provide implementation of the public health management of TB control, in collaboration with the WATBCP who provides oversight and clinical governance for the public health response.

8.9 Integrated Case Management Program

The Integrated Case Management Program (ICMP) provides a coordinated approach to managing individuals living with HIV in WA identified as placing others at risk. The program addresses the biopsychosocial factors contributing to transmission risk behaviours and supports both healthcare providers and the community.

- ICMP manages HIV transmission risks through a holistic, biopsychosocial approach.
- Referrals are accepted from health professionals and community members.
- The program offers advice and support where needed.
- In metropolitan Perth, ICMP works with HIV specialist teams (doctors, nurses, social workers).
- In regional WA, PHUs manage cases in consultation with ICMP and the individual's HIV specialist team.
- Further information and referral forms can be found on the DOH Integrated Case Management Program website[14].

While the ICMP may assist with Public Health measures, the responsibility for clinical management of individuals with HIV, including monitoring of treatment response and viral loads, remains that of the treating clinicians. This may include a shared care model with PHUs, where necessary.

Most individuals receiving treatment for HIV will not require referral to the ICMP.

8.10 Treating Clinicians

For the purposes of these Guidelines, treating clinicians include HIV specialist teams, primary care services such as general practitioners, Aboriginal Medical Services, and other health care services that provide clinical management of people with a notifiable infectious disease such as sexual health providers. These providers operate under a shared care model and provide services which manage the medical requirements of an individual with a notifiable infectious disease including treatment, coordinating referrals to other specialists (e.g. mental health and alcohol and drug services), assisting with access to housing or support accommodation, and referral to services to assist with home care support.

9. The Four-Level Management Framework

An overview of the four-level management framework is presented in **Table 1**. People who require management under these Guidelines will remain under the framework until the objective of reducing public health risk is achieved. In situations where a Test Order or PHO has been served to an individual, it will apply until a revocation of the Test Order or PHO has been served.

[14] https://www.health.wa.gov.au/Articles/F_I/Integrated-case-management-program

The time taken for an individual's management under this Framework to progress through each level depends on several factors, for example, the level of risk to public health posed by the individual and the ability to find the individual to provide counselling or serve a Test Order or PHO. This Guideline exists to set out processes, streamline administrative procedures and ensure consistency in managing people under the Act in a safe and timely manner.

The management of a case under the framework is not strictly hierarchical or sequential. People should be managed at the appropriate level depending on their engagement and risk behaviours.

Table 1. The Four-Level Management Framework

<table>
<tr><th colspan="3">Summary of case management</th></tr>
<tr><td rowspan="3">1</td><td colspan="2">Level One: Counselling, Education and Support</td></tr>
<tr><td colspan="2">Stakeholders involved: PHUs, treating clinicians, WATBCP[1] (If TB) or ICMP (if HIV)</td></tr>
<tr><td colspan="2">• Management is focused on counselling, education and supporting the person, in a culturally safe manner, to seek treatment and/or modify their transmission risk behaviours.
• The PHU, WATBCP or ICMP may issue a notice letter as a Public Health Official.</td></tr>
<tr><td rowspan="4">2A
or
2B</td><td colspan="2">Level Two: Counselling, Education, Support & Case Review by the Advisory Panel or CDCD May include providing recommendations to the CHO and/or issuing a Letter of Warning (LoW)</td></tr>
<tr><td><u>Level Two Option A:</u> For individuals with HIV who are managed by the ICMP.</td><td><u>Level Two Option B:</u> For individuals with any notifiable infectious disease (other than HIV) who are not managed by the ICMP.</td></tr>
<tr><td>Stakeholders involved: In addition to Level One: the Advisory Panel and the CHO</td><td>Stakeholders involved: In addition to Level One: the CDCD, and/or the CHO and/or the Advisory Panel.</td></tr>
<tr><td>• The ICMP presents evidence to the Advisory Panel, usually at a 6 monthly standing meeting or extraordinary meeting if required. ICMP may request the Advisory Panel formally transition the client to Level Two management.
• The Advisory Panel undertakes a case review and provides written recommendations to the CHO which may include advice to:
- implement additional case management strategies to mitigate transmission risk;
- issue a formal LoW from the CHO; and/or
- issue a Test Order or PHO (after consultation with LLS and/or SSO)</td><td>• The PHU or WATBCP refers the case to CDCD.[1] A CDCD officer assists in collating evidence and presents a case summary to the CDCD Director.
• If required, the CDCD Director will brief the CHO to advise the CHO of the person and may provide recommendations to:
- issue a formal LoW from the CHO; and/or
- refer the case to the Advisory Panel.
• The CHO may refer the case to the Advisory Panel to review and provide advice which may include advice to issue a Test Order or PHO.</td></tr>
<tr><td rowspan="2">3</td><td colspan="2">Level Three: Management under a Test Order or PHO (excluding detention or isolation)</td></tr>
<tr><td colspan="2">Stakeholders involved: In addition to Level Two: the CDCD, LLS / SSO and Authorised Officers
• The CHO issues an Order (excluding PHOs for detention or isolation), and an Authorised Officer serves the order, with or without Police assistance. CDCD consults LLS in preparing the order.</td></tr>
<tr><td rowspan="2">4</td><td colspan="2">Level Four: Management under a PHO to detain or isolate[2]</td></tr>
<tr><td colspan="2">Stakeholders involved: Same as Level Three
• The CHO issues a PHO to detain and / or isolate the case and an Authorised Officer serves the order. CDCD consults LLS in preparing the order.</td></tr>
</table>

[1]Specific roles and responsibilities for the management of TB patients in WACHS regions are outlined in the agreement between WACHS and the WATBCP. Where a TB case in regional WA is non-adherent to treatment and a public health risk, the WATBCP physician allocated to the case and the relevant PHU public health physician should discuss the need to apply these Guidelines and escalate case management as per the four-level management framework.

[2] It is expected that the implementation of this level would be rare and would be used only as a last resort. Management efforts throughout Level One to Three are expected to usually be successful in achieving the objective of reducing public health risk.

9.1 Criteria for deciding if a person needs to be managed under these Guidelines

A person with a notifiable infectious disease may be managed under these guidelines when there is a risk of disease transmission to others, and where the initial management of that risk by the person's treating clinical team, primary health care provider, or PHU has been unsuccessful. This may occur through various pathways, including:

- collaborative assessment by the PHU and clinical team that the person's behaviours or circumstances may increase the risk of transmission
- if the relevant person has been identified as a contact by multiple cases of a notifiable disease
- if an individual declines testing after being reported as a contact by other cases; or
- If there is reasonable evidence that an individual is a potential case of a notifiable infectious disease, e.g. they have symptoms or signs consistent with particular notifiable infection and/or have been in contact with a confirmed case/s, even if the individual has not yet been diagnosed with the notifiable disease.

9.2 Level One - Counselling, education and support

9.2.1 Counselling, education and support

Level One management of a person with a notifiable infectious disease who displays transmission risk behaviours involves counselling, education, and support. The primary objective of this level is to encourage the person to modify their behaviour or seek treatment. Achieving behaviour change may be facilitated by addressing barriers experienced by the person through referrals to other services. The clinical management of a person who is diagnosed with a notifiable infectious disease remains the responsibility of the treating clinician.

PHUs and treating clinicians provide counselling, education, and support regarding:

- the risk of transmission of the disease in the particular circumstances
- the nature of the notifiable disease and the consequences of transmission
- actions required by the person to reduce transmission risk
- information on availability of testing and treatment.

Referral considerations for complex cases

Individuals who display transmission risk behaviours despite support from health services often have complex and challenging social circumstances which may be associated with cognitive, behavioural and mental health issues. Early referral to services and initiatives that can offer additional support is encouraged to:

- address the individual's social, psychological and physical healthcare needs
- facilitate behaviour change to reduce public health risk
- reduce barriers for the individual to access treatment.

Where services are limited, e.g. in regional areas, the PHU and treating clinicians should focus on developing a therapeutic relationship with the individual.

The PHU and the treating clinicians should discuss any responsibilities in making referrals to services or initiatives. In some circumstances, the PHU may be able to manage referrals or offer their own internal services. However, ordinarily, the treating clinicians are responsible for coordinating referrals to additional services to ensure the individual receives the necessary support.

Services and initiatives that should be considered and utilised where appropriate and available include:

- primary health care including Aboriginal Medical Services or homeless-specific healthcare
- specialist health services including mental health services
- alcohol and other drug services
- counselling and education services relating to transmission prevention (e.g. safe sex or the importance of adhering to medical treatment)
- health consumer advocacy groups and/or services
- peer group support and/or community organisations including mentorship programs
- accommodation services including access to housing or supported accommodation
- services which offer training in life skills such as budgeting and social skills
- services which offer home care support (e.g. shopping, transport, cooking, cleaning)
- utilising incentives and/or providing health hardware (e.g. condoms, lubricant, new syringes and needles)
- disability services or other relevant services
- income assistance services (e.g. Centrelink)
- employment support and employment services;
- translating and interpreting services from outside of their community
- assistance with transport to relevant appointments
- legal services
- National Disability Insurance Scheme.

Mental health considerations

People with notifiable infectious diseases who also have mental health conditions may engage in behaviours that increase the risk of transmission. Mental illness can affect their understanding of the infection, ability to care for themselves, follow precautions, and engage with treatment. These challenges may be compounded by stigma, cognitive impairment, or psychiatric symptoms such as paranoia or disinhibition, which can further complicate engagement with healthcare services.

It is essential that the treating team is aware of any mental health issues and maintains regular communication with mental health professionals to ensure coordinated, person-centred care. A multidisciplinary approach may be required to manage risks effectively and support the individual's wellbeing, with culturally appropriate strategies considered where relevant.

9.2.2 Informing contacts of a person with an infectious disease

When managing individuals with notifiable infectious diseases, there may be situations where a contact is unaware of their exposure. Contact tracing is usually conducted with the

individual's consent. Where consent is not provided, disclosure of health information may still be legally authorised under specific circumstances to prevent harm to individuals or the public. For example, a practitioner may form the view that a third party, e.g. spouse/regular partner of a person with an STI, is at risk of contracting a notifiable disease because of an individual's risk behaviours or circumstances.

Under section 139 of the Act, the CHO or an Authorised Officer can take reasonable steps to inform the contact of their potential exposure without explicitly naming the index case, even if it is considered that notifying the contact about their potential exposure could inadvertently reveal the index case's identity, for example when the contact says that the index case is their only partner. Situations should be assessed on a case-by-case basis and decisions to disclose must consider:

- the level of risk to the contact or public
- ethical, legal and social implications.

Notifying the contact includes providing information about the disease, their obligations and rights under the Act, and recommendations to prevent further transmission.

Healthcare practitioners may refer to the Australian Society for HIV Medicine (ASHM) Australasian Contact Tracing Guidelines 2022[15] for practical guidance in undertaking contact tracing, case study examples and information on contact tracing laws. Information more specific to HIV is available online[16].

For complex situations, consultation with a CDCD Senior Medical Advisor is recommended, who may escalate the matter to the CDCD Director or CHO. If legal advice is needed, the PHU or ICMP should contact CDCD, which will liaise with LLS.

9.2.3 Keeping the person informed

When a person is managed under these Guidelines, they should be kept informed of their rights and responsibilities under the Act (see 4.1.1 and 4.1.2 under 4. Legislative Provisions). As part of counselling, education and support, individuals should be made aware that if risk behaviours continue, or if they do not engage with treatment, more assertive public health management – such as a Test Order or PHO may be considered. This information should be communicated in a respectful manner, recognising that individuals may face complex psychosocial challenges that affect their ability to engage with care. Information on any additional relevant programs that may be involved in care through the framework, such as the ICMP or WATBCP, should also be provided.

9.2.4 Notice Letter

At this point, the PHU may also consider the need to issue a notice letter to a person managed under these Guidelines. The notice letter is a non-statutory, non-binding notice and is not issued under the Act. The notice letter is not a formal LoW from the CHO. It is a tool that has

[15] https://contacttracing.ashm.org.au/

[16] https://hivlegal.org.au/docs/contact-tracing/

been used by public health teams, including PHUs and the ICMP, and in some cases has been successful in supporting individuals to modify behaviours and/or engage in treatment. The intention of a notice letter is to provide written correspondence to the case, outlining:

- a summary of their situation and the risk they pose to public health
- what is expected of the person to reduce their risk to public health
- their rights and responsibilities under the Act
- that they are being managed under these Guidelines and that more assertive management is possible if they do not take actions to address their risk to public health.

The PHU, WATBCP or ICMP should issue a notice letter through their usual processes. It should be delivered in person by a Public Health Official or Process Server. It is important to consider the risk of breaching confidentiality when issuing the notice letter and appropriate steps should be taken by the PHU, WATBCP or ICMP to ensure that only the intended recipient receives it and under circumstances that respect their confidentiality and privacy. If circumstances require that a notice letter be sent by mail, then only registered mail, requiring the individual's proof of identification and signature, should be used. If the case is a child under the care of the Chief Executive Officer of the Department of Communities, then the notice letter must be addressed and sent to the CEO's designated representative or the allocated case manager.

9.2.5 When to escalate to Level Two

Consider escalation to Level Two if Level One has not been effective in reducing the public health risk associated with an individual with a notifiable infectious disease.

It is recommended that the clinical team or PHU seeks advice from the ICMP team (for HIV) or a Senior Medical Advisor or the Director in CDCD. This discussion is not considered a referral and does not escalate the management to Level Two until the referral has been made and acknowledged.

9.3 Level Two - Case review by the Advisory Panel or CDCD and/or CHO in addition to counselling, education and support

When escalating the management to Level Two, cases may be referred via two different referral pathways (See **Table 1**):

- **Level Two Option A** applies to individuals with HIV who require management by the ICMP
- **Level Two Option B** applies to individuals with any notifiable infectious diseases who do not require management by the ICMP.

There are two pathways. This is not because HIV poses a greater risk than other notifiable diseases. Rather, it acknowledges the unique challenges of stigma and discrimination faced by people living with HIV, which are rooted in historical factors and ongoing community misconceptions. The HIV-specific pathway also reflects the existence of a specific program (ICMP) that specialises in managing HIV transmission risk behaviours and psychosocial support. This pathway ensures additional oversight and transparency, protecting the interests of people living with HIV.

As HIV is also a long-term health condition, affected individuals require ongoing care and review. Regular 6 monthly Advisory Panel meetings under Level Two, Option A, ensure that there is frequent and ongoing review, support and follow-up.

Other notifiable infectious diseases may require only short-term or infrequent management under these Guidelines, and different types of expertise. Level Two Option B allows for more flexibility in managing these cases.

9.3.1 Level Two Option A

Level Two Option A is for an individual with HIV who displays transmission risk behaviours and is managed (or requires management) under the ICMP. The ICMP team will continue to provide ongoing support to the HIV clinical team and/or PHU and treating clinicians.

Collating and presenting evidence under Level Two Option A

The process for collating and presenting evidence is as follows:

- the ICMP will present a case summary report with evidence (**Box 1**) to the Advisory Panel, during a scheduled or extraordinary meeting; then
- the Advisory Panel reviews the case and provides written evidence and advice to the ICMP and CHO, which may include a recommendation to issue a LoW or a Test Order or PHO.

Decisions made by the CHO or delegate regarding the cases are communicated in writing to the ICMP, who then informs the relevant teams. The ICMP or PHU is responsible for notifying individuals of any changes to their management.

9.3.2 Level Two Option B

Level Two Option B is for the management of a person with any notifiable infectious disease (other than HIV) who displays transmission risk behaviours and who is not managed under the ICMP. It involves the notification and referral of the case to CDCD. Once a referral has been acknowledged, the CDCD is responsible for overseeing management of the case under these Guidelines, including undertaking any actions such as briefing the CHO, drafting legal requests and communicating any decisions made regarding the case with the PHU or WATBCP.

Under Level Two Option B, cases are not routinely referred to the Advisory Panel. However, where the CDCD Director identifies that this is required, a CDCD officer will be allocated to collate evidence to present to the Advisory Panel. Public health and clinical management responsibilities remain with the PHU and treating clinicians respectively.

The procedures under Level Two are described sequentially, however, should the public health risk be significant or there is clear need to escalate the management, the CDCD Director may consider the need to trigger procedures in Level Two in parallel to reduce any potential delays.

Referral for Level Two Option B

To proceed to Level 2 Option B, a public health physician from a PHU or the Medical Director of the WATBCP should complete the referral notification form (see Appendix 1) and email the form through to the WA Health email server DoH_CDCDOnCall@health.wa.gov.au. A CDCD

Senior Medical Advisor or the CDCD Director will acknowledge receipt of the referral within one business day.

Collating and presenting evidence under Level Two Option B

After assessing the referral:

- the CDCD Director assigns a CDCD officer to the case in consultation with Program Managers
- the CDCD officer supports the PHU in gathering evidence about the individual, their disease, and transmission risk behaviours
- the PHU should nominate a contact person for liaison.

Box 1 outlines the types of information that may be requested. Evidence should be detailed chronologically. During the process of compiling the evidence:

- the CDCD officer will be supported by a Senior Medical Advisor in CDCD
- the CDCD officer will work with the PHU to create a case summary to be presented to the CDCD Directo
- the CDCD Director will then assess the merit of the case summary and consider notifying the CHO.

Box 1
Evidence that may be requested/collated by the CDCD Officer or the ICMP team for Level Two Option A or Option B can include:

- evidence of acquisition of a notifiable infectious disease e.g. pathology report;
- evidence of transmission of a notifiable infectious disease to a person(s) e.g. named as a contact in case notes;
- relevant case notes from WA Notifiable Infectious Diseases Database (WANIDD) or other disease control and surveillance systems identifying past and present transmission risk behaviours.
- evidence of non-adherence to antiretroviral treatment and viral loads in HIV cases;
- case notes on number and type of contacts by health professionals to provide information to the person on testing, treatment and contact tracing, and case notes outlining contemporaneous conversations undertaken by the health professional showing counselling or attempts at counselling. This may include correspondence with primary care providers or treating clinicians who have provided counselling, education or support and the reported outcomes from the appointments;
- evidence of services that were considered and utilised under Level One and the outcomes from accessing these services e.g. referral to specialist health services but the person did not attend appointment or referral to specialist health service but wait time for an appointment is extensive;
- evidence of range of methods used to contact the person e.g. phone calls, home visits, text messages, identification and contact with extended networks who may know the whereabouts of the index case. The evidence must be a contemporaneous record of the contact; and
- Emergency Department alerts and WA Police (WAPOL) alerts for welfare checks.

9.3.3 Notifying the CHO

Notifying the CHO under Level Two Option A pathway

Following the Advisory Panel meeting, the next steps are as follows:

- the Advisory Panel will provide evidence and written recommendations for the CHO
- a CDCD officer will prepare a briefing note summarising the case and the Advisory Panel's advice
- the CHO or a delegate of the CHO, on the advice of the Advisory Panel, will decide the level of management required
- the decision regarding level of management will be communicated to the ICMP team, who will then communicate the decision to the HIV clinical team or the PHU in writing
- the ICMP team or the PHU are responsible for informing people about any changes to their management levels
- the case will be reviewed again at the Advisory Panel's six-monthly meetings or earlier (as required).

Notifying the CHO under Level Two Option B pathway

If determined appropriate by the CDCD Director, the CDCD Director will brief the CHO via a Briefing Note. This may be to:

- advise the CHO of the person
- provide recommendations to refer the case to the Advisory Panel
- issue a formal LoW from the CHO.

The Briefing Note will provide information on:

- the person and their notifiable disease
- their past behaviours and the risk they represent to public health
- a summary of their case management to date
- any recommendations.

Under either pathway, any decisions made by the CHO will be communicated to the PHU, ICMP or WATBCP by CDCD.

9.3.4 The Case Management and Coordination Advisory Panel

The role of the Advisory Panel is to provide expert advice to the CHO and support the CHO's decision-making in relation to complex and challenging cases of notifiable infectious diseases who display transmission risk behaviours. Cases are either referred to the Advisory Panel directly by the ICMP team, or when recommended by the CDCD Director and approved by the CHO. The advice provided by the Advisory Panel is not binding, and the CHO is not required to follow the advice. Ultimately the responsibility for managing people with greater assertive measures under the Act falls to the CHO.

The Advisory Panel is not informed of the identity of the person and all information provided to the Advisory Panel for review remains deidentified. Advisory Panel membership includes people with experience and expertise relevant to the case but who are not directly involved in case management.

Advisory Panel membership

The Advisory Panel membership will typically include:

- CDCD representative/s (this may include ICMP case management officers)
- a lawyer
- a person who is considered by the CHO to be an expert in infectious disease
- a person who is considered by the CHO to have knowledge of, and experience in representing, community or consumer interests in relation to the notifiable disease
- any other person who is considered by the CHO to be an appropriate member of the Advisory Panel, for example a clinical specialist physician, mental health specialist, drug and alcohol specialist, relevant community organisation, or other.

Others in attendance

The Chair may invite others to meetings to provide information or expert advice, as required for specific cases, and may include a:

- Public Health Physician
- Treating Clinician (e.g. usual primary health care provider, specialist clinician)
- Psychiatrist
- Psychologist
- Drug and alcohol clinician

Advisory Panel meetings

- The Advisory Panel will meet at least once every six months to review ongoing HIV cases managed by the ICMP (the standing meetings).
- Other notifiable disease cases may be discussed at these standing meetings, where required and appropriate, as decided by the Chair.
- At the request of the Chair, out-of-session items may be considered, and extraordinary meetings convened.

Advisory Panel advice

- The Advisory Panel will review the case summary report and provide written advice to the CHO on actions recommended to be taken for individuals, including the timeframe for implementation.
- Under Level Two of these Guidelines, advice from the Advisory Panel may include other counselling, education and support initiatives that have not yet been utilised, or for the CHO to issue a formal LoW.

Lines of communication

- The CHO will communicate the recommendations made by the Advisory Panel to the PHU, ICMP or treating clinician.
- CDCD will be responsible for facilitating any communication on the CHO's behalf.
- While the clinical and public health management of a person remains the responsibility of treating clinicians, the ICMP and PHUs, the CDCD or the Advisory Panel should be informed when any updates in the management of the person are identified. This may include absence of behaviour change or failure to receive treatment in the timeframe expected.

- the ICMP should notify the Advisory Panel directly
- the PHU should inform CDCD, who will then liaise with the Chair of the Advisory Panel.

The Advisory Panel will consider if further meetings to review the case are required, or if further recommendations to the CHO should include more assertive measures under these Guidelines. When more restrictive measures, such as escalation to Level Three or Level Four, are under consideration, the Advisory Panel, should consider the complex interplay of legal and ethical issues (outlined in 4. Legislative Provisions and 7. Guiding Principles above).

The aim of management under these Guidelines and review by the Advisory Panel is to de-escalate or discharge individuals from management under these Guidelines by achieving reduced public health risk. Advice to the CHO for escalation under these Guidelines should only occur if it is necessary to protect public health.

9.3.5 A formal Letter of Warning from the CHO

A LoW is a non-binding non-statutory notice and is not issued under the Act; however, it may advise the person on the powers available under the Act if they continue to display transmission risk behaviours related to their notifiable infectious disease, which includes a Test Order or PHO. The CDCD Director or the Advisory Panel may make recommendations to the CHO to issue a formal LoW.

The decision to issue a LoW needs to be supported by evidence required for a Test Order or PHO. Consequently, the Advisory Panel and CDCD should carefully consider the potential necessity of a Test Order or PHO when making recommendations for a LoW to the CHO. If the CHO decides to issue a LoW, CDCD will be responsible for liaising with the PHU, ICMP and LLS, if required, to draft the LoW.

The letter should outline the:

- responsibility of the person with the notifiable infectious disease under the Act
- material public health risk posed by the person with the notifiable infectious disease
- available counselling, education and support services to the person to assist them to comply with management
- behaviours or actions that should be refrained from, or actions to be taken by the person to satisfactorily comply with management, such as the requirement to initiate and maintain contact with particular agencies by a specified time or requirement to take treatment
- timeframe in which the person is expected to undertake behaviours and/or actions
- legal powers under the Act which are available to the CHO to take more assertive action against the person if they do not modify their behaviour and/or seek treatment.

The person should be offered access to advocacy, legal representation and additional support services during this process, with assistance from the PHU or ICMP. (See Appendices B to E for some recommended services.)

9.3.6 Issuing a Letter a Warning

The LoW will only be issued to the person to whom it applies to, or on a responsible person in the case of a protected person. Depending on the situation, a third-party messenger (Process

Server) may be utilised. Circumstances that may involve a third-party messenger include the need to issue the LoW after business hours. The third-party messenger's role is to provide independent, written confirmation that the LoW has been served on the correct person.

Where a LoW is issued:

- a Public Health Official and witness[17] from the PHU, ICMP or CDCD should be present, where possible
- the Public Health Official should provide an explanation of the letter
- If a third-party messenger was utilised, they should not be a witness to the discussion of the contents of the letter as the individual's health information is confidential
- the letter should be read to the individual by the Public Health Official. In these situations, a witness from the PHU, ICMP or CDCD is still required to confirm that the LoW was served on the correct person.

For the purposes of delivering a LoW, WAPOL assistance may be considered in the context where past behaviours indicate a risk to staff (see 11. Involvement of WA Police).

ICMP have detailed written procedures for issuing LoW, Test Orders and Detention Orders which include contact details for services (e.g. security, accommodation, meals etc) that might be useful for client management. Staff involved in managing clients with infections other than HIV may request information about these procedures by contacting the ICMP by email at CMP.Referrals@health.wa.gov.au or by phone on (08) 6372 5900. A list of general support services for clients in WA can be found in Appendix E.

9.3.7 When to escalate to Level Three

Where a person managed under these Guidelines continues to pose a public health risk, even after a LoW has been issued and intensive work has continued with the case, the following should occur:

- for a case managed by the ICMP under **Level Two Option A**: the ICMP should inform the Advisory Panel; or
- for a case managed under **Level Two Option B**: the PHU should inform CDCD.

If the person's case has not already been reviewed by the Advisory Panel, CDCD will brief the CHO and recommend that the case be referred to the Advisory Panel. Alternatively, if the Advisory Panel is already aware of the case, they may reconvene to make further recommendations to the CHO, including consideration of recommending to the CHO to issue a Test Order or PHO.

At Levels Three and Four, it is essential to maintain trauma-informed practice with acknowledgement of past experiences, including those of young people in care and barriers to engagement in testing. Healthcare workers need to continue to incorporate these considerations into decision-making.

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

Level Three management of a person with a notifiable infectious disease who displays transmission risk behaviours involves the CHO issuing a Test Order or PHO. This should be

[17] A witness should be a PHU, ICMP or CDCD employee, where possible. Alternatives include other WA Health employees or other government employees.

considered where all measures under Level One and Level Two have been unsuccessful and all possible options exhausted.

Only the CHO can make the decision to issue a Test Order or PHO; however, the Advisory Panel may make a written recommendation to the CHO to issue a Test Order or PHO. For urgent cases, the CHO may consider the advice of the Director CDCD or the Manager, ICMP.

9.4.1 Test Order and PHO

A Test Order issued by the CHO can require a person to submit for testing for a specified notifiable infectious disease. All requirements of the person will be specified in the Test Order as outlined under section 101 of the Act.

A PHO issued by the CHO can require the person to refrain from conduct, carrying out activities, visiting places, associating with persons or undergo counselling, submit to medical examination or treatment, or submit to specified supervision or take action to prevent or minimise public health risk. The order may stipulate a timeframe in which these requirements need to occur. All requirements of the person will be specified in the PHO as outlined under section 116 of the Act. Any PHO to detain or isolate an individual escalates the management to Level Four under these Guidelines.

LLS and SSO advice

Prior to making a recommendation to the CHO to issue a Test Order or PHO, CDCD or the ICMP will consult with LLS on the CHO's behalf to ensure that the relevant requirements of the Act are satisfied. LLS consultation will be in accordance with DOH's Obtaining Legal Advice Policy (MP 0023/16[18]). CDCD or the ICMP will complete and submit the 'Request for Legal Advice or Legislative Assistance Form', with relevant supporting documentation including the Advisory Panel's recommendations, the case summary report, and collated evidence that supports the legislative basis of each component of the Test Order or PHO to LLS. In making the determination if a Test Order or PHO is lawful, LLS will seek assistance from SSO in reviewing the evidence and ensure that there are sufficient facts to support the CHO to form the belief that a Test Order or PHO is required, as outlined in section 116 under the Act

SSO will provide legal advice to the CHO and DOH on the circumstances of the proposed Test Order or PHO. The CHO has the final decision-making authority regarding the appropriateness of the Test Order or PHO based on the advice and information they are provided

9.4.2 Process to Issue a Test Order or PHO

When the Advisory Panel, Manager ICMP or CDCD Director has provided a written recommendation to the CHO to issue a Test Order or PHO:

- CDCD will submit a Briefing Note for approval by the CHO to proceed with organising the Test Order or PHO
- the Briefing Note will outline the requirements of the person which are requested under the proposed Test Order or PHO and provide supporting evidence and legal advice from LLS for the CHO to form the belief that the relevant Test Order or PHO is required.

[18] https://www.health.wa.gov.au/~/media/Corp/Policy-Frameworks/Legal/Obtaining-Legal-Advice-Policy/Obtaining-Legal-Advice-Policy.pdf

9.4.3 Serving and enforcing a Test Order or PHO

When a Test Order or PHO is served:

- it must be personally served to the person to whom it applies to or on a responsible person in the case of a protected person
- the original instrument should be served (signed copy by the CHO)
- an Authorised Officer will serve the relevant Order and provide an explanation of the Test Order or PHO with a witness present (from the PHU, ICMP or CDCD). This should include information on the purpose, effect and enforcement of the Test Order or PHO and any consequences with failing to comply with the Test Order or PHO
- the witness is required to confirm that the Test Order or PHO was served on the correct person
- the Test Order or PHO must be read to the client. This process is normally facilitated by the Authorised Officer reading a plain language version of the Test Order or PHO word for word to the person to whom it applies to or on a responsible person in the case of a protected person. This plain language version will be drafted ahead of time in conjunction with the LLS. Once read, the plain language version will be signed afterwards by the serving Authorised Officer and the witness
- rights must be communicated no later than when the Test Order or PHO is served, though earlier is recommended (see 4.1 Legislative Requirements). This includes the right to seek a review by the State Administrative Tribunal (SAT) and to access legal advice. An Authorised Officer is not required to arrange for a lawyer to be present when serving the Test Order or PHO.

A Test Order or PHO may be enforced by an Authorised Officer, who may request WA Police (WAPOL) assistance (see 11. Involvement of WA Police).

9.4.4 The State Administrative Tribunal

Sections 109 and 127 of the Act allow individuals to apply to the SAT for a review of a Test Order or PHO. Under the Act, the SAT must hear and determine these applications as a matter or priority and urgency. The Test Order or PHO remains in effect until the SAT decides otherwise or the CHO revokes or varies the Test Order of PHO (see Section 7.4.4).

9.4.5 Revocation or variation of a Test Order or PHO

A Test Order or PHO remains in effect until a formal variation or revocation is personally served on the case (section 116(5) of the Act). Alternatively, a SAT appeal may revoke an Order (section 128 of the Act). Service must be completed by an Authorised Officer, with a witness (from the PHU or CDCD) present, and accompanied by a verbal explanation. Plain language versions should be prepared ahead of time to facilitate the process. If a translator or culturally secure service was used initially, they should be involved again to ensure understanding of the Test order or PHO.

9.5 Level Four - Detention and/ or Isolation under a Public Health Order

Level Four management of a person with a notifiable infectious disease who displays transmission risk behaviours involves the CHO issuing a PHO that requires the person to whom it applies to be:

- detained at a specific place for the purpose of undergoing a medical examination or medical treatment; or
- to submit to being detained or isolated; or
- detained and isolated, at a specified place.

This is an extreme restriction on the liberty of a person and is the most assertive and coercive measure available under the Act. The Advisory Panel should only recommend these measures to the CHO where all other efforts have failed, and the individual continues to represent a risk to public health.

A Public Health Order may be reviewed if a person is subsequently detained under a custodial sentence or on remand.

The processes for issuing, serving, enforcing and revocation of a PHO under Level Four are the same under Level Three.

9.5.1 Duration of a PHO – detaining a person

If a person is detained or isolated under the Act, the CHO must review the person's detention at intervals not greater than 28 days to determine if the detention of the person continues to be required. The CHO will require legal advice under these circumstances. CDCD or ICMP (in HIV cases) will be responsible for coordinating legal requests and drafting relevant Briefing Notes to the CHO for approval. Under these circumstances, the Advisory Panel may meet to provide ongoing written recommendations and any significant updates regarding the person under the PHO to the CHO.

10. Reporting

Under section 131 of the Act, the annual report submitted under the Financial Management Act 2006, must include information about Test Orders and PHOs. Each year the CHO will provide a report to the Director-General of the DOH describing the number and type of Test Order or PHO made and the number of interstate health orders that were brought into operation, and the reasons for these. No patient identifiers, or information likely to identify a person, are to be included in the report.

10.1 Informing the Minister regarding a detention Order

Under section 193 of the Act, the CHO must notify the Minister that a person has been detained under the Act, continues to be detained under the Act after review, or has been released from detention. The CHO will be responsible for notifying the Minister. CDCD will liaise with LLS to coordinate the notification. Where a person is expected to be detained or released from detention, CDCD will ensure that appropriate documentation is prepared ahead of time to allow for the notice to the Minister to be given as soon as practicable.

11. Involvement of WA Police

If all other avenues have failed, WAPOL may be able to assist in identifying or finding an individual managed under these Guidelines. The ICMP, PHU or WATBCP should liaise with

CDCD if WAPOL assistance is required to identify or find individuals with a notifiable infectious disease for public health management purposes or to guarantee the safety of the public health officer delivering the test Order or PHO. This may be done via an alert without disclosing the case's notifiable infectious disease.

The decision to request the assistance of the WAPOL needs to be considered specifically in relation to Levels Three and Four and should be done with legal advice and the approval of senior management. Under the Act, an Authorised Officer may request the assistance of a police officer to enforce a Test Order or PHO. Several factors will need to be considered when requesting WAPOL assistance. These may include the following:

- the logistics and practicality of WAPOL attendance when serving a Test Order or PHO opportunistically;
    - For example, if the PHU and/or ICMP conducts outreach work and identifies an individual who is managed under these Guidelines, it is unlikely that WAPOL assistance will be able to be coordinated in a timely manner. However, if the PHU and/or ICMP is aware that an individual is due for an appearance at a court, then WAPOL assistance can be arranged ahead of time
- the relationship of people with complex and challenging social circumstances and WAPOL. In some instances, the presence of WAPOL may unnecessarily escalate the situation
- the extent of the powers conferred on Police under the Act (section 124)
- WAPOL may have other priorities that do not allow them to resource a response, even if arranged prior
- the Public Health Official is potentially at risk of an adverse event during the process of serving the Test Order or PHO and therefore WAPOL presence may be requested to ensure staff safety.

In situations where an Authorised Officer believes WAPOL assistance is required to locate an individual or that a WAPOL officer should be present to serve and/or enforce a Test Order or PHO, they should advise the CDCD in the first instance. CDCD will liaise with WAPOL to coordinate assistance from WAPOL and may convene an initial meeting with the PHU, ICMP and/or WATBCP and WAPOL.

If WAPOL has identified an individual in which a Test Order or PHO applies to, WAPOL can notify the PHU and/or ICMP; however, WAPOL cannot detain the individual to enable the Test Order or PHO to be issued, unless a warrant has specifically been requested and issued by a magistrate for the purpose of apprehending a person to whom a Test Order or PHO applies, under section 125 of the Act.

12. Special Circumstances

12.1 Protected person

It may be identified in the process of managing a person with a notifiable infectious disease who displays transmission risk behaviours that they may be a child or lack the capacity to provide consent or comprehend the implications of their management under these Guidelines. In such circumstances, it is acknowledged that the person may have a responsible person as

defined under the Act, existing guardian or that a guardian may need to be appointed by the Department of Child Protection and Family Support (under age 18) or by the SAT (over age 18).

12.1.1 Child

Where a person is managed under these Guidelines for a Test Order and is under 16 years of age, the relevant counselling and Test Order must be made to a responsible person.

Where a person is managed under these Guidelines for a PHO and is under 18 years of age, relevant counselling and PHOs must also be made to a responsible person.

If a Test Order or PHO is required for management of a child, it needs to be served to an adult who has responsibility for the day-to-day care of the child, e.g. parent, legal guardian. If a parent, guardian or another person who has responsibility for the day-to-day care of the child is not available, a person or person in a class of persons can be prescribed by the *Public Health Regulations 2017* to be a responsible person for the purposes of the Act under section 99 and section 115 for Test Orders and PHOs, respectively. If this situation arises, CDCD will seek LLS advice to ensure that a type of responsible person can be appropriately prescribed for the purposes of section 99 and section 115 of the Act.

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12.1.2 Incapable person

Where a person is managed under these Guidelines for a Test Order or PHO and is an incapable person, which is a person who is not a child and who has a disability that impairs the person's capacity to make decisions, relevant counselling and the Test Order or PHO must be made to a responsible person.

In relation to an incapable person, a responsible person means any of the following: relative of the incapable person, person who is a guardian of the incapable person under the *Guardianship and Administration Act 1990*, a person who is an enduring guardian of the incapable person under the *Guardianship and Administration Act 1990* and is authorised to perform functions in relation to the incapable person in the circumstances in which Division 4 of Part 9 of the Act applies; a person recognised as the incapable person's representative under the *Disability Services Act 1993* section 32(2); and a person who is a carer (as defined in the *Carers Recognition Act 2004* section 4) in relation to the incapable person.

If no person mentioned in the above paragraph is available, CDCD will seek LLS advice to ensure that a type of responsible person can be appropriately prescribed for the purposes of section 99 and section 115 of the Act.

13. Guideline Contact

Communicable Disease Control Directorate

Email: CDCD.Directorate@health.wa.gov.au

Phone: 08 9222 2131

14. Document Control

Guideline number	Version	Published	Date of Review	Amendments
0032	V.1			

15. Approval

Approved by	
Approval Date	

Appendices

Appendix A *Template for referral to CDCD*

Referral template for a person with a notifiable infectious disease and transmission risk behaviours

NOTIFIABLE INFECTIOUS DISEASE WITH TRANSMISSION RISK BEHAVIOURS REFERRAL TO CDCD

CDCD Contact: 08 9222 2131 *complete all fields*

Email referrals to: DoH_CDCDOnCall@health.wa.gov.au *complete electronically where possible*

REFERRER DETAILS				
Name of referring PH physician:				
Date of referral:				
Public health unit:				
CASE DEMOGRAPHIC DETAILS				
WANIDD ID:				
Full name:				
Date of Birth:				
SOCIAL CIRCUMSTANCES (*provide information on family, cultural factors, support structures, and any strengths of the individual)*				
TREATING CLINICIAN DETAILS (*if different to WANIDD entry, or multiple treating clinicians*)				
Treating clinician name:				
Treating clinician address:				
Treating clinician contact (phone & email):				
CLINICAL FACTORS	**Yes**	**No**	**Unknown**	**Comments** *Provide as much detail as possible*
Has a notifiable infectious disease (*include disease*)	☐	☐	N/A	
At risk of developing a notifiable infectious disease (*include disease*)	☐	☐	N/A	
Has a treatment resistant notifiable infection (*include details*)	☐	☐	☐	
Has a mental health diagnosis (*include details*)	☐	☐	☐	

BEHAVIOURAL FACTORS	**Yes**	**No**	**Unknown**	**Comments** *Provide as much detail as possible*
Disengaged from clinical services	☐	☐	☐	
Not adherent to medication / not amenable to treatment	☐	☐	☐	
Homeless / transient living situation	☐	☐	☐	
Significant alcohol dependency	☐	☐	☐	
Illicit drug user (including IVDU)	☐	☐	☐	
History of violence / aggression	☐	☐	☐	
Family / domestic violence victim or perpetrator	☐	☐	☐	
Child protection concerns	☐	☐	☐	
IF STI/BBV DISEASE:	**Yes**	**No**	**Unknown**	**Comments** *Provide as much detail as possible*
Sex industry worker	☐	☐	☐	
High number of sexual contacts	☐	☐	☐	
Reported unsafe sex	☐	☐	☐	
OTHER ISSUES	**Yes**	**No**	**Unknown**	**Comments** *Provide as much detail as possible*
Incapable person (i.e. no capacity to make decisions or has a guardian)	☐	☐	☐	
Literacy issues	☐	☐	☐	
Income concerns	☐	☐	☐	
Visa issues	☐	☐	☐	
COUNSELLING OFFERED				

Outline the counselling that has been given to the person regarding their infectious disease.				
Outline the attempts that have been made at giving counselling to the person regarding their infectious disease.				
Outline why it might not be practical to give the person counselling regarding their infectious disease.				
NOTICE LETTER	**Yes**	**No**	**Comments**	
Has a Notice Letter been sent to the person from the PHU?	☐	☐	*If yes, please attach the letter with this referral*	
How was the Notice Letter issued?				
PUBLIC HEALTH RISK	**Yes**	**No**	**Unknown**	**Comments** *Provide as much detail as possible*
Has the person transmitted a notifiable infectious disease to other people?	☐	☐	☐	
If yes, how many other people known to have been infected by this person?	☐	☐	☐	
Is the person behaving in a way that will put others at risk of infection?	☐	☐	☐	
OTHER (any other comments)				
Once completed, please send to DoH_CDCDOnCall@health.wa.gov.au If a confirmation email has not been received within a business day, contact a CDCD Senior Medical Advisor via 08 9222 2131 during business hours.				

Appendix B *Template for Notice Letter*

Important Information About Your Health and Public Safety

Dear XXXX

[Treating team and/or PHU] have talked with you before about **concerns that you might pass *[disease]* on to other people.** This letter is to let you know that, to keep the community safe, **your care will now follow special instructions from the WA Department of Health.**

Your Health and Risk to Others:

- You were diagnosed with *[disease]* on *[date]*
- You have had contact with *[health team]* at *[hospital/PHU name]*
- You were advised to *[list treatments, test or actions],* but *[state if these were followed or not]*
- *[Statement e.g. "Syphilis can make people very sick, including unborn babies."]*

What you need to do to help stop spread of disease: *[Adapt to the relevant disease].*

1. Take your medicines as told by your doctor
2. Go to all your health appointments
3. Tell the health team who you've had sex with (so they can get help too)
4. Have the tests your doctor recommends
5. Use condoms every time you have sex
6. Don't share needles or injecting equipment

If you don't follow the advice: the Chief (main) Health Officer may need to take stronger action to keep everyone healthy. This may include making you take treatment and tests or limiting where you can go.

Your legal responsibilities. The law says:

- you must not spread the disease to others
- you must try to avoid getting or passing on the disease
- if you think you have an infectious disease, you must get tested and follow advice

Your rights. You have the right to:

- be treated fairly and with respect
- keep your health information private
- get free treatment about your disease
- ask questions and get clear information
- talk to a lawyer if you want legal advice

Where to get legal advice:

- Legal Aid WA: 1300 650 579
- Aboriginal Legal Services: 1800 019 900 or 08 9265 6666
- HIV/AIDS Legal Centre (HALC) in NSW: 02 94926540

Where to get other help:

- WAAC: support for people living with HIV. (08) 9482 0000
- POWA: support for people living with HIV. 0421482584

Your case worker can also help you find other help like health advice or people to talk to. Please see the attached list of local services you can contact.

Your sincerely

[*Name: XXXX*
Organisation/contact details and date.]

Appendix C ***Patient letter: How to access legal assistance***

[Example of a letter to inform a person of how to access legal assistance.]

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

Dear xxxx

You will have received information that you have come to the attention of the Chief Health Officer and may have received a letter from the Chief Health Officer. Your case may be escalated further in the future, such as a Test or Public Health Order under the *Public Health Act 2016*.

You may wish to access legal advice of your choice, which is recommended if you have been advised that you will receive a Test Order or Public Health Order. You can request to have any Orders made under the Public Health Act 2016 reviewed by the State Administrative Tribunal.

Given legal advice can be expensive, you may wish to discuss your legal options with one of the following agencies who may be able to offer less expensive alternatives:

- Legal Aid WA – Ask for the *Civil Law Division*: 1300 650 579
- Aboriginal Legal Services – Ask for the *Human Rights Team*: 1800 019 900 or 9265 6666
- HIV/AIDS Legal Centre (HALC) in NSW: 02 94926540

Other organisations that may provide support include:

- WAAC: support for people living with HIV. Phone: (08) 9482 0000
- POWA: support for people living with HIV. Phone: 0421482584
- Health Consumer's Council of WA: (08) 9221 3422 or 1800 620 780 (country only)

It is your decision if you wish to access legal advice and which service you use. Please see the attached list of local services you can contact.

Yours sincerely,

[Name Xxxxx

DATE XXXX]

[Organisation Name, Address
Contact Phone number]

Appendix D *Patient letter: Your guide to Public Health Orders*

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

Your Guide to Public Health Orders

What is the *Public Health Act 2016*?

The *Public Health Act 2016* is a set of laws to keep everyone in Western Australia safe and healthy.

What if someone gets a serious disease that can spread to other people?

There are some diseases that are very serious and that can be given to other people. If you have one of these diseases, the Department of Health will learn about it. If there is a risk of other people getting this disease, you could get special instructions, called a Public Health Order. This is meant to help you and protect others.

What if someone doesn't do what the Public Health Act says?

If you have a disease that can make others sick, a Case Worker or officer from the Department of Health will talk to you. They will give you advice on how to stay healthy and keep others healthy too. If you don't follow their advice, the Chief (main) Health Officer might have to give you a Public Health Order to make sure everyone stays safe.

What is in a Public Health Order?

The Public Health Order has instructions that tells you what you must do prevent other people from getting the disease. You will be given a piece of paper about it as well as being told what you need to do. It's important to do what it says, or you might have to pay a fine, or you might not be able to go where you want.

What must I do if I get a Public Health Order?

The paper will tell you what you need to do. This can include:

- Things you must do and things you must not do.
- Medicine you need to take for your health.
- Tests you need to do, like having blood tests.
- Tell people who work at the Department of Health who you have put at risk of getting the infection.

Your Case Worker or an officer from the Department of Health will tell you more about this and can help you get any help you need.

Why must I listen?

It's very important to do what the Case Worker or officer from the Department of Health says so you can stay healthy and not pass the disease to others.

What if I don't want to do what the Order says?

If you can't be found or don't want to follow what you've been told, the Chief (main) Health Officer will need to make sure the rules are followed. The police might help with this. You could also have to stay away from others or go to court.

What are my rights?

You have rights, like:

- People shouldn't treat you unfairly.
- Your privacy should be respected.
- You can ask an independent panel called the State Administrative Tribunal (SAT) to look at the Order if you don't agree that the Order is fair.
- You should get information about your health and treatments.
- You can get free treatment for the disease listed in the Order.

Where can I get help?

If you need someone to talk to about the rules, you can call:

- Legal Aid WA: 1300 650 579
- HIV/AIDS Legal Centre (HALC) in NSW: 02 9492 6540
- Aboriginal Legal Services: 1800 019 900 or 08 9265 6666
- WAAC: support for people living with HIV. (08) 9482 0000
- POWA: support for people living with HIV. 0421 482 584

The Case Worker can also help you find other help like health advice or people to talk to. Please see the attached list of local services you can contact.

Appendix E *Patient support services in Western Australia*

Australia-wide interpreting services	
TIS: Translating and Interpreting Services is a language service provided by the Department of Home Affairs. It delivers the Free Translating Service and the Free Interpreting Service on behalf of the Australian Government	Translating and Interpreting Service (TIS National) Phone interpreting service (24 hrs): • Automated: 1800 131 450 • Immediate: 131 450 Free translating service enquiries: 1300 847 387
Auslan Services is a leading provider of Auslan interpreting services in Australia.	1300 AUSLAN (1300 287 526) Book Auslan Interpreters Nationwide - Auslan Services

General support services in WA	
Anglicare WA helping people in times of need and offering a wide range of 86 services in 55 locations across WA.	1300 11 44 46 Locations | Anglicare WA
ASeTTS provides counselling services to all ages for people from refugee backgrounds and asylum seekers.	(08) 9227 2700 Counselling - ASeTTS
Community Mental Health Step Up-Step Down Services offer a supportive, residential environment where people living with a mental illness can stay for a short period of time.	(08) 6553 0600 Home | Mental Health Commission
Cyrenian House provide a continuum of care to people affected by alcohol/drug issues with a range of treatment options throughout WA.	(08) 9328 9200 Cyrenian House | Alcohol & Other Drug Treatment Service
Health Consumers' Council WA (HCCWA) are an independent advocate for patients and consumers in Western Australia.	(08) 9221 3422 or 1800 620 780 (country only) Individual Advocacy – Health Consumers' Council WA
Legal Aid Western Australia: providing legal assistance for western Australians	Home | Legal Aid WA Infoline – 1300 650 576 Legal Yarn – 1800 319 803
Multicultural Services Centre of WA provide settlement, welfare, education, cultural, legal and related needs of CaLD West Australians.	(08) 9328 2699 Home - MSC
Next Step provide a range of treatment services for people experiencing problems associated with their AOD use, as well as support for families.	(08) 6553 0600 Next Step Drug and Alcohol Services
Palmerston provide support for people with both mental health, alcohol and other drug concerns including counselling, groups, residential rehabilitation & educational initiatives.	(08) 9328 7355 Perth office Mental Health Support Services - Palmerston
People with Disabilities WA provide non-legal advocacy for the rights of people with disability while giving them a voice.	(08) 9420 7279 or 1800 193 331 Home | PWdWA
Relationships Australia – provide relationship support services for individuals, couples, families and communities across WA.	1300 364 277 to contact the nearest branch Relationships Australia - Western Australia - Relationships WA
RUAH Community Services help vulnerable & disadvantaged people navigate the trauma of homelessness, domestic violence, and the stigma of living with chronic mental health challenges.	13 RUAH (13 78 24) Services & Support - Ruah Community Services

Samaritans WA provide face-to-face counselling or telephone support to people living with mental health, homelessness, and family and domestic violence issues.	0863 839 850 The Samaritans WA - Anonymous Emotional Support in Western Australia
SensesWA works in partnership with individuals, families, and carers to improve the quality of life for people who are deafblind, vision impaired, or living with a disability.	1300 111 881 Email: customerservice@senses.org.au Contact Us - Disability Support SensesWA
Sexuality Education Counselling and Consultancy Agency (secca) designed to support people living with disabilities to learn about human relationships, sexuality and sexual health.	(08) 9420 7226 Home - SECCA
The Green Book Service directory lists alcohol and other drug treatment and support services in WA.	WANADA Greenbook
The WA Police Safe2Say platform allows you to anonymously report sexual crimes, including child abuse matters. It provides you with a confidential Report ID and PIN code which allows anonymity of communication with specialist detectives.	Safe2Say This is NOT a crisis hotline. **Please call 000 or 131 444 for support if required.**
WAConnect is a directory of community service providers managed by the DropIN team at the Western Australian Council of Social Services.	WAConnect - Community Services Directory
WA Network of Alcohol & Other Drugs Agencies is the peak body for the AOD education, prevention, treatment, and support sector in WA.	(08) 6557 9400 Treatment and Support Options | WANADA
WA Youth Services Directory is your one stop location for all things 'youth'. There are direct contacts to people who help young people on their path through life.	Home - WA Youth Service Directory

Aboriginal support services in Western Australia	
Aboriginal Health Council of Western Australia (AHCWA) is the peak body for Aboriginal Health services in WA.	08) 9227 1631 Sector Support – AHCWA
Aboriginal Legal Service (ALS): provides legal aid services to Aboriginal and Torres Strait Islander peoples throughout Western Australia in accordance with grant conditions imposed by the Commonwealth Department of the Attorney General	*Ask for the Human Rights Team*: 1800 019 900 or 9265 6666 Our History - Aboriginal Legal Service
Derbarl Yerrigan Health Service (GP) - Aboriginal Medical Services. Metropolitan Perth. Provides culturally secure primary health, mental health and dental services for aboriginal families in Metropolitan Perth.	(08) 9221 1411 or 1300 420 272 Derbarl Yerrigan • Aboriginal Medical Health Service
Wungening Aboriginal alcohol and drug services exist to empower Aboriginal people to reconnect with their mind, body, spirit and community.	(08) 9221 1411 Wungening Aboriginal Corporation
Yorgum Aboriginal Corporation (counselling services): Providing all Aboriginal people with culturally secure, community-based healing.	(08) 9218 9477 Yorgum Healing Services Aboriginal Corporation

General support services in Perth metropolitan area	
Communicare work collaboratively with individuals, families, and communities to facilitate social and economic inclusion for all.	(08) 9251 5777 Get Support Archive - Communicare
Foyer Oxford combines holistic support, high quality housing & access to flexible training for young people aged 16-23.	1800 185 685 Welcome to Foyer Oxford
Holyoake offers counselling programs to support those who are affected by alcohol, other drugs, or related mental health issues.	**Victoria Park** (08) 9416 4444 **Midland** (08) 9274 7055 Holyoake
Indigo Junction provides a range of specialist support services for people in Midland or broader NE metro area.	(08) 9274 7929 Karnany (08) 9255 2202 Koolkuna Community services | Indigo Junction
Ishar Multicultural Women's Health Services provide a range of holistic services to women from all walks of life and cultural backgrounds.	(08) 9345 5335 Ishar Multicultural Women's Health Services Inc.
Life without Barriers offers connection to community with support for foster carers, people living with a disability, aged care, forced marriage support plus many others.	1800 935 483 Life Without Barriers | Life Without Barriers
Luma – for her health and wellbeing including medical, counselling, drug & alcohol support, domestic violence, mental health, and other health services for women & their families.	(08) 6330 5400 Luma: For her health & wellbeing - Women's Health Services Perth
MercyCare offers a range of services to children, young people and their families as well as supporting older people and the elderly.	(08) 9442 3444 Family Wellbeing Program – Support Service | MercyCare
M Clinic – a discreet, confidential nurse-based sexual health clinic that provides health services for men who have sex with men, trans, non-binary & gender-queer persons in the Perth region.	(08) 9227 0734 HIV/STI information line 1300 565 257 About Us - M Clinic
Multicultural Futures provide quality support to multicultural communities and have a broader interest of driving systemic change.	(08) 9336 8282 Multicultural Futures
Sexuality Education Counselling and Consultancy Agency (SECCA) designed to support people living with disabilities to learn about human relationships, sexuality and sexual health.	(08) 9420 7226 Home - SECCA
South Terrace Clinic is a free service, offering a wide range of multidisciplinary services to treat, screen and educate people about STIs. No Medicare card required.	Fremantle (08) 9431 2149 Fiona Stanley Fremantle Hospitals Group - Sexual Health
TransFolk of WA offers online spaces that are safe and welcoming where members can swap important information, socialise, and share experiences.	Email: admin@transfolkofwa.org Transfolk WA
Uniting WA offers a range of support services to people in need in the Perth metro area, and the Great Southern region.	1300 663 298 About Uniting WA - Community Support Provider
WAAC provide counselling and emotional support to people living with HIV and young LGBTIQA+ people.	(08) 9482 0000 LGBTQIA+ & HIV Mental Health Services | WAAC

Other Specialized Services: For a more comprehensive list of support services for:

- **mental health, alcohol and other drugs**, refer to the Mental Health Commission's My Services Community Directory web page.
- **victims of family, domestic and sexual violence**, refer to the Support services in Western Australia resource, produced by the WA Health Sexual Health Resource Centre (SARC).

The ICMP have detailed written procedures for issuing LoW, Test Orders and Detention Orders which include contact details for services (e.g. security, accommodation, meals etc) that might be useful for client management. Staff involved in managing clients with infections other than HIV may request information about these procedures by contacting the ICMP by email at CMP.Referrals@health.wa.gov.au or by phone on (08) 6372 5900.

This document can be made available in alternative formats on request for a person with disability.

health.wa.gov.au