

## HIV - Management of People with HIV Infection Who Risk Infecting Others

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**Functional Sub group** Clinical/ Patient Services - Infectious diseases  
Population Health - Communicable Diseases

**Summary** This policy directive provides a framework for the management of people with HIV infection who risk infecting others. It explains the framework and process through which the health system may decide to infringe the liberty of an individual to protect the health of the public. The Policy Directive gives effect to sections of the Public Health Act 1991 to restrict an infected person's behaviour. The Policy Directive outlines the functions and processes of an Assessment Panel established to assist local clinicians and service providers in circumstances where all appropriate approaches to management by primary care providers have failed.

**Replaces Doc. No.** HIV Infection Management of People Who Risk Infecting Others [PD2005\_258]

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health Units

**Audience** Clinical, Allied Health, Nursing

**Distributed to** Public Health System, NSW Ambulance Service, NSW Department of Health, Public Health Units

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**Policy Manual** Not applicable

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**Status** Active

### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

## HIV - MANAGEMENT OF PEOPLE WITH HIV INFECTION WHO RISK INFECTING OTHERS

### 1. INTRODUCTION

This Policy Directive provides a framework for the management of people with HIV infection who risk infecting others. The management framework established by this Policy Directive is based on the following principles and assumptions:

- except in special circumstances, testing for HIV should be conducted on a voluntary basis;
- people with HIV should not be quarantined, or excluded from social or sexual activities;
- every individual has a responsibility to prevent themselves and others from becoming infected and preventing further transmission of the virus;
- most people with HIV are motivated to avoid infecting others;
- the risk of transmission by most people with HIV is reduced by counselling, education, access to resources for the prevention of transmission, and HIV support services;
- counselling and support services, including post-diagnosis counselling, should be provided to facilitate behaviour change in people living with HIV to minimise the risk of infecting others; and
- for people with HIV who risk infecting others, a variety of increasingly interventionist strategies may be needed, with preference being given to strategies that are least restrictive as these will generally be the most sustainable and effective in the long term.

This Policy Directive explains the framework and process through which the health system may decide to infringe the liberty of an individual to protect the health of the public.

The management of people with HIV who risk infecting others may require intensive, individualised case management, a variety of responses to other health and social service needs and an escalating series of behavioural management techniques including counselling, behavioural supervision, formal warnings and public health orders, including – if necessary – detention or referral to law enforcement authorities.

HIV is a lifetime infection. There is, as yet, no cure. HIV treatments may reduce infectivity but may not prevent infection. HIV transmission does not occur via casual contact. Specific behaviours are linked to infection. Managing individuals with HIV who risk infecting others, therefore, requires techniques that will be effective over a life course at modifying behaviours. Escalation to more directive strategies will generally not be preferred because these will be the most difficult to sustain and will decrease outcomes achieved through more sustainable strategies.

In general, pre-emptive escalation to the more interventionist of these strategies will not be considered until less restrictive alternatives have been tried and have not been successful. However, there are cases where a step by step escalation through the full list of possible techniques will be considered too slow to respond to the behaviour of a particular individual. The best mix and order of strategies will be determined on a case by case basis.

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## 2. LEGISLATIVE PROVISIONS

### Public Health Act 1991

Section 13 of the *Public Health Act 1991* makes it an offence for a person who knows that he or she suffers from a sexually transmissible medical condition to have sexual intercourse with another person unless, before sexual intercourse takes place, the other person:

- has been informed of the risk; and
- has voluntarily agreed to accept the risk.

The *Public Health Act 1991* contains a mechanism to restrict an infected person's behaviour in certain circumstances using a public health order. A public health order may involve detention, but only in limited circumstances, and only as a last resort.

Under section 23(3A)(b) of the *Public Health Act 1991*, an authorised medical practitioner making a public health order must take into account the principle that any restriction of the liberty of the person to whom the order applies should be imposed only if such restriction is the only effective way to ensure that the health of the public is not endangered or likely to be endangered. The Chief Health Officer, their delegate, or a medical practitioner authorised by the Director-General of the NSW Department of Health may issue a public health order if satisfied on reasonable grounds that:

- a person has HIV; and
- is behaving in a way that is endangering, or is likely to endanger, the health of the public.

## 3. CONFIDENTIALITY

Information about a person's HIV or AIDS status, testing or treatment is 'health information' and is regulated by the *Health Records and Information Privacy Act 2002*. Additionally, under section 17(3) of the *Public Health Act 1991* information relating to a person's HIV status may only be disclosed in strictly limited circumstances:

- with the consent of the client;
- where it is necessary to do so in connection with the administration of the *Public Health Act 1991* or another Act;
- by order of a court or a person authorised by law to examine witnesses;
- to a person who is involved in the provision of care to, or treatment or counselling of, the other person if the information is required in connection with providing such care, treatment or counselling; and
- in the prescribed circumstances as set out in clause 10(2) of the *Public Health (General) Regulation 2002*. These prescribed circumstances allow that information may be disclosed to the Director-General when a person has reasonable grounds to believe that failure to provide that information could place the health of the public at risk.

For further discussion of this issue, Policy Directive *PD2005\_593: Privacy Manual (Version 2)* should be consulted.

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Consideration should be given to any unique privacy issues of particular clients, including those detained under a custodial sentence, to the extent that all reasonable attempts are made to protect the privacy of the client. This must be balanced against the need to protect the health of the public.

## 4. THE MANAGEMENT FRAMEWORK

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

Management level	Summary of case management
Local management	The client is managed by the treating clinician(s) who are able to obtain advice from the Chair of the Assessment Panel as required.
1. Supported management	The client is managed by the treating clinician(s) with support from the Assessment Panel.
2. Public health order	The client is managed by the treating clinician(s) with support from the Assessment Panel. A public health order is in place which places conditions on the client in relation to their behaviour, treatment, health care and/or supervision.
3. Detention order	The client is managed by the treating clinician(s) with support from the Assessment Panel. The client's movements are restricted by a public health order which includes an order for detention.

Each level is discussed in detail below.

### 4.1 Local management

#### Initial steps: counselling, education and support

The first steps in the management of a person infected with HIV who is behaving in a way that is endangering, or likely to endanger the health of the public are counselling, education and support. Usually this will be best undertaken by the local clinician who is also responsible for supporting maintenance of compliance with HIV treatment. Counselling with an experienced sexual health/HIV counsellor may also need to be regular and even intensive and other service providers may also need to be involved.

Wherever possible and appropriate, a community organisation with peer group involvement should be involved to support appropriate behaviour by the person with HIV. A supportive environment should be created where health promoting messages are clearly and frequently reiterated and the consequences of behaviour which places others at risk are spelt out. The means of prevention (including for instance, condoms, sterile needles and syringes and information) should be readily and easily accessible, along with access to regular health checks, testing and treatment.

#### Case conferencing

A case conference of local services engaged in the care of the person with HIV is often useful in developing a comprehensive care plan for that person. In the case of people with HIV and complex needs often associated with cognitive/ behavioural and/or mental health problems, the AIDS Dementia & HIV Psychiatry Team (ADAHPT) – a statewide

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tertiary service for people with HIV and complex needs – should be involved in assessment and management of the client.

## **Contact tracing**

Contact tracing in accordance with appropriate ethical and legal standards should also be undertaken, where appropriate (see Policy Directive *PD2005\_184: Contact Tracing Guidelines for the Sexually Transmissible Diseases and Blood Borne Viruses*).

## **Seeking advice from the Chair of the Assessment Panel**

At any stage, the Chair of the Assessment Panel (see below) can be contacted for advice. It is important that service providers and local clinicians contact the Chair for advice if they feel that they are not able to manage the individual client's behaviour or if they feel that the matter should otherwise be brought to the Chair's attention.

Contacting the Chair of the Assessment Panel will not automatically lead to the client being managed with support from the Assessment Panel or being subject to a public health order. It may lead to the Chair providing advice or contacts with other professionals able to provide support. The Chair may, however, judge it advisable to involve the Assessment Panel, deciding that the local management of the client would benefit from additional support or a public health order.

## **Key decisions and record of decisions**

*Decision:* To provide advice to a local clinician/local service provider, rather than to accept the client for supported management.

*Decision maker:* Chair of Assessment Panel.

*Decision framework:* In determining whether to accept the client for local management with support from the Assessment Panel, the Chair will consider a range of matters including:

- nature of the information provided, including in relation to the imminence of risk to the public;
- credibility of the information provided and the source of the information, including the basis on which conclusions have been drawn regarding the client having HIV infection and placing others at risk or being likely to place others at risk;
- the outcome of any inquiry into the information which may be undertaken by the Chair or their nominee;
- an assessment that the risk is or may be ongoing;
- an assessment of the bearing that a client's capacity or competence (or lack thereof) or co-morbid presentations (such as problematic drug or alcohol use or mental health presentations) may have in relation to management of the client's behaviours;

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- the range of, and sufficiency of, steps taken by the local clinician/local service provider to manage the client's behaviours, and the prior involvement of appropriate services, including ADAHPT; and
- an assessment of the likelihood that local actions may succeed if allowed to continue to progress.

The above matters provide a framework only. Acceptance of clients for supported management will be determined by the Chair on a case by case basis. Convenience to local clinicians/service providers will not be a factor in making the decision and in all instances local clinicians/service providers will be expected to remain active in the management of the client. However, consideration can be given to whether a local clinician has the capacity and resources to effectively manage a client who may be at risk of infecting others and alternative arrangements made where required.

*Written record:*

File note of the discussion and the advice provided. It is not necessary that the identity of the individual with HIV or any contacts be recorded, although the identity of the person making the approach to the Chair of the Assessment Panel and the date must be recorded.

The Chair of the Assessment Panel will make a report of such advice provided to the Assessment Panel on at least a four monthly basis.

## **4.2 Level 1: Supported management**

In circumstances where counselling and support measures have failed (or are judged likely to fail) to mitigate concerns that a client presents an imminent public health risk, more assertive management should be initiated. A review of the case will be required to determine what level of the management framework is required to mitigate the risk to public health.

Each case needs to be considered on its individual merits. Use of a range of illicit and prescribed drugs, personality disorders, developmental disability, mental illness, homelessness and social isolation are some of the factors which singly, or in combination with HIV infection, can contribute to behavioural problems of the sort that might lead to escalation.

The Chair of the Assessment Panel will determine whether the client should be managed with support from the Assessment Panel. When this decision is taken, the local clinician, with other service providers involved in the care of the client, remains the central point of client management, but now with support from the Assessment Panel. If necessary, additional resources will be provided from the local Public Health Unit and other agencies/providers.

In the case of longer term interventions, it is desirable for responsibility for public health and clinical care/case management functions to be clearly designated at Area Health Service level.

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## The Assessment Panel

The Department has established the Assessment Panel to assist local clinicians and service providers in circumstances where all appropriate approaches to management by primary care providers have failed. It also advises the Department of cases where consideration should be given to invoking the *Public Health Act 1991*. The Chair of the Assessment Panel is nominated by the NSW Department of Health. The Chair's contact details are available at Appendix 1.

Permanent members of the Assessment Panel include:

- Chair, an individual with experience in the clinical management of sexually transmissible infections;
- Team Leader, ADAHPT (see below);
- Chief Executive Officer, AIDS Council of NSW (ACON);
- a nominee of Directors of Public Health Units, NSW Health; and
- a professional ethicist nominated by the NSW Department of Health.

In addition to the permanent members of the Assessment Panel the Chair may give consideration to involving others who may inform the Assessment Panel's deliberations and who may be able to assist in the implementation of Assessment Panel recommendations. In particular, consideration should be given to inviting the individual's local clinician, the Director of the local Area Public Health Unit, and/or a representative of the relevant community group (for example, sex workers, injecting drug users, gay or other homosexually active men). Where a case is referred to the Assessment Panel for consideration, the Director of the local Area Public Health Unit will be informed prior to the initial case presentation.

The Associate Director, AIDS/Infectious Diseases Branch, NSW Department of Health, or their nominee will observe Assessment Panel meetings. The secretary of the Assessment Panel will be an officer nominated by the Associate Director, AIDS/Infectious Diseases Branch, and that secretary will be responsible for maintaining Minutes for the Assessment Panel. Minutes of Assessment Panel meetings will be reviewed and approved by the Chair.

The Assessment Panel will meet as needed or at least every four months, where it will at a minimum receive a report from the Chair of the Assessment Panel on activities, queries received by the Chair and advice provided and progress of clients being managed with support from the Panel.

The Chair and all participants in Panel meetings are indemnified by the NSW Treasury Managed Fund in relation to advice provided in the course of the work of the Assessment Panel.

Should a person to whom operation of the Policy Directive might properly apply come to the notice of local clinicians or other service providers, contact should be made with the Chair of the Assessment Panel to determine a suitable course of action. As noted the Chair may decide either to support the local clinician and service providers with advice alone or to accept that the client should be managed with the Panel's support, in

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which case the Chair will inform the AIDS/Infectious Diseases Branch and convene a meeting of the Assessment Panel.

## **Decision to undertake supported management**

When the Chair of the Assessment Panel decides that an individual should be managed with support from the Panel, the Chair must convene a meeting of the Assessment Panel and present the case for review. The Assessment Panel should then decide on a course of follow up, which may be short or longer term.

In determining a course of follow up, the Assessment Panel will specify the individual(s) who are to be responsible for implementation of the recommendation and the timeframe for implementation. The secretary to the Assessment Panel will communicate all recommendations to responsible individual(s). The secretary will seek reports from responsible individuals for consideration by the Chair and/or to the Assessment Panel.

The Assessment Panel should fully review all aspects of the case in question. The Assessment Panel may be able to provide further guidance to local health care professionals regarding client management. A multi-disciplinary case conference should be convened to facilitate identification of the causes of the person's failure to take responsibility for his or her actions as the basis for the development of a case management plan. A full medical examination, including a psychosocial assessment, may be necessary at this stage. If the individual fails to attend such an examination voluntarily, the Director-General may, under section 22 of the *Public Health Act 1991*, order the person to undergo a medical examination.

## **Letter of warning**

At the recommendation of the Assessment Panel, it may be appropriate to send a letter of warning to the client from the Chief Health Officer or their delegate. This letter will usually indicate that the client's behaviours have been officially brought to the attention of the Department, specify the responsibilities of the client with respect to their HIV infection, and identify expected behaviours of the client. In some cases, the letter of warning may be sufficient to prompt behaviour change.

A public health order under the *Public Health Act 1991* should still only be considered when such an order is judged to be the only effective way to protect public health.

## **Discharge from supported management**

If the intervention decided is short term, the report back on the implementation of the recommendation will be considered at the next meeting of the Assessment Panel. If the intervention is successful, the Chair may discharge the individual from supported management in the interim and report this to the next meeting of the Panel. If the intervention is not successful and the Chair judges it warranted he or she may call another meeting of the Assessment Panel in the interim.

If the intervention decided is longer term, the Chair will provide a report back to the Assessment Panel at its next meeting and the Assessment Panel will decide either to discharge the client from supported management at that meeting or to continue with supported management.

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The Chair can decide to discharge a client between meetings of the Assessment Panel but must report this to the Assessment Panel at the Assessment Panel's next meeting. The Chair may also judge that the Assessment Panel would wish to be involved in the discharge decision, in which case he or she should wait to make a discharge decision until a meeting of the Assessment Panel.

In determining whether a client is to be discharged, the Chair and Assessment Panel will have regard to:

- whether actions recommended by the Assessment Panel have been implemented;
- the effectiveness of the implementation of the recommendations;
- continued information or evidence that the client is endangering others; and
- an assessment of the likelihood of the client endangering others.

In making this determination, the Chair and Assessment Panel should consider supported management to lapse in the absence of an ongoing assessment that the client is endangering or likely to endanger others. Discharge from management with support from the Assessment Panel constitutes an end to the Assessment Panel's involvement in the management of the client. Management will, of course, continue to occur via the local clinician/service provider.

## **Key decisions and record of decisions**

<i>Decisions:</i>	To accept the client for management with support from the Assessment Panel; and  After reviewing progress in the management of the client, either: <ul style="list-style-type: none"><li>• discharging from supported management;</li><li>• extending supported management; or</li><li>• escalating to consider a public health order under the <i>Public Health Act 1991</i>.</li></ul> To initiate a letter of warning, to be sent by the Chief Health Officer or their delegate.
<i>Decision maker:</i>	Chair of Assessment Panel, with the Assessment Panel, as appropriate.
<i>Written record:</i>	The Chair of the Assessment Panel will record each of these decisions when made, with details of the decision made, ongoing case management responsibility and responsibility for actions to be taken to support local clinicians and service providers. Such records may be made by the secretary to the Assessment Panel in the form of Minutes, which shall be reviewed and approved by the Chair. Minutes of the Assessment Panel will be made available to the Chief Health Officer.

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Copies of these records will be filed on Assessment Panel files and clinical notes and will be confidential to those directly involved in client management or Assessment Panel deliberations.

Reports on the follow up of clients managed with support from the Assessment Panel will be considered by the Assessment Panel at each of its regular meetings.

Given the potential for any case referred to the Chair or the Assessment Panel to be escalated to a public health order (as discussed in 4.3 and 4.4, below), due regard should be given to the level of evidence used for decision making and appropriate record keeping. This evidence will be required in the event of escalation as all public health orders are subject to immediate judicial review through the Administrative Decisions Tribunal. Officers of the NSW Department of Health's Legal and Legislative Services Branch can provide advice on these issues. Approaches to Legal and Legislative Services Branch should be made via AIDS/Infectious Diseases Branch.

### **4.3 Level 2: Public health order**

In the event that a public health order under the *Public Health Act 1991* is considered the appropriate course of action by the Assessment Panel, the Assessment Panel should make recommendations to the Chief Health Officer accordingly. The recommendations are made through the Minutes of the Assessment Panel meeting and should advise of the provisions which should be invoked. The Minutes of the Assessment Panel should provide justification for the recommendations. Urgent attention will be given to such recommendations. The recommendations made by the Assessment Panel will be communicated to the Chief Health Officer by officers of the AIDS/Infectious Diseases Branch in consultation with Legal and Legislative Services Branch.

A public health order may require the person to whom it applies to do any one or more of the following:

- refrain from specified conduct;
- undergo specified treatment;
- undergo counselling by a specified person or person(s) of a specified class;
- submit to the supervision of a specified person or person(s) of a specified class;
- undergo specified treatment and be detained at a specified place while undergoing the treatment; and/or
- be detained at a specified place while the order is in force.

A recommendation from the Assessment Panel that the public health order can be modified will be made when the Assessment Panel is satisfied this can be achieved without harm to the community. A recommendation from the Assessment Panel for modification will be considered by the medical officer who issued the public health order.

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## **Making the public health order**

The procedures associated with making a public health order are that:

- an authorised medical practitioner may make a written public health order in respect of a person if satisfied on reasonable grounds that the person has HIV, and on the advice of the Assessment Panel is behaving in a way that is endangering, or is likely to endanger, the health of the public;
- in making a public health order, the authorised medical practitioner must take into account:
  - guidelines relating to public health orders approved by the Director-General; and
  - that any requirement restricting the liberty of the person to whom the order applies should be imposed only if it is the only effective way to ensure that the health of the public is not endangered or likely to be endangered;
- within three business days after service on the person of the order, the person is also served with a copy of an application made to the Administrative Decisions Tribunal for confirmation of the order under section 25 of the *Public Health Act 1991*; and
- the person to whom the public health order applies should be informed of the proposal to make the order and the implications of the order, including the penalties for breaching the order, and arrangements should be made to ensure that the person has appropriate legal representation in the Tribunal hearing.

Authorised medical officers under section 23 of the *Public Health Act 1991* are the Chief Health Officer, their delegate, or a medical practitioner authorised by the Director-General of the NSW Department of Health.

Advice will be provided to the Minister for Health that a public health order has been issued at the time of issuance.

## **Duration of the public health order**

A public health order must state that it expires a specified number of days (not exceeding 28 days) after its service on the person unless the order is earlier varied as to its duration or is earlier revoked.

A public health order ceases to have effect if:

- a copy of the application made to the Administrative Decisions Tribunal for confirmation of the order under section 25 of the *Public Health Act 1991* is not served upon the client within three days of service of the order;
- the Tribunal revokes the order; or
- the order expires before it is confirmed or revoked by the Tribunal or before or after an application to continue the order is made to the Tribunal.

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## Continuation of orders

Following confirmation of the order, an authorised medical practitioner may apply to the Tribunal for continuation of the order for up to six months if the applicant is satisfied on reasonable grounds that the person to whom the order relates continues to endanger the health of the public.

## Key decisions and record of decisions

<i>Decision:</i>	To recommend that the authorised medical practitioner make a public health order, not including detention, in respect of the client; and  After a set period, to review this decision, either seeking or not seeking an extension to the public health order.
<i>Decision maker:</i>	Assessment Panel and Chief Health Officer or the delegate.
<i>Written record:</i>	The Chair of the Assessment Panel will record each of the Assessment Panel's decisions when made, with details of the decision made, the timeframe for review, ongoing case management responsibility and responsibility for actions to be taken to support local clinicians. Such record may be made by the secretary to the Assessment Panel in the form of Minutes, which shall be reviewed and approved by the Chair. Minutes of the Assessment Panel will be made available to the Chief Health Officer.  In addition, the Associate Director, AIDS/Infectious Diseases Branch will hold a set of written records of the Chief Health Officer or their delegate's decisions and deliberations on recommendations from the Assessment Panel. Copies of these records will be filed on Assessment Panel and Departmental files and clinical notes and will be confidential to those directly involved in client management or the deliberations of the Assessment Panel or Chief Health Officer or their delegate.

Reports of follow up of clients managed with support from the Assessment Panel will be considered by the Assessment Panel at each of its regular meetings.

### 4.4 Level 3: Detention order

It must be emphasised that detention is expected to be a rare occurrence, as the *Public Health Act 1991* and Policy Directive provide for a flexible range of responses, and detention is a strategy of last resort.

All Area Health Services should identify appropriate facilities and staff who are able to implement an order for secure detention under the *Public Health Act 1991*.

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Where the client to whom the public health order applies is already detained under a custodial sentence, consideration should be given to the unique circumstances of implementing the public health order, including:

- that client confidentiality, legal and safety issues be considered; and
- that segregation measures may require negotiation with Justice Health, the Department of Corrective Services and/or the Department of Juvenile Justice.

Advice will be provided to the Minister that a public health order has been issued at the time of issuance.

## **Key decisions and record of decisions**

<i>Decision:</i>	<p>To recommend that the authorised medical practitioner make a public health order, including detention, in respect of the client; and</p> <p>After a set period, to review this decision, either seeking an extension to the public health order or not.</p>
<i>Decision maker:</i>	<p>Assessment Panel and Chief Health Officer or their delegate.</p>
<i>Written record:</i>	<p>The Chair of the Assessment Panel will record each of the Assessment Panel's decisions when made, with details of the decision made, the timeframe for review, ongoing case management responsibility and responsibility for actions to be taken to support local clinicians and providers of the secure detention service. Such record may be made by the secretary to the Assessment Panel in the form of Minutes, which shall be reviewed and approved by the Chair. Minutes of the Assessment Panel will be made available to the Chief Health Officer.</p> <p>In addition the Associate Director, AIDS/Infectious Diseases Branch will hold a set of written records of the Chief Health Officer or their delegate's decisions and deliberations on recommendations from the Assessment Panel. Copies of these records will be filed on Assessment Panel and Departmental files and clinical notes and will be confidential to those directly involved in client management or the deliberations of the Assessment Panel or Chief Health Officer or their delegate.</p>

Reports of follow up of clients managed with support from the Assessment Panel will be considered by the Assessment Panel at each of its regular meetings. This will require liaison with the providers of secure detention services as appropriate.

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## **5. USEFUL CONTACTS**

### **5.1 AIDS/Infectious Diseases Branch, NSW Department of Health**

The AIDS/Infectious Diseases Branch serves as the secretariat of the Assessment Panel. The Branch can be contacted on (02) 9391 9234 or via email at AIDSID@doh.health.nsw.gov.au.

The Branch can provide assistance on the interpretation of this Policy Directive.

### **5.2 Sexual health clinics**

NSW Health funds a range of sexual health clinics across NSW to provide free and confidential services including testing and treatment of sexually transmissible infections (STIs). For more information about sexual health clinics call the Sexual Health Information Line on (02) 9382 7440 or Free-call 1800 451 624 (outside Sydney) or visit the NSW Health Sexual Health website at <http://www.health.nsw.gov.au/sexualhealth/>.

Sexual health clinics can also assist with contact tracing of people at risk of STIs or blood-borne viruses. For more information refer to PD2005\_184 *Contact Tracing Guidelines for the Sexually Transmissible Diseases and Blood Borne Viruses*.

### **5.3 Community support services with peer focus**

The Department funds a range of HIV/AIDS peer education and support services for gay and other homosexually active men, sex workers, injecting drug users, heterosexual people, Aboriginal people, people from culturally and linguistically diverse backgrounds and people living with HIV/AIDS. These services can provide significant assistance in the counselling, management and support of people with HIV who are behaving in a manner which may expose others to risk.

Relevant contacts are:

- ACON (AIDS Council of NSW), (02) 9206 2000
- ACON Sex Workers Outreach Project, (02) 9319 4866
- NSW Users and AIDS Association, (02) 8354 7300
- PozHets – HIV Positive Heterosexuals, (02) 9395 0444
- Aboriginal Health & Medical Research Council, (02) 9212 4777
- Multicultural HIV/AIDS and Hepatitis C Service, (02) 9515 5030
- Positive Life NSW, (02) 9361 6011

Area Health Service HIV and Related Programs Managers, specialist sexual health clinics and Area Health Service Public Health Units are also able to assist and/or provide referral to relevant services.

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## **5.4 Management of people with HIV and complex behavioural and/or clinical needs**

It is essential that cases involving people with HIV and complex needs be dealt with in a similar manner to others presenting with such management problems. A case management approach, involving a multi-disciplinary team, is appropriate for the management of such persons. ADAHPT – a statewide tertiary service for people with HIV and complex needs – has a statewide role in the assessment and development of case management plans for these clients; and education and support for health care workers and carers. The involvement of this team should be initiated as early as possible wherever behaviour problems are identified in a person with HIV. Early intervention by ADAHPT may prevent a situation where public health action becomes necessary. ADAHPT may be contacted on (02) 8382 1810.

## **6. REFERRAL OF POTENTIAL OFFENCES UNDER THE *CRIMES ACT 1900* TO NSW POLICE**

Intentionally or recklessly causing a person to contract HIV is a serious criminal offence under the *Crimes Act 1900*.

Contact with the Department should be initiated:

- immediately where there are clear grounds for a charge involving intentionally causing serious bodily harm; or
- after further examination and/or intervention, of unwillingness to alter behaviour that may recklessly or negligently endanger or cause serious harm.

Any concerns or evidence of this type of behaviour or of breaches of a public health order should be referred to the Department for consideration and appropriate action, including possible referral to the NSW Police Force. The Department may obtain advice from the Assessment Panel or the Chair of the Assessment Panel to assess concerns prior to determining appropriate action. If the matter is referred to the Police, this will be done by the Department.

## **7. THE MEDIA**

Officers of the NSW Department of Health must comply with the requirements of the Media and Communications Liaison Protocols for NSW Department of Health officers. Staff of Area Health Services must comply with Area Health Service policy regarding contact with the media.

Professor Debora Picone AM  
**Director-General**

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## APPENDIX 1

### CHAIR OF THE ASSESSMENT PANEL

The Chair of the Assessment Panel is Dr Anna McNulty, Director, Sydney Sexual Health Centre. In the event of absence of the Chair, contact Dr Chris Bourne, Director, Sexually Transmissible Infections Programs Unit (STIPU), Sydney Sexual Health Centre.

The Sydney Sexual Health Centre can be contacted on (02) 9382 7440.