



TURNING POINT SOMERSET NEEDLE EXCHANGE SERVICE GUIDELINES

Introduction

The principle aims of the Needle Exchange service are:

- To reduce drug related deaths by controlling the spread of blood borne viruses and other potential infections through the provision of sterile injecting equipment to intravenous drug users.
- To provide an easily accessible service which engages injecting drug users assessing risk, giving evidence based harm reduction advice and providing a gateway into treatment services.
- These guidelines seek to formalise the best practice possible within the limitations of a service that does not have a competent drug worker (as defined in this document) available at all times and covers a large rural area.

This document must be read in conjunction with:

- Turning Point Somerset Guidelines for the Safe Handling and Storage of Clinical Waste
- Turning Point Somerset Guidelines for Needle Stick/Sharps Injury

Responsibilities

The Service Manager is responsible for:

- Ensuring that training is provided for all workers across the service taking part in needle exchange.
- The overall health and safety aspects of the service across Somerset.
- The overall management of the needle exchange service across Somerset.

Team Leaders are responsible for:

- Assessing each workers level of competence and deciding when workers can participate in providing the needle exchange service.
- Following up competency checks regularly as part of line management supervision and updating knowledge as necessary.
- Updating their own level of knowledge regularly.
- Ensuring that in-house training is provided as necessary.
- The overall health and safety aspects of service provision in their designated area including undertaking and reviewing risk assessments.
- Monitoring recording of data.
- Overall management of the needle exchange service within their designated area.

Staff and volunteers are responsible for:

- Awareness of health and safety issues.
- Awareness of and compliance with this policy.
- Ensuring stock is appropriately stored and replenished.

- That all transactions are recorded in line with this policy.
- Responsibility for their own actions.
- Maintaining and updating their own knowledge and competence level.

Appendices

Appendix 1: Turning Point Somerset Needle Exchange Record Sheets with guidance on use:

- (a) Initial Contact Form
- (b) Brief Needle Exchange Record Sheet
- (c) Needle Exchange Detailed Assessment and Intervention Record and Needle Exchange Record Sheet (Page 2)

Appendix 2: Competency check list for volunteers

Staffing

Clients who request a needle exchange service should whenever possible be seen by a competent worker; this is a worker who:

- Has undertaken the in-house two day safer injecting training (or equivalent – see training section).
- Has been deemed as competent to provide needle exchange by their line manager.

When there is no such worker available equipment can be dispensed by other workers who:

- Have undertaken in-house training with a competent worker.
- Have been deemed as competent by their line manager.

First Contact

If a service user not previously known to the agency presents requesting a needle exchange the following guidelines should be implemented:

- The client must be taken to a confidential area.
- An initial contact form must be completed.
- Turning Point's Confidentiality Policy must be discussed and any questions answered.
- An identifier must be asked for (full name or initials and date of birth).
- A Popple disclaimer form must be explained and signed to give their consent to store their information and use statistics from it.

In addition to injecting equipment clients must be offered verbal and written information on:

- Safer injecting;
- Their drug of choice;
- Transmission of blood borne viruses, prevention and testing;
- Information on Hepatitis A/B vaccine;
- Sexual health information;
- Overdose prevention and response;
- Safe storage and disposal of injecting equipment;
- Referral for primary health care (GP) and/or treatment;
- Other services offered by Turning Point;

If in exceptional circumstances it is not possible to undertake an initial assessment equipment can be given at the discretion of the worker and the individual encouraged to come back for a more detailed assessment.

Every opportunity should be taken at each visit to repeat any information and advice around harm minimisation and access to further services.

Supply

- No larger than 1ml or 2ml syringes should be supplied without specific reasons (e.g. steroid use, prescribed ampoules for injection).
- Sufficient equipment should be supplied in order to ensure that the client does not need to share or re-use equipment.
- If the individual states that they are supplying equipment to others (secondary exchange) this should be encouraged and they can be given more equipment.
- They should be encouraged to bring the other injectors into the agency and/or spend some time with the worker discussing relevant harm reduction information that they can pass on to the other injectors they are in contact with.
- An outreach visit may be negotiated in some instances. Refer to the section on outreach/home visits.

Record Keeping

- Record keeping is an essential part of the needle exchange service, it will give us the information we need to evaluate and plan the service and the structure in which to offer the best possible information and advice to each client individually.
- The level of assessment undertaken at each visit must be appropriate to the needs of the individual.
- Workers must take every opportunity to assess the risks associated with the injectors' current practices and give relevant information and advice to reduce the risks and improve health.
- If a risk assessment cannot be undertaken the client must be encouraged to come back at a time when a more detailed assessment can be made.
- Each visit to the needle exchange and the equipment supplied/returned must be recorded on the appropriate needle exchange form.

The minimum data recorded must be:

- Full name or initials of client
- Date of birth
- Amount of equipment issued/returned
- Date and worker's name
- See **First Contact** for information to be completed on first contact.
- If possible the client's file should be checked for any notes from the last visit before equipment is given to ensure information is followed up and to provide consistency of care.
- All records and details of supply are confidential.
- Each service user has a right to access to their records with respect to Turning Point's Open Notes Policy.

Returns

- All service users should be encouraged to return used injecting equipment in the sharp safe containers provided.
- The primary aim of the needle exchange service is to provide sterile injecting equipment to prevent the transmission of blood borne viruses this must not be sacrificed for the sake of achieving the secondary aim of a 100% return rate.
- All returned equipment should be treated as contaminated and as presenting an infection risk.
- See the Turning Point Somerset Guidelines on Handling and Storage of Clinical Waste for detailed information.
- Any messages received by the service concerning the dumping of used injecting equipment should be referred to the councils' environmental health department.
- Turning Point Somerset will support any joint work regarding safe disposal of used equipment in the community through liaison with the DAAT and other relevant agencies.

Training and Supervision

- All members of staff/volunteers must undergo the appropriate training as outlined in this policy and be deemed as competent by their line manager before undertaking any needle exchange work.
- In order to become a competent worker all staff/volunteers will need to attend the two day in-house safer injecting training or training deemed as equivalent by their line manager.
- Workers need to be competent and skilled both in knowledge around injecting drug use and communication skills so that a balance can be struck between undertaking risk assessment/giving harm reduction advice and engaging clients into the service.
- Competency checklists are provided for volunteers as part of the two day in-house training and must be completed on return to each office by a competent worker (refer to appendix 2).
- Needle exchange work must be discussed within line management supervision so that worker knowledge and competence is maintained and when ever possible extended.

Training of staff undertaking brief needle exchanges must include:

- Information on equipment type and usage;
- The safe handling and storage of clinical waste;
- How to respond to a needle stick injury;
- Awareness of harm reduction issues including: blood borne viruses, overdose and injecting sites;
- Record keeping;
- Training will be given to each individual in-house by the Team Leader or delegated by the Team Leader to a competent worker.

Young People

- If a client is (or appears and cannot give proof of age) under the age of 18 years they must be seen by a paid worker for a SUST assessment and On The Level contacted.
- Refer to Turning Point Somerset's joint working protocol with On The Level.

Saliva Testing

- Turning Point in Somerset take part in the National Saliva Testing Survey co-ordinated by the Health Protection Agency.
- The results from this survey provide national statistics highlighting the prevalence of blood borne viruses and risk behaviours (presented in the annual *shooting up* report).
- This is an important part of needle exchange work and Team Leaders in each area must ensure that all workers are fully informed and competent in this area of the needle exchange service.
- Clients can participate in the survey once a year and are given a £2 Boots voucher for taking part.
- Saliva testing must be explained to clients and undertaken at every opportunity.
- The test is anonymous so no results can be given but the opportunity should be taken to discuss the risks of blood borne virus transmission and how these can be reduced, to encourage testing and access to treatment.
- The percentage of saliva tests being undertaken in each locality should be evaluated every six months and discussed within line management supervision.

Pharmacy Needle Exchanges

- Pharmacy needle exchanges are available in each locality.
- Team Leaders should be aware of where the pharmacies are in each of their localities and develop links so that support can be offered where appropriate.
- Turning Point will support any joint work around needle exchange provision across the services co-ordinated by the DAAT in Somerset.

Doorstep Needle Exchange

At times when the office is unable to open during normal opening hours and workers are on their own in the office the following guidelines are recommended:-

Lone Working Policy

- The Team Leader must undertake a risk assessment and set up a lone working system in each office where doorstep needle exchange is undertaken.
- Refer to the National Turning Point Lone Working Policy in the Health and Safety Manual (section 3.20).

Assessment of Risk

- The worker must talk to the service user over the intercom and using the visual monitor ascertain that a doorstep needle exchange is appropriate.

Reasons for not providing a service may be:-

- Aggressive behaviour;

- Alcohol intoxication;
- A group of individuals not known to the worker;
- If the worker decides not to provide a service the individual must be given the reason for the decision, the next time that the needle exchange service is open and the address of the nearest pharmacy.

Supply

- Ask over the intercom the type and amount of equipment needed and if they are bringing back any returns;
- Enough equipment should be supplied so that the individual does not need to share or re-use equipment;
- Secondary supply should be encouraged and more equipment can be given as necessary.

Returns

- A risk assessment must be completed by the Team Leader of the office that doorstep needle exchange is being undertaken and a process for safe handling of clinical waste developed and adhered to;
- Refer to Turning Point Somerset Guidelines for the Safe Handling and Storage of Clinical Waste.

Records

The following information must be recorded:-

- Full name and date of birth;
- Any equipment given/returned;
- Any other relevant information for the next visit (any verbal information or leaflets given).

Training

- All workers must be provided with needle exchange training as outlined in this policy and deemed as competent by their line manager before providing doorstep needle exchanges.
- It is recommended that all workers providing doorstep needle exchange receive training in working with challenging behaviour (diffusing violence and aggression) and breakaway technique.

Detached Work

Where Turning Point staff work in the premises of other agencies (e.g. custody suites, probation offices, satellite services) workers should make needle exchange services available to clients within the following guidelines:-

- The explicit written consent of the manager of the agency whose premises are being used must be sought to provide needle exchange services;
- A risk assessment must be completed by the line manager to ensure the safe handling and storage of clinical waste and a procedure agreed and adhered to (refer to the Turning Point Somerset Guidelines).
- Equipment supplied will be dependent on local factors such as practical issues of storage/carriage and client demand.
- This document must be referred to with regard to all other aspects of needle exchange provision.

Outreach/Home Visits

When Turning Point staff are providing outreach or home visits workers should make needle exchange services available to clients within the following guidelines:

- Whenever possible clients should be asked for their equipment order (type and quantity) before the visit so that the right equipment is given and whether they have any used equipment and how it is stored.
- Where this is not possible workers will need to take a variety of equipment types so that a choice can be made by the client that suits their needs.
- All outreach and home visits must be agreed by the line manager and a risk assessment undertaken where appropriate (refer to Turning Point's Lone Working Policy and Turning Point Somerset Guidelines on the Safe Handling and Storage of Clinical Waste).

Shared Premises/Integration

- Where Turning Point are sharing premises with other agencies or integrating services from two separate buildings (e.g. with Somerset Drug Service) needle exchange services can be provided by the other agency within these guidelines and with the agreement of both service managers.

Date of review: June 2007

Appendix 1

Turning Point Somerset Record Sheets Available With Guidance On Use

(a) Initial Contact Form: For use at first contact combines data collection with initial risk assessment this must be used with the **Poppie** consent form – for discussion and completion at first contact alongside information on Turning Point's Confidentiality Policy.

(b) Brief Needle Exchange Record Sheet: For quick exchanges/doorstep exchanges where no risk assessment can be undertaken.

(c) Needle Exchange Detailed Assessment and Intervention Record: To be used whenever appropriate to undertake detailed assessment of one aspect of behaviour:-

1. Substance specific
2. Blood borne viruses
3. Overdose
4. Injecting technique
5. Basic Health check
6. Sexual health
7. Initiation
8. Treatment options
9. Injecting equipment supply

Each section should be recorded once completed and followed up in the future (recommended six months) it is designed as a check list for workers and an outcomes monitoring tool.

Needle Exchange Record Sheet (Page 2 of Detailed Assessment): Brief risk assessment to be completed at each visit as deemed appropriate with record of equipment given and returned and any verbal and written information given.



NEEDLE EXCHANGE INITIAL CONTACT FORM

Date:..... Worker:.....

*Client Name:..... *DoB:..... *Male *Female

Address:.....

*Full Post Code:..... *NFA Tel No:.....

Registered with GP: Yes No

Discuss Confidentiality & Poppie Disclaimer

Client's Ethnicity: (Use Client's Definition)

White British	White & Black Caribbean	Asian Indian	Black Caribbean	Chinese
White Irish	White & Black African	Asian Pakistani	Black African	Any Other
White Other	White & Asian	Asian Bangladeshi	Other Black	Not Stated
	Other Mixed	Other Asian		

All drug injected:

Other substances used:.....

Sites of IV:.....

BBV's risk and prevention discussed: Yes Hep B vaccinated: Yes No

Hep C Latest Test Date:.....

Overdose risk and prevention discussed: Yes

Saliva Test Explained: Yes

N/Ex Pharmacy used Yes No

If no, information given? Yes

Disposal and storage of injecting equipment and substances discussed: Yes

Children in the environment: Yes No

Current risks/information given:.....

.....

Equipment issued: .5ml Insulin 1ml Insulin

Barrels: 1ml 2ml 5ml

Needles: 12mm 16mm 25mm 30mm 40mm
1/2" 5/8" 1" 1 1/4" 1 1/2"

Bins Issued: 0.45ltr 1ltr 4/7ltr Vit C Citric

Comments for next visit: (Please note any bins brought in by client on this occasion)



**Turning Point Somerset
Brief Needle Exchange Record Sheet**

Date:

Worker:

Client Name (full name or initials)

Known to the service: Yes No

If Yes, dob:

Equipment Issued:

1ml Insulin

0.5ml Insulin

Barrels:

1ml

2ml

5ml

Needles: 12mm
1/2"

16mm
5/8"

25mm
1"

30mm
1 1/4"

40mm
1 1/2"

Bins Issued:

0.45ltr

1ltr

4ltr

Vit C

Citric

Equipment returned:

0.45ltr

1ltr

4ltr

Any comments/Information given:



**Turning Point Somerset
Brief Needle Exchange Record Sheet**

Date:

Worker:

Client Name (full name or initials)

Known to the service: Yes No

If Yes, dob:

Equipment Issued:

1ml Insulin

0.5ml Insulin

Barrels:

1ml

2ml

5ml

Needles: 12mm
1/2"

16mm
5/8"

25mm
1"

30mm
1 1/4"

40mm
1 1/2"

Bins Issued:

0.45ltr

1ltr

4ltr

Vit C

Citric

Equipment returned:

0.45ltr

1ltr

4ltr

Any comments/Information given:

VOLUNTEER NEEDLE EXCHANGE COMPETENCY CHECKLIST

This checklist must be completed after attending the TP Somerset two day safer injecting training and before you start to undertake needle exchanges on your own. Your Team Leader or another experienced worker will be responsible for facilitating and assessing your level of knowledge/competence in each section. This form must be signed by your assessor on completion. You will receive ongoing supervision around your needle exchange work and you must continue to update your knowledge and skills.

TASK 1.		
Inter-personal/risk assessment/recording skills:	Date	Signed
<p>Observation by volunteer on 3 needle exchanges (minimum) with time given for questions/explanations:</p> <p>Role plays/case studies provided as necessary to further develop assessment/interpersonal skills and confidence with paperwork:</p> <p>Observation by assessor of 3 needle exchanges (minimum) undertaken by volunteer:</p>		
TASK 2.		
To demonstrate worker knowledge of:	Date	Signed
<p>Equipment - sizes of syringes/needles, other relevant equipment (e.g. Stericups, sharps safes)</p> <p>Blood borne viruses – transmission, prevention vaccination and testing</p> <p>Overdose risks prevention and response</p> <p>Safer injecting practices and substance specific issues</p> <p>Bacterial infection prevention and recognition of signs/symptoms</p> <p>Prevention of initiation - Break the Cycle</p> <p>Sexual Health - condoms/STD's/GU clinic info</p> <p>General Health – including diet, dental health and mental health</p> <p>Treatment options - with-in Turning Point/other agencies</p> <p>Written information - leaflets/handouts and other relevant information</p> <p>Needle Exchange Guidelines/Under 18's Policy</p> <p>Health & Safety – management of clinical waste/Hep B vaccine/needle stick injury</p> <p>Saliva testing</p>		