

# **OPERATIONAL DIRECTIVE**

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 OD 0296/10

 Phone number:
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 Supersedes:
 OD 0267/10 (22/01/2010)
 File No:
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Subject: Interagency Management of Children Under 14 Years who are Diagnosed

with a Sexually Transmitted Infection (STI)

#### **BACKGROUND**

In response to recommendation 187 of the Gordon Inquiry, Operational Guidelines for Interagency Management of Children Under 14 who are Diagnosed with a Sexually Transmitted Infection (STI), and Children aged 14 and up to 16 Diagnosed with an STI Where there is Suspicion of Sexual Abuse (from now on referred to as the 'Operational Directive') were developed in 2004 between the Department for Child Protection (DCP), the Department of Health, Communicable Diseases Control Directorate (CDCD) and the Western Australian Police (WAP) lice).

This Operational Directive has been updated to ensure consistency with *Mandatory Reporting of Sexual Abuse in Children Under 18 Years* (OD 0185/09) and will continue to operate independently of the *Mandatory Reporting* (OD 0185/09).

In all cases where a doctor, midwife or hurse forms a reasonable belief that sexual abuse has occurred, or is occurring, in a person under 18 years, a Mandatory Report must be made, regardless of STI status (for further information see OD 0185/09 Mandatory reporting of sexual abuse of children under 18 years).

### **STI Parallel Reporting**

This Operational Directive involves parallel reporting of a confirmed STI in a child under 14 years. First, from CDCD to Central Office DCP and WA Police. Second, to avoid any potential for delayed reporting that might place a child at ongoing and serious risk, through independent referral by local health staff to local DCP on laboratory confirmation or on clinical diagnosis; DCP then reports to WA Police.

This Operational Directive includes:

- an explanation of the processes and responsibilities for local referral and reporting;
- a sample Area Health Service Local Protocol to be tailored in each Health Region with relevant local contact details;
- forms for initial reporting to CDCD and three-month follow-up;
- flow charts for reporting; and
- contacts for DCP and WA Police.

### **Local Referral Processes**

 The diagnosing practitioner to contact the DCP Office responsible for the suburb, town or locality where the child is residing. DCP policy is that case management and service delivery, where possible, should be located where the child/significant parent/ family reside. A list of localities for metropolitan and country areas and the corresponding DCP Office has been provided to CDCD and distributed to population health units. Contact numbers for local DCP offices are attached to this Operational Directive.

- The DOH and WA Police will nominate a key officer in each region who is responsible for ensuring local referral is completed. For consistency, this should be the public health nurse based in the population health unit for DOH; and the Sergeant who is responsible for following up child sexual abuse at the regional level for WA Police.
- Whenever possible, officers from DCP and WA Police will either meet face-to-face or have a telephone conference with the diagnosing practitioner, prior to action being taken.

### **KEY PRINCIPLES**

- Contact between the three agencies at the local level prior to action being are by DCP and WA Police is essential to a coordinated response.
- Building and maintaining relationships across agencies is the foundation of the success of this
  Operational Directive. It will require a commitment by individuals to ongoing communication
  and to addressing issues as they arise. Established processes will enable the flow of
  information but the commitment to maintaining lines of communication will ensure effective
  responses.
- Clear delineation of roles and lines of communication are sential.

# SYSTEMS TO MONITOR EFFECTIVENESS AND COMPLIANCE WITH THE OPERATIONAL DIRECTIVE

- A single, consistent system to code and tres notifications will be maintained by all three agencies.
- Each agency will establish a processor regular monitoring of this Operational Directive as follows:
  - DOH: on a six monthly basis the number of notifications received and on-reported to WA
    Police and DCP from CDCO will be checked against the numbers reported by health care
    providers to local DCP and from DOP to WA Police. The analysis will be sent to regional
    population health units. Confirmation of treatment, contact tracing and education provided
    to each child will be collected and used for case monitoring.
  - WA Police: on wax monthly basis, the number of notifications received by WA Police from CDCD centrally and at the regional level will be compared; the numbers of cases followed up by WA Police will be recorded; and the outcome of each case will be recorded for case monitoring.

### TRAINING AND REGULAR SUPPORT

- Each agency is responsible for ensuring that workers receive appropriate and timely orientation, regular updates and necessary training to implement this Operational Directive.
- In addition, all agencies are to provide regular opportunities for interagency meetings, updates and information sharing.

Dr D Russell-Weisz

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DEPARTMENT OF HEALTH WA

This information is available in alternative formats upon a request from a person with a disability.

### Sample Area Health Service Local Protocols (to be tailored in each Health Region)

# [Insert name] Region Protocol regarding the notification of sexually transmitted infections (STIs) in children under 14 years [Date]

As a result of the Gordon Inquiry into sexual abuse in children, the Director of Communicable Disease Control in Perth has developed interdepartmental protocols to notify the Department for Child Protection (DCP) and WA Police of all positive cases of sexually transmitted infections (STIs) in children under 14 years. The primary aim of these protocols is child protection.

The most significant impact on primary health service providers is that, on receipt of a positive STI notification of gonorrhoea, chlamydia or syphilis, in a child under 14 years, the [insert name] Region Population Health Unit will contact the Health Service where the child was seen, as below.

### [Insert name] Region Population Health Unit responsibilities:

- 1. Verify that details including the name, age, address and type of infection provided are correct.
- 2. Verify that each case is an STI and not some other of infection, such as perinatal infection, conjunctivitis or trachoma.
- 3. For mature minors, gain an idea of whether this may represent consenting sexual activity with someone of similar age.
- 4. Ascertain from the clinical practitioner to the case has been/will be reported to the local DCP.
- 5. Inform the clinical practitioner that they will be contacted by either DCP or WA Police to ask for their assistance in any investigation that follows.
- 6. Suggest relevant experts who can be contacted regarding the management of the health aspects of the case e.g. community paediatrician, SARC, doctors with SARC expertise.
- 7. Assist health staff in completion of the referral form attached.

### Responsibilities of health staff:

- a. Ring the local CP (numbers overleaf) who will coordinate the DCP and WA Police response with designated, specially trained staff. Officers from DCP and WA Police will contact the relevant realth care provider and discuss the case prior to any action being taken. It is anticipated that these agencies will use discretion in their approach with adolescents in whom sex is more likely to have been consensual, however, DCP's policy and practice guidelines state all STI referrals will be investigated.
- b. Complete the referral form attached.
- c. Fax the completed referral form to [Insert name] Region Population Health Unit on the confidential fax [confidential fax number].
- d. Place the original in the child's notes.
- e. Ensure health follow-up of the child 3 months after notification and liaise with DCP and WA Police as required. Refer directly to DCP if there are concerns for the safety of the child.
- f. Complete the follow-up form (see Attachment 4).

Assistance with the above is available from the [Insert name] Region Population Health Unit's public health nurse on [public health nurse's number].

This should **not** change the way health service providers deal with, and document the issues of, suspected child sexual assault and STI management (e.g. contact tracing, treatment and follow-up).

If a doctor, midwife or nurse forms a reasonable belief that sexual abuse has occurred, or is occurring, in a person under 18 years a Mandatory Report must be made, regardless of STI status (for further information see OD 0185/09 Mandatory reporting of sexual abuse of children under 18 vears).

Assistance with clinical management can be obtained from the community paediatrician or registrar, or other contacts as below.

[Insert name] Region contacts

**Clinical Management** 

Dr [Insert name] Dr [Insert name]

[Insert name]

Community Paediatroan Region Public Health Medical Officer [number] [number] [mobile number] 9340 8646

pertise

Local DCP office contacts

Town:

T

[number]

[mobile number]

### DEPARTMENT OF HEALTH REFERRAL FORM



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

**Communicable Disease Control Directorate WA Country Health Service** 

Notification ID	_	
	_	

# REPORT OF A SEXUALLY TRANSMISSIBLE INFECTION IN A CHILD UNDER 14 YEARS

Child Details	
Given Name:	Family Name:
Address: Street:	
Suburb/Community	Postcode:
Date of Birth dd mm yyyy	Aboriginal: Sex: Male Non-Aboriginal: Female
Age (at onset) years	
Notification Details	
Disease:	Site of Infection:
Date of onset 20 dd mm yyy	Date of specimen 20 yy dd mm yyyy
Reason test performed	
Contact tracing – age of contacts?	Z- 00
Diagnosing Doctor/Nurse Details	
Name:	Telephone:
Address:	80 2811
Practitioner believes infection.  (tick one box only)  *Provide explanation:	20
<u>O</u> ×	<u></u>
Local DCP and WA Police Referra  Has this case already been reported to  Department for Child Protection or  WA Police?	Yes*/No/Don't Know
*If yes, provide details:	
DCP notification – officer's name	(date) / / 20
WA Police notification – officer's name	(date) / / 20

Carer Involvem	ent			
Mature Minors O	nly			
Client aware of re	sult?	Yes	No	
Client aware of in	volvement of WA Police and DCP?	Yes	No	
Carer Name (if ap	plicable)			
Carer/parent awa	re of testing?		Yes No	
Carer/parent awa	re of result?		Yes No	2.0
Carer/parent awa	re of involvement with WA Police an	d DCP?	Yes No	70°
DOH Action		- — — <del>—</del>	, e	· — — — <del>—</del> —
	icer completing form:		111	
Position:		Dat	te:///	20
			Reportable	e Case: X Yes No
Endorsed:			96 9	
		Nis		
	CTOR IMUNICABLE DISEASE CONTROL	DIRECTORA	Reportable	
Date:	// _20	os `		
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### **ATTACHMENT 3**

### DEPARTMENT OF HEALTH FOLLOW-UP FORM



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

**Communicable Disease Control Directorate WA Country Health Service** 

Notification ID	–	
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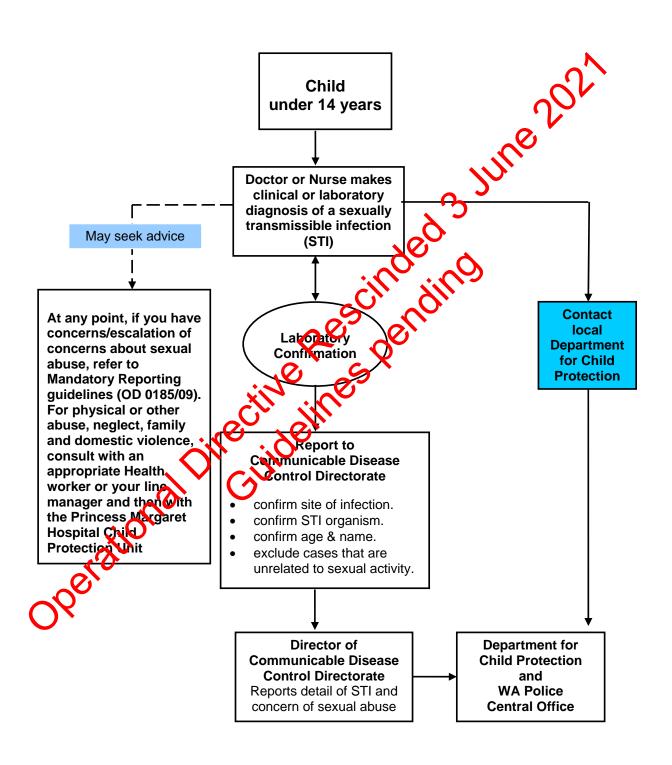
# REPORT OF A SEXUALLY TRANSMISSIBLE INFECTION IN A CHILD UNDER 14 YEARS FOLLOW-UP AND FEEDBACK

Please complete the following and fax to (08) 9388 4888.
Child Details
Given Name: Family Name:
Child Details  Given Name: Fank Name:  Date of Birth dd mm yyyyy  Treatment Given:  Number of contacts named: Number of contacts seed in the contact seed in the con
Treatment Given:
ive delive
Number of contacts seek
Number of contacts seet:
Education Provided: Yes No
Three month re-screen for STIs: Date: / / _20
Panarting Destar/Nurse Details
Reporting Doctor/Nurse Details       Name:     Telephone:
Date: / / _20



### **ATTACHMENT 4**

# Reporting Flow Chart for Health Practitioners to report Sexually Transmissible Infections in Children under 14 years of age



### DEPARTMENT FOR CHILD PROTECTION LOCAL OFFICE CONTACT NUMBERS

## Metropolitan

Tel	ler	hc	ne
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Armadale Office:	(08) 9497 6555
Cannington Office:	(08) 9351 0888
Fremantle Office:	(08) 9431 8800
Joondalup Office:	(08) 9301 3600
Midland Office:	(08) 9274 9411
Mirrabooka Office:	(08) 9344 9666
Perth Office:	(08) 9214 2444
Rockingham Office:	(08) 9527 0100

# Regional

Telephone	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Telephone

Joondalup Office: (08) 9301 3600 Midland Office: (08) 9274 9411 Mirrabooka Office: (08) 9344 9666 Perth Office: (08) 9214 2444 Rockingham Office: (08) 9527 0100  Regional	ne 201
C S	
Telephone 🔪 💆 T	<b>Telephone</b>
Albany Office: (08) 9841 0777 Kununurra Office (	08) 9168 0333
Broome Office: (08) 9192 1317 Mandurah Office:	08) 95836688
Bunbury Office: (08) 9722 5000 Meekathar Office: (	08) 9981 1104
	08) 9041 1622
Carnarvon Office: (08) 9941 1244 Moor office: (08)	08) 9651 1100
Collie Office: (08) 9734 1699 Narrogin Office: (	08) 9881 0123
Esperance Office: (08) 9083 2566 Wewman Office: (	08) 9175 1051
Fitzroy Crossing Office: (08) 9191 5002 Northam Office: (	08) 9621 0400
	08) 9184 6005
Halls Creek Office: (08) 9168 6 Port Hedland Office: (	08) 9160 2400
Kalgoorlie Office: (08) 9022,0700 Roebourne Office: (	08) 9182 1208
	08) 9049 1016
	08) 9189 1592

After Hours call Crisis are Unit: Tel: (08) 9223 1111 or 1800 199 008

WA Police Contact

Child Assessment & Interview Team (CAIT) DCP contact Operations Manager: Tel: 9428 1666

**Reporting Service:** Tel: (09) 1800 708 704

### WA POLICE CONTACTS FOR LOCAL NOTIFICATION OF STI IN CHILDREN

### **Perth Metropolitan**

Child Assessment & Interview Team (CAIT) Operations Manager: cait@police.wa.gov.au

Tel: 9428 1666

Peel

Mandurah Police Tel:

**South West** 

9722 2011 June 201 82 A 3 Family Protection Unit: Tel:

**Great Southern** 

Family Protection Unit:

Wheatbelt

Wheatbelt.detectives@police.wa.gov.au (In addition to phoning, please email)

**Goldfields-Esperance** 

al Directive Resolution Telloring Te Family Protection Unit: 9021 9794 Incident Management Unit IMU: 9021 9736

Mid West-Gascovne

Geraldton Police: 9923 4555

**Pilbara** 

Karratha Detectiv 9143 7213

Karratha.detectives@police.wa.gov.au

(In addition phoning, please email)

Family Protection Unit: 9160 2100 Tel:

**Kimberley** 

**Broome Police** Tel: 9194 0200

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