Justice Health & Forensic Mental Health Network
PO BOX 150 Matraville NSW 2036
Tel (02) 9700 3000
http://www.justicehealth.nsw.gov.au

Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections

Policy Number 1.363

Policy Function Continuum of Care

Issue Date 6 April 2016

Summary This policy relates to the screening of patients for Blood Borne Viruses and Sexually Transmissible Infections. Within this context, screening encompasses harm minimisation and includes sexual health, current or past drug use, risk assessment, sexual health education or counselling, facilitation of decision making, testing for infections, and management of negative and positive results (including education, pre or post-test discussion, contact tracing, follow up and referral).

Responsible Officer Executive Director Clinical Operations (Custodial Health)

Applicable Sites

- ☐ Administration Centres
- ☐ Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- ☒ Health Centres (Adult Correctional Centres or Police Cells)
- ☒ Health Centres (Juvenile Justice Centres)
- ☒ Long Bay Hospital
- ☒ Forensic Hospital

Previous Issue(s) Policy 1.363 (Oct 2012, Sep 2010)

Change Summary

- De-identification of pathology requests no longer required
- Links to results management protocol

TRIM Reference POLJH/1363

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

National and State strategies all identify priority populations which should have targeted and tailored programs for the prevention, care and management of blood borne viruses (BBV) and sexually transmissible infections (STI). These priority populations are mostly over-represented in the custodial population, particularly those identifying as Aboriginal and Torres Strait Islander. The strategies also identify priority areas for action, with custodial settings being identified as a priority area. This highlights the need for a strategic, standardised approach to screening to reduce the risk of acquisition and transmission of BBVs and STIs and to offer care and management to patients with a BBV and/or STI in the custodial and Forensic Hospital environment.

This policy relates to the screening of patients for BBVs and STIs. Within this context, screening encompasses harm minimisation and includes sexual health history, current or past drug use, risk assessment, sexual health education or counselling, facilitation of decision making, testing for infections, and management of negative and positive results (including education, pre or post test discussion, contact tracing, follow up and referral).

Reference should be made to the following NSW Ministry of Health (MoH) Policy Directives and Australian Department of Health (DoH) strategies:

1. DoH *Third National Sexually Transmissible Infections Strategy*
2. DoH *Fourth National Hepatitis C Strategy*
3. DoH *Fourth National Aboriginal and Torres Strait Islander BBV/STI Strategy*
4. DoH *Second National Hepatitis B Strategy*
5. MoH *NSW Hepatitis C Strategy 2014-2020*
6. MoH *NSW Hepatitis B Strategy 2014-2020*
7. MoH *NSW HIV Strategy 2012-2015 A New Era*
8. Australasian Society for HIV Medicine (ASHM) Testing Portal

For specific policy and procedure on management of staff (whether employed by Justice Health & Forensic Mental Health Network (JH&FMHN), contracted, agency, or other category working for JH&FMHN) who sustain an occupational exposure to blood and/or body fluids refer to JH&FMHN policy 5.100 *Occupational Exposure Management*.

2. Policy Content

2.1 Mandatory Requirements

2.1.1 Accreditation and Clinical Competency

Across the state, in adult centres, a network of designated Public or Sexual Health Nurses (PSHN) provide specialised sexual health, blood-borne virus and harm minimisation clinical services. Designated PSHN must undertake the JH&FMHN Clinical Accreditation Program Screening and Management of BBV and STI in the custodial environment within twelve months of commencing employment and must successfully complete the program within twelve months of enrolment. Once completed, the PSHN must show evidence of continuing education at the time of their annual appraisal and undertake clinical assessment biennially.

Additionally, Adolescent Health nurses, nurses in sole practitioner sites or in sites where there is no designated PSHN are encouraged to undertake the Clinical Accreditation Program.

To enable succession planning for designated PSHN positions, Nurse Unit Managers (NUMs) are encouraged to identify additional clinical staff who have the skills and knowledge to perform the role in the absence of the PSHN.

2.1.2 Screening for BBV and STI

For adult patients, screening is to be offered according to identified risk activities, the presence of symptoms (if any) and observation of the relevant incubation periods and window periods. If there are no identified risks or the patient declines to give any history or risk activity but the patient still requests screening, screening should be undertaken. Screening tests include blood antibody testing for Human Immunodeficiency Virus (HIV), hepatitis A, B and C, and syphilis and urine nuclear acid amplification (NAAT) eg: polymerase chain reaction (PCR) for chlamydia and gonorrhoea. Appropriate consent must be obtained in accordance with section 3.3.1 below.

All young people in custody are offered testing for HIV, hepatitis A, B and C and syphilis and urine NAAT for chlamydia and gonorrhoea. Appropriate written consent must be obtained for young people prior to all BBV and STI testing in accordance with section 3.3.2. below.

If previous conclusive positive results are on file or can be obtained for hepatitis A, B, or C or HIV, repeat screening is not necessary. If results indicate chronic hepatitis B and/or C or if interpretation of results is unclear (eg: resolved hepatitis B infection or prior vaccination) the clinician must contact the CNC Sexual Health or Hepatitis for advice.

Patients who present with symptoms of a BBV or STI are to be referred to a medical officer, sexual health physician or emergency department of a local hospital. Symptomatic patients can also be offered screening for BBV or STI in accordance with Section 3.1.2 below.

For specific information relating to each infection and pre and post test discussion, refer to the Sexually Transmissible Infections Programs Unit (STIPU) website. A link to this website is available under 'Useful Links' on the JH&FMHN website. This site contains Sexual Health Standard Operating Procedures, Clinical Management Guidelines and factsheets on STI or BBV.

2.1.3 Confidentiality

De-identified (coding) of pathology when testing patients for STIs and BBVs is not required. All pathology should be labelled as per standard labelling protocols. (Refer to Section 3.4 of this policy).

However, under Section 56 of the *Public Health Act 2010* it is the responsibility of all clinicians to limit the disclosure of HIV testing or HIV status of a patient only to those people directly involved in clinical care of the patient.

When there is a request from an exposed JH&FMHN, Corrective Services New South Wales (CSNSW) or Juvenile Justice New South Wales (JJNSW) staff member, NSW Police, visitor or any other person, regarding the BBV or STI status of a patient, information must only be disclosed with the informed consent of the patient. A JH&FMHN *Consent to Release Health Information* form (JUS020.015) must be signed and the de-identified information must be provided only to the clinician who is providing the care for that exposed person. This will ensure that the person receives the information in a confidential setting from a health care worker who has the necessary experience to deliver the information and can provide and document a risk assessment and management plan. Refer to *Guidelines on the Use and Disclosure of Inmate/Patient Medical Records and Other Health Information*.

2.1.4 Mandatory Reporting

If, in the course of history taking and risk assessment for screening there is any suspicion that the young person is at significant risk of harm, or is being coerced into sexual acts against their will, this must be reported under the *Children and Young Persons (Care and Protection) Act 1998*. This Act states that health care workers are required to report any cases where there is a risk of harm to a child or young person. The risk of harm may be physical, psychological or emotional and may be the result of physical, sexual or emotional abuse. Staff may refer to JH&FMHN policy 5.015 *Child Protection* and *NSW Interagency Guidelines Child Wellbeing and Child Protection* for more information.

2.2 Implementation – Roles and Responsibilities

2.2.1 Nursing Unit Managers

NUMs or delegate are responsible for ensuring the designated PSHN position is filled and that there is capacity for the position to be filled when the designated nurse is on leave.

The NUM is to contact the CNC Sexual Health or Hepatitis for advice on how to manage the patient who is identified as requiring screening, if there is no designated PSHN position and the Medical Officer is unable to offer screening.

2.2.2 PSHNs

PSHNs are responsible for triaging the PSHN waitlist and ensuring patients are introduced to the early detection program in a timely manner. PSHNs are also responsible for conducting the early detection program (screening) in accordance with this policy.

2.2.3 CNC Sexual Health or Hepatitis

The CNC Sexual Health or Hepatitis is responsible for facilitating the completion of the Clinical Accreditation Program: Screening and Management of BBV or STI in the Custodial Environment and for providing clinical support to staff undertaking screening.

2.2.4 Surveillance Officer

The Surveillance Officer (SO) is responsible for entering data in the Notifiable Conditions Information Management System (NCIMS) when notified of communicable diseases by Pathology Laboratories. The SO is also responsible for providing reports as requested by the JH&FMHN Executive and the New South Wales MoH.

3. Procedure Content

3.1 Referrals for Adults

Patients may self refer at any time during incarceration for screening for BBV and STI or may be referred by a clinician. All referrals from clinicians must be made in consultation with the patient. Referrals are made using the Patient Administration System (PAS) waitlist entries. Guidelines prioritising waitlist entries to PSHN are available on the JH&FMHN Intranet site.

To maintain patient confidentiality, there should be no mention of a patient's HIV status in PAS comments.

Patients who disclose sexual assault must be managed as per JH&FMHN policy 5.140 *Sexual Assault Management* and the accompanying JH&FMHN *Sexual Assault Management Procedures* on the JH&FMHN Population Health Intranet site.

Patients who have had a needle stick injury, known contact with a BBV or STI or other high-risk incident and who require assessment for post exposure prophylaxis (PEP) must be managed as per JH&FMHN policy 1.066 *Management of Patients Exposed to Blood or Body Fluids*. JH&FMHN staff must contact the CNC Sexual Health or Hepatitis (pager (02) 9937 2506) for advice or the After Hours Nurse Manager on 13000 ROAMS/ 13000 76267 by choosing option 1.

JH&FMHN, CSNSW, JJNSW staff, NSW Police, visitors, or any other persons who are not patients and who are exposed to blood or body fluids must be managed in accordance with JH&FMHN policy 5.040 *First Aid*. It is not the role of the PSHN to manage these situations. In addition, the care of exposed JH&FMHN staff must be managed in accordance with JH&FMHN policy 5.100 *Occupational Exposure Management*, CSNSW, JJNSW and the NSW Police will follow their respective policies.

3.1.1 Referrals for Adolescent Health Patients

Registered Nurses in Adolescent Health sites who undertake the JH&FMHN Clinical Accreditation Program Screening and Management of BBV or STIs in the Custodial Environment provide specialised sexual health, blood-borne virus and harm minimisation clinical services for their centre. Referrals are made to these accredited nurses using PAS waitlist entries or appointments to the PSHN according to local health centre procedures. Where there is no PSHN, the patients must be put on a waiting list to see the Adolescent Health GP. In centres with a visiting service from a local health district sexual health clinic (LHDSHC), patients must be put on a PAS waiting list to this clinic e.g. Orana has a service provided by Dubbo Sexual Health Centre.

Some Aboriginal young people may prefer to receive pre and post test discussion from an Aboriginal Health Worker. In some Adolescent Centres there may be an Aboriginal Health Worker or Sexual Health Worker who has received training in pre and post test discussion and may be able to provide this service to young people. If the Aboriginal Health Worker or Sexual Health Worker is not accredited to perform venepuncture, the young person will be referred to the Nurse or GP for this. The Health Worker is to document key issues discussed with the patient in the health record and enter them onto PAS waitlist for testing.

3.1.2 Referrals for Symptomatic Patients

Adult patients who present with any anogenital, genitourinary or extragenital symptoms must be referred to a MO and to a PSHN.

Adolescent patients who present with any anogenital, genitourinary or extragenital symptoms must be referred to the Adolescent Health MO. If the MO is unavailable, an appointment must be made with the LHDSHC and the patient must also be PAS waitlisted to the PSHN, or the MO for screening.

Female patients who present with abdominal or pelvic pain must be referred as soon as possible to the MO or LHDSHC for assessment. The PSHN can undertake screening either prior to, or after the appointment with the MO or LHDSHC.

Male patients who present with testicular pain must be referred to the MO, LHDSHC or Hospital Emergency Department (ED) for assessment immediately. They may also be offered screening for BBV or STIs.

It is not within the scope of practice for PSHNs to perform full sexual health genital examinations. However, PSHNs may observe lesions (e.g. suspected genital warts or herpes) in order to appropriately refer the patient to a sexual health clinic, local emergency department or MO. They may also collect specimens as directed by the MO or in the management of positive gonorrhoea urine PCR when a follow up swab is required for antimicrobial sensitivity testing prior to treatment.

3.1.3 Referral from Reception

It is acknowledged that the reception process is not an optimum time for the patient to be receiving detailed information relating to BBV or STIs and potential risks. Information on how to access harm minimisation strategies in prison is provided by CSNSW within 96 hours of incarceration. However, health staff must provide sufficient information to patients identified as being at potential risk (i.e. recent intravenous drug use or other exposure to blood or body fluids including unprotected sex) for them to prevent transmission of BBV or STIs. This includes information on how to access condoms, dams, lubricant and Fincol. Patients must also be advised on risk to their personal safety (i.e. from sexual predation and other forms of physical injury) and what strategies they can use to protect themselves. Patients are to be provided with the JH&FMHN "*Keeping Safe in Gaol*" resource.

JH&FMHN reception staff may recommend to CSNSW protection status for highly vulnerable patients who may be at risk in the general population.

Adult patients who are identified as being at risk of having acquired, or of acquiring a BBV or STI will be waitlisted to the PSHN. *Guidelines for Waitlist to PSHN at Reception Centres* are available on the JH&FMHN Population Health Intranet site and will be displayed in the reception areas.

Adolescent patients who are identified as being at risk of having acquired, or of acquiring a BBV or STI will be waitlisted to the PSHN or GP, or will have an appointment made to the LHDSHC. This will depend on the services available at the particular site.

Patients who are incarcerated directly from Immigration Detention and/or who come from countries with a high prevalence of BBV or STI must be referred to the PSHN. High prevalence countries are listed in the JH&FMHN *Procedure Management of Patients Exposed to Blood or Body Fluids*, available on the Population Health Intranet Site. They include, but are not limited to, countries within South and South East Asia and Sub-Saharan Africa.

PSHNs at reception centres will triage waitlists and generally see PAS Priority Level 1 and 2 patients. Priority Level 3 and 4 patients must be seen at their centre of classification.

3.1.4 Referral of Patients on Short Term Remand or Serving Sentences or Control Orders of Less Than 1 Month

If non-urgent screening is required (i.e. PAS Priority Level 3 or 4), patients may be referred to a community service such as a LHDSHC or GP for attendance upon their release.

Adolescent patients who are likely to be in custody for less than four weeks may be seen for BBV and STI screening, but consideration must be given to the likelihood of being able to follow up the patient in the community for post-test discussion and possible referral.

3.1.5 Referral of Patients on Long Term Remand or Sentenced or Control Orders for More than 1 Month

Patients likely to be in custody for more than the following four weeks, who have been assessed as requiring, or who request, a consult for BBV and STI screening that is not deemed urgent, will be routinely waitlisted to a PSHN. A brief description of the reason for waitlist entry must be made to enable the PSHN to prioritise appointments.

Note: All patients requiring an urgent consultation (whether symptomatic or asymptomatic) will be referred for assessment regardless of the length of time they are expected to stay within the custodial environment.

3.1.6 Referral of HIV Positive Patients

All newly incarcerated or newly diagnosed HIV positive patients should be offered referral to the HIV Community Referrals Project. This project links patients to local HIV community services (non-clinical) in the area where the patient will reside post release.

Patients can be referred to the HIV Community Team by:

- Being informed of the project and being provided with the Patient Information Notice available on the JH&FMHN Population Health Intranet site *Patient Information for Persons in Custody HIV Community Teams Referral*.
- The PSHN completing an Aids Dementia and HIV Psychiatric Service (Adahps) JUS200.300 *Adahps Referral Form* - and forwarding to the CNC Sexual Health or Hepatitis via the Population Health secure fax (02) 9700 3747 two months prior to the patient's release date.

3.1.7 Other Referrals

Patients can self refer at any time during incarceration following local procedures for referral to specific services. Refer to JH&FMHN policy 1.362 *Patient Self Referral for Health Assessment in the Adult Ambulatory Care Setting (Non Urgent Issues Only)*.

Some centres may have Aboriginal Health Workers attending and some Aboriginal patients may prefer to have pre test discussion with this person. Should this occur, the Aboriginal Health Worker must document key issues discussed in the patient's health record and waitlist the patient to the PSHN for testing.

3.2 Screening

Staff must review the patient's current and previous health record prior to every consultation to ascertain:

- previous risk assessment information;
- previous screening tests undertaken;
- previous pre-test discussion information;
- any outstanding results;
- hepatitis B vaccination status;
- previous hepatitis monitoring history.

A sexual health and drug use history and risk assessment must be carried out for every patient who is seen in relation to STI and BBV screening using the Population Health Early Detection Program Registration form (JUS060.309) (refer to section 3.5 of this policy).

3.3 Gaining Informed Consent

Refer to the Australasian Society for HIV Medicine (ASHM) Testing Portal.

3.3.1 Consent for Adult Patients Undergoing BBV and STI Testing

For consent to be valid, the person being tested must be legally competent to give consent, the consent must be given freely and be accompanied by sufficient information in order to make a decision.

Information given will be related to the risks identified and specific needs of each patient. For the consent to be valid, the patient must be provided with sufficient information about each infection being screened for, including the benefits of screening, management and treatment options, implications of positive and

negative results and contact tracing requirements. Interpreter services may be required to ensure the patient is adequately informed throughout the process. The consent must be given freely and without any coercion. In JH&FMHN, consent for screening is considered to be implied when the patient verbally agrees to have specimens collected for testing, following comprehensive pre-test discussion. This must be documented on the *Public Health Registration Form* JUS060.309 or *Further Consultation Form* JUS060.310.

Should the pathology be collected by a clinician other than the one who provided the information necessary to gain consent, the clinician collecting the pathology must check the health record for evidence that information has been provided and confirm with the patient that they are fully informed about the nature of the tests being undertaken. If the clinician collecting the pathology is unsure that this has occurred and that the patient is providing fully informed consent, the patient must be referred back to the clinician ordering the test or provide the necessary information to gain consent.

If, after providing information to gain consent, the patient declines testing, the reason for declining must be recorded in the health record. If the patient has been referred to the PSHN and does not attend the appointment when called, the reason, if known, must be recorded in the health record and another appointment must be made. If the patient fails to attend after missing three appointments, the waitlist entry may be cancelled if there is no valid reason why the appointments have been missed (valid reasons may include, but are not limited to, lockdown, court attendance or unable to access clinic).

3.3.2 Consent for Adolescent Patients Undergoing BBV and STI Testing

In accordance with NSW MoH PD2005_406 *Consent to Medical Treatment – Patient Information*. if a young person is under the age of 14 years, the consent of the parent or guardian is necessary prior to screening for BBVs and STIs.

Parents may delegate their responsibility for consent to treatment to another adult. Ideally, this would be in writing and a copy of the document filed in the health record. If the consent is verbal, this must be recorded in the health record stating the name and relationship to the child of the person to whom responsibility has been delegated, and the name of the person authorising the delegation (i.e. parent or guardian). (Refer to NSW MoH PD2005_406 *Consent to Medical Treatment – Patient Information*).

Young people over the age of 16 may give their own consent.

Between the ages of 14 and 16 the young person may consent to their own treatment provided they adequately understand and appreciate the nature and consequences of the procedure or treatment (refer to PD2005_406 *Consent to Medical Treatment – Patient Information*).

If the patient is aged between 14 and 16 years and after comprehensive information is provided to gain consent, the clinician is unsure if the patient adequately understands and appreciates the nature of the tests, the tests must not be undertaken until consent has been obtained from a parent or guardian.

If consent cannot be obtained (either from the patient aged between 14 and 16 years of age or from the parent or guardian) and it is deemed necessary or important for the tests to be carried out, or the patient wishes the tests to be undertaken and understands the implications of having the test, the matter must be referred to the Service Director Adolescent Health & Diversion Program or CNC Sexual Health or Hepatitis. This situation may also arise if the young person has been identified as a contact of a notifiable infection and screening is important to detect possible infection.

If consent is not given by the parent or guardian and the patient between 14 and 16 years of age still requests testing, or if the young person does not wish a parent or guardian to know of the request for

testing, advice must be sought from the CNC Sexual Health or Hepatitis C and the Service Director Adolescent Health & Diversion Program.

3.4 Justice Health electronic Health System (JHeHS) – Pathology

3.4.1 Pathology Request forms – patient identification

In order for specimens to be processed, pathology request forms must have a patient identification label applied. Patient information must be written on the specimen containers using the same information as on the label (i.e. patient's full name). A copy of the request form is to be retained in a folder, as per, *Process for Population Health Results Management*, as a record of what was ordered. This can also be used as a prompt or reminder of results to be returned.

3.4.2 Transport of specimens

Refer to local procedures for transport of specimens to pathology laboratories.

3.4.3 Pathology results

Pathology results will appear in JH*e*HS (excluding Reiby Juvenile Detention Centre). Results are not to be printed and filed in the health record. PSHNs must sign off pathology results that they request. This must be done within 14 days for abnormal results or 30 days for normal results.

3.5 Conveying Test Results

All patients must be informed of their results, including follow up advice. It is the responsibility of the clinician who undertook the screening process (i.e. the person who does the assessment, history taking and pre-test discussion) to ensure this occurs. Patients are to be waitlisted to the PSHN for return of results with the comment "return results - tests done (date)" at the time the testing occurred. Reference to the Australasian Society for HIV Medicine (ASHM) Testing Portal is useful in giving tips for conveying test results and interpreting BB or STI pathology results.

Refer to *Process for Population Health Results Management* and JH&FMHN *Results Management Procedure*.

All positive HIV results must be given in consultation with the CNC Sexual Health or Hepatitis. For Adolescent patients receiving positive HIV results, the parents or guardians should also be present. Syphilis results can be very difficult to interpret, therefore, all reactive or positive syphilis tests must be referred to the CNC Sexual Health or Hepatitis. This is to ensure appropriate follow up can be made in cases where the indication for management is unclear.

If the Patient has moved to a different correctional centre or is no longer in custody refer to *Process for Population Health Results Management* and JH&FMHN *Results Management Procedure*.

If the PSHN collects pathology ordered by another clinician (e.g. primary health, psychiatry, women's health, antenatal care) it is the responsibility of the ordering clinician to convey the test results to the patient.

3.6 Contact Tracing

Contact tracing of positive results must occur according to JH&FMHN Process for Contact Tracing (Link), the *Australasian Contact Tracing Manual, 4th Edition 2010*, and the *STIPU Sexual Health Services Standard Operating Procedures*.

3.7 Documentation

All BBV or STI screening assessments undertaken must be documented on:

- The JH&MFHN *Population Health EDP Registration* form (JUS060.309) for each initial screening assessment with a patient and every subsequent consultation where there has been a gap of more than two years since the patient was last seen by a PSHN.
- The JH&FMHN *Population Health EDP Further Visit* form (JUS060.310) for all consultations after the initial assessment, including giving back of test results, unless the patient was last seen more than two years ago (in which instance a repeat of the *Population Health EDP Registration form* is required).

To ensure continuity of care, the following must be documented (on the above forms) for each consultation attended:

- A health history including sexual activity, drug using risks and exposure to blood or body fluid e.g. tattoos, fighting, etc.;
- Tests taken;
- Any significant issues identified;
- Medical management (e.g. medication given);
- Follow up advice (i.e. plan of care including timeframe for results collection, testing; post window periods, retesting required, vaccination required, etc.); and
- Any information provided when conveying a test result.

An entry in the health record stating the date and reference to the Population Health EDP forms is to be made.

3.8 Surveillance

Surveillance enables emerging health trends and health problems to be monitored and facilitates the evaluation of prevention activities and service planning. Laboratories in NSW are required to inform Public Health Units of notifiable diseases. The JH&FMHN Surveillance Officer, in conjunction with the CNC Sexual Health or Hepatitis will investigate all reports and ensure appropriate treatment, follow-up and contact tracing has occurred. PSHNs will use PAS codes to record activity and to identify new positive HIV, hepatitis C, chlamydia and gonorrhoea cases.

Monthly activity data will be reported on by the JH&FMHN Surveillance Officer, with data collected from the PAS codes.

4. Definitions

Must

Indicates a mandatory action required that must be complied with.

Should

Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Legislation	*Children and Young Persons (Care and Protection) Act 1998* *Public Health Act 2010*
NSW MoH Policy Directives and Guidelines	PD2005_222 *Hepatitis B Vaccination Policy* PD2005_406 *Consent to Medical Treatment – Patient Information* PD2009_023 HIV - *Management of People with HIV Infection Who Risk Infecting Others* PD2013_007 *Child Wellbeing and Child Protection Policies and Procedures for NSW Health*
JH&FMHN Policies, Guidelines and Forms	1.066 *Management of Patients Exposed to Blood or Body Fluids* 1.241 *Hepatitis C and B: Care, Management and Treatment* 1.242 *HIV Care Management and Treatment* 1.245 *Immunisation of Patients* 1.362 *Patient Self Referral for Health Assessment in the Adult Ambulatory Care Setting (Non urgent Issues Only)* 5.015 *Child Protection* 5.140 *Sexual Assault Management* JUS060.309 The *Population Health EDP Registration* Form JUS020.015 *Consent to Release Health Information* JUS200.300 *ADAHPS Patient Referral* Form
Australian Department of Health and Aging	DoH *Third National Sexually Transmissible Infections Strategy* DoH *Fourth National Hepatitis C Strategy* DoH *Fourth National Aboriginal and Torres Strait Islander BBV/STI Strategy* DoH *Second National Hepatitis B Strategy* MoH *NSW Hepatitis C Strategy 2014-2020* MoH *NSW Hepatitis B Strategy 2014-2020* MoH *NSW HIV Strategy 2012-2015 A New Era*
Other	Australasian Society for HIV Medicine (ASHM): *Contact Tracing Manual 2010* Australasian Society for HIV Medicine (ASHM) Testing Portal *NSW Sexually Transmissible Infections Programs Unit* *Sexual Health Standard Operating Procedures* *Working with Young People - Ethical and Legal Responsibilities for Health*

Appendix 1 - *Flowchart: Early Detection Program for BBV or STI*