



Australian Government
Department of Immigration and Border Protection

Attachment A

DECISION RECORD

Details

FOI Request FA 13/12/00019-R1
File Number ADF2013/39604

Request

'...documents relating to obtaining the informed consent of asylum seeker patients before undertaking medical procedures or prescribing medication in Immigration Detention Centres (including Nauru and Manus Island centres). I would like to restrict my request to exclude personal communications and medical records. Please restrict the time period for this request to 2013 only'.

Documents in scope

1. The Department holds 5 documents that were potentially in scope. I have listed them in the Schedule of Documents attached to this decision.
2. It is my view that Documents 1 to 3 are within scope of the request as these documents were in use during 2013 and were current as at the date of your request under s.15 of the Act (which was received in the FOI inbox on 1 December 2013).
3. I note that Document 4 was released in full to you previously and I have included this document again as being relevant to your request.
4. It is my view that only page 13 of Document 5 (Chapter 6 of the Detention Services Manual) falls within the scope of your request. Nevertheless, I am releasing the remainder of the document in full. Please see the attached Decision Record.

Decision and reasons for decision

5. I am authorised under s.23 of the *Freedom of Information Act 1982* (the Act) to make a decision on your FOI request for internal review of the decision notified to you by Ms Heggart on 13 January 2014.
6. My role under the Act is to make a fresh decision (s.54C(3) of the Act), taking into account the relevant documents and information.

Attachment A**Decision record continued – FA 13/12/00019-R1**

7. In reaching my decision, I have considered the following:
- documents held by the Department;
 - where relevant, your views and advice;
 - the Act;
 - FOI Guidelines published by the Office of the Australian Information Commissioner; and
 - advice from the relevant business areas within the Department.
8. In relation to Documents 1 to 3, I understand that these documents are 'required' under the terms of the contract between IHMS and the Commonwealth and so are departmental documents rather than relating to IHMS's bona fide business affairs. Therefore, I am satisfied that the exemption that protects an organisation's bona fide business affairs (s.47G of the Act) and which requires formal consultation with the relevant business organisations does not apply to these documents. In addition, I am satisfied that no other exemptions apply to information contained in these documents. Therefore, I am releasing Documents 1 to 3 in full.
9. In relation to Document 4, I note that this was released in full in the initial decision. However, as I am making a 'fresh' decision, I am releasing the document to you again as part of that decision.
10. In relation to Document 5 (Chapter 6 of the Detention Services Manual), it is my view that pages 1 to 12 and page 14 are outside the scope of your original request. Nevertheless, I am satisfied that no harm can reasonably be expected to flow to any governments, organisations or individuals from the release of the irrelevant material in those pages. Therefore, I am releasing Document 5 in full.

Yours sincerely



Angela O'Neil
Assistant Director
Freedom of Information and Privacy Policy Section
Department of Immigration and Border Protection

29 January 2014



Australian Government
Department of Immigration and Border Protection

Attachment B

SCHEDULE OF DOCUMENTS TO DECISION RECORD

FOI Request FA 13/12/00019-R1
File Number ADF2013/39604

Document Number	Number of pages	Description	Decision
1	2	IHMS SIEV (suspected illegal entry vessel) HIA (health induction assessment) Consent relating to your medical records, Form: HIA Consent_August 2012	Release in full
2	2	IHMS Policy Number 3.3, Informed Consent Policy, version 1.01, effective as from 24 September 2012	Release in full
3	11	IHMS Procedure Number 3.3.1, Consent for the Treatment and Management of the Client's Health, version 1.01, effective as from 24 September 2012	Release in full
4	1	IHMS Consent to Treatment, Form: IHMS_MR_020_Consent to treatment_V3.00	Release in full
5	14	Chapter 6, Detention Services Manual, Department of Immigration and Border Protection, effective as from 23 November 2013	Release in full

Freedom of Information Act 1982

22 Access to edited copies with exempt or irrelevant matter deleted

Scope

- (1) This section applies if:
 - (a) an agency or Minister decides:
 - (i) to refuse to give access to an exempt document; or
 - (ii) that to give access to a document would disclose information that would reasonably be regarded as irrelevant to the request for access; and
 - (b) it is possible for the agency or Minister to prepare a copy (an *edited copy*) of the document, modified by deletions, ensuring that:
 - (i) access to the edited copy would be required to be given under section 11A (access to documents on request); and
 - (ii) the edited copy would not disclose any information that would reasonably be regarded as irrelevant to the request; and
 - (c) it is reasonably practicable for the agency or Minister to prepare the edited copy, having regard to:
 - (i) the nature and extent of the modification; and
 - (ii) the resources available to modify the document; and
 - (d) it is not apparent (from the request or from consultation with the applicant) that the applicant would decline access to the edited copy.

Access to edited copy

- (2) The agency or Minister must:
 - (a) prepare the edited copy as mentioned in paragraph (1)(b); and
 - (b) give the applicant access to the edited copy.

Notice to applicant

- (3) The agency or Minister must give the applicant notice in writing:
 - (a) that the edited copy has been prepared; and
 - (b) of the grounds for the deletions; and
 - (c) if any matter deleted is exempt matter—that the matter deleted is exempt matter because of a specified provision of this Act.
- (4) Section 26 (reasons for decision) does not apply to the decision to refuse access to the whole document unless the applicant requests the agency or Minister to give the applicant a notice in writing in accordance with that section.

23 Decisions to be made by authorised persons

- (1) Subject to subsection (2), a decision in respect of a request made to an agency may be made, on behalf of the agency, by the responsible Minister or the principal officer of the agency or, subject to the regulations, by an officer of the agency acting within the scope of authority exercisable by him or her in accordance with arrangements approved by the responsible Minister or the principal officer of the agency.

SIEV:



CONSENT RELATING TO YOUR MEDICAL RECORD

Medical Examination

International Health & Medical Services (IHMS), is the organization which provides medical and health services to people in detention under the direction of the Commonwealth of Australia.

The medical care for which you are being asked to consent will help us evaluate your health while in immigration detention. IHMS will keep a record of your care during detention including medical history, test results, and correspondence.

We are asking you to consent to **three** things:

1. Medical Treatment

While you are in immigration detention you may need to consult healthcare staff. These staff are either employees of IHMS or healthcare professionals organized to treat you on behalf of IHMS.

You are being asked to consent for medical information to be collected and so that all doctors who treat you have access to your medical records. This is also to ensure necessary and appropriate health care can be provided to you. The medical information may be shared amongst the health care workers looking after you.

2. Providing information to determine location and placement

You are being asked to provide your consent for health information to be provided to the Commonwealth of Australia to assist in assessment of your placement options.

3. Providing information to obtain a Visa

You are being asked to consent for medical information to be collected to help in the progression of your immigration outcome (visa application). This information includes Medical History, a physical examination, urine test, blood sugar level, Chest Xray and blood tests.

The blood tests are for: Full blood picture, Liver Function Tests, Syphilis, Hepatitis B & C and HIV

Refusal to give consent

You do not have to provide consent for any aspect of your health care, however it may limit the Commonwealth of Australia's ability to fully consider your health status when determining placement options and the progression of your immigration outcome.

If you refuse you may be asked to sign a refusal form.

Interpreter

If you require an interpreter one will be provided for you. This may at times need to be with a telephone service.

- 2
1. Do you consent to the Commonwealth of Australia, IHMS and treating doctors who are not employees of IHMS, regardless of their physical location, accessing your medical records for the purpose of your health care, placement assessment and progression of your immigration outcome?
 2. Do you consent to consent for medical information to be collected to help in the progression of your immigration outcome (visa application)? This information includes Medical History, a physical examination, urine test, blood sugar level, Chest X-ray and blood tests including Full Blood Count, Liver Function Test, Syphilis, HIV, Hepatitis B & Hepatitis C.

Language: _____ Sex: _____

☐ YES ☐ NO (please tick 1 box)

Full Name (Printed): _____

Date of Birth: _____

Place of Birth: _____

Your signature: _____

Date: _____

Witness Information:

As a witness you are required to have seen the client signing their signature.

Full Name (Printed): _____

Organisation: International Health & Medical Services (IHMS)

Your signature: _____

Date: _____

Translator Information:

If the document is translated for the client, the translator is required to counter sign. As the appointed translator you are signing that you have accurately translated the contents of the document to the client and checked their understanding of the contents prior to the client signing.

Full Name (Printed): _____

Organisation: _____

Your signature: _____

Date: _____

SIEV:

International Health and Medical Services

Informed Consent Policy

Policy Number
IHMS Policy 3.3

Version 1.01

DOCUMENT OWNER:		Department of Immigration and Citizenship							
EFFECTIVE DATE:		24 th September 2012			DOCUMENT MANAGER:		International Health and Medical Services		
Revision History									
Revision	Rev. Date	Description	Prepared by	Reviewed by	Date	Approved by	Date	DIAC Approval	Date
		Original Document	Natalie de Vos	Dr Clayton Spencer/ Steve Schwarz	March 2012	Dr Clayton Spencer – IHMS Dr Dick Hooper – INTLSOS	March 2012	Approved by DIAC for limited release MIDC, NIDC, PIDC	15/05/12
1.01	24/09/12	Format changes	Quality and Audit Administrator						

The only controlled copy of this document is maintained electronically. If this document is printed, the printed version is an uncontrolled copy.

Informed Consent Policy

International Health and Medical Services (IHMS) is committed to preserving the rights of clients while delivering high quality healthcare in IHMS medical facilities, and will implement measures to ensure clients have full understanding of, and provide consent for, the management and treatment of their healthcare needs.

Consent to the Presence of a Third Party in any health-related consultation by an IHMS staff member shall be acquired each time the third party wishes, or is required, to be present, unless the requirement is related to the security of the treating clinician.

To ensure the client is fully aware of their treatment and management options while being cared for in IHMS medical facilities, processes shall be implemented to inform and gain agreement from the client for all treatment and management plans offered. These processes shall encompass the following key elements:

Consent for the Treatment and Management of a Client's Health

shall be acquired from each client seeking healthcare, prior to the undertaking of any health-related treatment or management processes. In addition consent shall also be obtained prior to the release of any medical information to a third party.

The only controlled copy of this document is maintained electronically. If this document is printed, the printed version is an uncontrolled copy.

International Health and Medical Services

Procedure Number

IHMS Procedure 3.3.1

Consent for the Treatment and Management of the Clients' Health

Linked to

RACGP Standard, 1.2.2

IHMS Policy 3.3 Informed Consent

Version 1.01

Document Owner: Department of Immigration and Citizenship

Document Manager: International Health and Medical Services

Effective: 24th September 2012

The only controlled copy of this document is maintained electronically. If this document is printed, the printed version is an uncontrolled copy.

International Health and Medical Services								Procedure	
LINK TO STANDARD:		RACGP Standard, 1.2.2 IHMS Policy 3.3 Informed Consent		DOCUMENT OWNER:		Department of Immigration and Citizenship			
EFFECTIVE DATE:		24 th September 2012		DOCUMENT MANAGER:		International Health and Medical Services			
Revision History									
Revision	Rev. Date	Description	Prepared by	Reviewed by	Date	Approved IHMS	Date	Approved DIAC	Date
		New Document	Christine Brown	Natalie Vos/Steve Schwartz	March 2012	Dr Clayton Spencer – IHMS Dr Dick Hooper – INTLSOS	March 2012	Approved by DIAC for limited release MIDC, NIDC, PIDC	15/05/12
1.01	24/09/12	Format changes	Quality and Audit Administrator						
Responsibilities									
Medical Director Regional Operations Manager Director of Nursing									
Abbreviations/Definitions									
IHMS - International Health and Medical Services DIAC - The Department of Immigration and Citizenship									
References									
(1) Australian Commonwealth Government (2012) <i>Family Law Act 1975</i> , retrieved from http://www.comlaw.gov.au/Details/C2012C00106/Download March 2012									
(2) ACT Health (2012) <i>Consent to Treatment Policy</i> , retrieved from http://health.act.gov.au/c/health?a=dlpol&policy=1156898985 February 2012									
(3) Department of Immigration and Citizenship (2011) <i>Fact Sheet 69 Caring for Unaccompanied Minors</i> , retrieved from http://www.immi.gov.au/media/fact-sheets/69unaccompanied.htm March 2012									
(4) Government of Western Australia, Department of Health (2011) <i>Consent to Treatment Policy for the Western Australian Health System</i> , retrieved from http://www.health.wa.gov.au/circularsnew/attachments/404.pdf February 2012									
(5) National Health and Medical Research Council (2004) <i>General Guidelines for Medical Practitioners on Providing Information to Patients</i> , retrieved from http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/e57.pdf March 2012									
(6) Royal Australian College of General Practitioners (2007) <i>Standards for health services in Australian immigration detention</i> , retrieved from http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/StandardsforGeneralPractices/immigration_detention_standards/RACGPStandards_Detention_Centres.pdf February 2012									

Table of contents

1	INTRODUCTION:.....	4
	1.1 Purpose	4
	1.2 Objectives	4
	1.3 Scope	4
	1.4 Key Concept	4
2	PRACTICE STANDARDS:	5
3	PROCEDURE AND PROCESSES:.....	5
	3.1 Informed Consent	5
	3.2 Requirements for Valid Consent	6
	3.3 Age of Consent	6
	3.4 Consent and Unaccompanied Minors	7
	3.5 Documentation of Consent	7
	3.6 Consent and Emergency Care.....	8
	3.7 Informed Financial Consent	8
	3.8 Withholding Consent.....	8
4	RESPONSIBILITY:.....	9
	4.1 Medical Director.....	9
	4.2 Regional Operations Manager.....	9
	4.3 Director of Nursing.....	9
	4.4 Staff	9
5	DEFINITIONS/ABBREVIATIONS:.....	9
	5.1 Discretionary Procedures.....	9
	5.2 Dental treatment	9
	5.3 Informed Consent	10
	5.4 Invasive Procedure	10
	5.5 An Emergency	10
	5.6 Express Consent	10
	5.7 Mature Minor Consent	10
	5.8 Non-ward	10
	5.9 Ward.....	10
6	ENFORCEMENT AND REPORTING BREACHES:	11

1 INTRODUCTION:

1.1 Purpose

- 1.1.1 The purpose of this document is to ensure IHMS staff are aware of the required processes for obtaining consent from persons in Australian immigration detention facilities, for the management and/or treatment of presenting health concerns and conditions.

1.2 Objectives

- 1.2.1 To identify the IHMS practice standards in relation to the implementation of processes relating to the obtaining of consent for the management and treatment of presenting health concerns, from all persons in Australian immigration detention facilities.
- 1.2.2 To identify the roles and responsibilities of IHMS, DIAC and other associated parties in relation to the obtaining of consent for the management and treatment of presenting health concerns, from all persons in Australian immigration detention facilities.
- 1.2.3 To describe the procedures associated with implementation of the IHMS practice standards in the context of IHMS medical facilities.

1.3 Scope

- 1.3.1 These practice standards and procedures are to be implemented in all IHMS medical facilities.
- 1.3.2 IHMS practice guidelines must be developed at each individual IHMS medical facility to define the process of implementation at that site.
- 1.3.3 All clinical practice guidelines must be approved and ratified by the Clinical Practice Review Group before they can be implemented.

1.4 Key Concept

- 1.4.1 For a health practitioner to manage and treat a client with health concerns, they require agreement from that client to undertake such treatment. ⁽⁴⁾
- 1.4.2 Consent may be required for varying procedures involved in the care of a client and can be provided in multiple forms such as verbal, implied and written. Regardless of the form in which consent is given it should always be documented in the client's electronic healthcare record. ⁽⁶⁾
- 1.4.3 It is an assault to perform a physically invasive medical treatment, however minimal the invasion might be, without the client's consent, unless the procedure is performed to prevent serious harm or to save the client's life in an emergency situation. ^(2, 4)

- 1.4.4 Failure to inform a patient about the material risks inherent in a proposed procedure is a breach of the clinician's duty of care and could give rise to legal action for negligence. ⁽²⁾

2 PRACTICE STANDARDS:

- 3.3.1.1 Informed consent must be obtained from the client before any treatment is undertaken or care management processes are put in place.
- 3.3.1.2 Any consent given by the client must be a valid consent for the treatment to commence.
- 3.3.1.3 Informed consent can only be given by a client of eighteen (18) years or older or, if the practitioner is of the opinion that the person is capable of providing informed consent, a person less than eighteen (18) years of age who fully comprehends the nature and consequences of the procedure proposed.
- 3.3.1.4 Consent from those less than eighteen (18) years of age must be given by a parent, relative or a guardian.
- 3.3.1.5 Clients' consent to a procedure or treatment must be documented.
- 3.3.1.6 In an emergency situation treatment or a procedure may be undertaken without consent.
- 3.3.1.7 All clients must be given the right to refuse to give consent.

3 PROCEDURE AND PROCESSES:

3.1 Informed Consent

- 3.1.1 Informed consent must be obtained from the client before the undertaking of all examinations, procedures and treatments.
- 3.1.2 Before a client can give informed consent they must be provided with sufficient information to make a decision relating to the procedure or treatment being offered. ⁽⁴⁾
- 3.1.3 The information provided should include the following:
 - Benefits of the procedure ^(2,4, 5)
 - Risk of not receiving the treatment or having the procedure ^(2,4, 5)
 - Risk and side effects associated with the treatment or procedure ^(2,4)
 - Other options available for treatment or procedure ^(4,5)

- Cost involved with the treatment or procedure ^(4,5)
- The time involved with the treatment or procedure ^(4,5)
- Any significant long-term outcomes associated with the treatment or procedure. ^(4,5)

3.1.4 IHMS doctors and staff have a professional obligation to ensure the client understands any verbal or written information provided in relation to the procedure or treatment to be provided.

3.1.5 People in Australian immigration detention facilities who do not speak or read English and are more proficient in another language, or who have special communication needs, must be offered the choice of using the assistance of a specialised service or interpreter to communicate with the clinical team member seeking consent.

3.2 Requirements for Valid Consent

3.2.1 For consent to be valid it must be specific to the treatment or procedure for which the client has been informed and has agreed to. ^(2,3)

3.2.2 The client must not be asked to consent to a procedure or treatment while under duress. ^(2,3)

3.2.3 Consent must be given freely and voluntarily. The client must not be coerced or forced into making a decision. ^(2,3)

3.2.4 The client must have the capacity to make a decision or give consent. Capacity refers to the client's ability to:

- Understand and retain the information provided ⁽³⁾
- Comprehend the relevant information rationally ⁽³⁾
- Reflect and make a judgement based on their personal values and the situation presented ⁽³⁾
- Freely communicate the decision. ⁽³⁾

3.2.5 Consent remains valid until it is either withdrawn by the client or if there is a change in the client's circumstances which may include (but are not limited to): ⁽³⁾

- Change in condition, either an improvement or deterioration ⁽³⁾
- Development of new treatment options. ⁽³⁾

3.2.6 One consent for a course of treatment remains valid until that course is complete. ⁽³⁾

3.3 Age of Consent

- 3.3.1 In all IHMS medical facilities the legal age at which a client can give consent is eighteen (18) years and above. ⁽⁴⁾
- 3.3.2 Parents or a legal guardian may give consent for those less than eighteen (18) years of age.
- 3.3.3 Australian law considers children less than eighteen (18) years of age who, in the practitioner's opinion, fully comprehend the nature and consequences of the procedure proposed are capable of giving consent. ⁽⁴⁾ In IHMS medical facilities this shall only apply in situations where discretion may be required.

3.4 Consent and Unaccompanied Minors

- 3.4.1 There are a number of unaccompanied minors in Australian immigration detention facilities. Where the unaccompanied minor is a ward, consent for treatment and management of their health must be obtained from the Minister for Immigration and Citizenship.
- 3.4.2 In Australian immigration detention facilities the duties of the minister have been delegated to the Department of Immigration and Citizenship Regional Manager.
- 3.4.3 Where the unaccompanied minor is a non-ward, consent may be given by a relative who is at least twenty-one (21) years of age and who is other than an acknowledged parent. In this situation a relative, other than a parent, is defined as any of the following:
- step-parent of the child ⁽¹⁾
 - brother, sister, half-brother, half-sister, step-brother or step-sister of the child ⁽¹⁾
 - grandparent of the child ⁽¹⁾
 - uncle or aunt of the child ⁽¹⁾
 - nephew or niece of the child ⁽¹⁾
 - cousin of the child. ⁽¹⁾

3.5 Documentation of Consent

- 3.5.1 In most cases, consent will be verbal or implied consent (as in most primary care in Australia), however IHMS policy requires written consent in the following situations:
- Administration of immunisations
 - Release of health information to other agencies or immigration detention facilities.

- 3.5.2 All forms of written consent must be scanned into the client's electronic medical record.
- 3.5.3 Regardless of whether the client gives verbal or implied consent, such consent must be documented in the client's electronic medical record.

3.6 Consent and Emergency Care

- 3.6.1 Where immediate treatment is necessary to preserve life or prevent serious harm, all attempts should be made to provide information and gain the client's consent. If this is not possible due to the client's condition, the procedure may proceed without consent. ⁽⁴⁾
- 3.6.2 If a procedure is undertaken in the above circumstances, the circumstances must be clearly documented in the client's electronic medical record. ⁽⁴⁾
- 3.6.3 In the event that a client, who is facing imminent or serious harm and who is capable of providing informed consent declines to provide such consent for his or her wellbeing, the practitioner shall sustain the life of the client until such a time that the client can be transferred to a tertiary care facility.

3.7 Informed Financial Consent

- 3.7.1 All treatment and services provided by IHMS in IHMS medical facilities will incur no charge to the client whilst in an Australian immigration detention facility.
- 3.7.2 Should a person in immigration detention prefer an alternate service provider, the cost of this treatment then becomes the sole responsibility of the person in the immigration detention facility.

3.8 Withholding Consent

- 3.8.1 Clients in IHMS Australian immigration detention centres have the right to be fully informed about their healthcare and also have the right to withhold consent for the provision of care.
- 3.8.2 In the event that a client refuses treatment from clinicians who work in IHMS medical facilities they should be asked to sign a Refusal of Medical Treatment form indicating that they do not wish to receive medical treatment and that they understand the possible consequences of refusing the treatment.
- 3.8.3 The healthcare worker must document the discussion with the client in the electronic medical record.
- 3.8.4 Should the client refuse to sign the Refusal of Medical Treatment form this should be recorded in the client's electronic medical record and should be witnessed by a second staff member.
- 3.8.5 A DIAC incident report must be completed for all incidents where medical treatment has been refused.

- 3.8.6 If the client refuses to sign the consent for the release of medical information on arrival in Australian immigration detention facilities, this must be documented in the client's electronic medical record. Furthermore, but only where the client has not previously given consent, any situation where there is a need to transfer a client's medical information to a specialist as part of a referral, the client must give verbal consent for each episode. This must be documented in the client's electronic medical record.

4 RESPONSIBILITY:

4.1 Medical Director

- 4.1.1 Ensure practice standards, procedures and clinical practice guidelines are current and up to date.
- 4.1.2 Ensure all practice standards, procedures and clinical practice guidelines are subject to internal governance process before implementation.

4.2 Regional Operations Manager

- 4.2.1 Ensure practice standards, procedures and clinical practice guidelines are distributed to all locations within their region.

4.3 Director of Nursing

- 4.3.1 Ensure associated clinical practice guidelines are read, understood and implemented in the clinical area.
- 4.3.2 Ensure ongoing compliance with these practice standards, procedures and any associated clinical practice guidelines.

4.4 Staff

- 4.4.1 All staff working in IHMS medical facilities must read and understand these practice standards and procedures, as well as any associated clinical practice guidelines.
- 4.4.2 All staff working in IHMS medical facilities must observe these practice standards and procedures, as well as any associated clinical practice guidelines.

5 DEFINITIONS/ABBREVIATIONS:

5.1 Discretionary Procedures

- 5.1.1 Refers to procedures that may be sensitive to a minor.

5.2 Dental treatment

- 5.2.1 Any intervention or treatment (including any dental procedure, operation or examination) normally carried out by or under the supervision of a dentist. ⁽²⁾

5.3 Informed Consent

- 5.3.1 A legal condition whereby a person can be said to have given consent based upon an appreciation and understanding of the facts and implications of an action. The individual needs to be in possession of relevant facts and also his/her reasoning faculties at the time of the consent. ⁽²⁾

5.4 Invasive Procedure

- 5.4.1 Any procedure requiring insertion of a medical instrument or device into the body through the skin or a body orifice for diagnosis or treatment. ⁽²⁾

5.5 An “Emergency”

- 5.5.1 Is described as a situation which demands a medical or surgical procedure that is immediately necessary to save the life of a client or to prevent irreparable significant harm. ^(2,4)
- 5.5.2 Immediate: in the sense of hours as distinct from weeks or months. ⁽²⁾
- 5.5.3 Demands: indicates that such treatment is only permissible where there is no doubt about what course of action is in the best interests of the client. ⁽²⁾

5.6 Express Consent

- 5.6.1 Clear and unmistakably states, obtained in writing, orally or in any clear other form where consent is clearly communicated.

5.2 Implied Consent

- 5.6.2 Is where the actions of a patient imply consent for a given procedure. For example if a patient extends their arm for the taking of blood.

5.7 Mature Minor Consent

- 5.7.1 If the practitioner assesses the child to have sufficient maturity to give consent and finds that the child adequately understands the nature and consequences of the operation, procedure or treatment, a child is able to give his/her own consent. In this situation, a parent or legal guardian's consent is not required. ⁽²⁾

5.8 Non-ward

- 5.8.1 Non-wards are unaccompanied minors who have no parents in Australian immigration detention facilities, but are accompanied by a relative who is at least twenty-one (21) years of age. ⁽³⁾

5.9 Ward


- 5.9.1 Wards are unaccompanied minors who are not accompanied by parents and have no known relatives within Australian immigration detention facilities and who therefore fall under the care of the minister. ⁽³⁾

6 ENFORCEMENT AND REPORTING BREACHES:

Breaches of these procedures will have serious legal and reputation repercussions and could cause material damage to International Health and Medical Services. Consequently, breaches will lead to disciplinary action that could include summary dismissal and to legal sanctions, including criminal penalties.

All employees are expected to promptly and fully report any breaches of the procedures. A report may be made to the Regional Health Services Manager. Reports made in good faith by someone who has not breached this policy will not reflect badly on that person or their career at IHMS. Reports may be made using the following email address: compliance@IHMS.com.au



Family Name:		Identification number: 16	
Given Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Age:	Date of Birth: _____ / _____ / _____		CONSENT TO TREATMENT
Language:	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Location:			

INSTRUCTIONS

This form is not required for routine clinical care and is intended for use only in the case of clients in IHMS clinics undergoing minor procedures and immunisation. This form is also used when a client declines any recommended treatment or procedure.

PROVISION OF INFORMATION TO CLIENT

I HAVE DISCUSSED WITH THE CLIENT THE VARIOUS WAYS OF TREATING THE CLIENTS PRESENT CONDITION INCLUDING THE FOLLOWING PROPOSED PROCEDURE/ TREATMENT. (Insert name, site and reason for procedure or treatment. Do not use abbreviations)

I HAVE INFORMED THIS CLIENT OF THE MATTERS AS DETAILED BELOW INCLUDING THE NATURE, LIKELY RESULTS AND MATERIAL RISKS OF THE PROPOSED PROCEDURE OR TREATMENT.

Signature	Practitioner Name
Designation	Date (DD/MM/YYYY)
Interpreter Use Only	
Signature	Date (DD/MM/YYYY)
Interpreter Name	

AUTHORISED PERSON DETAILS (IF NOT THE CLIENT/PATIENT)

Family Name	Title
Given Name.	Date of Birth.

CONSENT

I have discussed my present condition and the various ways in which it might be treated, including the above procedure or treatment. The Doctor/ Nurse has told me that:

- The procedure/treatment carries some risks and that complications may occur.
- Additional procedure or treatment may be needed if something unexpected is found.
- The procedure or treatment may not give the expected result even though the procedure / treatment is carried out with due professional care.

I understand the nature of the procedure and that undergoing the procedure/ treatment carries risks.

I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

I, Do / No Not <small>(circle relevant)</small>	Consent to the above procedure/ treatment.
Signature	Date (DD/MM/YYYY)

Detention Services Manual

Chapter 6 - Detention health

General health screening and management

About this instruction

This departmental instruction, which was previously called induction health assessment, comprises:

- [Introduction](#)
- [Overview](#)
- [General health](#)
- [Tuberculosis screening and management in immigration detention](#)
- [HIV screening and management in immigration detention](#)
- [Privacy and confidentiality](#).

Related instructions

- DSM Chapter 1 - Legislative & principles overview: Service delivery values
- See DSM - Chapter 6 - Detention health - Mental health policies – Minors in immigration detention - Health screening policy

Latest changes

Legislative

Nil.

Policy

This policy instruction, which is part of the centralised departmental instructions system (CDIS), was reissued on 23 November 2013 and has been completely revised.

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Contents summary

Introduction.....	3
1 Purpose	3
2 General principles.....	3
3 Definitions.....	4
Overview.....	5
4 Entry into immigration detention	5
General health assessment	6
5 Health induction assessment	6
Tuberculosis screening and management in immigration detention	8
6 Principles	8
7 Tuberculosis testing	8
8 Tuberculosis management	9
HIV screening and management in immigration detention.....	11
9 Purpose	11
10 Principles.....	11
11 HIV testing.....	11
12 HIV management after diagnosis	12
13 HIV prevention.....	12
Privacy and confidentiality	13
14 Consent.....	13
15 Privacy requirements.....	13
16 Cultural considerations	14

Introduction

1 Purpose

This instruction applies to detainees, that is, all persons detained in Australian immigration detention facilities, including those who are in community detention. It outlines the screening and general health care requirements for persons over the age of 18.

The health screening policy for minors outlines the mental health screening and management for persons under 18. See DSM - Chapter 6 - Detention health - Mental health policies - Application to minors in immigration detention.

The purpose of this instruction is to:

- provide guidance to officers and stakeholders on the requirement for general health screening for detainees
- ensure that if disease is identified in a detainee the disease progression for the individual concerned is limited
- manage public health risks that may stem from the immigration detention cohort.

Additionally, any person applying for permanent entry to Australia should satisfy the health requirements specified in the Regulations.

2 General principles

It is the departmental policy that all detainees are offered health screening and assessments appropriate for their individual circumstances.

The principles that guide health screening in Australian immigration detention are that it:

- is based on expert advice from health specialists, including from the Immigration Health Advisory Group
- is aligned with national principles on refugee health screening in Australia and departmental policy
- is informed by the principles of individual and public health risk assessment
- is informed by principles of human rights
- reflects health care practice commensurate with health care in the Australian community
- is individualised and dependent on risk factors which include a person's country of origin and countries through which a person has transited or spent significant amounts of time
- is based on relevant past medical and family history, age and sex
- includes assessment and screening for any significant pre-existing mental or physical health conditions, nutritional deficiencies, physical and/or psychological evidence of torture and/or trauma and
- is responsive to health conditions diagnosed through this screening and assessment, ensuring subsequent treatment must be commenced in line with best clinical practice under the advice of the health services manager.

3 Definitions

Community detention external service provider

The provider contracted by the department to deliver primary community and welfare support to persons in community detention.

Communicable disease

An infectious disease transmissible (from person to person) by direct contact with an affected individual or the individual's discharges, by indirect means (such as by a vector) or by soil transmission.

Service providers (detention service provider)

The service provider/s contracted by the department to manage all operational and general welfare aspects of Australian immigration detention facilities or regional processing centres.

Health care provider

A health care professional, such as a general practitioner (GP), registered nurse, or allied health professional engaged by the health services manager(HSM) to provide health care to detainees.

Health care record

A health care record is an electronic record of the detainee's or transferee's medical history, medications, vaccination history and pathology. The HSM creates a health care record for each detainee/transferee at the time of the health induction assessment (HIA). The record is managed in accordance with privacy and confidentiality requirements, and in line with their professional registration and codes of conduct. The record contains confirmation of consent (or refusal to consent to any health assessment and subsequent referral/treatment) and a note of all relevant details (including any follow-up action or referrals) relating to the outcome of any treatment.

Health induction assessment

The health assessment of a person entering immigration detention to determine their health status.

Health services manager

The health services organisation contracted by the department to facilitate access to health care for detainees.

Overview

4 Entry into immigration detention

On entering immigration detention, detainees are offered a health induction assessment (HIA). The HIA is a comprehensive health assessment undertaken to establish a detainee's health status at the time of their arrival into immigration detention. The HIA provides a basis to identify any health issues. For those issues that necessitate medical intervention, the HIA is the starting point for further relevant medical referrals or treatment for the detainee.

Illegal maritime arrivals (IMAs) undergo a triage process on arrival at the jetty to address immediate health issues. They are subject to a public health screening questionnaire and a chest x-ray as soon as practicable (but within 24 hours). A full assessment by a GP is undertaken within 72 hours.

Other arrivals into immigration detention are offered the HIA upon arrival into the Australian immigration detention system.

The HIA (apart from universal screening) must be completed within 72 hours of entry into the Australian immigration detention system.

General health assessment

5 Health induction assessment

5.1 Timeframes

The HIA process commences upon arrival at an Australian immigration detention facility and includes public health screening, general health screening and assessment as well as universal screening (mental health) components. The public health screening component of the HIA must be completed as soon as possible but no later than 24 hours after arrival into immigration detention. All of these components, excluding universal screening, must be completed within 72 hours of a detainee's entry into Australian immigration detention.

5.2 Purpose

The purpose of the HIA is to:

- provide a baseline health assessment
- identify any detainee who may be a risk to public health
- identify detainees who are unwell and
- carry out indicated, recommended pathology and x-ray testing.

The aim of the HIA is to establish the status of a detainee's health and assist with determining issues that require immediate attention and those that require ongoing health management. An HIA can also provide advice on a detainee's fitness to travel, which is valid from the date of last physical examination unless more recent health information has come to hand which indicates the person may no longer be fit to travel.

Public health screening

Public health screening must be completed within 24 hours of arrival. It is imperative that public health screening is completed within this timeframe to mitigate the risk of the spread of communicable diseases, and to enable any medical treatment required to commence as soon as possible. The public health screening includes a public health screening questionnaire and a chest x-ray.

General health screening and assessment

The HIA (apart from the universal screening) should be completed within 72 hours of arrival. This screening and assessment process is intended to establish a baseline of the detainee's health status and to identify those who are unwell, and those with physical and mental disabilities. Further investigations, testing and treatments may be required as clinically indicated.

The general health screening of the HIA includes, as a baseline:

- public health screening including public health screening questionnaire and chest X-ray
- weight/height
- temperature, pulse and blood pressure observations
- comprehensive physical examination
- medical history
- vaccination history and commencement of vaccinations / catch up schedule if required

- pathology collection – HIV, HepBsAb sAg, Hep C ab and VDRL (Syphilis)
- mental state examination (MSE)

Additionally, if clinically indicated, the following are also included:

- urinalysis (including pregnancy test if relevant)
- finger prick blood sugar level
- full blood exam (FBE) and liver function test (LFT).

Universal screening

Universal screening must be completed between 10 and 30 days of arrival. It is intended to establish a baseline mental health status for the individual and identify any mental health needs. Further information on universal screening can be found in DSM - Chapter 6 - Detention health - Mental health screening.

Tuberculosis screening and management in immigration detention

6 Principles

In immigration detention:

- all IMAs 11 years of age and older entering immigration detention undergo chest x-ray screening within 24 hours of arrival
- all detainees entering immigration detention are asked a series of clinical questions to determine their risk of having active tuberculosis. This is done to ensure that isolation can commence, if necessary, prior to the chest x-ray results being available
- all IMAs must undergo a clinical history and examination conducted by the HSM to determine their risk, if any, of active pulmonary tuberculosis prior to travel from the immigration detention facility where they were initially detained.

7 Tuberculosis testing

7.1 Overview of tuberculosis testing

All detainees have their medical history taken and are examined by a doctor to determine their risk of active tuberculosis.

A diagnosis of tuberculosis will not negatively affect a detainee's application for a protection visa.

The State/Territory public health authorities must be informed immediately if there is reasonable suspicion of a positive diagnosis of active tuberculosis and their advice sought on results.

If clinically indicated, the detainee will be placed in respiratory isolation and have further testing conducted and treatment commenced. An interpreter should be used, if needed, to ensure the detainee fully understands the situation.

In line with the department's health requirements for permanent entry to Australia, all persons 11 years of age and over should have a routine postero-anterior (PA) chest x-ray.

Arrangements need to be in place for efficient reporting of screening chest x-rays by a radiologist as well as rapid transport and testing of sputum samples as a high priority if required. Results of samples need to be relayed urgently to the HSM to allow for any cessation of respiratory isolation or referral for treatment as appropriate.

Any detainees found to have active tuberculosis will also undergo HIV screening in accordance with HIV screening and management in immigration detention.

Detainees found to be HIV positive at any time also need to be offered tuberculosis screening (in addition to the screening undertaken as part of the HDA). This precautionary step is undertaken due to the relatively high incidence of both illnesses occurring concurrently.

7.2 Screening for minors under the age of 11

Minors aged *between* six months and eleven years should be offered a tuberculin skin test (TST) if:

- there has been contact with an infected individual

- there is reason to suspect infection with tuberculosis or
- it is a requirement of the State/Territory jurisdiction.

This testing should be performed by a health professional trained in this technique and its interpretation.

Minors with symptoms suggesting active tuberculosis disease (for example, fever and cough for at least two weeks, or enlarged lymph nodes) should have a TST and a PA and lateral chest x-ray, as well as further investigations and management as indicated.

Note: TSTs are not a requirement prior to travel, unless a minor has symptoms of active pulmonary disease.

8 Tuberculosis management

8.1 Active tuberculosis

Active tuberculosis is the clinical state of disease where bacteria are replicating.

Active tuberculosis is a notifiable disease in every Australian jurisdiction. The jurisdictional public health authorities in the relevant State/Territory where the diagnosis is made (and any subsequent jurisdiction to which the detainee may be transferred) must be informed of all confirmed new cases. This will facilitate clinical management and contact tracing as relevant. Clinical management should be overseen by a specialist physician experienced in treating tuberculosis.

The results of investigations and the treatment plan should be clearly documented and accompany the detainee if they are transferred or granted a visa. Arrangements must be made by the HSM for follow up at the appropriate local tuberculosis service.

It is important that staff working in Australian immigration detention facilities are aware of the relatively low risk of transmission of pulmonary tuberculosis, with the exception of prolonged close contact (more than eight hours in a poorly ventilated space) with an infected person who is coughing.

If a detainee is to be returned to their country of origin or removed to another country after tuberculosis treatment has commenced, a supply of appropriate medications should be provided to minimise the risk of developing drug resistant tuberculosis. The detainee must be instructed, in a language they understand, of the importance of taking their medication. If possible, post arrival care must be arranged by the HSM.

Note: A detainee who is being investigated for suspected tuberculosis or who has active/infectious tuberculosis should not be removed or transferred. Detainees being investigated for suspected tuberculosis may request to return to their country of origin in which case they must be provided with adequate supplies of medication (as above).

Persons with active/infectious TB should not fly. Under exceptional circumstance, such as a medical emergency or environmental emergency, the HSM must seek approval from the Director of the Detention Health Services Operation Section prior to transporting the patient.

8.2 Latent tuberculosis

Latent tuberculosis is when the person is infected with tuberculosis but the body is managing to suppress the bacteria: the person is not contagious and is not sick with the illness. Latent tuberculosis can become active and persons identified with latent tuberculosis are monitored regularly.

Screening of all detainees for latent tuberculosis is not clinically necessary, however, it is important to ensure that all persons who are at higher risk of developing active tuberculosis from latent tuberculosis are tested to allow consideration of prophylactic treatment.

Treatment for latent tuberculosis should be offered to the following groups at high risk of development of active and complicated tuberculosis:

- minors under five, provided that there are no contraindications
- detainees with concomitant immunosuppression, particularly HIV infection
- detainees on long term immunosuppressant medication
- detainees with poorly controlled diabetes or
- detainees who are malnourished with low body weight.

Note: Persons without symptoms, and who have evidence of previous infection with tuberculosis on their chest x-ray (confirmed latent tuberculosis infection) cannot transmit the infection to their contacts and should not be isolated or precluded from further travel.

It is recognised that latent tuberculosis infection management protocols vary between states/territories, and that not all persons with latent tuberculosis are routinely provided treatment in all jurisdictions. Reference should be made to the jurisdiction's tuberculosis guidelines.

HIV screening and management in immigration detention

9 Purpose

This section outlines the processes for human immunodeficiency virus (HIV) management in Australian immigration detention facilities.

HIV is the virus that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. A person can be infected with HIV for many years without showing any symptoms.

This section regarding HIV screening and management applies to all detainees.

10 Principles

The general principles for HIV screening and management in Australian immigration detention are that:

- HIV testing in immigration detention is informed by the guiding principles for HIV testing in Australia and is aligned with nationally consistent practices on HIV testing in Australia
- HIV testing must be offered to all detainees as part of the HIA
- HIV screening information is provided in the primary language of the person being tested by a health professional supported by a trained interpreter. It is also supplemented by printed material
- Follow up testing is offered to detainees at high risk of recent or ongoing exposure
- HIV is a chronic disease with multiple options for management
- early diagnosis and appropriate commencement of treatment is imperative to improve prognosis
- education and information must be provided as a means to reduce transmission
- a positive HIV test does not preclude a person from getting a visa.

11 HIV testing

11.1 Confidential and performed with informed consent

HIV testing must be offered to all detainees as part of the HIA for persons in immigration detention.

The HSM will discuss the testing procedure, required consent and potential outcomes with the person to be tested.

Aside from the HIA, all persons in Australian immigration detention can request a HIV test at any time. This enables a person who feels they may be at risk of HIV to have access to testing over time.

Detainees have the right to refuse to have a HIV test. Any refusal to consent to HIV testing must to be documented in their health care record. The detainee must be informed that a HIV test is a requirement for permanent entry to Australia. If necessary, this information should be clearly explained through use of an interpreter.

11.2 HIV testing is a critical point to the interruption of transmission

Identification of high risk persons or persons with signs and symptoms of HIV is critical.

Appropriate testing and treatment will be provided throughout a person's detention.

11.3 Testing is of the highest possible standard and in accordance with national requirements

Appropriately qualified and accredited professionals will provide care and support throughout the HIV testing process including pre and post-test counselling support in line with nationally consistent practices on HIV testing.

Appropriately accredited health and pathology services must be used with all HIV testing.

11.4 Benefit to the detainee

HIV testing is of benefit to the detainee, who will be provided with an appropriate diagnosis and post diagnosis support (including educational support). Following a positive diagnosis, the detainee will be provided with ongoing and appropriate specialist treatment care and support.

On discharge, appropriate medical referral will be facilitated.

12 HIV management after diagnosis

All detainees with a new HIV diagnosis must be referred to an appropriately trained specialist for further assessment and counselling. Consideration should be given as to the most suitable accommodation placement to facilitate treatment plans.

If a detainee is found to be HIV positive, a further clinical assessment is conducted by the HSM to identify the stage of the disease and determine appropriate treatment options.

13 HIV prevention

Multilingual, gender specific prevention education, and access to means of prevention should be made available to all detainees, particularly persons who have been diagnosed with sexually transmitted infections.

It is standard clinical practice to counsel persons about the risks of possible HIV exposure if they are found to have sexually transmitted infections or have been diagnosed with tuberculosis. These individuals should routinely be offered testing.

All detainees have access to condoms, in privacy and without interaction with service provider staff.

All detention facilities have an HIV workplace policy and implementation plan for all staff.

Privacy and confidentiality

14 Consent

14.1 Informed consent

Informed consent must be obtained from a detainee prior to a HIA being conducted.

14.2 Consent by an adult

The HSM will explain the purpose and importance of the assessment including how the information may be used or shared with the department and external health providers, and discuss the assessment process, including serological pathology tests, to enable the detainee to make an informed decision. Access to an interpreter will be provided if necessary.

If a detainee refuses to give consent to any component of the HIA or further health screening and treatment, the HSM will record and document the refusal in the detainee's health care record.

If it is determined that a detainee may not have the mental capacity to properly look after their interests, consideration will be given to seeking the appointment of a guardian for that person. This may involve making an application to the relevant guardianship board in the relevant State/Territory.

14.3 Consent by a minor

In seeking consent for undertaking a HIA for a minor in immigration detention, the HSM will consider the minor's age and their capacity to consent to health care in accordance with State/Territory and Commonwealth legislation.

If the HSM determines that the minor does not have the capacity to make an informed decision, the HSM will seek consent from the parent/appropriate guardian for the minor, who may be a family member or a legally appointed guardian.

Informed consent (written or oral) must also be obtained from the minor for any examination, procedure or treatment whilst in immigration detention. All consent, or refusal, is to be documented in the minor's health care record. Any detainee who exercises their right to refuse to undergo a HIA must be made fully aware that this may negatively influence their ability to obtain a visa.

15 Privacy requirements

Health information is sensitive and must be managed in accordance with the Information Privacy Principles contained in the Privacy Act (1988) (the Privacy Act).

The HSM is required to protect personal health information that has been collected from detainees while providing health care.

The HSM will make the information available to departmental officers and service providers within the use and disclosure provisions of the Privacy Act.

Detention Health Operations Section, National Office coordinates requests for health information of detainees and consent processes, to ensure that the need for the request is substantiated and the appropriate consent is obtained if required. For more information contact detention.health@immi.gov.au.

16 Cultural considerations

The HSM must deliver all information in a culturally sensitive way. An interpreter must be used (if required) to ensure that the detainee understands why the testing is being given and what the results will be used for. The health care provider conducting the test should ensure that the detainee understands that their privacy is paramount.

Particular care should be taken that information is presented in such a way that it does not give the perception that individuals are targeted for any particular testing or that their lifestyle choices are of any impact.