

**HEPATITIS C TESTING AND TREATMENT SCALE-UP IN PRISONS  
IMPLEMENTATION CHECKLIST**

The following items should be considered during the implementation phase	Tick when completed
<b>1. Conducting a pilot</b>	
Is a short-term pilot appropriate to inform broader implementation?	<input type="checkbox"/>
At which prison/s is the pilot implementation most feasible? (e.g. suitable health clinic, existing hepatitis service, and good access to prisoners)	<input type="checkbox"/>
Are correctional and healthcare staff well-resourced and supportive of scale-up?	<input type="checkbox"/>
Is evaluation of the pilot feasible? (e.g. required health and correctional data systems are available)	<input type="checkbox"/>
Is the prisoner population of the pilot prison/s suitable? (e.g. high hepatitis C prevalence, incarceration periods which can accommodate testing and treatment timelines)	<input type="checkbox"/>
<b>2a. Issues specific to correctional authorities</b>	
<i>Workforce:</i> is appointment of a dedicated correctional officer possible? Are there staff shortages, or other priorities which may result in staff reassignment?	<input type="checkbox"/>
<i>Other resources:</i> has a budget been approved including specific line items for all relevant costs (e.g. opportunity cost of using prison spaces/rooms, staff training and education, rewards and recognition for involved staff, data extraction)	<input type="checkbox"/>
<i>Data collection and information systems:</i> what are specifications of data needed to monitor and evaluate scale-up? Are the necessary approvals for access to data in place? Are procedures and permissions in place for equipment needed? (e.g. electronic tablets for data collection)	<input type="checkbox"/>
<i>Communication, education, and special populations:</i> have educational and training resources been developed? Is there a schedule of regular stakeholder communications? Is a system for dissemination of progress updates in place? Have staff champions been identified and engaged? Have influential prisoners been engaged?	<input type="checkbox"/>
<b>2b. Issues specific to health services</b>	
<i>Workforce:</i> has the model of care, staff roles and responsibilities been defined and approved? Is there flexibility in the model to accommodate staff availability? Are standard operating procedures for the hepatitis C care cascade in place?	<input type="checkbox"/>
<i>Other resources:</i> has the use of health clinic rooms or alternate prison locations been approved? Is the best available technology for testing in place (e.g. ultrasound-guided phlebotomy, fingerstick testing)? Has medication been procured? Are procedures in place for the most efficient method of medication administration (i.e. weekly or monthly dispensing and self-administration by prisoners)?	<input type="checkbox"/>
<i>Data collection and information systems:</i> are efficient systems in place for efficient scale-up of diagnostic testing and access to results? Are there standardised proformas to collect data on each care cascade step? Is a system in place to support continuity of care for prisoners transferred or released to freedom?	<input type="checkbox"/>
<i>Communication, education, and special populations:</i> have educational and training resources been developed? Is there a schedule of regular stakeholder communications? Is a system for dissemination of progress updates in place? Have staff champions been identified and engaged? Have influential prisoners been engaged?	<input type="checkbox"/>