



the State Pen

The Newsletter
of the
California/Nevada
Chapter
of the
American
Correctional
Health Services
Association

**Volume 13
Number 2
Fall 2002**

Management of Hepatitis C in Short Term Correctional Facilities (Jails)

Background:

Hepatitis C is the most common chronic blood-borne infection in the United States. Approximately 600,000 Californians are estimated to be infected with the Hepatitis C Virus and forty-one percent of the inmates entering the California State Prison System are infected with HCV (39.4% male inmates and 53.5% Females). Forty-percent of chronic liver disease is HCV related and results in 8,000 to 10,000 deaths each year. Hepatitis C is the leading reason for liver transplantation, which is expected to increase over the next ten years. Although Hepatitis C is a reportable disease in California, the health department figures suggest under reporting.

Testing for the virus is done by EIA (Enzyme-linked Immunosorbent Assay), and is confirmed by RIBA (Recombinant Immunoblot Assay). Of the individuals who are infected over 75% will develop a chronic infection, 15% will be symptomatic, 20% will develop advanced liver disease, and 5% will die of liver cancer. The progression of this disease is very slow and insidious (generally over 20 -30 years).

Based on current studies, injection drug use accounts for 60% of the HCV transmission in the United States. A large percentage of those infected in the past had blood transfusions before 1992. The risk from transfusion is now rare due to effective donor screening methods. Other transmission modes include:

- Nasal Cocaine Use
- Nosocomial use - chronic hemodialysis setting
- Risk associated with needle stick injuries (1.8% incidence of seroconversion with an HCV contaminated instrument-higher than HIV, but less than Hepatitis B).
- Tattooing and Body piercing (in unlicensed settings)
- Sexual Activity
- Unknown- accounts for 10% of infections

The current treatment of Alpha Interferon coupled with Ribavirin requires injections three times per week and produces a sustained virologic response in about fifty percent of patients. This treatment is generally recommended for twelve to eighteen months and costs up to \$8,600 each six months. The estimated cost of a liver transplant is approximately \$215,984.00 and the total annual cost of HCV to the health care system in late 1998 was estimated to be \$4 billion. Prior to the initiation of treatment the following should be accomplished and/or required:

(Continued on page 2)

- Counseling regarding infectivity
- Abstention from alcohol consumption
- Vaccination against Hepatitis A & B
- Evaluation for treatment
- Screening for hepatocellular carcinoma

RECOMMENDED HEPATITIS C GUIDELINES FOR CALIFORNIA JAILS:

1. Policy and Procedure: A Written Policy and Procedure for the management of Hepatitis C in Jails should be developed as a collaborative effort between the Responsible Physician, the Facility Administrator and the local Health Officer. This written plan should, at a minimum, address the following areas:

- Screening
- Treatment/Continuity of Care
- Inmate Prevention and Education
- Inmate/Patient Counseling and Informed Consent regarding Treatment Criteria and Options
- Employee Prevention and Education
- Immunizations

2. Screening: There currently is no single consensus on who should or should not be screened, however, the California Board of Corrections' task group generally agrees with the concept of "Linked Screening " (i.e, whenever an Inmate tests positive for any one of the following: HIV, Tuberculosis or Hepatitis C, they should be tested for the other two entities). The rationale for linking Tuberculosis with testing is not based on the mode of transmission, rather, the significant link between HIV and Tuberculosis and HIV and HCV.

Other testing considerations should include:

- Injection drug users

- Recipients of clotting factor concentrates produced before 1987
- Long-term Hemodialysis
- Persons with persistently elevated ALT Levels
- Persons who received a transfusion of blood or blood components or an organ transplant before July 1992
- Persons who received blood from a donor who later tested positive for HCV infection.
- Workers who have been exposed to HCV-positive blood
- Children of HCV-positive mothers

3. Treatment: There is fundamental agreement that those Inmate/Patients who present that are Hepatitis C positive and are currently on treatment, should and must be continued when clinically indicated. Treatment regimes should be verified with the treating physician.

Each patient should be evaluated on a case-by-case basis. In the majority of instances, the initiation of Interferon is not practical, feasible nor efficacious due to the transient nature of this population. Specifically, the time requirements to complete pre-treatment clinical evaluations, testing and vaccinations require more time that an individual may be expected to be incarcerated. In addition to the length of time treatment is necessary.

4. Prevention: An education and prevention program for staff and inmates should be developed and readily available for inmates, and mandatory for employees as a part of the on-going Air and Blood-borne Pathogen Program. In addition, Hepatitis A and B immunizations should be available to all employees based on a voluntary program.

5. Plan Components: When developing a plan, the following should be considered:

- Should screening be done in our Jail, and for what purpose?

- To what extent does in-custody transmission of HCV occur and should procedures be modified to prevent such transmission?
- To what extent should treatment be offered?
- Policies and procedure for the continuation of Alpha-Interferon/Ribavirin therapy for newly booked inmate/patients that were receiving treatment prior to booking?
- What will be the long-term effects of HCV infection, both on the demands for health service and associated costs?
- What implications are there for employee health?

This policy was written by The Institute for Medical Quality's Corrections and Detentions Health Care Committee, and the California State Sheriff's Association. Many thanks to Rebecca Craig and the IMQ for allowing us to publish it here.

***Safe & Happy Holidays
to you all from
The California-Nevada Chapter
of
The American Correctional
Health Services Association!***



"Solving Problems Today for a Better Tomorrow"

***MORE THAN 60
OPPORTUNITIES
TO EARN CEUs AND CMEs***

Take advantage of this opportunity to earn valuable Continuing Education Unit's (CEUs) and Continuing Medical Education credits (CMEs) by attending training sessions offered at the American Correctional Association's 2003 Winter Conference in Charlotte, North Carolina, January 11-15, 2003.

Topics to be presented include:

- Balancing Priorities in the Face of Budget Reductions
- Building an Effective Partnership with Public Health & Correctional Health
- Correctional Workforce 2020
- The CDC's New Initiative on Small Pox Preparedness & Response
- Gangs and Religion
- Juvenile Offender Management
- Sexual Abuse and Related Problems in Correctional Institutions

And many, many others!

Don't miss the opportunity to be a part of this exciting, informative, and educational week! Visit the ACA website (www.aca.org) or email them at info@aca.org for more information.

ACA
FOUNDED 1870

**DIRECTOR OF NURSING, CORRECTIONAL MEDICAL SERVICES
ORANGE COUNTY HEALTH CARE AGENCY**

Annual Salary: to \$90,000

Plus excellent benefit package

Orange County, known for its outstanding quality of life, is seeking a Director of Nursing for Correctional Medical Services. A division of the County's Health Care Agency, Correctional Medical Services is responsible for providing 24 hour, seven day per week medical and dental care to 5,000 individuals held in custody at five adult County correctional institutions. The Director of Nursing manages a staff of 130 nurses (RNs and LVNs) and medical assistants. The Director plays a key role in managing staff resources and implementing new programs.

The ideal candidate will be a talented institutional nurse manager with extensive knowledge of inpatient/outpatient services, and a commitment to patient care. This exceptional leader will bring proven staff management abilities along with excellent communication and problem solving skills, and the ability to work effectively and collaboratively with the Sheriff's department, courts and inmate's families. A current license as a Registered Nurse in California is required. A Bachelors degree or equivalent nursing education is desired.

To be considered for this exceptional career opportunity, submit resume, three work-related references and current salary by **Friday, January 31, 2003** to:

CSAC Human Resources Advisory Services

Attn: Kris Kristensen

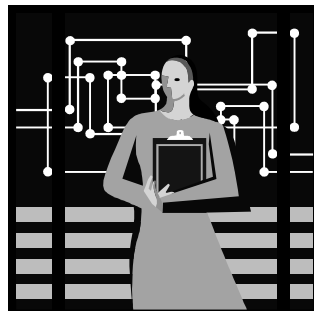
241 Lathrop Way

Sacramento, CA 95815

Tel: 916 263-1401

Fax: 916 561-7205

Email: resumes@cps.ca.gov



\$10 Gift Certificates

A gift certificate, good for \$10 off dues, conferences, regional meetings, or any other CA-NV ACHSA chapter activities will be issued to members who submit articles, news items, or other contributions to *the State Pen* (that's \$10.00 for each contribution!). Get out your pens, fire up the word processors, and send us the latest on your work sites, your accomplishments, case studies, humorous or sad stories (or whatever else you may have). We want your input to make *the State Pen* a networking and outreaching format. Contributions need not be grand or wordy, but please type or print!



Visit Us on the Internet

For the most up-to-date information, visit our site on the World Wide Web! You can find us here:

<http://members.tripod.com/~achsa/index.htm> or
<http://achsa.tripod.com/index.htm>

Thanks to Mr. Alan Wild for the use of this logo!

The CA-NV Chapter Board of Directors

Here are the current members of the CA-NV Chapter Board of Directors. Board members serve in an unpaid capacity, with the length of their terms established by the chapter by-laws (interested parties may view these on the chapter web page). Members may be contacted via their e-mail addresses, or by writing them c/o the chapter's mailing address, 2140 Shattuck Avenue, PO Box 2491, Berkeley, CA 94704. Alternately, they may be reached via the chapter's e-mail, ca_nvachsa@lycos.com

Position	Name	Organization	E-mail
Past President	Royanne Schissel, RN CCHP	San Diego Sheriff's Department	rshissel@msn.com
President	Joe Goldenson, MD	San Francisco Sheriff's Department	joe_goldenson@dph.sf.ca.us
President-elect	Kathy Wild, RN CCHP	San Bernardino Sheriff's Department	kwild@sanbernardinosherriff.org
Treasurer	Sharon Petrillo, RN	California Department of Corrections	sharonpetrillo3@aol.com
Secretary	Kandy Heinen, RN CCHP-A	Contra Costa Sheriff's Department	kheinen@aol.com
Communications Coordinator	Kevin Connor, RN CCHP	San Bernardino Sheriff's Department	kc_rn@yahoo.com
Member at Large	Vickie Schlone, RN	California Department of Corrections	vlschlone@aol.com
Member at Large	Alan Abrams MD JD	California Department of Corrections	aabrams@n2.net
Member at Large	Sandra Hand, MD	Sacramento Sheriff's Department	hands@saccounty.net
Member at Large	Susan Spencer RN, CCHP	Riverside County Detention Health Services	snsponce@co.riverside.ca.us
Nevada Representative	Vacant	xxxxx	xxxxx

Mark your calendars NOW!



American Correctional Health
Services Association Conference
in

Baltimore, Maryland

at the Wyndham Baltimore Inner
Harbor Hotel

April 10-13, 2003

For additional information contact:

ACHSA

Toll free: 877.918.1842

Email: achsa@mindspring.com

or look for information in future editions of CorHealth

Conference, 2002

Sacramento - September 19 & 20

-or-

**"Wait a minute... I thought the CA-NV Chapter
had their conference in January!"**

The CA-NV chapter held an unprecedented 2nd conference in the 2002 year due to the rescheduling of the 2001 conference to January (necessitated by the events of 9/11). Over 100 correctional health care professionals met and networked over the course of 2 information-filled days, enjoying sessions over a wide variety of topics, from drug and alcohol detoxification to mental health, to HIV basics for corrections officers.

The Board did a fantastic job putting together the agenda for this conference, and is already starting work on next year's, to be held September 26 & 27, in San Diego. Mark your calendars now!

**The California-Nevada chapter had unprecedented growth during 2002, and we would like
to welcome these new members to the organization:**

Abbott, Tim	Davis, Catherine	Lucas, Debbie	Sanderlin, Vivian
Angelo, Carmel	Davis, Nancy	Major, Katherine	Scarcelli, Elizabeth
Antonio, Diane	Desrosiers, Robert	Mastergeorge, Lillian	Sidhu, Raj
Austin, James	Duncan, Renee	Meyer, Lilia	Siegmund, Susan
Beauchamp, Julia	Ellett, Marty	Miller, David	Sine, David
Bennett, Charles	Estes, Milton	Moldovan, Joan	Speaks, Catherine
Bennett, Nancy	Farr, Kenny	Nix, Kitty	Spencer, Susan
Berry, Jeannie	Gallageher, Nancy	Olafsen, Heike	Stiens, Gloria
Boykins, Tounya	Garsh, Donald	Ortiz, Romeo	Swearingen, Jana
Brophy, Jacqueline	Gates, Laura	O'Shaughnessy, John	Tadesse, Martha
Brown, Koen	Goldstein, Earl	O'Shaughnessy, Vicki	Tennessee, Valerie
Burmoood, Maria	Grametbaur, Jane	Parker, Mary	Thomas ,Lynn
Burrow, Jan	Granquist, Jean	Parmely, Carol	Thomas ,Ronald
Byrne, Joseph	Greenaugh, William	Peace, Carlos	Torres, Sandy Kay
Cain, Renee	Hambly, Asa	Peterson, Douglas	Udseth, Ted
Caldera, Mary	Hand, Sandra	Phillips, Craig	Vaidizan, Mario
Canada, Becky	Hohe, Danelle	Pothier, Ann	Van Auker, Laura
Chopra, Jagdish	Inneh, Juliana	Prepetit, Emmanuel	Vandenburg, Guy
Clements-Nolle, Kristin	Jaques, Sharon	Renard, John	Viloria, Monina
Conner, Ralyn	Jayo, Carolyn	Reta, Joel	Vu Do, Hung
Corream Maria Elena	Karr, Jean	Rich-Fraser, Susie	Walker, Randall
Crager, Walter	Kinnison, Michael	Robledo, Mario	Whitmire, Barbara
Cristobal, Bienvenida	Kirchubel, Marilyn	Romo, Margarita	Wilson, Bill
Damiano, Peter	Lane, Christine	Samuel, Clifford	Youngblood, Ella

ALCOHOL-BASED HAND SANITIZERS, A BLESSING OR HAZARDOUS MATERIAL?

By Marian Beck Clore, RN, BSN, ICP



Healthcare providers, especially infection control practitioners (ICPS), are recognizing that alcohol-based hand sanitizers are an effective alternative to washing hands with soap and water. When alcohol-based hand soap dispensers are conveniently located, more frequent hand cleansing is encouraged, less time is required and better compliance is promoted. Some facilities support the idea of mounting liquid hand sanitizing containers onto walls between patient rooms, near patient beds, in dirty utility rooms, etc. Bottles of hand sanitizers are kept in other easy-to-reach places, such as patient bedside stands or healthcare workers (HCWs)' pockets.

The problem? Alcohol-based gels, foams and liquids are extremely flammable and are classified as hazardous materials.

Alcohol-based hand sanitizers were evaluated for use by the safety committee at Duane L. Waters Hospital, a correctional hospital providing inpatient and outpatient care to incarcerated patients. For those unfamiliar with a correctional setting, certain directives and operational procedures must be followed. Hazardous materials are classified as "critical tools" and prisoner access is limited and controlled at all times. Hazardous materials are to be stored in secure, labeled lockers or rooms designed for the purpose of storing flammable or combustible material. The custody and fire inspectors, after reviewing the MSDS sheets, denied the use of these products inside this facility. The innocent-looking hand cleanser could be used by a prisoner as a potential weapon against staff, other prisoners or the physical plant.

Since these products are deemed hazardous, other high-risk correctional centers, such as forensic or psychiatric facilities, juvenile detention centers, jails and parole centers should evaluate carefully before approving the use of alcohol-based hand sanitizers in their facilities.

Inquiries to the local fire department revealed that the fire codes approve hand-sanitizing products which are packaged and labeled according to the National Fire Protection Agency (NFPA) and Occupational Safety and Health Administration (OSHA) standards. These products should be stored as any other flammable liquid would. Fire department officials were extremely surprised to hear that liquid hand sanitizers were so widely used, and at the same time, so highly flammable.

While not statistically validated, experimentation was performed using six bottles of hand sanitizing gels, foams and liquids. The MSDS sheets for these products listed the flammability ratings of "3" and "4" (extremely flammable). Ignition testing produced the following results: Instantaneous combustion occurred; there was visible heat radiation, with no actual flame; and boiling was evident and visible. The facility fire inspector stated that he compared the combustion of alcohol-based hand sanitizers to that of napalm, as both have very similar ingredients and burning patterns.

When the ignition source was introduced to alcohol-impregnated antimicrobial hand wipes (flammability rating of "2"), no flame, fire or heat were produced until the alcohol had evaporated. At that time, the paper ignited just as any other sheet of paper would.

The alcohol-impregnated hand wipes contain less alcohol and are not much more effective than washing with soap and water, according to the "Draft Guideline for Hand Hygiene in Healthcare Settings," developed and sponsored in 2001 by the Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC), Society for Healthcare Epidemiology of America (SHEA), Association of Professionals in Infection Control and Epidemiology (APIC) and Infectious Diseases Society of America (IDSA).

Because of its lower flammability rating and relative safety, hand wipes have been approved by the fire inspector for use in our correctional facility.

Hand-wipe containers will be installed in key locations, such as at the hospital entrance where prisoners are searched by the custody staff, between patient rooms, in the lunch room, in examination and treatment rooms and on medication carts, etc. As staff members are trained and become aware of the convenience of the hand wipes, they will utilize them more frequently. The apparatus that hold the hand-wipe containers on to the wall have been chosen carefully for safety and have been approved for use in our prison hospital. Individually wrapped antiseptic hand wipes are additionally available for staff to use when soap and water or wall-mounted hand wipes are not available.

Hopefully, this article has brought awareness to all who evaluate and select waterless alcohol-based hand sanitizers. There has certainly not been much talk about the safety of mounting large containers of flammable liquids to hospital, clinic, and day care facility walls. Everyone must evaluate the safety of using these products versus washing with alcohol-impregnated hand wipes or good old soap and water.

Marian Beck Clore, RN, BSN, ICP, is the Infectious Disease/Safety Coordinator for the Michigan Department of Corrections, Duane L. Waters Hospital in Jackson, Mich.

This article first appeared in the October 2002 issue of Infection Control Today. Visit their website at www.infectioncontroltoday.com for a wealth of information regarding infection control issues.

Mark Your Calendars!

Join us in San Diego for our annual conference

September 25 & 26, 2003

Members will be mailed details sometime after

January 16, 2003

Hope to see you there!

Application For the California/Nevada Chapter of the ACHSA

Name _____
 Mailing Address _____
 Name of Organization/Institution _____
 Address _____
 Work Telephone No. _____
 Specialty/Discipline _____
 Position _____

Are you a member of ...

ACA? Yes No

National ACHSA? Yes No

The American Correctional Health Services Association (ACHSA) is an affiliate of the American Correctional Association (ACA). Although not mandatory for ACHSA membership, please indicate if you are a member of the ACA on application.

In order to be a member of the California/Nevada Chapter of the ACHSA, you must be a member of the national ACHSA; please indicate if you are a member of the national ACHSA on application.

Annual dues for ACHSA are: \$45.00 (National) and \$15.00 (State). Total due = \$60.00

Please make check payable to: ACHSA, California/Nevada Chapter, and send to: Treasurer, 2140 Shattuck Ave., Box 2491, Berkeley, CA 94704.

Membership is open to all individuals interested in correctional health services

California/Nevada Chapter
 American Correctional Health Services Association
 2140 Shattuck, Box 2491
 Berkeley, CA 94704