

### Initial Intake Health Assessment

- Offer STBBI testing to all clients OR if not able to consent or out of time, book for follow up appointment within 72 hours with first available clinician that has STBBI test offer under scope\*
- All clients to receive easy-to-read health/STBBI postcard (*plus booklets available + posters in intake area*)

### BEFORE offering STBBI testing (or before lab collection)

#### Clinician (or MOA):

- Check client's previous lab results in Excelleris AND CareConnect (e.g. HCV RNA, HIV, syphilis, etc.)
  - previous positive HCV RNA test result within the last 12 monthss
    - **IF YES:** Book client to see MD to discuss result
    - **IF NO:** Follow protocol for testing
- Check Pharmanet to review medications from last 12 monthss
  - **If on HCV treatment currently; call treatment provider immediately to advise continuing on therapy** or find out if medications need to be transferred

### When Offering STBBI testing

- RN (or first available clinician\*): If already known HCV/HBV/HIV pos, ask client if they know about their diagnosis and if they received any previous HCV/STBBI treatment/care
  - If received previous care, ask client if it's OK to send a note to community physician informing them that their patient is in custody & asking what assessments/care was provided previously, offer to copy them on any new test results & inform of new treatment plan
- RN (or first available clinician\*) offers labs for primary health care check (including STBBIs/liver health): follow procedures for obtaining consent (e.g., standard, express, decline)**
  - Order under delegation from site MD with pre-filled/pre-signed lab requisitions, copy to site & MD for:
    - "STBBI panel": HCV (antibody/RNA/genotype as required), HBV, HIV, Syphilis, CT/GC
    - "liver panel": CBC, AST, ALT, bilirubin, creatinine/eGFR
    - *Other primary care tests as determined*
  - If someone declines test
    - Report declined test/or unable to consent on screening tracking sheet (*paper or digital e.g. PAC*)
    - Flag/write a note in chart for MD/HCW to re-offer STBBI testing at next appointment (*in PAC*)
- To facilitate linkage to care**
  - Ask client to sign ROI (consent for their health info [e.g. test results] to be shared with other health care providers for coordinating care before & after their release); normal place for OAT; someone else providing care that we can send results to? Emergency contact? Personal contact information?
    - Ask client; if results are positive- can we send referral to get treatment process started?

**Review intakes weekly to determine if STBBI test was offered & done- follow up those missed.** Review tests performed weekly to determine if results returned & linkage to care initiated.

**Test Results:** Refer to policy and guidelines on giving test results to clients

# HCV Testing & Linkage to Care in Provincial Correctional Settings

## During Stay: HCV Workflow

**RN/LPN/MOA/Unit Clerk:** Review lab results sent to site as they come in • Report results in HCV/STBBI screening tracking sheet

### HCV RNA NEG: (not infected)

- RN/LPN: Give client negative result & Harm Reduction info package (with info on how to ask for re-testing)
- Advise to repeat testing again in 6 months; book if sentenced for >6 months
- Offer to make appointment for client with addictions counselor and/or OAT RN

### If client prefers no treatment

- Document Tx decision in HCV treatment management tracking sheet
- Offer to make appointment for client with addictions counselor and/or OAT RN
- Tell client that harm reduction counselling, OAT consult & HCV treatment can be discussed again via Health Service Request
- If requested, send referral to HCV treatment provider in the community so they can follow up again later, & refer to Unlocking the Gates (UTG) for post-release support
- Make a note to re-offer treatment at next appointment

### HCV RNA POS: (Treatment Planning) (has chronic HCV infection)

- RN/LPN/MOA/Unit Clerk: (Refer to HCV treatment provider list to determine appropriate pathway) send letter to notify **HCV treatment provider** (attach ROI + lab results); include any info available
  - **HCV treatment provider** notifies CHS which assessments you want site MD to do at appointment
- RN/LPN/MOA/Unit Clerk: book client for next available consult with site MD
- RN/LPN/MOA/Unit Clerk: inform client about their appointment with site MD to discuss STBBI test results
- Site MD: discuss HCV diagnosis with client, discuss treatment preferences & sentence length/court dates, & complete assessments advised by **HCV treatment provider**. Document results of assessments for MOA to type up & send to **HCV treatment provider**
- RN/LPN/MOA/Unit Clerk: Send referral to HCV treatment provider & document in HCV treatment management tracking sheet

### HCV treatment provider/clinic:

- Telehealth apt with client to discuss treatment & choose regimen
- Advise site of HCV treatment chosen
- Enroll client in relevant Pharma Patient Support Program (if required) & request PharmaCare Special Authority
- Send prescription to site once SA approved
- RN/LPN/MOA/Unit Clerk: Add client treatment info to HCV treatment management tracking sheet. Send prescription to PDC.
- RN/LPN: **Complete release plan with client** (consult release plan checklist) and enter details in HCV treatment management tracking sheet
- RN/LPN/MOA/Unit Clerk: **Plan in PAC for SVR4 and SVR12 test.** Book 12-week post-treatment lab work & order with pre-signed lab req.
- RN/LPN: **Start Directly Observed Treatment (DOT) once meds arrive.** Provide on-treatment support, education & refer to HR/OAT if required/missed previously
- RN/LPN: Follow up any missed doses as required, send note to HCV treatment provider if needed

### When client completes HCV treatment:

- RN/LPN/MOA/Unit Clerk: Update status in HCV treatment management tracking sheet
- RN/LPN: Provide education on risks of reacquiring HCV & need for ongoing HCV RNA testing at least 2-1 times per year if ongoing risk
- RN/LPN: Coordinate linkage to HCV treatment provider in community for follow up care (e.g. HCC surveillance, SVR12)

Client **RELEASED** before Rx completion OR Before SVR 4 and SVR12 test is done (see next page)

Client **TRANSFERRED** before Rx completion OR Before SVR 4 and SVR12 test is done (see next page)

## Released OR Transferred to another facility

### Client **RELEASED** before Rx completion OR Before SVR12 test is done

- REFER TO DISCHARGE PLANNING FORM**
- Report release in HCV treatment management tracking sheet
- Have client sign ROI if not previously done at intake (and they are still in the centre)
- Connect with CTT if appropriate & peer navigators (UTG) to assist in coordinating care in community if needed
- Options for medications to offer clients
  - Release client with remaining pills
  - Transfer tablets already dispensed to doctors office or other service
- If there are any **un-dispensed** refills remaining, transfer prescription to a nominated pharmacy
- Provide signed lab req for RNA test (SVR 4 and 12), and letter to give to provider of choice advising date SVR12 test due (**send copy of letter & lab req to HCV treatment provider and community OAT provider, primary care provider, etc. if nominated**)

### Client **TRANSFERRED** before Rx completion OR Before SVR12 test is done

- Report transfer in HCV treatment management tracking sheet
- Review PAC & meds & send HCV meds to new Correctional Centre
- Inform via PAC of HCV treatment status for the other Intake nurse at the new Correctional Centre
- Send note to HCV treatment provider advising Correctional Centre where the patient is now at