Re: CMHC Infection Control Policy Manual Updates

To: Recipients of the CMHC Infection Control Policy Manual
From: Gloria Moore
CMHC Infection Control Policy Manual Coordinator
Date: 04/03/17

Listed below are updated policies for your CMHC Infection Control Policy Manual.
The Facility Management Team is expected to inform all employees of these policies before placing them in the manual.

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Policy Name</th>
<th>Primary Change</th>
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| B-14.13.3     | Hepatitis C | • Page 1 first paragraph: All offenders with chronic hepatitis c will be followed in chronic care clinic.
|               |             | • Under Procedures A or was added after sharing needles. And or intranasal devices were deleted.
|               |             | • B. Intranasal illicit drug use was added. This will revise the lettering it will now be A to I.
|               |             | • Page 4; C. 2 After APRI score the following was added: calculated and recorded in the labs section in the EMR. And also If not was added to start the next sentence.
|               |             | • Page 4. E. B. The following was deleted; Compensated (low but Compensated (low albumin but ≥3.0, low platelet count but ≥70,000, elevated bilirubin but <2.0, and/or prolonged prothrombin time less than 2 seconds greater than control) 0.7 as they may be approaching the point where antiviral treatment is contraindicated because of advanced liver disease.
|               |             | • Page 5. Under VII. A. serum iron, TIBC, and ferritin were deleted.
|               |             | • B and was added and also if female was added. alpha-1 antitrypsin, ceruloplasmin, ANA was deleted.
|               |             | • D. over 40, preexisting cardiac disease is present, or as clinically indicated was deleted.
|               |             | • F. 1. Visual acuity should be performed at baseline. Funduscopic examination should be performed in patients at higher risk for retinopathy including patients with a history of ophthalmologic disorder, hypertension, diabetes, and older patients (age > 50 years). 2. Mental health evaluation was deleted.
|               |             | • Page 6. H. 6. Treatment is generally not recommended if the offender has decompensated cirrhosis, but may be considered on a case-by-case basis was deleted.
|               |             | • 7. Treatment is generally not recommended if the offender has hepatocellular carcinoma and treatment is not potentially curative was deleted.
|               |             | • Also deleted 8. Treatment is generally not recommended and delayed for an offender with no or mild fibrosis (FO-
F2) since decompensated cirrhosis is unlikely to develop in the subsequent few years. Waiting for newer therapies is prudent
- Page 9 under references When and In Whom to Initiate HCV Therapy Access was updated to October 24, 2016.
- Attachment 2 block 6 which state I understand that I must show up for peginterferon injections and that injections are given in the medical clinic or location(s) designated by medical staff. I understand that injections may be given early in the morning was deleted.
- Block 7 ribavirin, sofosbuvir, or was deleted and plus/minus ribavirin or velpatasvir/sofosbuvir plus/minus ribavirin was added.
- Attachment 2. Page 2. Second block flu like symptoms, severe depression, suicide, infection, loss of vision, and thyroid disease were deleted.
- Block 4 sofosbuvir or was deleted and or velpatasvir/sofosbuvir was added.