

Protocol for the Management of People with HIV who Place Others at Risk

**Prepared by
Communicable Diseases Branch
Queensland Health**

August 2008

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<http://www.health.qld.gov.au/sexhealth/>

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PART ONE: OUTLINE

1 Background

- 1.1 The initial framework for the development of policy relating to HIV positive people whose behaviour may constitute a public health risk was set down in the first National HIV/AIDS Strategy 1989 to 1993. In 1994, Queensland Health began a process to develop a public health protocol for the management of HIV positive people whose behaviour may expose others to HIV infection. The resulting document was used in Queensland for five years.
- 1.2 In June 2000, following extensive consultations with a wide range of stakeholders and a review of approaches taken in other states, Queensland Health produced the “Protocol for the Management of HIV Positive People Whose Behaviour May Constitute a Public Health Risk”.
- 1.3 The National Public Health Partnership (NPHP), in 2003 developed the paper, “Principles to be Considered when Developing Best Practice Legislation for the Management of Infected Persons who Knowingly Place Others at Risk” to provide guidance for states and territories. In light of this and issues arising from application of the protocol in the management of specific cases, Queensland Health commenced a review of the Queensland protocol and commenced redrafting the document in 2004. The revised draft of the protocol was delayed until new legislation in the form of the *Public Health Act 2005* (“the Act”) (replacing the *Health Act 1937*) was finalised. A draft of the revised protocol was circulated for comment to stakeholders in January 2007.
- 1.4 Following concerns in other states about similar policies and their application in the management of cases discussed in the media, a national review of policies across states and territories was commissioned by a sub-committee of the Australian Health Ministers’ Advisory Council and a report produced in June 2007. Recommendations from this report led to the development of national guidelines, endorsed by the Australian Health Ministers’ Conference in 2008. These guidelines were used to revise the Queensland Health protocol. This protocol is now known as the “Protocol for the Management of People with HIV who Place Others at Risk” (hereafter referred to as ‘the Protocol’).
- 1.5 The Act provides specific powers for the Director-General, Queensland Health, as the chief executive to make decisions that impact on persons in the carriage of the chief executive’s responsibility to prevent the spread of disease. However, the application of these public health powers to HIV is complex because of the ways in which this virus is transmitted and the fact that there is, as yet, no cure, vaccine nor treatment that can guarantee people infected with HIV are at any stage non-infective.
- 1.6 The Protocol is supported by legislation under the Act specifically, Chapter 3 *Notifiable Conditions*, Part 2 *Notifiable Conditions Register*, in particular Sections 77 through to 88 under Division 3, *Confidentiality of information and use of information supplied for Notifiable Conditions Register in relation to the disclosure of client identifying information*. A copy of Chapter 3 of the Act can be found in Part Three. The *Public Health Act 2005 Resource Kit* provides resources to support enactment processes.

- 1.7 The Act contains provision for sanctions against a person who recklessly transmits a controlled notifiable disease to another person, or puts another person at risk. The sanctions include both prosecution under section 143 and detention under sections 113 to 115 and sections 129 and 130.
- 1.8 The *Criminal Code Act 1899* addresses the transmission of serious disease with intent and prosecution under the *Criminal Code Act 1899* can result in a maximum penalty of life imprisonment (maximum 2 years imprisonment under section 143 of the *Public Health Act 2005*). Information held by Queensland Health on the notifiable conditions register is subject to a confidentiality requirement under section 77 but can be disclosed under section 88 to an entity of the State for investigation of serious offences provided this is pursuant to an agreement with that entity in accordance with the requirements in section 84¹.

2 Guiding Principles

- 2.1 The Protocol is underpinned by the following guiding principles that have been espoused in previous and current national and state HIV/AIDS strategy documents:
 - 2.1.1 The community as a whole has the right to appropriate protection against infection. However, public health interventions initiated in support of this right must always take account of individual rights.
 - 2.1.2 Transmission of HIV is preventable through appropriate changes in individual behaviour. Education and prevention programs can assist to bring about such changes.
 - 2.1.3 Each person has a responsibility to prevent themselves becoming infected with HIV by avoiding unsafe sexual activity or the sharing of needles and other equipment used in injecting and /or tattooing.
 - 2.1.4 People living with HIV/AIDS have a responsibility to prevent further transmission of the virus.
 - 2.1.5 Public health objectives will be most effectively realised if the co-operation of people living with HIV infection and those most at risk is maintained.
 - 2.1.6 Confidentiality is not an absolute right. There are exceptions to the duty of confidentiality that can result in disclosure of personal information in some circumstances.
 - 2.1.7 HIV antibody testing should be on a voluntary basis.
 - 2.1.8 People living with HIV known to be placing others at risk of infection should not automatically be isolated, but instead should be offered education and counselling.
 - 2.1.9 Management of people living with HIV thought to be placing others at risk of infection is best handled at the local level. Therefore, wherever possible,

¹ There are other exceptions to section 77 which are set out in sections 78 to 87.

community groups and community based service providers should be involved in their support, counselling and guidance.

2.1.10 Management interventions should be developed on a case by case basis so as to be appropriate for each individual situation.

2.1.11 Placing restrictions on the living circumstances and employment of a person living with HIV should only occur in exceptional circumstances. Such restriction must be subject to judicial review.

2.1.12 Detention or confinement should be viewed as a last resort response.

3 Purpose

3.1 The purpose of this protocol document is to:

- provide a policy framework for clinicians regarding the management of people whose reckless behaviour may expose others to HIV infection, and;
- give guidance on appropriate action for clinicians regarding matters associated with the implementation of this protocol under the Act.

4 Confidentiality and the Duty of Care

4.1 Queensland Health staff must maintain patient confidentiality however these statutory obligations will vary depending on what information is involved:-

- If it is information that has been gathered as part of delivering a health service to the patient then clinical staff are bound by Part 7 of the *Health Services Act 1991* ("HSA");²
- If it is information in the Notifiable Conditions Register , the Registry staff are bound by Chapter 3 Part 2 of the Act;³
- If it is information that contact tracing officers have collected while carrying out their functions, then contact tracing officers are bound by Chapter 3 Part 3 of the Act.⁴

4.2 There may also be other considerations in determining whether information can be disclosed. For example professional standards, codes of ethics, the Queensland

² The duty to maintain patient confidentiality is set out in s.62A and the exceptions to this are set out in ss.62B to 62Q.

³ The duty to maintain patient confidentiality is set out in s.77 and the exceptions to this are set out in ss. 78 to 88.

⁴ The duty to maintain patient confidentiality is set out in s.105 and the exceptions to this are set out in ss. 106 to 110.

Health Code of Conduct and privacy obligations⁵ may determine release or use of sensitive information.

4.3 However this is complicated by the fact that Queensland Health and its staff have a duty of care to take reasonable steps to treat the patient and to ensure, as far as is reasonably possible, that others are not infected, such as a patient's partner and others who could be at risk. These steps may include counselling the patient and any person likely to have sexual contact with the patient. However this is subject to the overriding statutory duty to maintain the patient's confidentiality. The only way this can be overcome, if patient consent has not been given is if the case clearly fits one of the exceptions set out in the respective Acts, for example:-

- Under s.62I HSA, a Queensland Health employee may disclose confidential information, with the chief executive's authorisation, where disclosure is necessary to prevent a serious risk to life, health or safety of any person⁶ or to public safety.
- Under s.62F HSA the Director-General can give written authorisation if he/she believes on reasonable grounds it is in the public interest to release patient information⁷

4.4 Queensland Health clinical care providers may be required under section 75 of the Act to provide further information for the purpose of preventing or minimising the spread of a notifiable condition. Disclosure may also be authorised by the chief executive for the purposes of contact tracing by a contact tracing officer (section 80e of the Act.)

5 Framework

5.1 These guidelines provide a framework for the management of HIV positive persons whose reckless behaviour may place others at risk of HIV infection and whose behaviours have been documented in clinical files and/or in an official, written notification or complaint to Queensland Health.

5.2 The Protocol involves five levels: (See PART TWO: THE LEVELS)

Level One: Management at the clinic level

Level Two: Queensland Health managed and supervised counselling, education and support

Level Three: Formal agreement on behaviour change

⁵ Queensland Health employees are bound by Queensland Government Information Standard 42A (privacy for Queensland Health). Private health providers are generally subject to the National Privacy Principles under the Federal *Privacy Act 1988*.

⁶ The Director-General has delegated the power to authorise release under s.62I to specific senior managers. Refer to the Part 7 Guidelines on QHEPS.

⁷ Refer to part 7 Guidelines for proforma s.62F authority

Level Four: Detention

Level Five: Criminal legal action

6 Application of the Protocol

- 6.1 If a clinician has reason to believe that a person's reckless behaviour is putting others at risk of HIV infection, he or she should commence Level One interventions and notify the Executive Director, Population Health Queensland. All Level One cases will be considered by the HIV Advisory Panel whose role is to provide advice to the Executive Director, Population Health Queensland.
- 6.2 It is envisaged that, in the majority of cases, the interventions implemented at Level One should be sufficient to ensure that the person concerned is willing and able to modify their behaviour. The decision to raise the case to a higher level will be made by the Executive Director, Population Health Queensland based on the advice provided by the clinician providing clinical management at Level One and the HIV Advisory Panel.
- 6.3 For each case managed beyond Level One, the HIV Advisory Panel convened by the Senior Director, Communicable Diseases Branch, will be expanded to include additional expertise. Prior to the release of the name of the person to these panel members, either consent in writing must be sought from the person (or the substitute decision-maker where the person lacks capacity) or an exemption to confidentiality must be obtained. (See 4.3).
- 6.4 In most cases, movement from one level of the Protocol to another will occur when the strategies suggested for the lower level/s have been fully explored and found to be unsuccessful or unlikely to work in assisting behaviour change in the person placing others at risk of HIV infection. In exceptional circumstances, there may be justification for a case to progress directly from Level One to Level Three, Four or Five. There may also be grounds for managing a case outside the framework of the Protocol when it is judged to be in the best interest of public health. Such a decision will be made in consultation with the chief executive and the Chief Health Officer.
- 6.5 A person should continue to be managed under the Protocol while the treating physician or the panel remains concerned about the person's behaviours and the subsequent risk to others of HIV infection. The panel should meet regularly (e.g. monthly) to review the situation and to determine if continuation of management under the Protocol is warranted.
- 6.6 If the panel considers there is clear evidence that the person is unwilling to modify behaviour that is endangering another person/s by exposing them to HIV infection or if there is other clear evidence of criminal intent, the matter should be elevated to Level Five. Prosecution under the Act or recourse under another relevant Act (e.g. *Criminal Code Act 1899* or the *Mental Health Act 2000*) must be considered. Referral to police should be made by the Chief Health Officer after seeking legal advice.
- 6.7 Where there is evidence that might support a charge of reckless spread of a controlled notifiable condition, the person should not be referred to the police in the

first instance but rather to public health authorities for immediate assessment. Referral by police to public health authorities for assessment in the first instance is also encouraged.

- 6.8 At any level under the Protocol when the Executive Director, Population Health Queensland is satisfied that the person being managed no longer poses a risk of infecting others with HIV, the case will be closed. Persons managed at Level One will be informed of the decision by their treating physician. Persons managed at Level Two or above will be informed in writing by the Executive Director, Population Health Queensland of this decision. To complete closure of the case, the person being managed must provide a signed written undertaking to comply with the advice they have received.
- 6.9 Persons released from management under the Protocol should continue to be supported through regular contact with a clinician who will continue to manage their HIV care needs. This support will include discussions about behaviours, responsibilities and preventing transmission of HIV.
- 6.10 The issues covered by the Protocol are complex. Therefore, at all levels of implementation, the panel and others involved in the management of persons under the Protocol will be required to exercise considerable professional judgement based on the unique circumstances of each case. A case by case management approach should be maintained in the application of the Protocol.
- 6.11 The issue of consent and responsibility for one's own health should be considered in the application of the Protocol which is primarily intended for use when:
- a person who knows they are HIV antibody positive, engages in unsafe behaviour and does not inform the other person(s) of their HIV status; or
 - a person who knows they are HIV antibody positive, engages in unsafe behaviour where the other person(s) does not consent to engage in unsafe behaviour.
- 6.12 A person who knows they are HIV antibody positive is not ordinarily required to disclose their status provided they take all reasonable steps to protect others. Under section 143 of the Act, a person must not recklessly spread a controlled notifiable condition. Subsections (1) to (4) specifically state:
- (1) *A person must not recklessly put someone else at risk of contracting a controlled notifiable condition.*
 - (2) *A person must not recklessly transmit a controlled notifiable condition to someone else.*
 - (3) *A person does not commit an offence against subsection (1) if, when the other person was put at risk of contracting the condition, the other person –*
 - (a) *knew the person had the condition; and*
 - (b) *voluntarily accepted the risk of contracting the condition.*
 - (4) *A person does not commit an offence against subsection (2) if, when the condition was transmitted to the other person, the other person –*
 - (a) *knew the person had the condition; and*

(b) voluntarily accepted the risk of contracting the condition.

- 6.13 Accordingly, the Protocol does not necessarily apply in cases where a person who knows they are HIV antibody positive engages in unsafe behaviour with another person, where that person knows the other is HIV antibody positive, understands how HIV is transmitted, and freely consents to engaging in behaviours that place them at risk of HIV infection. However issues of influence and/or power differentials in relationships should be considered before dismissing application of the Protocol in all such cases. Where the risk appears to have been understood and voluntarily accepted, counselling for both parties separately would be appropriate and through this process an assessment should then be made about issues of influence.
- 6.14 Transmission of HIV through pregnancy and breast-feeding is not the subject of the Protocol due to the complex legal and ethical issues involved. However, it is acknowledged that both of these activities constitute a risk. Based on scientific evidence it is recommended that women who are HIV antibody positive do not breastfeed and that women who are HIV antibody positive who become pregnant seek advice regarding the risks of transmission and advantages of antiretroviral therapy. Clinicians should note that in accordance with section 191 of the *Public Health Act 2005* they must report any incidents of suspected child abuse and neglect to the Department of Child Safety Local Area Child Safety Service Centre. Further information is available in Queensland Health’s child protection policy: “Protecting Queensland’s Children – Policy Statement and Guidelines on the Management of Abuse and Neglect of Children and Young People (0-18 years).” (See http://qheps.health.qld.gov.au/csu/pdf/fact_sheets/FactSheet1-2.pdf for details.)
- 6.15 Consistent with Queensland Health policy, persons with English language difficulties managed under the Protocol will have access to an interpreter service. (See http://qheps.health.qld.gov.au/multicultural/interpreting/interpreter_serv.htm for details.) This is especially important in a counselling situation concerning a serious infection such as HIV where comprehension of the issues discussed is paramount. Confidentiality issues must be discussed with both the person and interpreter.

7 The Panel

- 7.1 To administer the Protocol, a panel (the HIV Advisory Panel) will be established. The function of the HIV Advisory Panel is to provide independent expert advice to the Executive Director, Population Health Queensland in the discharge of responsibilities and if requested to provide advice and support to clinicians or other service providers involved in the care of a person whose behaviour places others at risk of HIV infection.
- 7.2 The HIV Advisory Panel will be chaired and convened by the Senior Director, Communicable Diseases Branch. The Executive Director, Population Health Queensland will attend all panel meetings and make decisions based on the Panel’s advice.
- Membership of the HIV Advisory Panel will initially include:
- Senior Director, Communicable Diseases Branch;
 - Manager, HIV/AIDS Hepatitis C and Sexual Health and;
 - Either a medical officer or a registered nurse with experience in HIV medicine.

- 7.3 Once the panel has decided to proceed with Level Two (or interventions at a higher level) of the Protocol, the HIV Advisory Panel will be expanded by the Senior Director, Communicable Diseases Branch to include other members such as:
- a clinician who will act as case manager
 - a mental health professional
 - a representative of a HIV/AIDS community organisation with peer involvement
 - Queensland Health officers with other specialist expertise as required e.g. a legal adviser
 - a personal advocate may be chosen by the person being managed under the Protocol.
- 7.4 An appropriate Queensland Health officer who is a member of the panel will be appointed by the Senior Director, Communicable Disease Branch to conduct confidential secretariat duties on each case being managed under the Protocol. In most cases this will be the Manager, HIV/AIDS Hepatitis C & Sexual Health.
- 7.5 The case manager, appointed by the Senior Director, Communicable Disease Branch will assist the panel in the oversight of the managed and supervised counselling, education and support program. The case manager may be a public health nurse or mental health nurse or another clinician with both clinical and public health skills. The case manager should be a clinician other than those already involved in the ongoing clinical care of the person being managed under the protocol.
- 7.6 Panel members are bound by confidentiality and duty of care responsibilities. Persons to be managed at Level Two or above will be asked for their consent in writing for their name to be revealed to the panel. If consent is not given, the Senior Director Population Health Branch will seek authorisation from the chief executive to disclose confidential information to the panel.
- 7.7 The panel should meet as needed or at least every month (when there are persons being managed at any Level) to receive and consider reports on cases being managed or potential cases to be managed under the protocol and to make recommendations regarding the management of these cases to the Executive Director, Population Health Queensland.

8 Role of Queensland Health Corporate Units

- 8.1 Queensland Health is required to ensure health service providers have clear protocols for dealing with public health issues and has both a consultancy and a supportive role regarding the implementation of such protocols. These guidelines enable service providers to act with clear direction in order to make effective decisions.
- 8.2 Activities undertaken within the Protocol are to be centrally coordinated through the Executive Director, Population Health Queensland operating as the official delegate of the chief executive and within the provisions of relevant sections of the Act with the authority for action necessary to manage persons who risk infecting others and to protect public health.

- 8.3 Once a case has been referred to the Executive Director, Population Health Queensland a separate confidential departmental file (maintained by Communicable Diseases Branch) will be opened for each individual case and all documentation and correspondence will be recorded and kept on this confidential file. The file is to be marked “closed” at the conclusion of the case, with the inclusion on the file of signed documentation by the Senior Director Population Health Branch indicating that the person’s ongoing management under the Protocol has concluded. To close the file, a signed undertaking to practise safe behaviours in future from the person previously managed under the Protocol will be required.
- 8.4 The Senior Director, Communicable Diseases Branch will direct resources to support the HIV Advisory Panel, the Executive Director, Population Health Queensland and the implementation of interventions as required for management of case under the Protocol.

9 Role of Queensland Health clinical care providers

- 9.1 The role of Queensland Health clinical care providers in preventing transmission of HIV is primarily to give clinical care and support to persons who are HIV antibody positive. This includes regular discussions about safe sex, other behaviours and the associated risk of HIV transmission.
- 9.2 Where a clinical care provider has concerns that a person is placing others at risk of HIV infection, the validity of these concerns must be investigated. It is recommended that concerns be discussed with the agency manager. Client confidentiality issues should be considered at all times.
- 9.3 Once concerns about reckless behaviour have been validated, the clinical care provider must enact Level One of the Protocol and notify the Executive Director, Population Health Queensland in writing. The clinical care provider must encourage a person who is HIV antibody positive and engaging in behaviour that risks infecting others, to change their behaviour. Where there is clear evidence of criminal intent, the clinical care provider must notify the Executive Director, Population Health Queensland immediately as criminal legal action may be required (Level Five).
- 9.4 All written correspondence regarding cases managed under the Protocol should be in the form of a letter marked “Strictly Confidential” and posted via registered mail to:
- The Senior Director
Population Health Branch
Queensland Health
GPO Box 48
BRISBANE QLD 4001
- 9.5 The clinical care provider should continue to manage their client and maintain a therapeutic relationship whilst that person is managed under the Protocol. It is important to separate the roles of primary carer from that of supervisor or enforcer of legislation.

- 9.6 It is envisaged that, in the majority of cases, Level One interventions should be sufficient to ensure that the person being managed is able and willing to modify their behaviour. Notification of this outcome must be provided by the clinical care provider to the Senior Director Population Health Branch in writing. Clinical management, counselling and support for the person should continue as appropriate.
- 9.7 If the interventions are unsuccessful and the person being managed continues to endanger others, then the clinical care provider should not delay in reporting their concerns to the Executive Director, Population Health Queensland, Queensland Health in writing.
- 9.8 Level Two of the Protocol provides for a more formal, supervised program of behaviour management of a person who is HIV antibody positive and whose behaviour is considered to be placing others at risk of infection and where management by the clinical care provider has not resulted in change of behaviour.
- 9.9 If, following the written report on the outcomes of Level One, the Senior Director Population Health Branch decides to enact Level Two, Three, Four or Five, further information about the person may be requested from the clinical care provider by the Executive Director, Population Health Queensland or the Chair of the HIV Advisory Panel, the Senior Director, Communicable Diseases Branch.

10 Role of private practitioners

- 10.1 The actions of private practitioners are not subject to Queensland Health policy however private practitioners have mandatory reporting obligations regarding notifiable conditions including the provision of further information to prevent or minimise the spread of a notifiable condition (section 75). This overrides the private practitioner's obligations under the Federal *Privacy Act 1988* to maintain privacy – refer to national Privacy principle 2.1 (g) – the use or disclosure is required or authorised by or under law. There is no legislative obligation to otherwise act under the Protocol. Private practitioners should seek their own legal advice in regard to their duty of care obligations, their obligations of doctor patient confidentiality (and whether they can disclose on public interest grounds on the basis there is serious risk to public health or safety) and their privacy obligations under the Federal *Privacy Act 1988* as it is possible they will be able to disclose information about their patient to Queensland Health by relying on the exceptions in National Privacy Principles 2.1 (h) (disclosure to an enforcement body).

PART TWO: THE LEVELS

11 Level One: Management at the clinic level

- 11.1 If a clinician has reason to believe that a person is recklessly placing others or could place others at risk of HIV infection (see 11.5), they should enact Level One of the Protocol by notifying the Executive Director, Population Health Queensland in writing. Correspondence should refer to the person using a coded patient reference. It should outline the steps being undertaken to manage the person. It is the responsibility of the clinician to encourage their client to change their behaviour by:
- i. informing the person they may be committing an offence under the Act;
 - ii. providing counselling, education & support;
 - iii. if necessary, making appropriate referral eg. sexual health clinician or drug/alcohol/mental health counsellor and;
 - iv. monitoring changes in behaviour.
- 11.2 The HIV Advisory Panel will consider all Level One cases in the course of its role to assist the Executive Director, Population Health Queensland to carry out their legislative responsibility. The HIV Advisory Panel will be chaired and convened by the Senior Director, Communicable Diseases Branch. Communicable Diseases Branch will open a confidential departmental file for each Level One case. All documents and evidence collected regarding a case must be placed on this file. The Executive Director, Population Health Queensland will attend all panel meetings and make decisions based on the Panel's advice. Membership of the HIV Advisory Panel will initially include:
- Senior Director, Communicable Diseases Branch;
 - Manager, HIV/AIDS Hepatitis C and Sexual Health Unit and;
 - Either a medical officer or a registered nurse with experience in HIV medicine.
- 11.3 If the Executive Director, Population Health Queensland receives a complaint in writing from a third person (eg. member of the public) that a person with HIV is recklessly exposing others to HIV, in the first instance the Executive Director, Population Health Queensland will seek confirmation of the accused person's HIV status through the Notifiable Conditions Register. If necessary, the Executive Director, Population Health Queensland will then request the assistance of the person's treating physician or delegate (eg. a sexual health clinician or contact tracer) to investigate the complaint. The Executive Director, Population Health Queensland will respond in writing to the person who lodged the complaint, informing them that the matter is being investigated. Should the claim be substantiated, the Executive Director, Population Health Queensland will request advice from the HIV Advisory Panel regarding appropriate action to be taken. Unsubstantiated, malicious complaints will be referred to the appropriate authority.
- 11.4 The Protocol cannot be applied to someone who is assumed to have HIV infection i.e. there must be a confirmed diagnosis of HIV infection. If the person is not on the Queensland database and there is reason to suspect that the subject has been diagnosed with HIV in another jurisdiction, then the Executive Director, Population Health Queensland must seek to confirm the diagnosis:
- The person may be asked to voluntarily undergo an HIV antibody test.
 - Information may be sought from another jurisdiction and proof of the person's HIV status confirmed in writing. .

- Where all else fails, the person may be detained for the purpose of undergoing a medical examination under section 121 of the Act. Application to a magistrate is required for a controlled notifiable conditions order permitting an examination (section 116 of the Act).

11.5 The application of the Protocol requires the formation of a reasonable opinion that the person is recklessly placing others at risk of HIV infection. The following situations are possible bases upon which to formulate a reasonable opinion that a person is placing others at risk of HIV infection. These situations should be considered in context with the person's behaviour, known social situation and psychological state. They do not necessarily indicate that a person has breached section 143 of the Act:

- Diagnosis of HIV infection where the newly diagnosed person names another person with HIV infection as the source of that infection.
- Self-reporting of unsafe behaviours by a person with HIV infection. These include, but are not limited to: anal and/or vaginal intercourse without a condom; sharing used injecting/tattooing/body piercing equipment.
- Statements indicating intent to infect other people made by someone with HIV infection.
- Diagnosis of a recently acquired sexually transmissible infection (STI) in a person with HIV infection. (Note: This requires careful examination of the issues associated with the particular STI, the site of infection, and the serostatus of the partner.)

11.6 The clinician will document in the person's clinical file the timeframe over which the interventions specified in 11.1 have occurred. This information should be included in a written report to the Executive Director, Population Health Queensland **within three months** of notification of the enactment of Level One. Whilst timeframes for interventions will vary from case to case, clinicians should not delay in progressing the matter if they have evidence that despite their interventions, the person continues to endanger others. If there is clear evidence of criminal intent, the matter should be referred to the Executive Director, Population Health Queensland immediately.

11.7 The Executive Director, Population Health Queensland will acknowledge receipt of all written reports regarding a specific case in a letter of reply to the clinician concerned.

11.8 It is envisaged that, in the majority of cases, the interventions implemented at Level One should be sufficient to ensure that the person is able and willing to modify their behaviour and where this has been the outcome, advice from the clinician must be provided in writing to the Executive Director, Population Health Queensland. The person must provide the clinician a signed written undertaking to comply with the advice they have received about preventing transmission of HIV. The clinician will inform the Executive Director, Population Health Queensland that the statement of compliance has been signed. If the Executive Director, Population Health Queensland is satisfied that the person no longer poses a risk of infecting others with HIV, the case will be closed.

11.9 All relevant documents (or copies) should be provided to the Executive Director, Population Health Queensland to be filed in a separate departmental case file for

each person managed under this protocol. This includes copies of written reports, including reasons for decisions made and any other relevant communication from clinicians, Communicable Diseases personnel and the person being managed under the Protocol.

11.10 If the interventions under Level One have not been successful, the decision to implement a higher level intervention will be made by the Executive Director, Population Health Queensland. This decision will be made in light of the written advice provided by the clinician involved in the clinical management at Level One and in consultation with the HIV Advisory Panel.

11.11 There may be exceptional circumstances that warrant a decision to manage a case outside this protocol in the interest of public health. Such a decision will be made in consultation with the chief executive and/or the Chief Health Officer.

12 Level Two: Queensland Health managed and supervised counselling, education and support

12.1 The purpose of Level Two is to engage the person who recklessly places others at risk of HIV infection in a more intensive process to change their behaviour under the supervision of Queensland Health. This process involves a managed and supervised approach to appropriate counselling, support and education and should be clearly differentiated from the routine counselling and support that the person may be receiving from their clinical care provider by the nature and intensity of the program.

12.2 Level Two requires an expanded HIV Advisory Panel to determine and oversee the program of supervised counselling, education and support. Persons to be managed at Level Two must be informed that they may have committed an offence under the Act. The Executive Director, Population Health Queensland should notify the person concerned, of this in writing. The Executive Director, Population Health Queensland must either obtain consent in writing from the person being managed under the Protocol to reveal their identity to the panel or seek authorisation from the chief executive to disclose confidential information.

12.3 Once the panel has decided to proceed with Level Two (or interventions at a higher level) of the Protocol, the HIV Advisory Panel will be expanded by the Senior Director, Communicable Diseases Branch to include other members such as:

- a clinician who will act as case manager
- a mental health professional
- a representative of a HIV/AIDS community organisation with peer involvement
- Queensland Health officers with other specialist expertise as required e.g. a legal adviser.
- an personal advocate may be chosen by the person being managed under the Protocol.

12.4 The panel should consider whether the person would be better managed under another Act:

- If mental illness is a significant factor contributing to the person's risk behaviour, then the panel should consider advising the person's clinical care

provider to refer the person to Mental Health Services for assessment and voluntary or involuntary treatment under the *Mental Health Act 2000*.

- If there is clear evidence that deliberate criminal assault has occurred, the panel will recommend escalation to Level 5 for criminal legal action.

- 12.5 An appropriate Queensland Health officer who is a member of the panel will be appointed by the Executive Director, Population Health Queensland to conduct confidential secretariat duties on each case being managed under the Protocol. In most cases this will be the Manager, HIV/AIDS Hepatitis C & Sexual Health.
- 12.6 A case manager will be appointed by the Executive Director, Population Health Queensland to assist the panel in the oversight of the managed and supervised counselling, education and support program. This person will be a public health nurse or mental health nurse or another person with both clinical and public health skills. The case manager must not be involved in the ongoing clinical care of the person being managed under this protocol.
- 12.7 The person's regular clinical care provider will continue to provide services, which should include appropriate counselling of the person. They will remain independent of the panel but will advise the panel where appropriate and be advised by the panel regarding their responsibilities in the case management plan for their client.
- 12.8 The person identified as placing others at risk of HIV infection should decide who will be their personal advocate. If the person has impaired capacity, this decision may be made by a substitute decision maker authorised under the *Guardianship and Administration Act 2000*. The personal advocate should attend panel meetings to represent the interests of the person. The Chair of the panel will be responsible for informing the personal advocate of their responsibility to maintain confidentiality concerning discussions at panel meetings.
- 12.9 The role of the personal advocate will be to:
- support the person being managed in their dealings with the panel
 - communicate with the panel on behalf of the person
 - accompany the person to meetings, where appropriate
 - advocate for the protection of the person's rights.
- 12.10 The personal advocate should take all steps necessary to ensure that the person understands the content of all written communication from the panel (for example arranging an interpreter, if required).
- 12.11 The panel will approve a supervised counselling, education and support plan developed by the case manager in consultation with other relevant clinicians. The case manager shall oversee the implementation of this plan. The plan should include referrals to counsellors, mental health practitioners, drug and alcohol services, social workers or other appropriate professionals, and to HIV support groups and other social support resources as required.
- 12.12 All recommendations made by the panel should be based on relevant medical (including psychiatric) and psychosocial assessments of the person.

- 12.13 The panel shall, as far as possible, ascertain the behaviours putting other people at risk of HIV, and develop strategies to address these behaviours. In exercising its role, the panel should ensure all steps are taken towards achieving positive outcomes for the person concerned whilst also addressing public health issues. Interventions specified in the plan that may be appropriate include:
- providing education that supports the practice of safe behaviours
 - education and support to assist in disclosure and partner notification, if necessary
 - regular and intensive counselling
 - access to the means of prevention such as condoms, lubricant and/or clean injecting equipment
 - drug substitution therapy and/or addiction counselling
 - all necessary social and financial supports including housing, peer support, financial advice and employment.
- 12.14 The case manager's responsibilities include:
- communication, as required between the panel, the person and all workers and practitioners providing counselling, education and support services to ensure continuity and consistency of care
 - case conferences, as required, to ensure review of and planning for the management of the person
 - the minuting of all meetings and case conferences held
 - providing advice to the panel on the progress being made by the person based on communications with those providing counselling, education and support services under the Protocol.
- 12.15 The panel will also set a time frame no longer than **three months**, in which to reassess the person's behaviour and determine future action such as continuation of the interventions, closure of the case or progression to another level of the Protocol.
- 12.16 It is envisaged that, in the majority of cases, the interventions implemented at Level Two should be sufficient to ensure that the person is able and willing to modify their behaviour. Minutes from the panel meeting where the decision to close a case is reached should record the circumstances of this decision including the date when it is believed that the person is no longer likely to place others at risk of HIV infection. The person must be informed in writing by the Executive Director, Population Health Queensland of this decision. A signed written undertaking to practice safe behaviours and prevent the transmission of HIV must be provided by the person concerned.
- 12.17 All relevant documents (or copies) should be provided to the Executive Director, Population Health Queensland to be filed in a separate departmental case file for each person managed under the Protocol. This includes copies of written reports, including reasons for decisions made and any other relevant communication from clinicians, Communicable Diseases staff and the person being managed. The letter from the Executive Director, Population Health Queensland to the person being managed confirming that the person no longer poses a risk to others must also be filed to indicate that the case is closed.
- 12.18 If the interventions at Level Two fail to effect change or the person refuses to consent or cooperate, then the Executive Director, Population Health Queensland

will consider action at a higher level. The person and their primary clinical carer will be notified of the decision in writing.

13 Level Three: Formal agreement on behaviour change

- 13.1 Level Three provides for the management, under orders of a magistrate, of a person with HIV infection who, in most cases has been managed under Level Two, continues to place others at risk of HIV infection.
- 13.2 Initiation of Level Three will be decided by the Executive Director, Population Health Queensland based on the recommendation of the panel. All reasonable options available under lower levels should be explored before Level Three is initiated.
- 13.3 Level Three requires application by the Executive Director, Population Health Queensland to a magistrate under sections 125 to 128 of the Act for a behavioural order and/or a detention order (for medical examination) under sections 129 to 133 which will specify the activities directed by Queensland Health through the panel regarding the management of risk taking behaviour, treatment, etc. If the person refuses to comply with the behavioural order (or detention order) they will be liable to penalty under the Act, and Level Four or Level Five interventions will be implemented.
- 13.4 Under Level Three, the Panel should continue to meet regularly to make decisions about management of the person and to provide advice to the Executive Director, Population Health Queensland.
- 13.5 A person who is being managed under Level Three should continue to have access to a personal advocate and to all necessary treatment, counselling, education and support. These services must be made available through Queensland Health clinics or community-based organisations funded by Queensland Health to manage the needs of people who are HIV antibody positive and be independent of the panel. The person concerned may also choose private health care services if they prefer.
- 13.6 In addition to participating in ongoing counselling, support and education activities, the person will be required under court order to report on a regular basis (e.g. weekly) to a nominated health professional such as a counsellor for intensive counselling sessions during which records of behaviours will be kept for on-going monitoring. The plan will also include a timetable for reviewing progress.
- 13.7 An up-to-date medical assessment including a psychiatric assessment of the person should be initiated. The panel will consider any other special measures that may be required to assist or encourage the person to change their behaviour following the medical assessment. These may include voluntary admission to a Mental Health Service (under the *Mental Health Act 2000*). If the person is suffering from intellectual impairment due to, for example, dementia or acquired brain injury, then the person may need to be admitted to a Dementia Unit or Rehabilitation Unit.
- 13.8 As with Level Two, the case manager should ensure that all necessary social and financial supports are mobilised. Issues to be considered include housing, peer

support, financial advice, employment and access to adequate supplies of condoms and/or clean injecting equipment.

- 13.9 The panel will set a time limit on the requirement for behaviour change appropriate for each individual case and re-convene to examine the evidence provided by the case manager that change has occurred.
- 13.10 The interventions implemented at Level Three should be sufficient to ensure that the person is able and willing to modify their behaviour. It is likely that cases managed at Level Three however remain managed at Level One or Level Two for a considerable time after Level Three has been implemented.
- 13.11 If the interventions at Level Three fail to effect change or the person refuses to consent or cooperate, then the Executive Director, Population Health Queensland will consider action at a higher level. The person being managed and their primary clinical carer will be notified of the decision in writing.

14 Level Four: Detention

- 14.1 The purpose of Level Four is to provide for the management of a person with HIV who in most cases has been managed under Level Three but continues to place others at risk of infection, or who has refused to be managed under Level Three.
- 14.2 Level Four, “Detention” is supported by a number of provisions in the Act which create provision for detention orders, specifically sections 116 and 117 that deal with controlled notifiable conditions generally; sections 129 to 133 that deal with detention orders specifically; sections 134 and 135 that deal with extension, variation or revocation of controlled notifiable conditions orders; and sections 136 to 139 that deal with warrants should a person abscond whilst under a detention order. Applications made to a magistrate can seek detention for a period of up to 28 days. There is also provision under section 134 for a second 28 day period of detention to be ordered.
- 14.3 The decision to detain an individual should be regarded as serious, with the potential to have life-long implications for the person concerned. It is intended that this power should only be used as a last resort. All reasonable options available under lower levels should be explored before Level Four is initiated. If all other measures have failed to result in the required behaviour change, the panel will provide advice to the Executive Director, Population Health Queensland who will examine the strength of the available evidence, consider the options for detaining the person and the most appropriate course of action.
- 14.4 The Executive Director, Population Health Queensland may consider invoking other Acts such as the *Mental Health Act 2000* e.g. utilising an Involuntary Treatment Order under section 108 of the *Mental Health Act 2000*. If the person is suffering from serious mental illness, then their clinical service provider should refer them to Mental Health Services for assessment and possible involuntary treatment.
- 14.5 Should an order for detention be made, the panel should recommend a suitable place of detention giving consideration to:

- the proper care of the person being detained
- safety of the community
- safety and competence of the staff
- need for additional staff to supervise the detention.

14.6 The panel may consider the following options as suitable places of detention where appropriate clinical interventions can continue:

- home detention
- detention within a supervised environment e.g. community shelter
- detention in an appropriate Queensland Health facility.

14.7 The person detained must be examined by a medical practitioner. More frequent reasonable access to health services should be available on request. If during the period of detention, the person requires hospitalisation, the Executive Director, Population Health Queensland may authorise the person's transfer to an appropriately resourced hospital. During the period of hospitalisation, the person should be kept under appropriate supervision.

14.8 A person detained under Level Four may at any time inform the panel in writing of their willingness to cooperate with previously proposed interventions e.g. under Level Three. Should this occur, the panel will immediately consider the evidence and if appropriate recommend to the Executive Director, Population Health Queensland that detention cease and an alternative intervention plan e.g. Level Three be implemented.

14.9 All relevant documents (or copies) should be provided to the Executive Director, Population Health Queensland to be filed in a separate departmental case file for each person managed under the Protocol. This includes copies of written reports and any other relevant communication from clinicians, Communicable Diseases Branch personnel and the person being managed.

14.10 If management of the case under Level Four fails, criminal legal action (Level Five) may be appropriate.

15 Level Five: Criminal legal action

15.1 If the panel considers there is clear evidence that a person is unwilling to modify behaviour that recklessly endangers another person by exposing them to HIV infection, or if there is other clear evidence of criminal intent, the matter should be elevated to Level Five. Prosecution under the Act or the *Criminal Code Act 1899* must be considered.

15.2 Referrals to police should also be made if a serious crime (for example, rape, child sexual abuse or child pornography) has been identified in the course of the public health investigation or intervention. Clinicians should note that in accordance with section 191 of the *Public Health Act 2005* they must report any incidents of suspected child abuse to the Department of Child Safety Local Area Child Safety Service Centre. Further information is available in Queensland Health's child protection policy: "Protecting Queensland's Children – Policy Statement and Guidelines on the Management of Abuse and Neglect of Children and Young People

(0-18 years).” (See http://qheps.health.qld.gov.au/csu/pdf/fact_sheets/FactSheet1-2.pdf for details.)

- 15.3 Consideration of the referral to police for investigation and possible prosecution under the Crimes Act or other relevant Act may be made at any Level of public health management under the Protocol.
- 15.4 The decision to refer any case to the police will be made by the Chief Health Officer in consultation with the Senior Director Population Health Branch following the advice of the panel. The Chief Health Officer will in all cases obtain legal advice from the Crown Solicitor before making any such decision.
- 15.5 Once a decision has been made to refer a case to the police for criminal legal action and before doing so, the Chief Health Officer must obtain written permission from the chief executive to release all relevant confidential information about the person allegedly involved in criminal behaviour to the police.
- 15.6 Cases referred for criminal legal action will still require ongoing provision of health and psychological services. This includes those who are prosecuted and managed in the corrections system. This is not only a matter of individual health and rights of those persons concerned but also a matter of protection of the public health especially the prevention of infections happening in custody.

PART THREE: ADDITIONAL INFORMATION

16 Appeals

- 16.1 Appeals can be made against a magistrate's decision. S142 of the Act provides for an appeal against a decision on application for controlled notifiable conditions order or extension of an order. Both the chief executive and the person to whom the application relates may appeal to the District Court against a decision.
- 16.2 There is no right of appeal under the Act with respect to orders made by the Executive Director, Population Health Queensland in relation to controlled notifiable diseases. Only the Supreme Court has jurisdiction in relation to judicial review under the *Judicial Review Act 1991*.
- 16.3 The Supreme Court may vary or quash the magistrate's decision or "make any order that the justice of the case may require".
- 16.4 The personal advocate should ensure that a legal advocate is engaged to provide legal advice and to represent the individual before the magistrate and if necessary in the Supreme Court.

17 Cross-jurisdictional issues

- 17.1 In circumstances where there is reasonable suspicion or knowledge of travel planned or undertaken to another jurisdiction by a person who is subject to management at Level Two or above under this Protocol the Chief Health Officer will seek the chief executive's approval to notify the inter-jurisdictional Chief Health Officer, equivalent or delegate. The information provided will include verification of the person's HIV status, any Orders made and necessary case information including information that allows the identification of the person to enable effective public health follow up.

18 Review of these guidelines

- 18.1 The Protocol should be reviewed under the following circumstances:
- changes to any relevant legislation or regulation;
 - changes to the national guidelines;
 - significant changes in the epidemiology or trends related to HIV/AIDS; or
 - at least every four years.
- 18.2 In addition, the panel should evaluate the efficiency of the Protocol after each application, and report its findings to the Executive Director, Population Health Queensland. Amendments should be in accordance with the Queensland legal and social environment at the time.

19 Relevant legislation

Public Health Act 2005

Health Quality and Complaints Commission Act 2006

Criminal Code Act 1899

Anti Discrimination Act 1991

Mental Health Act 2000

Powers of Attorney Act 1998

Guardianship and Administration Act 2000

Workplace Health and Safety Act 1995

Judicial Review Act 1991

Health Services Act 1991

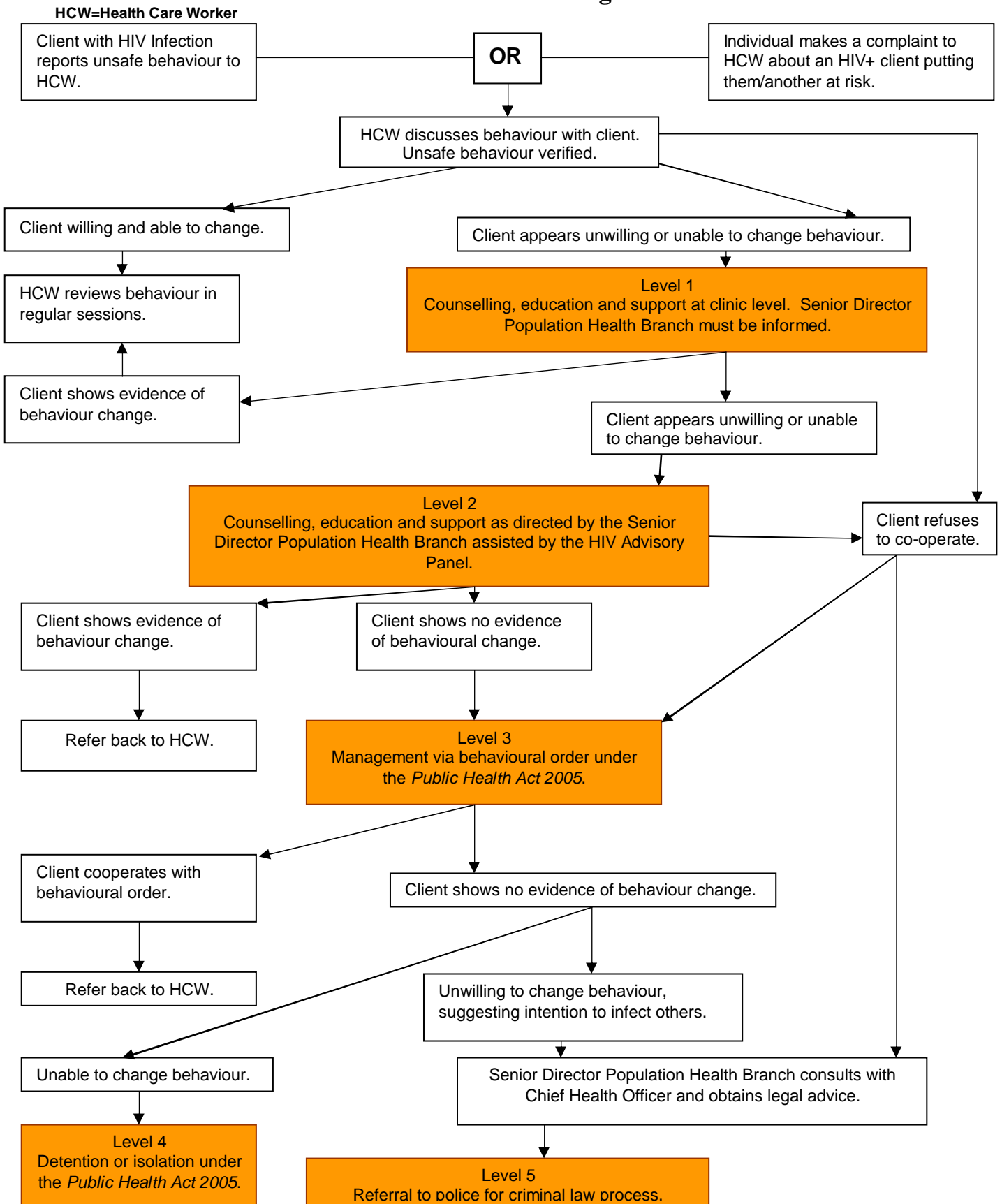
20 Resources

20.1 Protocol Decision Making Flowchart.

20.2 Templates for correspondence

All health care workers with HIV positive clients will engage their clients on a regular basis in discussions about HIV transmission, prevention, rights and responsibilities. As a matter of course, this will include discussions about safe sex practices and other relevant safe practices (e.g. not sharing injecting equipment for IDU).

Protocol Decision Making Flowchart



Note: It is not necessary to progress directly from one level to another, although this will occur in most situations. The HIV Advisory Panel can recommend management at any level required in the interests of public health. There may also be grounds for managing a case outside the framework of the Protocol when it is judged to be in the best interests of public health.

20.2 Templates for correspondence

Level	Description	Page
1	Letter from clinician to Executive Director, Population Health Queensland informing enactment of Level One	24
1	Letter from Clinician to Executive Director, Population Health Queensland accompanying full written report	25
1	Letter from clinician to Executive Director, Population Health Queensland informing that person has met requirements of Level One	26
1	Statement of Compliance Written undertaking of compliance with advice received	27
1	Letter from clinician to Executive Director, Population Health Queensland informing subject has not met requirements of Level One	28
2	Letter from Executive Director, Population Health Queensland informing person they are to be managed at Level Two	29
2	Template letter of consent to release confidential details to panel members	31
2	Letter from Executive Director, Population Health Queensland to inform person they have met the requirements of Level Two	32
2	Statement of Compliance Written undertaking of compliance with advice received	33
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3	Behaviour Order information	35
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5	Briefing Not for Approval information	35

LEVEL ONE

Letter from clinician to Executive Director, Population Health Queensland
informing enactment of Level One

Enquiries to:
Telephone: (07)
Facsimile: (07)
Our Ref:

Dr/Mr/Ms/Mrs
Executive Director, Population Health Queensland
Queensland Health
PO Box 48
BRISBANE QLD 4001

Dear *Insert Name of Executive Director, Population Health Queensland*

Re *Insert Coded Patient Reference*

I am writing to inform you that I have reason to believe that patient (*insert coded reference*) is placing others at risk of HIV infection through their actions, and therefore I will be enacting Level One of the *Protocol for the Management of People with HIV who Place Others at Risk*, commencing (*insert date of commencement*).

I am undertaking the steps identified in the Protocol to manage this person and will provide a full report to you within three months of the aforementioned date.

The current steps I am taking to manage my client include:
(*Insert steps taken*).

Yours sincerely

(signature)

Insert Name
Insert Title
/ /

Letter from clinician to Executive Director, Population Health Queensland
accompanying full written report

Enquiries to:
Telephone: (07)
Facsimile: (07)
Our Ref:

Dr/Mr/Ms/Mrs
Executive Director, Population Health Queensland
Queensland Health
PO Box 48
BRISBANE QLD 4001

Dear *Insert Name of Executive Director, Population Health Queensland*

Re *Insert Coded Patient Reference*

Please find attached a written report detailing the timeframe and specific actions I have taken in enacting Level One of the *Protocol for the Management of People with HIV who Place Others at Risk* and the outcomes regarding these actions.

Yours sincerely

(signature)

Insert Name
Insert Title
/ /

Letter from clinician to Executive Director, Population Health Queensland
informing that person has met requirements of Level One

Enquiries to:
Telephone: (07)
Facsimile: (07)
Our Ref:

Dr/Mr/Ms/Mrs
Executive Director, Population Health Queensland
Queensland Health
PO Box 48
BRISBANE QLD 4001

Dear *Insert Name of Executive Director, Population Health Queensland*

Re *Insert Coded Patient Reference*

I am writing to inform you that I have been managing this person under Level One of the Protocol for the Management of People with HIV who Place Others at Risk for (*insert period of treatment*) and I am satisfied that the required behaviour modification has been achieved by the patient.

I enclose the written statement of compliance from (*Insert Coded Patient Reference*)

Yours sincerely

(signature)

Insert Name
Insert Title
/ /

Written undertaking of compliance with advice received.

STATEMENT OF COMPLIANCE
Level One: Protocol for the Management of People with HIV who Place Others at Risk,

To *Clinician's name*

From (*Insert Coded Patient Reference*).

I hereby acknowledge that I have participated in an education and counselling program regarding the prevention of HIV transmission to others with (*insert clinician's name*) over the period (*insert dates from commencement to completion*).

I understand my role and responsibility in preventing HIV transmission and have modified my behaviour accordingly. (*Insert details of behaviours modified and how these will be maintained.*)

I agree to maintain this behaviour in the future.

Signature

Date

Letter from clinician to Executive Director, Population Health Queensland
informing subject has not met requirements of Level One

Enquiries to:
Telephone: (07)
Facsimile: (07)
Our Ref:

Dr/Mr/Ms/Mrs
Executive Director, Population Health Queensland
Queensland Health
PO Box 48
BRISBANE QLD 4001

Dear *Insert Name of Executive Director, Population Health Queensland*

Re *Insert Coded Patient Reference*

I am writing to inform you that I have been managing this person under Level One of the *Protocol for the Management of People with HIV who Place Others at Risk* for (*insert period of treatment*) and I am not satisfied that the required behaviour modification has been achieved by the patient.

Yours sincerely

(signature)

Insert Name

Insert Title

/ /

LEVEL TWO

Letter from Executive Director, Population Health Queensland informing person they are to be managed at Level Two.

Enquiries to:
Telephone: (07)
Facsimile: (07)
Our Ref:

Mr/Ms/Mrs
(*Insert address*)

Dear

I am writing to inform you that I have reason to believe you may have committed an offence under (*insert section*) of the *Public Health Act 2005* by placing people at risk of contracting Human Immunodeficiency Virus (HIV) infection.

Because of the potential risk to the health of others, I have decided you will be managed under Level Two of the Queensland *Protocol for the Management of People with HIV who Place Others at Risk* (the Protocol). Under Level Two you will be required to participate in a mandatory program of counselling and education provided through a Queensland Health Sexual Health Clinic. The interventions will be determined as those best to assist you to change your behaviour. The aim of these interventions is to help you to carry out your responsibilities as a person living with HIV to prevent transmission of the virus and to protect others from becoming infected through your actions.

Whilst Level Two management involves a mandatory program as outlined above, your cooperation at this stage is formally requested. Should you fail to attend appointments with those who are implementing the program, your case may be elevated to Level Three. Under Level Three a court order will be sought from a magistrate to enforce your participation in the program.

As the first step in the process for Level Two management, I request your consent in writing to release your name to the panel of professionals who will be overseeing your management under the Protocol. Should you refuse to provide this permission in writing, I will seek authorisation from the Queensland Health Director General to disclose your confidential information to the panel members.

You should write to me using the following words:

“I give my consent for you to release my name to the panel of professionals who will be overseeing management of my case under the Queensland *Protocol for the Management of People with HIV who Place Others at Risk.*”

A template letter is attached for your signature. Please sign the letter, date it and mark the envelope “PERSONAL AND CONFIDENTIAL”. Address your letter to me:

Name

Senior Director Population Health Branch
Queensland Health
GPO Box 48
BRISBANE QLD 4001

You will be contacted in the near future by a Queensland Health clinician who is a member of the HIV Advisory Panel. They have been appointed to act as your case manager while you are being managed under the protocol. The case manager will be someone not involved in your regular clinical care. Your case manager will be able to answer any questions you may have in relation to any information contained in this letter.

The role of your case manager is to communicate between the panel and those providing counselling, education and support services to ensure continuity and consistency of care and to provide advice to the panel on your progress.

You can choose to nominate someone to be your personal advocate on the HIV Advisory Panel. This person will be able to put your point of view to the panel and also report back to you on the panel discussions.

If you would like to nominate someone to be a personal advocate, please do so in your letter to me. The person you choose must be able to attend panel meetings to communicate with the panel on your behalf.

Please forward to me your written consent as outlined above no later than *date*.

Yours sincerely

(signature)

Insert Name

Executive Director, Population Health Queensland

/ /

Template letter of consent to release confidential details to panel members.

Senior Director Population Health Branch
Queensland Health
GPO Box 48
BRISBANE QLD 4001

I, _____ (*insert your full name*) give my consent for you to release my name to the panel of professionals who will be overseeing management of my case under the Queensland *Protocol for the Management of People with HIV who Place Others at Risk*.

Signature

Date

Letter from Executive Director, Population Health Queensland to inform person they have met the requirements of Level Two.

Enquiries to:
Telephone: (07)
Facsimile: (07)
Our Ref:

Mr/Ms/Mrs
(Insert address)

Dear

I am writing to inform you that I am satisfied you have met the obligations required under Level Two of the Queensland *Protocol for the Management of People with HIV who Place Others at Risk* and this formal management will now cease. You are requested however to continue to work closely with your clinician for ongoing support to prevent the transmission of HIV infection.

I trust you have benefited from the counselling and support you have received and your commitment to maintaining behaviour changes to prevent the transmission of HIV is ongoing. In order to complete the Level Two management process, I require from you a written statement of commitment (draft attached). Please mark your envelope "PERSONAL AND CONFIDENTIAL" and mail your statement to me:

Senior Director Population Health Branch
Queensland Health
GPO Box 48
BRISBANE QLD 4001

Yours sincerely

(signature)

Insert Name
Executive Director, Population Health Queensland
/ /

Written undertaking of compliance with advice received.

STATEMENT OF COMPLIANCE

Level Two: *Protocol for the Management of People with HIV who Place Others at Risk*

To *Insert Name of Executive Director, Population Health Queensland*

From *(Insert Patient name)*

I hereby acknowledge that I have participated in an education and counselling program regarding the prevention of HIV infection to others with *(insert clinician's name)* over the period *(insert dates from commencement to completion)*.

I understand my role and responsibility in preventing HIV transmission and have modified my behaviour accordingly. *(Insert details of behaviours modified and how these will be maintained.)*

I agree to maintain this behaviour in the future.

Signature

Date

Letter from Executive Director, Population Health Queensland to person unsuccessfully managed at Level Two informing them of elevation to another Level.

Enquiries to:
Telephone: (07)
Facsimile: (07)
Our Ref:

Mr/Ms/Mrs

Dear *Insert Name*

I am writing to inform you that as a consequence of your failure to agree to modify your behaviour that places others at risk of HIV infection, your case has been elevated to Level (*insert appropriate Level: Three/ Four / Five*) under the *Protocol for the Management of People with HIV who Place Others at Risk*. As a consequence you will be required to (*insert details outlining actions to be taken according to the Level*).

Yours sincerely

(signature)

Insert Name
Executive Director, Population Health Queensland
/ /

LEVEL THREE

Behaviour Order

Refer to sections 125 – 128 of the *Public Health Act 2005* “Resource Kit”

LEVEL FOUR

Detention Order

Refer to the following Sections of the *Public Health Act 2005* “Resource Kit”

- Sections 116 – 117 re controlled notifiable conditions generally
- Sections 129 – 133 re detention orders
- Sections 134 – 135 re extension, variation or revocation of controlled notifiable conditions order
- Sections 136 – 140 re application for an apprehension warrant if a person absconds whilst under a detention order.

LEVEL FIVE

Departmental “Briefing Note for Approval” to be used re written permission from Director-General to release relevant confidential information to the police.