

## HIV Care Management and Treatment

**Policy Number** 1.242

**Policy Function** Continuum of Care

**Issue Date** 26 June 2017

**Summary** This policy provides guidance on testing of people who are at risk of acquiring Human Immunodeficiency Virus. It also provides guidance for management and treatment of people who are newly diagnosed and/or are living with Human Immunodeficiency Virus.

**Responsible Officer** Executive Director Clinical Operations

**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 1.242 (December 2013)

**Change Summary**

- *Changes to reflect NSW HIV Strategy 2016-2020 goal*
- *Changes to reflect increased screening for HIV across streams*
- *Change in the coordination of completion of Highly Specialised Drugs authority scripts and Justice Health & Forensic Mental Health Network Long Stay Medication Chart*
- *Update Legislation and Related Documents.*

**TRIM Reference** POLJH/1242

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

## 1. Preface

The goal of the NSW HIV Strategy 2016–2020 is to work towards the virtual elimination of HIV transmission in NSW by 2020 and to sustain the virtual elimination of HIV transmission in people who inject drugs, sex workers and from mother-to-child. The Ministry of Health [IB2016 20 NSW Aboriginal Blood Borne Virus \(BBV\) and Sexually Transmissible Infections \(STI\) Framework 2016-2021](#) reinforces that Aboriginal communities remain vulnerable to HIV infection and calls for vigilance to ensure that HIV transmission among Aboriginal people is reduced.

Some of the ways HIV transmission reduction will be achieved are by:

- sustaining the central role of condoms in preventing the transmission of HIV
- reduce sharing of injecting equipment among people who inject drugs by 25%
- assess all people attending public sexual health services and high case load general practices for Pre-exposure Prophylaxis (PrEP) eligibility
- facilitate testing of all recent sexual and injecting partners of people newly diagnosed with HIV
- increase the frequency of HIV testing in priority populations in accordance with risk
- strengthen service integration and models of care to deliver HIV testing in our priority settings
- strengthen systems and service integration for HIV prevention, diagnosis and management for Aboriginal people at risk
- increase the proportion of people with diagnosed HIV on Anti Retroviral Therapy (ART) to 95%
- ensure 90% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis in 2016 and to further reduce this timeframe over the life of the Strategy
- further strengthen systems for timely collection and reporting of data to monitor progress, report outcomes and determine additional focus.

Priority populations are identified as people living with HIV, gay and homosexually active men, sex workers, Aboriginal people, people who inject drugs and people from culturally and linguistically diverse backgrounds. All of these priority populations are over represented in custodial settings.

Prevalence and incident rates of HIV/AIDS in Australia can be found on the Kirby Institute Website.

## 2. Policy Content

### 2.1 Mandatory Requirements

This policy provides directions for

- Testing of people who are at risk of acquiring HIV.
- Regular review, treatment and monitoring of People Living with HIV/AIDS (PLWHA).
- Health promotion and harm minimisation principles which underpin the delivery of education, information and advice provided to patients in relation to HIV prevention.
- Discharge planning, ensuring continuity of care post release/discharge, including linkages with community service providers.

Staff must be familiar with JH&FMHN policy [1.363 Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections](#) and JH&FMHN [HIV/AIDS Clinical Management Guidelines](#).

### 2.2 Implementation - Roles & Responsibilities

It is the responsibility of all clinical staff to ensure people who are at risk of acquiring HIV, or who are living with HIV, receive care appropriate to their circumstances. All clinical staff are responsible for providing health promotion/harm minimisation education and information to patients. All clinical staff are also responsible for the care of PLWHA. This can be in collaboration with the Public/Sexual Health Nurse (PSHN).

## 3. Procedure Content

### 3.1 Screening for HIV

All new receptions to the custodial environment will be assessed at the Reception Screening Assessment (RSA) for level of risk for a communicable disease. Refer to [Guidelines for Waitlist to PSHN at Reception Centres](#). If screening is indicated the patient will be placed on the PHN waiting list with a priority rating commensurate with the level of risk. The patient will be offered screening as per JH&FMHN policy [1.363 Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections](#). All patients at reception are to be advised of the risks associated with incarceration and will be advised of harm reduction strategies available.

Patients in the Forensic Hospital, if screening is indicated and the patient is able to consent to testing, the patient will be placed on the FHPSHN waitlist with a priority rating commensurate with the level of risk.

When obtaining consent for testing a brief discussion should include:

- what a HIV test is
- what is it testing for
- why the person is being offered the HIV test
- explain the window period
- when the results are expected
- what does a positive HIV test mean
- what does a negative test mean
- confidentiality and privacy issues regarding the results

If consent for the testing is not obtained and the patient is identified as being at high risk of having acquired HIV, or is from a high prevalence country, the PSHN must then discuss these risks with the patient, (refer to [ASHM testing Portal](#)), advise them that they can change their mind and request testing any time while they are in custody. See JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) for information relating to levels of risk and high prevalence countries.

### 3.2 Newly Incarcerated/Detained/Admitted HIV Positive Patients

The CNC Sexual Health/Hepatitis must be notified by phone or email of all newly incarcerated/detained or admitted patients living with HIV. This is to ensure appropriate management occurs and there is as little disruption to medication regimes as possible. If there is no supporting documentation in the health record,

ask the patient to sign a release of information (ROI) form giving permission for health records and test results to be obtained from the external health service provider (see note below). If the patient cannot provide details of a community service provider or if confirmation cannot be obtained from a community service provider, an HIV antibody test must be requested, following gaining informed consent as per JH&FMHN policy [1.363](#) *Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections*.

NOTE: [NSW Health Privacy Manual for Health Information Version 3 2015](#) section 11 does not require consent for information to be shared between health professionals (ROI) when the information is directly related to patient care. However, due to the sensitive nature of the information, it is preferable to obtain the patient's consent.

### 3.3 Newly Diagnosed HIV Positive Patients

Because of the critical nature of receiving a new HIV diagnosis, clinicians must ensure their communication is clear and delivered in a manner which is sensitive, empathic and non-judgemental. Every effort must be made to ensure that the diagnosis is provided in a manner which will promote the best possible outcome for the patient.

All new positive HIV test results must be discussed with the CNC Sexual Health / Hepatitis (pager (02) 9937 2506) before the patient is informed of the result. A Public Sexual Health Nurse (PSHN) will give the result to the patient. Following the guidelines described in JH&FMHN [HIV/AIDS Clinical Management Guidelines](#). A management plan must be developed by the PSHN in consultation with the VMO according to the particular needs of the individual patient.

### 3.4 Medical Holds for HIV Positive Patients

If the newly diagnosed or newly incarcerated patient is located at a metropolitan site where there is an Immunology/Sexual Health Clinic (i.e. Silverwater Complex or Long Bay Complex) the patient must remain at this site until they have had an initial on site review by a VMO this may require a Medical Hold. If a newly diagnosed patient is in the Forensic Hospital the CNC Sexual Health/Hepatitis will negotiate an on site review by a VMO. If the patient's condition requires regular face-to-face consultations with the VMO or the medication/treatment regime is complex, the patient must be placed on a Medical Hold until the VMO is satisfied that the patient can be moved to another site. If a patient is diagnosed with HIV at a site that does not have a VMO the patient should be moved to the Silverwater or Long Bay Complex to facilitate a face to face consultation with the VMO.

### 3.5 Cell Placement

Excluding any co-existing medical or psychiatric conditions which direct cell placement, recommendations as per JH&FMHN policy [1.340](#) *Accommodation: Clinical Recommendations (Adults)*. The HIV positive patient can have a normal cell placement. See JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) for more information on cell placements.

### 3.6 Transfer of HIV Positive People

Patients transferred to another centre who are taking antiretroviral medication must have their antiretroviral medication sent to the receiving centre. The nurse who is packing up the medication for transfer must phone the nurse at the receiving centre to inform them that a patient is being transferred who is on antiretroviral medication. Staff must refer to JH&FMHN [Medication Guidelines](#) regarding transfer of Highly Specialised

Drugs (HSD). The receiving centre must complete an Incident Information Management System (IIMS) notification if the medications are not sent with the patient and take immediate action to have medications available for the patient.

### 3.7 Antiretroviral Medication (Highly Specialised Drugs)

Adherence to antiretroviral medication is essential to the maintenance of optimal health outcomes for PLWHA. If patients come into custody on antiretroviral medication, every effort must be made to continue therapy. Confirmation of medication orders must be obtained from the external health service provider following JH&FMHN policy [4.030 Requesting and Disclosing Health Information](#). Once confirmation of the medication has been obtained, the Sexual Health/Hepatitis CNC can be contacted to facilitate the completion of a HSD Authority Prescription and JH&FMHN Long Stay Medication Chart (LSMC).

When prescribing HSD medication the VMO is to complete a JH&FMHN National Inpatient Medication Chart (NIMC) and a PBS authority prescription. All authority prescriptions for HSD medications must be forwarded to JH&FMHN Pharmacy Department. A copy of the medication chart will be faxed to the population health secure fax by the PSHN so it can be sent to the appropriate centre. The Pharmacy Department will notify the Health Centre or Ward when a new PBS authority prescription is required.

All patients prescribed HSD medication are required to complete a [Consent for JH&FMHN Staff to Obtain Patient Medicare Number \(JUS020.125\)](#) form to determine the patient's Medicare eligibility. The completed form should be faxed to the Population Health Secure Fax (02) 9700 3747 so that the required information can be obtained from Medicare Australia.

When a new JH&FMHN LSMC and/or PBS authority prescription is required, the PSHN or delegate must fax a copy of the patient's current medication chart to the PSHN at Long Bay Outpatients Clinic or PSHN at the MRRC two weeks prior to the expiration of the medication chart or authority prescription. The VMO will rewrite the JH&FMHN LSMC and/or authority prescription and forward to the JH&FMHN Pharmacy Department.

### 3.8 Health Promotion and Harm Minimisation

#### 3.8.1 For People Living With HIV/AIDS

It is imperative that all PLWHA must be provided with education, information and advice which will enable them to take control of their condition and maintain good health. In this regard, it is critical that such initiatives underpin the spectrum of clinical care.

Such harm reduction and health promotion interventions will include:

- information relating to lifestyle choices, management plans, treatment options and support services,
- practical strategies which can be adopted to reduce the risk of transmission of the disease and emphasise their responsibility to others,
- advice on safer injecting practices and an urgent assessment for Opioid Substitution Treatment (OST) pharmacotherapy if there is current opioid injecting drug use,
- management of co-infection through early screening for other blood borne viruses, and emphasis placed on vaccination and/ or treatment where appropriate,
- information and education must be readily available, including how to access condoms, dental dams and fincol. Refer to [Keeping Safe in Custody](#) brochure.

JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) provides information which can be included in this discussion. Content of the discussion must be documented in the health record each time it is discussed with the patient.

### 3.8.2 For people at risk of HIV

It is equally important that all people who are at risk of contracting HIV, particularly people who inject drugs, are provided with every opportunity for education and advice on health protective behaviours, including safer injecting practices and safer sex practices. This may include alternative routes of drug administration and encouragement to access OST pharmacotherapies.

Such initiatives must be consistently incorporated into clinical practice across the duration of the patient's care. These interventions must be targeted and tailored to the individual's situation and provided in a manner that is relevant and appropriate to the changing circumstances of the patient.

People at risk of HIV may come into custody on Pre-Exposure Prophylaxis (PrEP). This is currently available in the community as a part of the ['Expanded PrEP Implementation in Communities in NSW'](#) (EPIC-NSW study) led by the Kirby Institute. This will be continued in custody only when PrEP has been listed on the PBS. PrEP is the use of antiviral medication to reduce the transmission of HIV to high risk people. If taken as directed it can reduce the chance of HIV infection significantly.

## 3.9 Referrals

- Newly diagnosed, newly incarcerated or admitted HIV positive adult patients must be referred to the next available Sexual Health / Immunology clinic for an initial consultation with the VMO. This will be either at the Long Bay Complex or the Silverwater Complex depending on the location of the patient and Corrective Services NSW (CSNSW) availability to transport the patient. For patients in the Forensic Hospital an onsite consultation will be negotiated by the CNC Sexual/Health Hepatitis. Subsequent consultations may be via telephone.
- Newly diagnosed or newly detained adolescent patients must be referred to Sexual Health/Immunology services in the community. For newly diagnosed or newly admitted adolescent patients in the Forensic Hospital this will be negotiated by the CNC Sexual Health/Hepatitis.
- The patient may also be referred to the GP for a physical examination.
- If the patient is a current injecting drug user an urgent referral to Drug and Alcohol must be made.
- All HIV positive patients must be offered a referral to [Aids Dementia and HIV Psychiatry Service](#) (ADAPHS). See section 3.18 below.
- Further referrals will be made according to need and as described in JH&FMHN [HIV/AIDS Clinical Management Guidelines](#).

## 3.10 Care and Treatment

Following a diagnosis of HIV/AIDS, or confirmation of status, care and treatment must follow the guidelines set out in JH&FMHN [HIV/AIDS Clinical Management Guidelines](#). This includes three monthly monitoring, unless otherwise directed by the VMO.. The [HIV monitoring tool](#) can be used to record testing dates and results. Forward waitlist entries must be made in PAS to alert clinicians that the review is due. This will enable pathology to be collected before the scheduled review date. JH&FMHN has a Memorandum of Understanding with Sydney Sexual Health Centre to provide Specialist medical for PLWHA. Sexual Health

Clinics are conducted on a regular basis at the Long Bay Complex and the Silverwater Complex. Refer to JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) for more direction on care and treatment.

### 3.11 Specialist Review

PLWHA must have a VMO review every three to six months or as directed by the VMO.. Refer to JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) for tests and discussion which should take place during this review. Once the patient has had an initial face-to-face consultation with the VMO, and provided the VMO is satisfied that the patient's condition is stable, further consultations may be via telephone. The nurse who is caring for the patient is responsible for ensuring that appropriate pathology is collected and results are forwarded to the nurse co-ordinating the Immunology clinic prior to the scheduled telephone consultation.

### 3.12 Forensic Patients

Patients in the Forensic Hospital will be managed by the VMO that visits the Long Bay Complex. The Clinical Director Forensic and Long Bay Hospitals, Director of Nursing Forensic Hospital and the CNC Sexual Health/Hepatitis must be contacted on appropriate management of patients with HIV admitted to the Forensic Hospital and managed in accordance with JH&FMHN [HIV/AIDS Clinical Management Guidelines](#).

### 3.13 Adolescent Patients

Adolescents in Juvenile Justice NSW Centres must be referred to specialist services in the community. The Clinical Director Adolescent Health, Nurse Manager Adolescent Health and the Clinical Nurse Consultant Sexual Health/ Hepatitis must be contacted for advice on the appropriate management of the adolescent patient with HIV. See JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) for more information on adolescents.

### 3.14 Pregnancy

Pregnant women who are HIV positive require specialist obstetric care. The HIV specialist or GP caring for the patient must refer to the appropriate obstetric team at the Royal Hospital for Women or at Westmead Hospital. The patient should also be referred to the eligible midwife as a point of contact. See JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) for more information on pregnancy.

### 3.15 Nutritional Supplements

Nutritional supplements are not always recommended for people with HIV infection and as non formulary preparations; these require completion and approval of an Individual Patient Use (IPU) form. Consideration will be given to the degree of weight loss and to any cardiovascular risk factors. See JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) for more information on diets and nutritional supplements.

### 3.16 Oral Health

Relatively minor problems can develop into painful and debilitating infections in the presence of HIV infection. Regular dental checks are essential. Patients must be encouraged to make an appointment with the dentist.

### 3.17 Confidentiality

Confidentiality of patients and HIV-related information must be maintained at all times. Nursing staff must not disclose to CSNSW or Juvenile Justice NSW a patient's HIV status or that a patient may have had an HIV test. It is imperative that a release of information form is completed by the patient before any information relating to HIV/AIDS status is discussed with other health care providers refer to [NSW Health Privacy Manual for Health Information Version 3 2015](#). See JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) for more information on confidentiality.

### 3.18 Surveillance and Notification

New diagnoses and newly incarcerated PLWHA must be notified to the CNC Sexual Health/ Hepatitis, using the [HIV/AIDS Data Collection Tool](#). The Surveillance Officer must complete notification requirements in accordance with [NSW Public Health Act 2010](#) for patients newly diagnosed with HIV/AIDS.

### 3.19 Discharge of PLWHA

Discharge planning must commence as soon as possible after reception/admission following JH&FMHN policy [1.141 Release Planning and Transfer of Care](#). Patients must be referred to a community service provider for continuation of medical care, preferably one of their choosing. If the patient does not have a community service provider they must be referred to one in their area of residence post-release. Patients must also be offered referral to ADAHPS using a JH&FMHN [ADAHPS Referral form \(JUS200.300\)](#). The ADAHPS Referral form must be faxed the CNC Sexual Health/Hepatitis on the Population Health Secure Fax (02) 9700 3747. The patient can then be linked to an HIV community service team. [Patient Information for Persons in Custody HIV Community Teams Referral](#) must be provided to the patient. Refer to JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) for more information and for contact details of support services available.

## 4. Abbreviations

**ADAHPS** – AIDS Dementia and HIV Psychiatry Service

**AIDS** – Acquired Immunodeficiency Syndrome

**ART**- Anti Retroviral Therapy

**ASHM**- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

**CNC** – Clinical Nurse Consultant

**CSNSW** – Corrective Services New South Wales

**GP** – General Practitioner

**HIV** – Human Immunodeficiency Virus

**HSD**- Highly Specialised Drugs

**JH&FMHN** – Justice Health & Forensic Mental Health Network

**JJ NSW** – Juvenile Justice NSW

**NIMC**- National Inpatient Medication Chart

**PLWHA** – People living with HIV/Aids



**PSHN** – Public /Sexual Health Nurse

**PrEP**- Pre-Exposure Prophylaxis

**PBS**- Pharmaceutical Benefits Scheme

**RSA**- Reception Screening Assessment

## 5. Definitions

### Must

Indicates a mandatory action to be complied with.

### Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

## 6. Legislation and Related Documents

NSW Ministry of Health Policy Directives [IB2016\\_020](#) *NSW Aboriginal Blood Borne Viruses and Sexually transmissible Infections Framework 2016-2021*

[ASHM Testing Portal](#)

[Privacy Manual for Health Information Version 3 2015](#)

[NSW HIV Strategy 2016-2020](#)

[NSW Public Health Act 2010](#)

JH&FMHN Policies, Procedures, Guidelines, and Forms

[1.340](#) *Accommodation: Clinical Recommendations (Adults)*

[1.363](#) *Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections*

[4.030](#) *Requesting and Disclosing Health Information*

[Guidelines for Waitlist to PSHN at Reception Centres](#)

[HIV/AIDS Clinical Management Guidelines](#)

[Medication Guidelines](#)

[Patient Information for Persons in Custody HIV Community Teams Referral](#)

[JUS200.300](#) *ADAHPS Patient Referral*

[JUS060.315](#) *HIV/AIDS Data Collection Tool*

[JUS060.325](#) *Annual HIV Screening Tests*

External Resources

[Kirby Institute](#)