

Management of Patients with HIV who Risk Infecting Others

Implementation Guide to NSW Health PD 2019_004 Management of People with HIV who Risk Infecting Others

Policy Number 1.243

Policy Function Continuum of Care

Issue Date 2 October 2020

Summary This policy sets out roles, responsibilities and communication pathways for Justice Health and Forensic Mental Health Network in the management of patients with Human Immunodeficiency Virus who risk infecting others in accordance with the NSW Ministry of Health [PD 2019_004](#). The policy provides direction on escalating responses when required.

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 (Youth Justice NSW)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) New policy

HPRM Reference POLJH/

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

1. Preface

This policy provides a framework for Justice Health and Forensic Mental Health Network (the Network) in managing patients with Human Immunodeficiency Virus (HIV) who risk infecting others. This policy acknowledges that the vast majority of people with HIV are motivated to avoid infecting others and the risk of transmission by most people with HIV is best managed through access to information, resources for transmission prevention and clinical services.

Under the [Public Health Act 2010](#), people with a sexually transmissible infection (STI) (including HIV) are required to take reasonable precautions against transmitting their infection to others. Where conservative measures fail to mitigate the risk of HIV transmission and a public health risk has been identified the matter can be referred to the NSW Health Advisory Panel (the Panel) located at the NSW Ministry of Health for management of people with HIV who risk infecting others or the Panel Chair. The Panel is responsible for providing expert advice to clinicians, Local Health Districts (LHDs) and the Ministry's Chief Health Officer (CHO) on strategies to minimise transmission risks. The [Public Health Act 2010](#) allows for the issuing of a public health order directing the person's behaviour if this is required.

2. Policy Content

2.1 Mandatory Requirements

- The management of HIV transmission risk behaviours must be consistent with the [Public Health Act 2010](#), [Public Health Regulation 2012](#), [Public Health Amendment \(Review\) Act 2017](#) and the NSW Health [PD2019_004 Management of People with HIV who Risk Infecting Others](#).
- Where a patient presents with behaviours that risk HIV transmission, Network staff must deliver services consistent with the roles and responsibilities and the procedural content of this policy.
- Referrals to NSW Police must be directed through the Ministry on advice from the Panel or the Panel Chair by the Network Chief Executive (CE).
- Communication with other jurisdictions on public health matters about a patient with HIV must be undertaken by the CE via the CHO.

2.2 Implementation – Roles & Responsibilities

2.2.1. Chief Executive (CE)

- Must provide managers with the resources to support compliance with this policy and its associated procedures.
- Must act on advice from the Panel for the management of patients with HIV who risk infecting others.
- Must act as the point of contact for the CHO in relation to this policy and in particular public health orders.

2.1.2. Executive Director Clinical Operations (EDCO)

- Must review and respond to all reported incidents of non-compliance with this policy.

2.1.3. Clinical Director Population Health

- Responsible for ensuring that all medical staff complies with this policy.

2.1.4. Sexual Health Visiting Medical Officer

- Advise Network staff in relation to the level of clinical management required in relation to this policy.
- Assist in the formulation of clinical assessment and management plans for patients in relation to this policy.

2.1.5. Service Director Population Health (SDPH)

- Must bring this policy and its associated procedures to the attention of all Network Population Health staff.
- Must ensure compliance with this policy and its associated procedures.
- Must communicate with the Panel as the point of contact for patients under Level 1 (refer to S3.2 of this policy) or above management and act on advice from the Panel.
- Must inform the CE and EDCO of any patients with HIV who risk infecting others.

2.1.6. Clinical Nurse Consultant (CNC) Sexual Health/Hepatitis

- Must coordinate the care of patients in consultation with Network staff.
- Must ensure that patients with HIV are provided with holistic and multidisciplinary case management in accordance with Network policy [1.242 HIV Care Management and Treatment](#).
- Must provide active support and expert advice to all Network staff for the implementation of this policy.
- Must communicate with the SDPH and Sexual Health VMO with regard to any patients with HIV who risk infecting others.
- Must provide case co-ordination and present on patient cases at Panel meetings as required.
- Must coordinate education regarding the management of patients with HIV in the custodial setting, the Long Bay Hospital and the Forensic Hospital.

2.1.7. Nursing Unit Manager

- Must bring this policy and its associated procedures to the attention of local Network staff.
- Must ensure compliance with this policy and its associated procedures.
- Must follow up Incident Information Management System (IIMS) reports relating to this policy.

- Must communicate incidents relating to this policy to relevant Network managers and CNC Sexual Health/Hepatitis.

2.1.8. After Hours Nurse Manager (State Wide) and Forensic Hospital after Hours Nurse Manager

- Must coordinate the care of patients in special circumstances after hours complying with this Network policy.
- Must ensure access to continuous health care for any patient with HIV.
- Must communicate incidents relating to this policy to relevant Network managers and CNC Sexual Health/Hepatitis and the Public Sexual Health Nurses (PSHN).

2.1.9. Public Sexual Health Nurses

- Must liaise with custodial staff to ensure patients' immediate safety and the safety of other patients in the Network's care, including reviewing and recommending appropriate accommodation.
- Must initiate patient assessment, immediate treatment and ongoing management - including escalating concerns to CNC Sexual Health/Hepatitis and refer on appropriately. This includes advising the patient of their obligation under Section 79 of the [Public Health Act 2010](#) to take reasonable precautions against spreading their infection. In addition, monitoring the patient's engagement with health services and following up where the patient fails to engage or disengages from care.
- Must consult with CNC Sexual Health/Hepatitis, Medical Officer or relevant After Hours Nurse Manager in relation to the patient's care as appropriate.

2.1.10. Primary Health Nursing Staff

- Must liaise with custodial staff to ensure all patients' immediate safety.
- If there is no onsite PSHN, then the Primary Health Nurse must take the lead role in patient care in consultation with the CNC Sexual Health/Hepatitis.
- Must initiate patient assessment, immediate treatment and refer on appropriately in consultation with the CNC Sexual Health/Hepatitis.
- Must consult with the CNC Sexual Health/Hepatitis, Medical Officer or relevant After Hours Nurse Manager in relation to the patient's care as appropriate.

3. Procedure Content

There are occasions where a person who is aware of their HIV infection fails to take precautions against transmitting HIV to others. Reasons for this vary, but generally include contributing factors like substance use and/or misuse, mental health issues, intellectual/cognitive impairment, and psychosocial vulnerabilities.

3.1. Assessment of Public Health Risk

A person with HIV may pose a public health risk if they engage in behaviours that do not consider HIV infection implications for others. It is unlikely that a single risk incident (for example, failing to

adhere to Antiretroviral Therapy (ART) during a short, exceptional circumstance) would be considered a public health risk. Single risk incidents should be managed at a local level.

The assessment of patient's with HIV who risk infecting others is important to determine the management level appropriate for the patient. This assessment must be carried out by, or in consultation with the CNC Sexual Health/Hepatitis. The CNC Sexual Health/Hepatitis must escalate identified Public Health risks in relation to this policy to the SDPH and the Sexual Health VMO. To assess whether there is a public health risk, the following needs to be considered:

- Whether the patient's risk behaviour is current and likely to continue (risk behaviour may include: having a viral load of more than 200 copies/mL, while engaging in condom less sex, having sex with a partner not on Pre Exposure Prophylaxis (PrEP) and/or engaging in unsafe injecting practices).
- The patient's understanding of their HIV status and how their behaviour risks transmission of HIV to others.
- The patient's understanding of how they can prevent HIV transmission.
- The patients access to reasonable precautions like ART, condoms and harm reduction equipment and education.
- The patient's adherence to ART and engagement in care (including regular monitoring of HIV viral load in line with [1.242 HIV Care Management and Treatment](#)).
- The patient's cooperation and engagement with services in managing their transmission risk.

3.2. Management Framework

The management framework for patients with HIV who risk infecting others includes the following levels:

- Local Management: The patient is managed by the treating clinician(s) who can obtain advice from the Panel Chair as required.
- Level 1 Supported Management: The patient is managed by the treating clinician(s) with the support from the Panel. The patient may be issued with a letter of warning.
- Level 2 Public Health Order: The patient is managed by the treating clinician(s) with support from the Panel through a public health order.

The Panel Chair's advice can be sought in relation to patients who risk infecting others at any stage. This can be referred to the Panel for further advice. The Panel determines the duration and level of management for a patient based on available evidence.

3.2.1 Local Management

Where a patient with HIV has been identified by the PSHN or any Network clinical staff as putting others at risk of infection, the CNC Sexual Health/Hepatitis must be notified. The CNC Sexual Health/Hepatitis must report the risk to and seek advice from the SDPH and the Sexual Health VMO. This can result in a local management plan being created by the Network. This plan can address factors which lead patients with HIV to engage in behaviours that risk infecting others through holistic and multidisciplinary case management which supports [the NSW HIV support program and five key support services](#), including:

1. Treatment
2. Psychosocial support
3. Counselling on prevention of infection to others
4. Support for partner notification
5. Linkage to services including specialist and community services.

Application of this support program within the Network could include:

- Referral to PSHN for assessment, further screening, ongoing monitoring of HIV, counselling and education about medication compliance, harm minimisation and patient responsibilities with regard to HIV transmission. The PSHN must consult with the CNC Sexual Health/Hepatitis regarding appropriate accommodation within the custodial environment.
- Referral to a Sexual Health VMO for ongoing management and advice in relation to management escalation.
- Referral to the drug and alcohol team for rapid assessment, diagnosis, treatment and appropriate discharge planning. Wait list the patient to Drug and Alcohol and email JHFMHN-OSTPathway@health.nsw.gov.au so follow up of notification is ensured.
- Referral to the mental health team for rapid assessment, diagnosis, treatment and appropriate discharge planning.
- Referrals to 'Persons in Custody' project which is a project under the AIDS Dementia and Psychiatry Service (ADAPHS) which assists people with HIV to link up to health services on release and refer for ongoing case management if required, with patient consent. Referrals to this service must be made via the CNC Sexual Health/Hepatitis.
- Referral to external specialist services not available within the Network with patient consent.

3.2.2 Level 1 Supported Management

Local management may require additional support for some patients. A patient who risks HIV transmission can be referred to the Panel for management. Referrals to the Panel are made by the SDPH. Where a referral to the Panel has been made, the SDPH must ensure that reports are submitted as requested, an appropriate representative is available to present on the case at Panel meetings and that the Panel's recommendations are implemented; including letters of warning.

Where there is satisfactory evidence that the patient is placing others at risk, the Panel may recommend sending a letter of warning to the patient concerned. The purpose of the letter of warning is to ensure that the patient is aware of their responsibilities and to prompt a change in risk behaviours. The CNC Sexual Health/Hepatitis is responsible for the delivery the letter to the patient and for ensuring that the content of the letter is explained to the patient. Cultural support must be offered to Aboriginal and Torres Strait Islanders and culturally and linguistically diverse patients. The directions in the letter of warning are valid for two years from its issue unless revoked earlier. The CNC Sexual Health/Hepatitis must provide case co-ordination and present on the case at Panel meetings as required.

3.2.3 Level 2 Public Health Order

The Panel may determine that further action is required to escalate the patient's management from level 1 to level 2. A public health order may require a patient to undergo testing, treatment or to be

detained, and specifies the duration of the order. Only in rare circumstances, and typically after exhausting other options, can public health orders be used to detain a person or require a person to take specific actions.

The CE has responsibility for implementing a public health order and advising the CHO that it has been served to a patient.

3.3. Confidentiality and Privacy

Information about a patient's HIV status, testing or treatment is 'health information', and is regulated by the NSW Health Records and Information Privacy Act 2002 and the [Public Health Act 2010](#). All Network staff are responsible for ensuring a patient's confidentiality and privacy is maintained

3.4. Communication

The SDPH is the Network's point of contact for the Panel. Panel recommendations are communicated by the SDPH to the CNC Sexual Health/Hepatitis and are implemented at a local level by the relevant Network clinical staff. Reports to the Panel in relation to this policy are prepared by the CNC Sexual Health/Hepatitis and communicated to the Panel by the SDPH.

Communication in relation to public health orders occurs between the Chief Health Officer and the Network Chief Executive.

3.5. Continuity of Care

3.5.1. Patients Entering Custody

If a person under level 1 Supported Management or level 2 Public Health Order enters custody the Panel may provide advice to the Network in relation to the patient's management and requirements for ongoing follow up. This is managed with consideration for the patient's confidentiality, legal and safety issues.

3.5.2. Release Planning

Where a patient has been known to the Panel, it is important to ensure planning occurs prior to release from prison. The Network must inform the Local Health District (LHD) as to where the patient is likely to live after release. The Network and the LHD should follow a discharge plan to ensure that the patient is not lost to follow up. The patient should be managed under the Persons in Custody HIV Referral Project, a joint initiative between ADAPHS, the Network and the HIV community teams. The purpose of this referral is to connect patients with HIV to appropriate services on release from custody.

4. 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.

5. Legislation and Related Documents

Legislations

[Public Health Act 2010](#)

[Public Health Regulation 2012](#)

Network Policies and Procedures

[1.242](#) *HIV Care Management and Treatment*

[1.263](#) *Medical Holds*

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

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

[2.030](#) *Incident Management (ImpG)*

NSW Health Policy Directives, and Guidelines

[PD2019_004](#) *Management of People with HIV who Risk Infecting Others*

[NSW HIV Strategy \(2016-2020\)](#)