
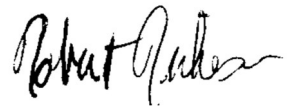

 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 8.18	Effective Date 8/7/2019	Page 1 of 2
	Supersedes New Directive		
Approved By  Commissioner Rollin Cook	Title Hepatitis C Virus		
 Chief Operating Officer Robert Richeson	 Chief Medical Officer Byron Kennedy		

1. **Policy.** The Department of Correction (DOC) shall provide humane and medically appropriate diagnosis and treatment to inmates with Hepatitis C Virus (HCV) infection.
2. **Authority and Reference.**
 - a. Connecticut General Statutes, Sections 18-81, 19a-7o.
 - b. Federal Bureau of Prisons Clinical Guidance (2018). Evaluation and Management of Chronic Hepatitis C Infection.
 - c. Department of Correction Clinical Guidance for Evaluation and Management of Chronic Hepatitis C Infection.
 - d. Administrative Directives 8.1, Scope of Health Services; 9.3, Admissions, Transfers and Discharges.
3. **Definitions.** For the purposes stated herein, the following definitions apply
 - a. **EHR.** Electronic Health Record.
 - b. **Health Services Staff.** An individual employed by DOC, on a part time, contractual, or full time basis who has responsibilities for providing health services to incarcerated inmates in the custody of the Commissioner of Correction.
 - c. **Hepatitis.** A disease or condition (such as hepatitis A or hepatitis B) marked by inflammation of the liver.
 - d. **Hepatitis C.** An acute or chronic hepatitis that is caused by a flavivirus (species *Hepatitis C virus* of the genus *Hepacivirus*).
 - e. **HCV.** Hepatitis C Virus
 - f. **HSU.** Health Services Unit.
4. **Development of Clinical Guidelines.** Health Services staff shall develop clinical guidelines for the detection and treatment of HCV infection. These guidelines shall be reviewed and updated periodically to take into account the latest clinical guidance.
5. **Test Consent, Counseling and Referral.**
 - a. **Testing.** The Health Services staff shall develop clinical guidelines that will result in HCV testing of every inmate incarcerated in Connecticut, except for those who opt out or who discharge prior to being tested. If an inmate opts out of being tested for HCV, he or she shall be provided with information about HCV transmission and infection and information about how to obtain an HCV test in the future. These guidelines shall initially prioritize testing for inmates who are at greatest medical risk from the disease.
 - b. **Consent.** HCV testing shall be performed with the informed consent of the inmate tested. Informed consent shall be obtained without undue inducement, compulsion, fraud, deceit, duress, or other forms of constraint or coercion and inmates shall be permitted to voluntarily opt out of testing.
6. **Treatment.** The HSU shall establish clinical guidelines for the treatment of HCV infection in those inmates who have tested positive for such an infection. The clinical guidelines shall initially prioritize the treatment of inmates with the greatest medical need for HCV treatment with the ultimate goal of treating all inmates where it is medically appropriate.
 - a. **Discharge Prior to Treatment Being Initiated or Completed.** Whenever possible, if an inmate who has tested positive for HCV infection discharges prior to being treated for HCV or the completion of HCV treatment, medical discharge planning

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shall be performed to provide the inmate with resources in the community where he or she can receive treatment for HCV infection and substance abuse disorders (if medically appropriate).

7. Refusal. Any Refusal of testing or treatment shall be documented in the EHR.

8. Precautionary Procedures and Protective Equipment.

a. Staff shall assume that all persons may be carriers of bloodborne pathogens.

b. Personal protective equipment shall be available at all DOC facilities.

c. Personal protective equipment shall include, but is not limited to;

i. masks

ii. disposable moisture proof gowns,

iii. hair covers,

iv. shoe covers,

v. protective gloves

vi. and masks and mouth barriers for cardio-pulmonary resuscitation (CPR)

d. Personal protective equipment shall meet the established OSHA standards regarding bloodborne pathogens.

9. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.