



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

Communicable Disease Control Directorate

Guideline for the Mandatory Testing of a Suspected Transferor for an Infectious Disease (Blood-borne Viruses)

Guideline 0012 / August 2022

This Guideline has been released by the Communicable Disease Control Directorate, Public and Aboriginal Health Division, Western Australian Department of Health, to provide consistent and evidence informed advice to agencies involved in the prevention of infections and management of communicable diseases in Western Australia.

This Guideline was developed in consultation with WA Police Force, the Chief Medical Officer, the Chief Nurse and Midwifery Officer, metropolitan tertiary hospital Emergency Departments, Royal Perth Sexual Health Clinic, WA Country Health Service, the Australian Medical Association Western Australia, and PathWest Laboratory Medicine.

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. Definitions

Term	Definition
A disease test authorisation	<p>A disease test authorisation to take a sample from a suspected transferor means:</p> <ul style="list-style-type: none"> • A disease test approval, which provides for the mandatory testing of a suspected transferor who is not a protected person, with the test approval authorised by a senior police officer (in relation to an application, means a police officer who is an inspector or an officer of a rank more senior than an inspector) • A disease test order, which provides for the mandatory testing of a suspected transferor who is a protected person as defined in the Act and is an order of a court authorising the taking and testing of a sample.
Blood-borne viruses (BBVs)	Hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
Capable person	A capable person means a person who is not an incapable person as per the definition.
Hepatitis B surface antigen	An indicator of an active hepatitis B infection.
Hepatitis C ribonucleic acid polymerase chain reaction (HCV RNA PCR)	A test that detects hepatitis C virus in the blood.
Human Immunodeficiency Virus antibody (HIV Ab)	An indicator that the body has been exposed to HIV.
Incapable person	<p>An incapable person means a person who is not a child (a person who is under 18 years of age) and:</p> <ul style="list-style-type: none"> • Who for any reason is unable to give consent to being tested for an infectious disease; or • Who is unconscious, deceased or otherwise unable: <ul style="list-style-type: none"> ○ to understand a request made to give consent to being tested for an infectious disease; or

Term	Definition
	<ul style="list-style-type: none"> ○ to communicate whether or not they consent to being tested for an infectious disease.
Prescribed disease	<p>COVID-19 is prescribed for the purposes of paragraph (d) of the definition of <i>infectious disease</i> in section 4 of the <i>Mandatory Testing (Infectious Diseases) Act</i>.</p>
Protected person	<p>A protected person means:</p> <ul style="list-style-type: none"> • A child (a person who is under 18 years of age); or • An incapable person
Public officer	<p>A public officer is a police officer, a police-related officer, or a police service employee.</p>
Qualified person	<p>A qualified person means:</p> <ul style="list-style-type: none"> • The holder of: <ul style="list-style-type: none"> ○ a Certificate III in Pathology Collection from a college as defined in the Vocational Education and Training Act 1996 section 5(1); or ○ an equivalent qualification from an institution based in another State or Territory or overseas; • In relation to the taking of a sample of a particular type — a person, or class of persons, prescribed for the taking of that type of sample.
Reasonable grounds for disease testing	<p>Reasonable grounds for disease testing mean reasonable grounds for suspecting that there has been a transfer of bodily fluid from a suspected transferor to a public officer as a result of:</p> <ul style="list-style-type: none"> • An assault by the suspected transferor against the public officer; or • The lawful apprehension or detention of the suspected transferor by the public officer; or • Any other prescribed circumstance involving the suspected transferor and the public officer.

Term	Definition
<p>Responsible person</p>	<p>In relation to a suspected transferor who is a child, means any of the following persons —</p> <ul style="list-style-type: none"> • A parent of the child • A guardian of the child • Another adult person who has responsibility for the day-to-day care of the child • If no person mentioned in another subparagraph of this paragraph is available, a prescribed person, or a person in a prescribed class of persons. <p>In relation to a suspected transferor who is an incapable person other than a deceased person, means any of the following persons —</p> <ul style="list-style-type: none"> • An adult relative of the incapable person • A 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 this act applies • A person recognised as the incapable person’s advocate under the Disability Services Act 1993 section 32(2) • 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 another subparagraph of this paragraph is available, a prescribed person, or a person in a prescribed class of persons. <p>In relation to a suspected transferor who is a deceased person, the person who has lawful custody of the suspected transferor’s body.</p>

Term	Definition
Sample	Sample means a sample of blood, saliva, mucus, respiratory secretions or other material taken from a person.
Section 10 and 11 Form	A Section 10 and 11 Form is the form handed to a suspected transferor by a WA Police Force officer after it has been endorsed as approved by a Commissioned Officer. It contains information about submitting a blood sample and asks for consent to submit to taking of a blood sample.
Suspected transferor	A suspected transferor is the person from whom it is suspected the bodily fluid was transferred.
The transfer of bodily fluid	The transfer of bodily fluid means the transfer of bodily fluid from one person into the anus, vagina, mucous membrane, or broken skin of another person.

2. Purpose

Under the *Mandatory Testing (Infectious Diseases) Act 2014* (the Act), a doctor, nurse or qualified person may be presented with a disease test approval or disease test order, requesting a sample to be taken from a person who is, or is suspected of, carrying an infectious disease.¹

This Guideline provides guidance for doctors, nurses or qualified persons employed by WA Health on how to process a disease test authorisation presented by WA Police Force and manage patients for whom the disease test authorisation relates. The Guideline is subordinate to the Act (and any other applicable legislation). Where the Guideline refers to provisions of the Act (or any other legislation) it is not, and is not intended to be, a substitute for the relevant Act.

3. Introduction / Background

The Act gives police officers the authority to request a sample from a person (the suspected transferor) whose bodily fluids may have come in contact with a police officer.¹ A doctor, nurse or qualified person may be presented with a disease test authorisation in the form of a disease test approval (for anyone who is not a protected person) or a disease test order (for anyone who is a protected person), requesting a sample to be taken from a suspected transferor.

A disease test approval provides for the mandatory testing of a suspected transferor who is not a protected person, with the test approval authorised by a senior police officer. A disease test order provides for the mandatory testing of a suspected transferor who is a protected person as defined in the Act [as (a) a child; or (b) an incapable person] and is an order of a court authorising the taking of a sample. For example, if a doctor, nurse or qualified person is presented with a disease test approval for a child, this does not authorise the taking of blood. Only a disease test order authorises the taking of blood for a child.

Under the Act, infectious diseases that can be tested for under a disease test authorisation include¹:

- human immunodeficiency virus (HIV)
- hepatitis B virus (HBV)
- hepatitis C virus (HCV)
- any other prescribed disease capable of being transmitted by the transfer of bodily fluid.

It should be noted the *Mandatory Testing (Infectious Diseases) Regulations 2020* prescribed COVID-19 as an infectious disease as defined within the Act. Correspondingly, *The Mandatory Testing (Infectious Diseases) Amendment (COVID-19 Response) Act 2020* extended the scope of the Act to authorise the taking of a sample other than blood from a suspected transferor. This sample may include a sample of blood, saliva, mucus, respiratory secretions or other material¹. Previously, only a blood sample was permitted to be taken from a suspected transferor.

This Guideline is only concerned with the potential risk for transmission of, and subsequent testing for, blood-borne viruses (BBVs). As such, the Guideline provides direction regarding undergoing a risk assessment for BBVs, taking blood samples, testing for BBVs and conveying the test results of BBVs.

This Guideline details, for both metropolitan and regional locations, how to process a disease test authorisation and manage patients for whom the disease test authorisation relates, in line with other guidelines and policies on the management of an exposure to a BBV.

4. Requirements (of the Guideline)

4.1 Police officers and occupational exposure to blood-borne viruses (BBVs)

Police officers may be exposed to body fluids or blood in their course of work, depending on their duties.² Therefore, police officers have a risk of an occupational exposure to direct contact with another person's body fluids or blood.² Transmission of HIV, HBV and HCV may occur via parenteral or non-parenteral exposure to blood.³ These viruses are not spread in saliva.² Generally, a police officer who sustains an occupational exposure has a low risk of contracting a BBV. The presence of blood in the mouth increases the risk of BBV transmission through biting or spitting.^{4,5} However, research has shown if no blood is present in each of these scenarios:

- there is no risk of transmitting HIV through spitting, and the risk through biting is negligible⁴
- the risk of HCV transmission through spitting is negligible, and very low for biting⁵
- the risk of HBV transmission through biting or spitting is very low.⁵

The risk of transmission of a BBV is dependent on the type of injury sustained, the extent of the exposure and the current viral load (if any) of the source of the exposure.³ This risk is based on the incidence of each BBV in the community and the following equation:

Risk of transmission = risk of suspected transferor having a BBV x risk per exposure²

If a suspected transferor **is known to be positive to a BBV**, Table 1 shows the estimated risk of developing a BBV following an occupational exposure. If the **BBV status of the suspected transferor is unknown**, the risk of BBV transmission is lower than outlined in Table 1, based on the prevalence of blood-borne viruses in the community.^{3,6}

Table 1. Risk of Developing a BBV Following an Occupational Exposure.²

Type of Exposure	Suspected Transferor Status		
	HBV+*	HCV+	HIV+**
Blood and saliva to intact skin and skin-to-skin contact	zero	zero	zero
Blood contact with broken skin, mouth or eyes e.g. <ul style="list-style-type: none"> • Punch from bleeding person to body causing break in skin • Large blood splash, e.g. bleeding artery • Blood contact to mouth from giving mouth-to-mouth resuscitation if no protective equipment used 	moderate	low	low
Needle-stick injury and other penetrating injuries e.g. <ul style="list-style-type: none"> • Cut by a blade which recently cut another person • Needle-stick injury from recently used needle 	very high	high	moderate
Sexual exposure through penile penetration (no condom used) <ul style="list-style-type: none"> • Oral • Anal (insertive) • Anal (receptive) • Vaginal (insertive or receptive) 	moderate very high high very high	zero very low low very low ^a	very low high high high
Biting	very low	very low	very low
Spitting	very low	zero	zero

Adapted from ASHM: Police and Blood-Borne Viruses²

*HBV source status not relevant when officer is fully vaccinated and immune

**HIV source status may not be relevant when source is on treatment and viral load is suppressed

^aHigher risk may be associated with certain practices or circumstances where there is the possibility of blood-to-blood contact (e.g. traumatic sexual practices, sex during menstruation) or high HCV viral load (e.g. HIV co-infection).

4.2 The Mandatory Testing Act and risk assessment

A risk assessment for the likely exposure to a BBV will be carried out by WA Police Force as part of WA Police Force’s internal process for approving a disease test authorisation. As a quality assurance measure, a risk assessment should also be conducted by the attending doctor presented with a disease test authorisation.

Conducting a risk assessment will also provide an opportunity to discuss with WA Police Force whether testing is necessary.

4.3 Testing sites

- Under the Act, a police officer is responsible for transporting a suspected transferor to a place the police officer considers has appropriate facilities for taking the sample.
- **Within the Perth metropolitan area**, a police officer will take a suspected transferor to:
 - Royal Perth Hospital (RPH) Sexual Health Clinic during business hours
 - Perth Watch House outside of business hours or when the RPH Sexual Health Clinic is closed.
- **Within regional areas**, the suspected transferor should be taken to the nominated hospital Emergency Department listed in Appendix 11.1 to have the sample taken. The Emergency Department where the blood may be drawn may not necessarily be the closest Emergency Department to the location of the alleged incident. WA Police Force should contact the Emergency Department before transporting the suspected transferor, as a doctor may be available on an emergency basis only, and therefore it may be necessary to arrange an appointment.
- In the case where a person becomes deceased, their sample will be taken at the relevant mortuary.
- Appendix 11.2 outlines the steps for processing a disease test approval.
- Appendix 11.3 outlines the steps for processing a disease test order.

4.4 Transmission risk of an infectious disease

- A risk assessment for the likely exposure to an infectious disease will be carried out by WA Police Force as part of WA Police Force's internal process for approving a disease test authorisation.
- As a quality assurance measure, a risk assessment should also be conducted by the attending doctor, presented with a disease test authorisation. Conducting a risk assessment will also provide an opportunity to discuss with WA Police Force whether testing is necessary, in the case where a disease test authorisation has been presented for an incident where an exposure to an infectious disease is unlikely.
- The risk assessment should be conducted in line with guidance outlined in the Department of Health's Operational Directive on the [Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#), the [Australasian Society for HIV Medicine \(ASHM\) testing portal](#)⁷ and the [ASHM Post-Exposure Prophylaxis after Non-Occupational and Occupational Exposure to HIV Australian National Guidelines](#).³

- This assessment of a potential exposure should define the following:
 - the nature and extent of the injury/exposure
 - the nature of the object causing the exposure
 - the volume of blood or bodily fluid that the police officer was exposed to
 - the vaccination and immune status of the police officer
 - if known, the BBV status of the suspected transferor
 - the likelihood of a suspected transferor being HBV, HCV, or HIV positive.
- In conducting the risk assessment, the attending doctor should consult with:
 - RPH sexual health nurse on 9224 3197 (during office hours), or contact the switch board for the on-call RPH Immunologist on 9224 2244; or
 - Fiona Stanley Hospital (FSH) on-call hospital Sexual Health Physician or Infectious Disease Physician, by phoning the FSH switchboard on 6152 2222; or
 - Regional Public Health Physician (during office hours, see Table 2 of this document for contact details).
- Management of a likely transmission of an infectious disease, determined by the risk assessment, should be in line with these guidelines:
 - [Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#)
 - [Guideline For Non-Occupational Post-Exposure Prophylaxis \(NPEP\) To Prevent HIV In Western Australia.](#)
- The attending doctor should discuss the findings of the risk assessment with the suspected transferor or responsible person and requesting police officer separately.
- In the case where the course of action from the evaluation and risk assessment conducted by WA Police Force differs from the course of action recommended by the attending doctor, nurse or qualified person, the process conducted by the attending doctor, nurse or qualified person including transmission risk, should be discussed with WA Police Force.
- In the case where WA Police Force do not accept the recommendation for action resulting from the risk assessment conducted by the attending doctor, nurse or qualified person, WA Police Force may request to override the attending doctor's recommendation
- Section 26 (3) of the Act states that a doctor, nurse or qualified person may take a sample from the suspected transferor. There may be some circumstances where a doctor, nurse or qualified person is unable to, or chooses not to comply with taking a sample. This should be discussed with a senior colleague or manager, taking into consideration professional obligations.

4.5 Pathology request forms

- **Within the Perth metropolitan area**, the requesting doctor noted on the PathWest or nominated pathology provider request form will be a nominated Sexual Health Physician from RPH. Also appearing on the pathology request form will be the nominated general practitioner (GP) (if one has been nominated by the suspected transferor or responsible person) to receive the pathology report and an authorised WA Police Force representative from the Health, Welfare and Safety Division, to whom a copy of the results must be sent, as permitted by the Act.¹ (See section 4.6.9 in this document).
- **Within regional areas**, the attending doctor should insert their name and provider number on the PathWest or nominated pathology provider request form. Also appearing on the pathology request form will be the nominated general practitioner (GP) or health service/provider to receive the pathology report and an authorised WA Police Force representative from the Health, Welfare and Safety Division, to whom a copy of the results must be sent, as permitted by the Act.¹ If no GP or health service/provider has been nominated, the name of the relevant Regional Medical Director should appear on the pathology request form to receive a copy of the results. (See 4.6.9).
 - Each WACHS region is responsible for having a region-specific protocol for how the requesting doctor will notify the Regional Medical Director

4.6 Taking a blood sample from a suspected transferor

- A disease test approval is only valid for the taking of blood from a person who is not a protected person. A disease test approval does not authorise the taking of blood from a protected person, that is:
 - A child (person under 18 years of age); or
 - An incapable person; that is, anyone who is unable to give consent to be tested, or who is unconscious, deceased or otherwise unable to understand the request, or to communicate whether or not they consent to be tested.

Only a disease test order, authorised by a court, authorises testing of protected persons.

- When a disease test approval has been processed, a WA Police Force *Section 10 and 11 Form* **must** be provided by WA Police Force to the site where blood will be drawn from the suspected transferor. Consent from the suspected transferor for submitting for a blood sample is included on the *Section 10 and 11 Form*. However, please see below regarding the requirement to seek 'informed consent' to take the sample from the suspected transferor.
- Prior to the transportation of the suspected transferor to the site where blood will be drawn, the site must be contacted via phone and email/fax to arrange the procedure. Prior to arrival, a cover sheet must be sent by WA Police Force that includes the:

- name of the transporting officer
- contact details of the requesting officer, so in the instance the site may not be able to accommodate the suspected transferor at that time, a later appointment can be scheduled
- *Section 10 and 11 Form*, which must also be provided at the time when a suspected transferor is presented at the clinic.
- If a disease test order has been approved, prior to the transportation of the suspected transferor to the site where blood will be drawn, the site must be contacted via phone and email/fax to arrange the procedure. Prior to arrival, a cover sheet must be sent that includes the:
 - name of the transporting officer
 - contact details of the requesting officer, so in the instance the site may not be able to accommodate the transferor at that time, a later appointment can be scheduled
 - disease test order, including information that relates to specific conditions of the order, as decided by the court.
- When the suspected transferor arrives at the clinic/hospital, the attending doctor should enrol this person as a patient, as per standard triage/admission processes. Protocols for obtaining 'informed consent' prior to the blood test should be followed as outlined in the national testing policy by *the ASHM Testing Portal for HIV and Viral Hepatitis*.⁷

This includes:

- All pathology testing requires informed consent. For consent to be informed, the person being tested must understand the:⁷
 - type of test
 - reasons for testing
 - potential implications of not being tested.
- Doctors, nurses or qualified persons should use their professional judgement to explain the testing procedure to the suspected transferor and/or responsible person, assess the suspected transferor and/or responsible person's understanding of the test results, and ensure the suspected transferor and/or responsible person understands how to receive their results, including a confirmation of contact details.
- Clinics/hospitals should use an 'informed consent form' (See **Appendix 11.4** for disease test approvals and **Appendix 11.5** for disease test orders). The suspected transferor or a responsible person who is a third party on behalf of an incapable person must be 'capable' of consenting to a blood test. (See **Section 1. Definitions**).
- Under 'Part 4 - General' of the Act, the taking of a sample under a disease test authorisation (either a disease test approval or a disease test order) states that:

‘the doctor, nurse or qualified person may take a sample from the suspected transferor in accordance with the disease test authorisation.’

- Section 10(2) of The Act provides that a police officer may apprehend the suspected transferor and detain them for as long is reasonably necessary to enable the taking of a sample from the suspected transferor.
- If help is needed for taking a sample, the doctor, nurse or qualified person may ask another person to give any reasonably necessary help.
- The doctor, nurse or qualified person, and a person helping the doctor, nurse or qualified person may use any reasonably necessary force for taking the sample¹
- The Act does not specifically state that a doctor, nurse, or qualified person ‘must use necessary force’ for taking a sample.
- In the case where a doctor, nurse or qualified person is uncertain about the ‘use of necessary force,’ or does not feel capable to apply ‘necessary force,’ they may seek advice from a senior colleague or manager. The doctor nurse or qualified person could also seek assistance from the police officer. The Act does not permit reasonably necessary force to be used on a non-consenting person.
- The Act authorises penalties for non-compliance by the suspected transferor or a responsible person who is a third party on behalf of an incapable person. If a doctor, nurse or qualified person is not satisfied that the suspected transferor or a responsible person who is a third party has consented to having blood taken or is not capable of providing consent in the instance of a disease test approval, then the doctor, nurse or qualified person is unable to proceed with taking the sample.
- For disease test approvals, in the case the suspected transferor fails to comply, they may be charged with an offence if they do not provide a reasonable excuse.
- For disease test orders, in the case a responsible person who is a third party fails to comply, they may be charged with an offence if they do not provide a reasonable excuse.
- Note: A responsible person must be present with the suspected transferor when the blood sample is taken.
- In the case where a suspected transferor has injuries requiring hospitalisation, a decision of when a blood sample will be drawn will be made on a case by case basis by the attending doctor.
- A doctor must order the test but may designate a nurse or qualified person to take the blood sample.

- The recommended tests to request on the pathology form for the suspected transferor are:
 - hepatitis B surface antigen (HBsAg)
 - hepatitis C antibody and HCV RNA PCR
 - HIV antibody.
- The sample/s must immediately be sent to the appropriate pathology provider.
- The Act states that no payment may be required from the suspected transferor in relation to taking or testing under a disease test authorisation.¹ Billing for testing should be forwarded to WA Police Force:

Superintendent, Health, Welfare and Safety Division
 Level 9, Westralia Square, 141 St Georges Terrace
 PERTH WA 6000
 Ph: 6229 5615

- The Act states that no civil or criminal liability will be attached to a person for the performance, or purported performance, in good faith, of a function under the Act.¹
- Confidentiality of both the suspected transferor and the public officer involved must be maintained at all times.¹

4.7 Testing and treating a public officer

- Blood testing of a public officer is the responsibility of the individual officer, who may choose to:
 - have a test taken at the hospital at the same time as the suspected transferor; or
 - visit the sexual health clinic for their test at a later date; or
 - have their test done by their general practitioner (GP).
- The WA Police Force risk assessment will provide the police officer with a course of action in regard to any necessary treatment or prophylaxis. It will be the individual choice of that police officer as to where further treatment or prophylaxis will be sought.
- The police officer should be advised by the attending doctor to have a blood test on the same day as the incident, and certainly within one week of the incident to provide baseline serology.
- The recommended tests to request on the pathology form for the police officer are:
 - hepatitis B surface antibody
 - hepatitis C antibody and RNA PCR
 - HIV antibody.

4.8 Analysis of blood samples

The blood samples will be tested for applicable infectious diseases as defined within the Act (i.e. HIV, HBV and HCV), and as determined by the risk assessments conducted by the attending doctor and WA Police Force.

4.9 Restriction on disclosure of results as described in the Act

4.9.1 Disclosure of sample

Disclosure of sample analysis (i.e. blood test) test results may only be made to one or more of the following people:

- an affected public officer
- the Commissioner or any other public officer acting in the course of duty
- the suspected transferor
- if the suspected transferor is a protected person, a responsible person
- if the suspected transferor is a deceased person, the senior next of kin of the suspected transferor
- a doctor, nurse, or other healthcare professional involved in treating or providing care of an affected public officer or the suspected transferor
- a psychiatrist, psychologist or social worker providing counselling for an affected public officer or the suspected transferor
- a person with whom the disclosure is authorised or required to be made under written law
- a person, or a person in a prescribed class of persons.¹

The Penalty for breaching disclosure is a fine of \$9000 and imprisonment for nine months.¹

4.9.2 Section 10 and 11 Form

Notated on the *Section 10 and 11 Form* will be the details of the WA Police Force Superintendent, Health, Welfare and Safety Division, whom is the appropriate WA Police Force recipient of blood test results. (See section 4.6.10 of this document).

4.10 Management and follow up of results

The person who requests the test is responsible for ensuring that appropriate procedures are in place to deliver the test result⁷ (see Appendices 11.2 and 11.3) and provide information about agencies that can provide support (see Appendix 11.6). See Section 4.10.2 and Section 4.10.3 of this document for further information.

4.10.1 Conveying a test result

National policy and best clinical practice states that a BBV test result should ordinarily be provided in person by the doctor requesting the test.⁷ However, if the suspected transferor or a responsible person has provided a telephone number or nominated a GP/ health provider to receive test results (see Appendix 11.2 and Appendix 11.3), then results may be provided according to the suspected

transferor's indicated preference. In the case where the suspected transferor has nominated a GP/ health provider to receive test results, the requesting doctor must advise the nominated GP/ health provider of the mandatory blood test and forwarding arrangement for receiving test results (see Appendix 11.2 and Appendix 11.3).

4.10.2 Within the Perth metropolitan area

- Doctors may choose to use an 'informed consent form' (Appendix 11.4: Pro Forma Consent Form: Disease Test Approvals Only and Appendix 11.5: Pro Forma Consent Form: Disease Test Orders Only), which requests the suspected transferor or responsible person to nominate a GP or health provider/service to receive test results.
- Suspected transferors will be managed as patients of the requesting doctor listed on the nominated pathology provider form.
- The requesting doctor will be a nominated Sexual Health Physician from RPH, who will be bound by Duty of Care to provide patients with results.
- If the suspected transferor or responsible person does not nominate a GP or health provider/ service, the Sexual Health Physician from RPH will offer to nominate a GP or health provider/ service to or for the suspected transferor at the follow-up appointment or via a phone call.
- When testing is conducted **during business hours at RPH**, standard clinic patient enrolment processes apply.
- When testing is conducted **outside of business hours at the Perth Watch House**:
 - WA Police Force will refer the suspected transferor to RPH to receive their results
 - WA Police Force will provide the suspected transferor or responsible person with an information sheet and contacts relevant to the follow-up appointment and obtaining results from RPH
 - WA Police Force are responsible for providing suspected transferor details to RPH to allow for patient follow-up.
- Protocols for conveying test results are outlined in the national testing policy by the Australasian Society for HIV Medicine (ASHM) Testing Portal for HIV and Viral Hepatitis⁷.

4.10.3 Within regional areas

- Requesting doctors in regional areas may choose to use an informed consent form (Appendix 11.4: Pro Forma Consent Form: Disease Test Approvals Only and Appendix 11.5: Pro Forma Consent Form: Disease Test Orders Only), which requests the suspected transferor or responsible person to nominate a GP or health provider/service to receive test results.

- Should the suspected transferor or responsible person nominate a GP or health provider/service to provide the test results, the suspected transferor or responsible person understands that it is their responsibility to follow up their test results.
- Should the suspected transferor or responsible person choose not to nominate a GP or health provider/service, the requesting doctor should advise the WA Country Health Service (WACHS) Regional Medical Director for that relevant region, who will then be responsible for coordinating the appropriate post-test counselling and follow-up of suspected transferor results.
- Each WACHS region is responsible for having a region-specific protocol for how the requesting doctor will notify the Regional Medical Director.
- If the suspected transferor or responsible person has provided a telephone contact number, the doctor or Regional Medical Director may choose to contact the suspected transferor or responsible person, and again recommend that the test result is discussed in a GP or health provider/service setting. If this option is agreed by the suspected transferor or responsible person, the doctor will arrange for the BBV test result to be forwarded to the nominated general practitioner or health provider/service.
- Where practical, suspected transferors or a responsible person should arrange an appointment to collect their test results.
- Protocols for conveying test results are outlined in the Australasian Society for HIV Medicine (ASHM) Testing Portal for HIV and Viral Hepatitis.⁷

4.10.4 Positive Blood Test Result

In the event of a positive blood test result, the doctor and responsible pathologist should contact the Department of Health as soon as practicable, for notification of an infectious disease, as specified under the Public Health Act 2016: Part IX, Division 2, s. 94 (1-6).

4.10.5 Contacting Public Health Unit

If the requesting doctor, nominated GP, nominated health provider/service, or WACHS Regional Medical Director are unable to reach the suspected transferor with a positive test result, and it is likely that this suspected transferor may engage in behaviour that is likely to put other persons at risk of infection, then the relevant Public Health Unit should be contacted for assistance. Table 2 contains the contact details for the relevant public health units.

Table 2. Public Health Unit contact details (office hours only)

Within the Perth Metropolitan area	
Metropolitan Communicable Disease Control	(08) 9222 8588
Regional Public/Population Health Units	
Goldfields	(08) 9080 8200
Great Southern	(08) 9842 7500
Kimberley	(08) 9194 1630 / 1646
Midwest	(08) 9956 1985 / 1958
Pilbara (South Hedland)	(08) 9174 1660
Pilbara (Karratha)	(08) 9144 7777
Southwest	(08) 9781 2359
Wheatbelt	(08) 9690 1720

4.10.6 When a suspected transferor is in custody

WA Police Force are responsible for ensuring that test results are conveyed to the suspected transferor in the case that person is remanded in custody. WA Police Force will also communicate with the notifying pathology provider to advise that results disclosure will be managed by WA Police.

5. Relevant Legislation

- [Mandatory Testing \(Infectious Diseases\) Act 2014](#)
- [Public Health Act 2016](#)

6. Additional Resources/ Supporting Documents

- [Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#)
- [Protocol For Non-Occupational Post-Exposure Prophylaxis \(NPEP\) To Prevent HIV In Western Australia](#)
- [The Australasian Society for HIV Medicine \(ASHM\) testing portal](#)
- [ASHM Post-Exposure Prophylaxis after Non-Occupational and Occupational Exposure to HIV Australian National Guidelines.](#)

7. Guideline Contact

Enquiries relating to this Guideline may be directed to:

The Manager

Sexual Health and Blood-borne Virus Program

Directorate: Communicable Disease Control Directorate

Email: shbbvp@health.wa.gov.au

8. Document Control

Guideline number	Version	Published	Review Date	Amendments
0012	V.1.	15/08/2022	15/08/2027	Original version

9. Approval

Approved by	Dr Paul Armstrong, Director, Communicable Disease Control Directorate, Department of Health
Approval date	11/8/2022

10. References

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2. Australasian Society for HIV Medicine. Police and Blood-Borne Viruses. [Internet] 2015 [cited 2021 Feb 25]; Available from: <https://ashm.org.au/resources/sexual-health-resources-list/police-and-blood-borne-viruses/>
3. Australasian Society for HIV Medicine. National Guidelines For Post-Exposure Prophylaxis After Non-Occupational And Occupational Exposure To HIV (Second Edition)[Internet] 2016 [cited 2021 Feb 25]; Available from: <http://www.pep.guidelines.org.au/>
4. Cresswell FV, Ellis J, Hartley J, Sabin CA, Orkin C, Churchill DR. A systematic review of risk of HIV transmission through biting or spitting: implications for policy. HIV medicine. 2018 Sep;19(8):532-40.
5. Pintilie H, Brook G. Commentary: A review of risk of hepatitis B and C transmission through biting or spitting. Journal of viral hepatitis. 2018 Dec;25(12):1423-8.
6. Australasian Society for HIV Medicine. Emergency Service Providers and Blood-Borne Viruses. [Internet] 2012 [cited 2021 March 17]; Available from: <https://ashm.org.au/resources/sexual-health-resources-list/emergency-service-providers-and-blood-borne-viruses/>

7. Australasian Society for HIV Medicine. Testing Portal. 2020 [cited 2021 Feb 25]. Available from: <http://testingportal.ashm.org.au>

11. Appendices

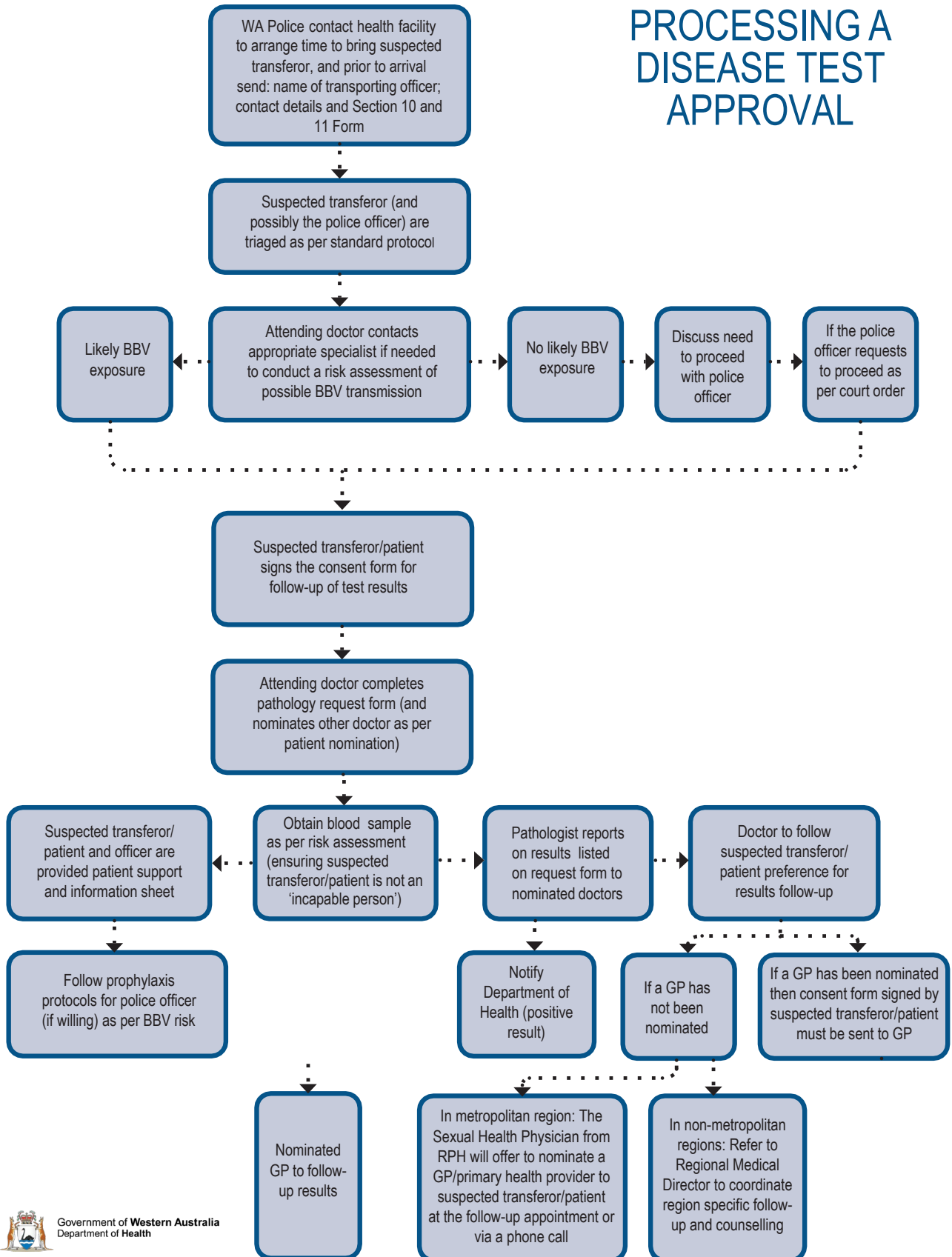
- 11.1: Nominated Regional Sites For Testing
- 11.2: Pro Forma Consent Form: Disease Test Approvals Only
- 11.3: Pro Forma Consent Form: Disease Test Orders Only
- 11.4: Patient support - Information and Referral Agencies

11.1: Nominated Regional Sites For Testing

Region	Hospitals
Great Southern	<ul style="list-style-type: none">• Albany Hospital• Katanning Hospital
Goldfields	<ul style="list-style-type: none">• Kalgoorlie Hospital• Esperance Hospital
Kimberley	<ul style="list-style-type: none">• Broome Hospital• Derby Hospital• Kununurra Hospital
Midwest	<ul style="list-style-type: none">• Geraldton Hospital• Carnarvon Hospital• Meekatharra Hospital
Pilbara	<ul style="list-style-type: none">• Hedland Health Campus• Karratha Health Campus• Newman Hospital
Southwest	<ul style="list-style-type: none">• Bunbury Hospital• Busselton Hospital• Margaret River Hospital
Wheatbelt	<ul style="list-style-type: none">• Merredin Hospital• Narrogin Hospital• Northam Hospital• Moora Hospital

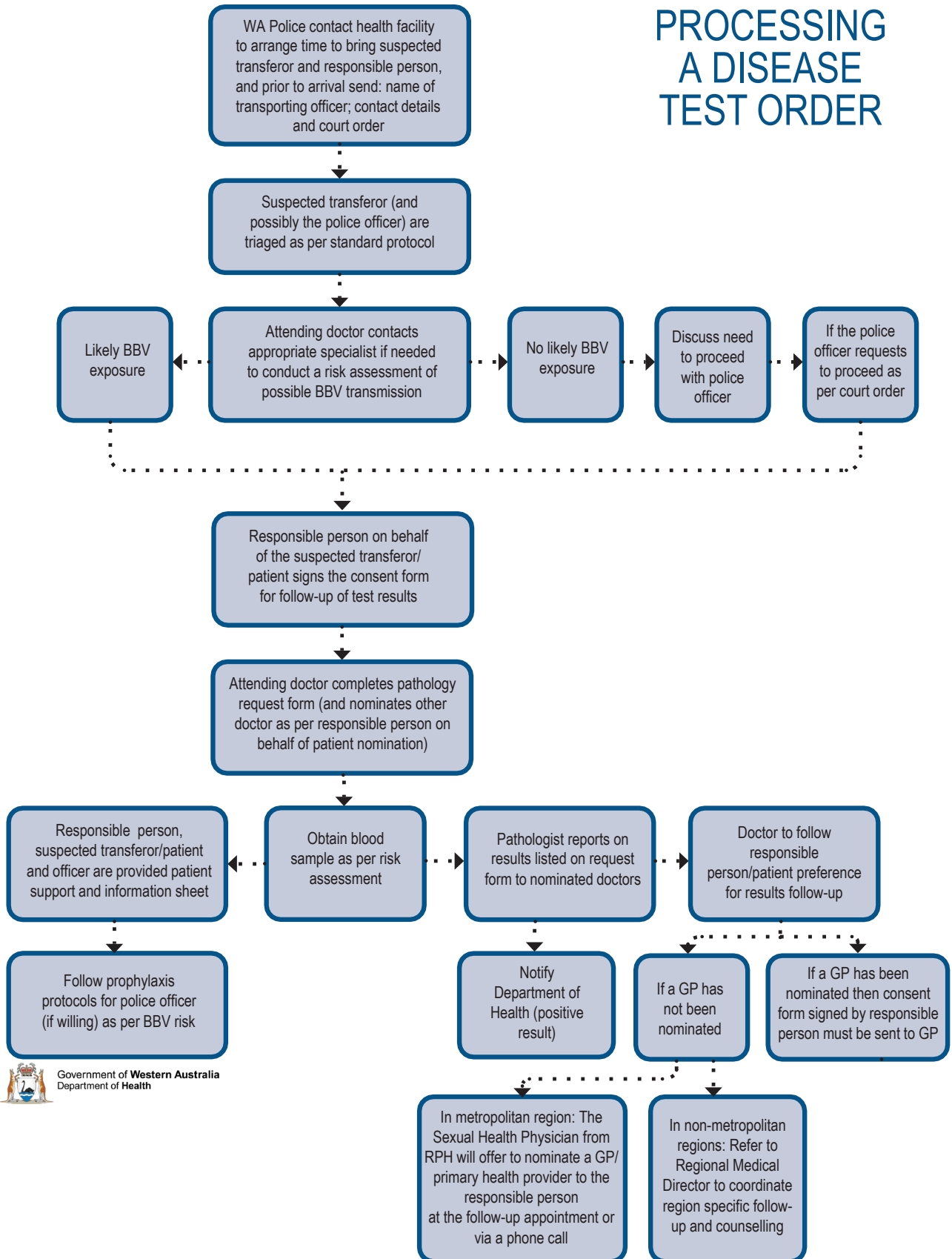
11.2: Processing A Disease Test Approval

PROCESSING A DISEASE TEST APPROVAL



11.3: Processing A Disease Test Order

PROCESSING A DISEASE TEST ORDER



11.4: Pro Forma Consent Form: Disease Test Approvals Only

Pro Forma Consent Form: Disease Test Approval Only (Page 1 of 2)	Patient Details	
	Surname:	
	Given name/s:	
	Contact number:	
Consent to undergo blood-test under the Mandatory Testing Act and consent for follow-up of test results		
<p>Pursuant to the <i>Mandatory Testing (Infectious Diseases) Act 2014 (WA)</i>, I consent to undergoing a blood test for blood-borne viruses.</p> <p>I understand that:</p> <ul style="list-style-type: none"> • I am required to provide a blood test because I was served with a WA Police Force 'Disease Test Approval' form. • My test results will be given to WA Police Force, but I do not authorise for any other personal, health and confidential information to be disclosed to WA Police. • My test results will be shared with the doctor who takes my blood. If I am having my blood taken at a hospital emergency department, then the doctor who was in charge of taking my blood sample may not be able to follow-up my results. • My test results will be given to the GP or health provider/service I name below. • If I am a non-regional patient, and if I do not nominate a GP or health provider/service to receive my results, then I consent to a copy of my results being sent to the Royal Perth Sexual Health Clinic to follow-up my results. • If I am a regional patient, and if I do not nominate a GP or health provider/service to receive my results, then I consent to a copy of my results being sent to the WA Country Health Service (WACHS) Regional Medical Director for follow-up. • It is also my responsibility to follow-up my own results. • In order to confirm the results of my test, I should have a further test to be sure of my results. • I understand if I have a positive test result for HIV, and it is likely that I may engage in behaviour that is likely to put other persons at risk of infection, then the Public Health Unit in my area will be given my details to assist in follow-up. 		
Patient declaration		
<p>I nominate my General Practitioner (GP) or other health provider/service to receive a copy of my test results, and I understand I should attend an appointment with my GP/ health provider/service to receive these results. If I do not attend my GP/ health provider/service for the test results, I give my GP/ health provider/service permission to contact me.</p> <p>Patient's full name:</p> <p>Patient's signature: Date:.....</p>		

Pro Forma Consent Form: Disease Test Approval Only	
(Page 2 of 2)	
Patient health provider details for test results:	
Attending Medical Officer and health facility:	..... .....
GP/ health provider/service name (to receive test results):	..... ..... .....
Practice:	.....
Practice address:	..... .....
Practice phone no:	.....
<u>A copy of this form must be sent by the doctor requesting the blood test to the patient's nominated health provider.</u>	

For **regional patients** who do not nominate a GP, medical officer is to fill out the form below.

Regional Patient Follow-up	
Where a patient does not nominate a GP or other health provider/service to receive a copy of their test results, the attending medical officer should advise the WA Country Health Service (WACHS) Regional Medical Director for the region. To ensure appropriate follow-up of test results, a copy of this form must be sent to:	
Region:	
Regional Medical Director (RMD):	
RMD contact details to send forms:	
Email:	
Phone:	

11.5: Pro Forma Consent Form: Disease Test Orders Only

Pro Forma Consent Form: Disease Test Order Only (Page 1 of 3)	Patient Details	
	Surname:	
	Given name/s:	
	Contact number:	
Person responsible for consenting on behalf of suspected transferor to undergo blood-test under the Mandatory Testing Act and consent for follow-up of test results.		
<p>Pursuant to the <i>Mandatory Testing (Infectious Diseases) Act 2014 (WA)</i>, I consent on behalf of _____ (name of suspected transferor hereafter known as 'the patient') to undergo a blood test for blood-borne viruses.</p> <p>I understand that:</p> <ul style="list-style-type: none"> • I am required to consent on behalf of the patient to provide a blood test because the patient was served with a WA Police Force 'Disease Test Order' form. • The patient's test results will be given to WA Police Force, but I do not authorise for any other personal, health and confidential information to be disclosed to WA Police. • The patient's test results will be shared with the doctor who takes their blood. If the patient is having their blood taken at a hospital emergency department, then the doctor who was in charge of taking their blood sample may not be able to follow-up their results. • The patient's test results will be given to the GP or health provider/service I name below. • If the patient is in a non-regional area, and if I do not nominate a GP or health provider/service to receive the patient's results, then I consent to a copy of the patient's results being sent to the Royal Perth Sexual Health Clinic (East Metropolitan Health Service) to follow-up the patient's results. • If the patient is in a regional area, and if I do not nominate a GP or health provider/service to receive the patient's results, then I consent to a copy of the patient's results being sent to the WA Country Health Service (WACHS) Regional Medical Director for follow-up. • It is also my responsibility to follow-up the patient's results on their behalf. • In order to confirm the results of the test, I understand the patient should have a further test to be sure of the results. • I understand if the patient has a positive test result for HIV, and it is likely that they may engage in behaviour that is likely to put other persons at risk of infection, then the Public Health Unit in the relevant area will be given my details to assist in follow-up. 		

Pro Forma Consent Form: Disease Test Order Only
 (Page 2 of 3)

Declaration

I nominate the patient's General Practitioner (GP) or other health provider/service to receive a copy of the test results, and I understand they should attend an appointment with their GP/ health provider/service to receive these results. If the patient does not attend their GP/ health provider/service for the test results, I give the GP/ health provider/service permission to contact me.

Full name of person responsible:.....

Contact number:

Signature: **Date:**

Patient health provider details for test results

Attending Medical Officer and health facility:	..... .....
GP/ health provider/service name (to receive test results):	..... ..... .....
Practice:	.....
Practice address:	..... .....
Practice phone no:	.....

A copy of this form must be sent by the doctor requesting the blood test to the patient's nominated health provider.

For **regional patients** who do not nominate a GP, medical officer is to fill out the form below.

Regional Patient Follow-up

Where a patient does not nominate a GP or other health provider/service to receive a copy of their test results, the attending medical officer should advise the WA Country Health Service (WACHS) Regional Medical Director for the region. To ensure appropriate follow-up of test results, a copy of this form must be sent to:

Region:	
Regional Medical Director (RMD):	

Pro Forma Consent Form: Disease Test Approval Only

(Page 3 of 3)

RMD contact details to send forms:

Email:.....

Phone:.....

Note: each WACHS region is responsible for a region-specific protocol for how the RMD will be notified

11.6: Patient support - Information and Referral Agencies

Organisation	Website	Contact details
Hepatitis		
HepatitisWA	http://www.hepatitiswa.com.au/	Confidential telephone information and support service available to the general community. Metro: (08) 9328 8538 Country: 1800 800 070
HIV		
WAAC (formerly WA AIDS Council)	https://waaid.com/	Metro: (08) 9482 0000 Country: 1800 671 130 WA AIDS line (for any HIV related questions): (08) 9482 0044
WA PEP Line		24-hour advice and referral: 1300 767 161
Sexual Health		
Sexual Health Quarters	https://shq.org.au/	(08) 9227 6177 Sexual Health Helpline (confidential information and referrals): Metro callers: (08)9227 6178 Country callers: 1800 198 205
Royal Perth Hospital Sexual Health Clinic	https://rph.health.wa.gov.au/Our-services/Sexual-Health	(08) 9224 2178
Men Who Have Sex With Men		
M Clinic	https://www.mclinic.org.au	For appointments and information: (08) 9227 0734
Sex Workers		
Magenta	https://magenta.org.au/	(08) 9328 1387
Women		
Women's Health and Family Services	https://whfs.org.au/	Metro: (08) 6330 5400 Country: 1800 998 399
LGBTQI+		

Organisation	Website	Contact details
Living Proud	https://www.livingproud.org.au/	QLife Telephone Counselling Line: 1800 184 527 General enquires: (08) 9486 9855
TransFolk of WA	https://www.transfolkofwa.org/	admin@transfolkofwa.org
People Who Inject Drugs		
Peer Based Harm Reduction WA	https://harmreductionwa.org/	Perth: (08) 9325 8387 Bunbury: (08) 9791 6699

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

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Mandatory Testing of a Suspected Transferor