

SALVATION ARMY
NEEDLE AND SYRINGE
PROGRAMME

**POLICY, PROCEDURES AND
RESOURCE MANUAL**

MARCH 1995
(Revised November 2001)

INTRODUCTION

This Policy and Procedures Manual is to assist all Salvation Army Area Needle and Syringe Program (NSP) workers.

The content has been adapted from the AIDS and Infectious Diseases Branch Policy & Procedures Manual published in May 1994 (attached). For policies not specific to NSP see relevant workplace Policy and Procedure Manuals.

NSP activities should be conducted in accordance with these guidelines

For clarification or advice on any information contained in this manual contact the Salvation Army NSP Coordinator.

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SECTION 1

AIMS, OBJECTIVES AND STRATEGIES

NSP AIM

To minimise the spread of blood borne viruses including Human Immuno-Deficiency virus (HIV), Hepatitis C, (HCV) Hepatitis B and STDs amongst injecting drug users (IDUs) and from IDUs to the broader community.

NSP OBJECTIVES

- X To reduce the practice of sharing needles and syringes and other high risk using behaviours by IDUs
- X To promote safer sex practices and increase the use of condoms
- X To promote harm minimisation & HIV, HCV prevention strategies
- X To provide referral to other services.

NSP STRATEGIES

- X Distribution of safe injecting equipment
- X Safe disposal of used needles and syringes
- X Distribution of safe sex equipment
- X Provision of clear and simple messages about transmission and prevention of HIV & HCV infection
- X Development and delivery of education programs relevant to the objectives

PHILOSOPHY:The philosophy of the service is one of "Harm Minimisation", educating, supporting and encouraging clients in safer sexual and safer drug use behaviours. Particularly targeted are those people whose behaviour may put them or others at risk including: injecting drug users, gay/bisexual men, sex workers, those people already affected by Human Immuno-deficiency Virus (HIV) & Hepatitis C Virus (HCV) and others who may not use established STD clinics or health centres. The staff provide a relaxed, non-judgemental atmosphere where people are encouraged to drop in. Emphasis is placed on preventing the spread of HIV&HCV and providing support to those already affected.

LOCATION: The Salvation Army Needle & Syringe program currently has its administration office, situated at ***** and operates a Mobile and outreach service. The program also has secondary Needle & Syringe Outlets and vending machines operating across the Salvation Army area.

0.1..... 0.2..... TARGET POPULATION: People whose activities place them at a greater risk of infection than the general community, that is, people sharing syringes and needles, people participating in unsafe sexual behaviour, including members of the sex industry, youth and persons released from prison. It is within the service's responsibility to raise awareness and to provide education within the general community.

1. PART THREE

1.1..... STAFF ORGANISATION: Currently the needle & Syringe program employs three part time members of staff, only the coordinator is full time. The Needle & Syringe Program is supported by a multidisciplinary team in its service provision. This acknowledges the unique contribution that each discipline makes to the overall service. Health Education Officers, Registered Nurses, and Administrative staff participate in providing a comprehensive HIV&HCV Information & Support Service.

1.2..... STAFF ORIENTATION:... according to SALVATION ARMY Policy

1.3..... STAFF DEVELOPMENT:

1.3.1... Ongoing professional development is essential to maintain and enhance professional skills.

1.3.2... As part of the Salvation Army Area Health Service, staff have access to its Department of Human Resources Staff Development Unit, and the ongoing training and development programs it has to offer.

1.3.3... Staff are encouraged to enhance their skills through study, research and attendance at seminars and conferences.

1.3.4... Supervision is provided for all staff

1.4..... STAFF BILL OF RIGHTS: As a member of the Needle & Syringe Program staff you have a right to:

1.4.1... A thorough orientation and protocol upon your appointment to the Needle & Syringe Program staff.

1.4.2... Full information on conditions of employment including a statement of duties.

1.4.3... Ongoing staff development in the form of "in-service" or external courses.

1.4.4... Encouragement and support to pursue tertiary studies.

- 1.4.5... Work in a supportive and caring environment with direction and feedback from the Director of Community Health and the Community Health Staff Team.
- 1.4.6... Work in a physically safe and hygienic environment.

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SECTION 3

- 1.4.7... Not to be subjected to physical, emotional or verbal threats from clients or fellow workers.
- 1.4.8... Appeal against any staff performance appraisal that may be submitted to the Director of Community Health
- 1.4.9... Absolute confidentiality as a result of any "Staff Team" meeting.
- 1.4.10. Consultation regarding any team issues or major policy changes and encouragement to raise ideas and advocate for improved services at staff meetings.
- 1.4.11. Representation and advocacy at "Management" level in regard to staff issues.
- 1.4.12. Not to be subjected to any form of prejudice from any person within the Staff Team or client group.
- 1.4.13. Ongoing objective facilitation of the staff group by the Director of Community Health, or any consultant employed by this agency to assist in any staff/client appraisal.
- 1.4.14. Be provided with any relevant information in regard to internal or external courses as well as any new developments/techniques in the HIV&HCV education and information field.
- 1.4.15. Make clinical decisions based upon the policies and procedures of the Needle & Syringe program.
- 1.4.16. To be informed of any disciplinary procedures that may be brought against them.
- 1.4.17. Be provided with a suitable reference given that your term of service has not been marred by any action considered destructive to a client group or staff group.

1.5..... HOLIDAYS: According to SALVATION ARMY Policy.

1.6..... CLOTHING:

- 1.6.1 ... All staff must wear covered in shoes.

1.7..... SICK LEAVE: according to SALVATION ARMY Policy.

1.8..... SHIFT CHANGES: To be approved by the Coordinator, only if there is no disruption to services.

1.9..... STAFF STATEMENT OF DUTIES: see appendix 1.

1.10 STAFF APPRAISAL: according to SALVATION ARMY Policy.

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2. PART THREE

2.1..... STAFF ORGANISATION: Currently the needle & Syringe program employs three part time members of staff, only the coordinator is full time. The Needle & Syringe Program is supported by a multidisciplinary team in its service provision. This acknowledges the unique contribution that each discipline makes to the overall service. Health Education Officers, Registered Nurses, and Administrative staff participate in providing a comprehensive HIV&HCV Information & Support Service.

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2.3.2... As part of the Salvation Army Area Health Service, staff have access to its Department of Human Resources Staff Development Unit, and the ongoing training and development programs it has to offer.

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2.4.5... Work in a supportive and caring environment with direction and feedback from the Director of Community Health and the Community Health Staff Team.

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- 2.4.13. Ongoing objective facilitation of the staff group by the Director of Community Health, or any consultant employed by this agency to assist in any staff/client appraisal.
- 2.4.14. Be provided with any relevant information in regard to internal or external courses as well as any new developments/techniques in the HIV&HCV education and information field.
- 2.4.15. Make clinical decisions based upon the policies and procedures of the Needle & Syringe program.
- 2.4.16. To be informed of any disciplinary procedures that may be brought against them.
- 2.4.17. Be provided with a suitable reference given that your term of service has not been marred by any action considered destructive to a client group or staff group.

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SECTION 2

Distribution

Condoms

- 2.10.2 .Distribution of condoms is limited to 12 (Twelve) condoms per person per day. This applies to individuals and Sex industry households.
- 2.10.3 .Distribution of condoms must be accompanied by safer sex education/literature.
- 2.10.4 .Water-based lubricant is to be offered with condoms.

ROLE OF THE NSP WORKER

DUTIES

- X Make contact with IDUs and supply them with sterile injecting equipment and associated items, safe disposal containers, condoms and lubricant and educational pamphlets.
- X Receive from clients, and collect in other ways, used injecting equipment, safely transport and dispose.
- X Provide information and education to clients on all matters relating to safe drug use, safe injection practices, the transmission of blood borne viruses through sexual behaviour and drug use behaviour, and the means by which the risk of infection can be reduced, minimised or eliminated.
- X Provide, upon the client=s request, appropriate referrals to other services.
- X Assist in the collection and collation of statistics, preparation of evaluation reports and correspondence, and other administrative tasks
- X Attend meetings, in-services, courses and other staff development activities as directed
- X Research, devise and implement new strategies to maximise the effectiveness of the service
- X Staff may be also required to:
 - * train and supervise staff in secondary outlets
 - * liaise with police, government departments and community agencies
 - * manage resources including updating and reordering education material, ordering goods, and maintaining levels of stock

DEALING WITH CLIENTS

IDUs, because of the illegal nature of their drug use, may be initially suspicious of the program. NSP staff should be aware of this, and take care to establish a relationship of trust, guaranteeing that confidentiality is maintained.

The first stage of rapport building is important if the client is to continue to use the service. Any judgement or intervention not requested could deter the client (and their friends) from future use of the service.

An NSP client should have access to:

- X A reasonable supply of sterile injecting equipment as determined by the client, appropriate to both policy, budget and supply constraints. However, the minimum number of needles and syringes to be dispensed at any one time is two.
- X An appropriate sharps container or Fitpack. No needle and syringe should be given out without any appropriate disposal container being available.
- X A supply of safe sex equipment to be made available to all clients appropriate to budget and supply constraints of the program.
- X Appropriate information on safe drug use and safe sex, including written resources.
- X Alcohol and Drug information Service (ADIS) card with a number to call for details on all outlets and pharmacies distributing or exchanging in NSW.
- X A local NSP card with a number to call for details on all outlets and pharmacies distributing or exchanging in the Area
- X Support and referral as appropriate.
- X An invitation to return and bring their friends.

It is important that all this is done in the low key non-judgemental approach mentioned earlier. Continued participation in the program by IDU will generally be

determined by their first experience at the service.

Staff should endeavour to adopt a low-key professional approach at all times keeping in mind that public perception of the service is crucial to its success.

ACCOUNTABILITY of NSP Workers

- X To the Area Program Manager, Salvation Army Sexual Health & HIV Services

- X Through the NSP Co-Ordinator

CRISIS INTERVENTION & REFERRAL

Counselling and/or drug use intervention should only occur at the request of the client. Uninvited intervention could deter IDU from using the service. The program is an HIV/HCV prevention program, not a drug prevention program and, as such, operates most effectively with a non-interventionist and non-judgemental approach by staff. Staff should have the ability and knowledge to refer clients to appropriate agencies for assistance. Alternatively, staff could provide the clients with the number of Alcohol and Drug information Service (ADIS) that has a toll free 24 hour, telephone-counselling service. (02) 9331-1211 or country 1800 422599.

Responding to questions, other than that relating to safer drug use and safer sex, is not a necessary part of the program. Information on legal, welfare and other issues should only be provided where appropriate and where staff feel they have the expertise to provide such services.

HIV/HCV Antibody testing should only be discussed upon request or via pamphlets. Agencies that are able to offer pre and post test counselling will be recommended on request.

Referral

Referral of clients to other services (including detox and rehab) **should only be provided if requested.**

Clear information on the individual=s needs should be sought first. Information on the types of agencies that provide this service should be given with the information on the procedure and process involved for the client, if they present to one of these agencies.

Knowledge and contact with local health, HIV/AIDS and drug and alcohol services is essential. Staff should create a network of services for both staff and clients to use.

The program at any outlets should not attempt to contact trace or identify individuals referred to agencies for counselling, screening test or the like. The client=s partners, friends or relatives should also not be contacted. Most referrals will be of an indirect nature where the client is informed of a relevant service that is available to them.

It is important the client is given a pamphlet with the phone number, address etc., of any services referred to, or some form of referral slip. This is because the client may not consider contact with the agency until later. A piece of paper with the information is very useful at this later stage when the need to make contact with a service provider is probably higher.

- X Phone numbers of other agencies to be provided on request, but appointments are not to be made by Needle & Syringe workers.

Client=s & NSP vehicles

- Clients are not to be admitted into the services vehicles, unless they are being transported to another service provider.
- Clients are not to leave any belongings in vehicles.

PROTOCOL FOR CRISIS INTERVENTION FOR NSP WORKERS

(See also Crisis Intervention and Referral sections of Salvation Army and A&ID Branch P&P Manuals. *“Counselling and/or drug use intervention should only occur at the request of the client@ AIDS Branch P&P Manual ref 63.1.)*

- X Initial assessment to be made at the NSP.
- X Information/support/referral phone numbers can be given.

If client requests further intervention:

1. Assess client for signs of intoxication and/or unpredictability or violent/aggressive behavior, keeping in mind the comfort and safety of workers and other clients.
2. If appropriate (i.e.: an intervention would benefit the client without interfering with the running of the Outlet) a short intervention may be conducted.

3. Assess the level of intervention appropriate to the level of intoxication being displayed by the client (e.g.: attempting to counsel a client who is heavily intoxicated is not recommended, advocacy on their behalf may be more effective in this situation, i.e.: using the time to research projects, resources, referral options etc).
 4. Use brief interventions, to address the immediate issues only. Where more than a brief intervention is required, clients should be referred on to the appropriate services.
- X Emergency phone calls to make referrals to other services may be made by the workers on behalf of the client, who can then speak to the service contacted if required. Clients are not permitted to use the phone without direct supervision, and should not be given free access to use them.
 - X If more than a 10 minute intervention is required, assistance should be sought from another worker to facilitate working one-on-one with the client for a maximum of 30 minutes, or the client may be referred to the Community Health Centre Intake Worker or other appropriate services.
 - X Clients who are smoking, drinking, or exhibiting behavior that disrupts other activities in a Centre should be asked to cease the behavior and/or leave the building/area.
 - X When recording incidents in the Communications Book, avoid using the client's names or other identifying remarks. When diffusing critical incidents, remember client confidentiality.

OCCUPATIONAL HEALTH AND SAFETY

- ! Employers have an obligation under the Occupational Health and Safety Act to provide a workplace that is safe and without risk to employee and visitors to the workplace.

Workplace Safety

Staff should never touch or handle the used needles and syringes returned to the NSP, or hold the sharps container while the client is disposing of the equipment. Fitpacks should also be deposited in the container by the client returning them.

NSP's involved in the collection of used needles and syringes from public and other places use the following guidelines:

- ! Wherever possible use a hands free technique i.e. easy-reach, tongs, brush

and pan etc.

- ! If using hands, sturdy gloves should be worn e.g.: gardening gloves
- ! Needles and syringes must be deposited in a sharps container
- ! No attempt should be made to re-cap, bend or break needles

- ! Hands should not be placed anywhere where they cannot be clearly seen, e.g.: behind cisterns, in drains etc.

All NSP'S should have documented procedures for the management of needle stick injuries. Relevant Area or District Infection Control staff should be consulted regarding the procedures. Any person who suffers a needle stick injury should report immediately to the Centre Manager, Team Leader or NSP Coordinator.

WORKER SAFETY PROTOCOL **FOR NEEDLE/SYRINGE PROGRAM (NSP) WORKERS**

1. Only authorised persons are permitted to dispense clean injecting equipment and collect used needles and syringes.
2. All NSP workers must wear suitable clothing whilst working, i.e: no sandals or open toe footwear.
3. Workers must wear their SALVATION ARMY Identification badges while on mobile and clean up duties. At these times, badges must be clearly visible to allow persons to recognise wearers as SALVATION ARMY employees. When on outreach, badges can be worn or carried at the workers discretion. As long as they can be produced on demand. This is to allow client confidentiality on home visits. It is recommended that badges bear the wearer=s first name only, surname to be covered by a sticker.
4. To ensure the safety of all NSP workers on *mobile* duties, staff must operate in **pairs** and remain in sight of each other at all times.
5. Mobile/Outreach workers must have an appropriate communication system with them, i.e. mobile phone and duress alarm. Mobile/Outreach workers must remain within the operating range of the communication system at all times.
6. Outreach to a public place may be carried out by one worker, providing the worker carries the duress alarm and the mobile phone and remains within the operating range of the communication system at all times.
7. Workers must not enter a client=s dwelling or to exchange needles and syringes inside a client=s home.
8. When on Outreach to a client=s home (who has been previously assessed) , either two workers must be present or the worker is to remain in the vehicle and call the client

out to the vehicle using the mobile phone, or by sounding the horn or by prior arrangement with client. Staff to use their discretion whether to knock at door or not.

9. Staff must NOT attend a first time client on their own.
10. If staff consider their safety to be at risk at any time, they are to remove themselves from the area concerned. Staff who are on Outreach on their own can ring the office and remain on the line as a back up precaution.
11. When staff are on Clean-up@ they are not to enter private property without the prior consent of the owner.
12. Sharps containers are to be transported in a safe way, ensuring that transportation does not place any persons at risk.

Approved 14/2/2000 Dennis Rogers

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Needle Stick Procedure

1. If a worker receives a needle stick injury, or believes they may have been exposed to infection with HIV or Hepatitis B or C in an occupational setting, they should:

Report exposure immediately to supervisor who can arrange relief from duties, ensure that first aid is administered, and explore the following options with the injured worker:

- < Counseling and support from appropriate sources
- < Medical advice regarding **Immunoglobulin Injection** (if Hepatitis B Infection suspected) & Post Exposure Prophylaxis (PEP) if HIV is suspected.

Pre-test counseling and possible testing of antibody status. (This is advisable so that if seroconversion takes place, the worker is better able to ascertain that this occurred due to the work related incident).

This information is to be treated as confidential.

2. The injured worker may choose to go to the nearest hospital emergency department, sexual health clinic or their GP.
3. All involved should document contacts and outcomes, ensuring that the appropriate accident report forms are completed (see attachment #6). All information is to be treated as confidential.
4. If further support, advice or information is needed contact the Needle stick Hotline on 1800 804 823, the sexual health clinic or your supervisor.

For further information refer to the SALVATION ARMY Needle stick Protocol.

ETHICAL GUIDELINES

NSP workers need to be aware of ethical work practices.

The following principles outline guidelines relevant to this work.

Responsibility	Competence
Standards	Public Statements
Confidentiality	Service-Consumer Welfare
Collegial Relations	Use of Specialised Techniques
Research	Improvement of Services

More information on these guidelines can be found in AIDS Branch Manual page 23 Ref 6.4.

CODE OF CONDUCT

NSP staff are required to work in accordance with the NSW Health Department code of conduct and should be aware of relevant Area/District protocols for both disciplinary and grievance procedures.

Issues associated with personal drug use or using practices, which can result in work performance related problems are defined as follows:

- ! Those problems which affect the public reputation and viability of NSP
- ! Those problems which involved a display of intoxication or detoxification in the workplace
- ! Those problems, which involved a deteriorating or inadequate work performance.

Conduct Requiring Immediate Disciplinary Action

In addition to the circumstances described in the Human Resources Manual, in

cases where there is a severe breach of codes of conduct involving drug use, immediate disciplinary action is required.

Such breaches include:

- ! Self administering illegal substances in the workplace during work hours
- ! Selling or buying illegal substances to/from clients.

This policy concerns itself only with the issues relating to the drug use and practices of staff as they relate to bringing NSP into disrepute or as a part of unsatisfactory work performance. It is in the best interest of NSP as a whole that the service remain of good repute to maintain the respect of other related services, bodies and organisations.

Display of Intoxication or Detoxification

This policy identifies two issues relating to personal drug use as it affects work performance.

- 1) The display of intoxication or detoxification in the workplace, which may result in disciplinary action and be grounds for dismissal.
- 2) Inadequate or deteriorating work performance - related to drug use.
This issue may not require immediate disciplinary action but staff will be encouraged to seek support to resolve these problems. However, if work performance continues to be unsatisfactory, this too may result in disciplinary action and may be grounds for dismissal.

NOTE: Members of staff with problems caused by another person's use of drugs would also be covered by this policy and can receive assistance in dealing with problem.

For further information on disciplinary procedures refer to SALVATION ARMY Human Resources Manual.

ADVERTISING/MEDIA LIAISON

To protect the anonymity of clients who are using the outlet there should be limited advertising of the program. Advertising for a specific outlet should not be conducted through the media. Gaining the support of IDU's in the area

through word of mouth can be far more appropriate.

Advertising through pertinent local services, such as drug and alcohol agencies, health services, youth and community services, and pharmacies is particularly important in the early stages of a program when knowledge of its existence is low.

ADIS will keep information on all outlets and pharmacies in order to inform clients and workers of all statewide services. Any change in hours, operation or services provided by the outlet should be passed onto

ADIS - Tel: (02) 9331- 2111 / 1800 42 2599.

Any requests from the media regarding the program must be forwarded to your supervisor who will contact the Area Public Relations Officer. The relevant Area authority must previously approve any statement to the media as adverse media may have repercussions for the service.

Daily Checklist for NSP Workers

- X Check answering machine for messages
- X Place stats in Admin workers in tray
- X Re-stock Van/Car
- X Read Communication Book
- X Check Whiteboard for Messages
- X Pack required equipment:
Write any packs not completed on whiteboard
- X Check Resources: Photocopy and re-stock
- X Read material in reading tray and other resources
- X Check sharps bin in van/car, replace if needed
- X Record day events in Communication Book:
Initial or sign entries in book
Enter tasks completed
Transfer outstanding tasks to next day

- X Check sites for clean-up
- X Ensure that equipment dispensed and client data are entered on the stats sheet
- X Turn off mobile phone and turn on answering machine at the end of the shift.
- X Check that the NSP room and the main door are locked and that arrangements are in place for over-night, off-street garaging of NSP vehicles.
- X Staff should endeavor to adopt a low key and professional approach at all times, keeping in mind that public perception of the service is crucial to its success.

Daily Checklist for Secondary Support Worker

- X Check pin board for secondary orders etc
- X Make up orders for secondary
- X Check whiteboard for messages:
Write up any packs required
- X Collect stock and sort out store room:
Stock check on Fridays
- X Deliver stock and resources to secondary
- X Pick up and dispose of returns
- X Clean and re-stock car
- X Record Outreach in Communications Book:
Initial or sign entries in Book
Enter tasks completed
Transfer outstanding task to next day
- X As needed, clean-ups with co-worker

X Individual Projects

X Tasks/one-off projects delegated by Co-Ordinator

Home Visits

These may occur by arrangement with established clients to collect sharps containers. Clients may only be serviced at their home address under the following proviso:

X That they have one or more containers of used syringes for collection

X That workers do not enter the client=s home.

All clients to be informed of the location and operating hours of local vending machines.

SECONDARY OUTLETS

All Secondary NSP Workers should be familiar with the following checklist: -

- ! National logo should be displayed
- ! Check the levels of stock regularly
- ! Fax (02) 47 34 3865 orders for stock to NSP on forms provided (Allow at least 1 week for delivery)
- ! Interactions will be brief. Anonymity and confidentiality of the client are of prime consideration for every outlet
- ! Fitpacks, injecting equipment, condoms and educational literature will be distributed during an
- ! A reasonable supply of sterile injecting equipment as determined by the client and appropriate to budget and supply constraints is to be given. However, the minimum number of needles and syringes to be dispensed at any one time is two.
- ! An appropriate sharps container or Fitpack should be given to the client. It is a mandatory requirement that no needle and syringe be given to a user in the program without an appropriate disposal container being available.
- ! Discussion of user=s habit is not recommended
- ! Given privacy and suitable rapport with a client, workers may discuss safe disposal, safer sex and the risks of sharing.
- ! Mount wall sharps container on appropriate bracket on the wall. Base of container must be 1.3m from ground level.
- X Do not touch or handle used needles and syringes (see Workplace Safety)
- ! Do not overfill sharps containers

Complete statistics form after each

- ! Staff should endeavor to adopt a low key professional approach at all times

See attachment A1 for a list of Secondary Outlets in SALVATION ARMY.

PROTOCOL FOR STAFF DEBRIEFING PROCESS

Routine debriefing process may occur at the NSP office at the end of each day where there is two or more staff present and peer support can be given.

Following a critical incident at work, the diffusing process outlined below is to be implemented. A critical incident referred to here is a significant event that has the power, because of its own nature or because of the circumstances in which it occurs, to cause distress to the worker.

5. Acknowledge that incident has occurred without explanation or justification being necessary. Recognising that individual workers vary in how they experience situations, and from one day to the next an event may be more or less difficult to manage. The worker involved has the right to participate in this process at the level they are comfortable with.
6. Request temporary relief duties e.g. if the incident involves only one worker they need to seek support from other team member, or if no-one is available, notify NSP coordinator and close up temporarily.
7. Seek Support i.e.: peer support or from NSP Team. It may also be appropriate to take a break from the environment following a critical incident (e.g. by going for a walk).
8. Report incident by notifying NSP Co-Ordinator who will advise if Elizabeth O=Neil, and/or center=s team leader need to be informed (i.e. If the incident involves a client or another member of staff and is serious enough to warrant immediate notification). Write up incident in NSP Communication Book and, if requested, fill in incident report form.
9. Follow up in supervision with line manager. This is a limited process, intended only as a brief intervention, and should not interrupt work any longer than is absolutely necessary. If on-going support is needed, discuss with supervisor, staff counselor or personal support systems.
6. Review the circumstances related to the incident to assess OH&S risks and see if future similar incidents could be prevented. Complete necessary paperwork/reports.
7. Needle Stick Injury. In addition to following the above steps, the injured

staff member will need to seek medical assistance from the Sexual Health Clinic, A&E Department or their GP. Counseling, testing and support can be obtained from the Sexual Health Clinic at Nepean on (02) 47 34-2507. Further information and support can be obtained from NSW Health NEEDLE STICK Hotline on 1800 804 823 (24 hrs).

8. Critical Incident Stress Debriefing

Following a critical incident it may be appropriate to arrange for a formal debriefing of the staff involved. This can be arranged through the staff counselor in consultation with line manager. This should not be implemented instead of steps 1-6, it is meant to be used in addition to the above, when needed.

N.B. This is not a technical debrief (as referred to in step 7) - it is to support staff through the process of recovering from a critical incident.

The staff counselor, can be contacted on:

(02) 47 34-2677 or paged on (02) 47 34-2000, page #17619.

SECTION 3

POLICE LIAISON & RELATIONSHIPS

All NSP's must liaise with their local police prior to commencing operations as an outlet. In order to achieve a good working relationship it is important that regular contact be kept with police. The offer of information on HIV/AIDS and the operation of the program will usually be received favorably by police.

Problems that are not resolved through the normal liaison process should be referred to the NSP Coordinator and he/she will contact the Police Liaison officer at Police head quarters. .

As a general rule the following principles should be used as a guide for dealings between the NSP and Police:

1. Staff are officers of the AHS/District or non-government organisation and as such are required to carry out duties involved in the NSW Department of Health approved NSP.
2. Staff do not become involved in any interactions between police, IDU and dealers.
3. Information to the police should relate only to the program itself, authorised outlets and authorised persons.
4. NSP staff must not become involved in any activities that may constitute a breach of The Drug Misuse and Trafficking Act.

They do not give any assistance to IDU in the procurement of drugs, or money to procure drugs.

They do not give any assistance or information to any persons regarding activities of any IDU

They do not give any assistance or information to any IDU or dealer regarding any known police activities

They do not give any information regarding activities of IDUs or dealers.

They do become involved in any activity relating to the sale or purchase of drugs.

If questioned or detained by the police, staff are advised to quietly show their authority, explain the situation and request their release. Any address details should be of the NSP, not personal.

Staff interaction with IDUs is limited to the following areas:

- The NSP and information on the dispensing of clean needles and syringes and associated equipment.
- The safe and hygienic collection/disposal of needles and syringes and associated equipment.

Any health aspects relating to injecting drug use, such as:

HIV/AIDS

Harm reduction

Hepatitis B, Hepatitis C and other illnesses

Drug use/treatment

Other related services

For more information on strategies for intersectoral co-operation and liaison with local police. See attachment #10 (NSW Police Service Guidelines for support of NSP=S).

SECTION 5

EDUCATION

CLIENTS

All outlets are expected to maintain a supply of appropriate pamphlets and cards designed to provide information to the IDU.

Staff will, on many occasions, be required to answer requests for additional information on a range of subjects relating to HIV/AIDS, drug use and services available.

The basis educational messages that should be aimed at the clients are the following:

- X Always use a new needle and syringe
- X Always dispose of needles and syringes safely, preferably through
- X Always practice safe sex

IDU should also be aware of the services of ADIS and NUAA.

NSP WORKER

All agencies and staff engaging in NSP activities must participate in an education course before commencement of work. Issues to be covered in such sessions are as follows:

- X HIV/AIDS - transmission, epidemiology, testing, etc
- X Hepatitis C, B & A
- X Injecting Drug Use - attitudes/approaches, patterns of use, safe using etc
- X Rationale for NSP - overseas and local trends, disposals, harm reduction

- X Operating an - expectations/problems, staff manual and other relevant policy documents, safe working practices, monitoring etc.

Education, general information sessions and worker appraisal meetings should be provided to all staff on request.

Staff and management should be encouraged to pursue further education and information through such organisations as CEIDA, FPA Health and NUAA.

COMMUNITY

Many NSP Outlets will find that in order to obtain community support for their program they will need to provide some level of service for the community. This can be done through:

- X Giving talks to local community groups which specifically impact on the program e.g.: Police, Councils, Drug and Alcohol workers etc
- X Assisting in the safe disposal of used needles and syringes found in public places
- X Organising or being involved in information days for the general public e.g.: World AIDS day
- X Supply limited quantities of leaflets and information on HIV/AIDS, Hepatitis A, B and C as requested by community member.

Requests for formal HIV/AIDS Education to be co-coordinated through the Lemongrove Team (02) 47 34 3877. An intake Request Form should be completed by NSP staff and given to the Program Manager. Education Team members will decide at intake meetings who will take responsibility for the presentation.

SECTION 6

MOBILE PHONE

MOBILE NUMBER: 0411 269 410

The mobile phone is to be taken on all mobile/outreach and clean-up activities.

Due to the high cost of the mobile phone, all phone calls are to be kept to a minimum.

USER GUIDE

1. When the phone is not in use it should be securely locked away.
2. The battery needs to be charged on a regular basis. A warning tone will be heard when the battery is low. The battery pack can be plugged into any power point socket and should be left for a few hours. Once the battery is fully charged the scrolling on the display panel will stop and a blank screen will appear.
3. User Code - Simply enter the digits 0000 and # to get the phone up and running.
3. To make a call you key in the number and press the Green Telephone button. If you make a mistake by dialing the wrong number simply press the cancel button - 8 and continue holding the key down until you have erased the number. To end a call press the Red Telephone button.
3. For Enquiries, Repairs or any problems with the mobile phone the Customer Service Hotline is: **1300 302 937** or 1300 303 937.

SECTION 7

SAFE DISPOSAL

The promotion of the return and/or safe disposal of used needles and syringes by IDU is an important component of the NSP.

Although the actual transmission risk of HIV/HEP B or C from a needle-stick injury is minimal, there is nonetheless, a high level of apprehension and anxiety about discarded needles and syringes within the community. Unless the fears can be allayed there could be an adverse community reaction to the program that could have the effect of lowering the level of community support for expanded needle and syringe distribution.

*** It is a mandatory requirement that no needle and syringe be given to a user in any program without an appropriate disposal container being available. Safe disposal information should be incorporated in all transactions when appropriate. ***

APPROVED METHODS OF SAFE DISPOSAL:

1 Return to NSP

The return of used needles and syringes in Fitpacks, to public NSP and pharmacy NSP, should be strongly encouraged by staff. However, it is not essential for clients to return used needles and syringes in order to receive sterile needles and syringes.

This is to allow for some possible factors affecting the IDU=s ability to return needles and syringes; including distance, occasional users, first time users etc.

The return of used needles and syringes in Fitpacks or other sharps container is highly desirable because it reduces the number of possible contaminated needles and syringes available for shared use by IDUs. It also reduces the problem of improperly discarded needles and syringes in public places which jeopardises the continuation of the NSP and support from the general community

To maximise the return rate of used needles and syringes, the following aspects should be considered by staff.

- Service Style - The approach to clients should be low key, confidential and non-judgmental.
- Demand Level - Demand on the client should be low. The building of trust and rapport is a major component of a program. Excessive questioning and requirements without the establishment of an adequate level of trust could deter clients.
- Knowledge of Program - Explain to the clients how and why the program operates on an exchange basis, rather than distribution. Also explain the problems the program could have in continuing to operate if the return rates are too low.
- Make clients aware of current legislation - This allows for legal possession of needles and syringes. NSP may consider facilitating this process by:
- * Identifying disposal containers with labels, which indicate that both the container and its contents are the property of the NSP.
 - * Producing resources, which describe current legislation.

2. Public Disposal Bins

Information on the location of the nearest disposal bins should be made available to clients of the NSP.

The NSP should be involved in liaison with local government authorities regarding placement, monitoring and evaluation of the bins.

3. Household Garbage Service

Provided needles and syringes are contained in a rigid hard-walled receptacle such as a Fitpack, detergent bottle, juice bottle or the like, disposal through the household garbage is acceptable, but is not to be promoted.

There are occupational health and safety concerns for council staff safety with this approach. Liaison with local councils should occur to promote a publicly accessible method of sharps disposal for clients.

EDUCATION/PROMOTION OF SAFE DISPOSAL

To promote increased safe disposal and collection of needles and syringes used by IDUs in NSW the following strategies need to be considered.

- a) Education for workers on safe syringe handling techniques, collection and disposal procedures, needle stick guidelines, and most importantly, the actual low risk of infection from a discarded needle.
- b) Evaluate information needed to enhance and increase proper disposal of used needles and syringes. Determine what is required to expand knowledge and change disposal behavior. This may mean the distribution of specific literature, posters or stickers.
- c) NSP outlets should organise pro-active clean-ups of hot-spots in the local area. If necessary, support materials, equipment and personnel may be provided for statewide clean-up campaigns.

RETURN RATE

The importance of the return rate cannot be overstated. Whilst our primary objective is to reduce the sharing of needles and syringes by increasing needle and syringe availability, return rates will have a major bearing on the long-term viability of this program.

A return rate of 100% is to be aimed for at all times. Staff should continually look at new ways of increasing return rates.

HANDLING OF USED SYRINGES

When a client returns needles and syringes, that client should place them in the sharps container. Under no circumstances at all should staff touch or handle the used needles and syringes. Staff should not, under any circumstance, hold the sharps container while the client is placing their used needles and syringes in that container.

Any person who has suffered a needle stick injury should report immediately to the Centre Manager, Team Leader or NSP Coordinator. (See Section 2 Workplace Safety and Needle-stick Procedure).

COMMUNITY CLEAN-UPS

Regular pro-active clean-ups conducted in the area immediately surrounding the NSP Outlet can help to minimise the impact of the NSP on the community.

Staff conducting community clean-ups should work in pairs and take the mobile phone with them. To prevent a needle-stick injury, staff should wear protective footwear and use the easi-reach to pick up needles and syringes, before depositing them in an approved sharps container. It is important to remove all traces of injecting material i.e. swabs, syringe wrappers etc from an area, as this allows us to ascertain if the area continues to be used as a injecting spot.

NEEDLE CLEAN-UP HOTLINE

The NSW Department of Health has launched a 1800 needle clean-up hotline. This service provides a statewide, toll-free number for people finding discarded needles and syringes in the community. This hotline would then make a referral to the area contact person (the NSP Coordinator in SALVATION ARMY) if a clean up is needed.

The contact person would then arrange for a clean up by the end of the next working day. It is expected that the Health Department will work closely with local councils on this. A protocol has been developed with the implementation of the hotline.

PROTOCOL FOR NSP CO-ORDINATORS RESPONSE TO
HOTLINE REFERRALS

(This will apply until more comprehensive arrangements have been put in place with the local councils).

- X The basic principle is that NSP staff should be the first group on call.
- X If they cannot respond, then the Coordinator will contact the designated person in the relevant District, to arrange the clean up.
- X The Coordinator will established from the initial referral whether the clean up is to require one or two persons, and will make arrangements accordingly. (Some sites will be safe for one worker only; others - under OH&S - will require the two currently designated in the policy and procedures manual).
- X If the clean up requires two persons, and NSP can only provide one, the District will be asked to provide the other.
- X In the event of the District being unable to provide any local support, the NSP Coordinator will contact the Lemongrove team, and request support from the staff there (including the Manager).

SECTION 8

WORK RELATED EXPOSURE TO HIV OR HEPATITIS B LEGISLATIVE REPORT

It is currently proposed that if a health or emergency workers or patient is exposed to blood or body fluids in such a manner making it reasonably likely that HIV infection could be transmitted if the blood or body fluids were infected, then the following steps must be taken:

- a) The incident must be notified in the normal manner utilised by the employing institution (see **Role of the Worker**)
- b) The exposed person must receive a medical assessment by a medical practitioner with appropriate knowledge and experience
- c) The exposed person must be offered testing for HIV; and
- d) The person who is the source of the blood or body fluid may be asked to undergo a test for HIV.

See Circular No. 95/8 NSW Health Department HIV and Hepatitis B Infected Health Care Worker.

SECTION 9

LEGAL CONSIDERATIONS

THE LAW

The Drug Misuse and Trafficking Act was amended in 1987 to allow for the operation of Needle and Syringe Programs.

POSSESSION

The offence of being in possession of any item of equipment for use in administration of a prohibited drug does not apply to a hypodermic syringe or needle. (Amendment to Sect. 11 - Drug Misuse and Trafficking Act 1985). Therefore, clients are NOT in breach of the Act merely by picking up sterile needles and syringes or returning used needles and syringes.

Although the possession of needles and syringes is not an offence, under Section 12 of the Drug Misuse and Trafficking Act 1985, the possession of used needles and Syringes can be used as circumstantial evidence for the charge of self administration. The needles and syringes, along with other circumstantial evidence can support a self-administration charge, as can a confession to self-administration by the injecting drug user.

If the client is also in possession of any illicit drug then they are liable to prosecution for possession. It is important that the client be aware of the fact that participation in the NSP does not offer any protection to clients against being charged with offences relating to possession or self-administration under the Act.

NSP STAFF

The Director-General of the Department of Health (or his/her delegate) may authorise a specified person or specified class of persons to participate in a scheme to facilitate:

- a) The supply of sterile hypodermic needles and syringes to IDUs to prevent the spread of contagious disease

and

- b) The dissemination of information concerning hygienic practices in the use of hypodermic needles and syringes to prevent the spread of contagious disease.

(Addition of Clause 6 - Drug Misuse and Trafficking Regulation 1986).

Clause 6 also means that specified persons or approved class of persons are exempt from Sections 19 and 20 of the Act which makes it unlawful to aid or abet the use of any prohibited drug. The effect of this clause is that authorised staff operating an approved outlet may dispense and collect needles and syringes without being exposed to prosecution for aiding and abetting. However, it must be noted that this protection is available only to staff, and not to clients who wish to supply needles and syringes to friends or contacts.

It should also be noted that all pharmacists have been exempted from Sections 19 and 20 of the Act. This allows any pharmacy to distribute or needles and syringes to IDUs.

CHILD PROTECTION

In regards to suspected child abuse, the NSP operates in accordance with Department of Health Policy on Notification of Children at risk. When considering a notification refer to current department policy (see attachment A5) and discuss with line manager.

SECTION 10

VENDING MACHINES

The vending machine strategy has been developed in line with the guidelines from the AIDS and Infectious Diseases Branch The **provision of NSP services via vending machines should be seen as complementary to existing free NSP services.**

The State objectives of the strategy (Adapted from the AIDS & Infectious Diseases Branch NSP Policies & Procedures Manual) are:

- to increase access to the means of HIV prevention at times when this is not otherwise available;
- to complement the educative role of the needle and syringe program;
- to provide anonymous access to the means of prevention (of HIV and hepatitis);
- to provide access to the means of prevention for IDU not currently utilising existing services;
- to provide a cost effective means of dispensing needles and syringes;
- to maximise the proper disposal of used needles and syringes dispensed from the vending machines.

At the district level, the agreed objectives of adopting the vending machine strategy are:

- to reduce the demands on outlet staff;
- to enable clients to access needle services who currently are not doing so for reasons of discomfort or lack of anonymity;
- to provide twenty four hour access to clean injecting equipment.

X OPERATION:

The vending machine will dispense 1 ml injecting equipment contained within a >fitpack= (i.e. sharps container). Condoms and lubricant will also be dispensed by the machine in separate packaging.

Following installation of the machine, the existing outlet will continue to provide a free needle and syringe service.

The vending machine will be installed with a Disposasafe bin (sharp safe container) to encourage safe disposal of equipment.

X COST:

The ongoing supply of stock and maintenance of the vending machine will be funded through the Needle and Syringe Program budget.

Fitpacks will be dispensed at a cost of \$3.00 and condom packs at \$1. This will enable some cost recovery in for the provision of the service.

X SERVICING THE MACHINE:

Staff will be trained and supported in re-stocking the machine and removing cash from the machine. A protocol has been developed regarding the handling of cash from the machine.

Ongoing training and support regarding the NSP, the operation and stocking of the vending machine will be provided for relevant staff on an ongoing basis.

Complaints from the community regarding the vending machine are to be referred to the NSP Coordinator.

Vending Machine Cash Handling

The needle vending machines DO NOT have a lockable cash box, but the machines require two keys to gain access to the cash collected.

Both keys are different. One key will be kept with the NSP and the second key will be kept with the cashier/administrative person allocated within the agency to accompany the NSP worker.

This is in keeping with the ICAC Corruption Prevention project, Department of Health, CASH HANDLING IN PUBLIC HOSPITALS, July 1992

Recommendation 28

Ensure that wherever possible, coin-operated machines require two key access, one providing service access and the other cash box access.

And

Recommendation 29

Ensure that two staff clear cash from coin operated machines... and that one of those positions is supervised by the hospital's financial administration.

- 1.0.1 The Vending Machine is cleared and restocked at least once per week by a NSP worker and a staff member from within the agency where the vending machine is located.
- 1.0.2 Amounts of monies, stock in machine and stock replaced is recorded and countersigned. A receipt for the money is issued by cashier and filed in ledger.
- 1.0.3 Contents of Fitpacks:
 - 5 x 1 mls syringes
 - 1 x 5ml sterile water ampoule.
 - 5 x alcohol skin swabs.
 - Needle Program information
- 1.0.4 Contents of Condom Packs:
 - Two Condoms
 - One water-based lubricant
 - Information on Condon Use and safe sex.

The machine will operate 24 hours a day, 7 days a week and maintenance (stocking, disposal) of the machine is the responsibility of the local NSP. In the event of a breakdown or the machine being empty a sign stating alternative sources of needle & syringes will be displayed.

Staff are not to intervene in vending machine s unless requested by the client. This is to protect the anonymity of the client.

A disposafit bin will be installed next to the vending machine for disposal of needles and syringes.

For further information see GUIDELINES FOR NEEDLE AND SYRINGE VENDING MACHINE IN AREA AND DISTRICT HEALTH SERVICES contained in the NSW Needle & Syringe Policy and Procedures Manual May 1994



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PHARMACIES

Pharmacies can perform a valuable role in increasing the availability of injecting equipment. Contact with interested pharmacies needs to be established and maintained by providing support and resources for pharmacies and the clients.

Pharmacy Guild Fitpack Scheme

The Pharmacy Guild co-ordinates the fitpack scheme, in consultation with AIDS and Infectious Diseases Branch. Contact NSP Policy Analyst for further information.

Outreach to Pharmacies:

Fitpack Pharmacies

Pharmacy Guild (fitpack scheme) chemists visited bi-monthly to monitor client numbers and community concerns (i.e.: around discards in the area). Pharmacies are left with cards and outlet lists to refer clients as required to NSP. We can also offer pharmacies resources on HIV, Hepatitis, Safe using and referral information if required.

Pharmacies willing to sell syringes

All pharmacies that sell syringes, but do not belong to the guild scheme are left with cards and outlets lists so that clients can contact re safe disposal.

Pharmacies not selling syringes

All pharmacies who do not sell syringes are left with cards to give to customers who request to buy syringes, so that those customers can be made aware of NSP Services.

Discarded Needle and Syringes

- X Clean-ups to be attended by two workers equipped with easi-reach, sharps container and mobile phone.
- X Staff may clean-up public areas as long as this does not put them at risk. Any requests to clean-up private property are to be referred to NSP Co-ordinator.
- X Requests for clean-ups from Police, Council and the Community to be attended to as soon as this can be arranged. Where possible discarded Needle and Syringes in public places should be retrieved within 24 hours

of request.

- X Clear information on the person/organisation making the request needs to be recorded in the Hotline request Book. Information needs to be provided when request is made re when NSP can attend and alternative strategies offered if appropriate.

Community Consultation

In order to establish and maintain working relationships with agencies such as Police, Council, Pharmacies, and other Health Services and members of the business and general community, complaints, requests for information or assistance should be responded to as they arise in a professional and timely manner. Staff should endeavour to diffuse potential conflict situations and foster a partnership approach. Opportunistic and planned community consultation will increase acceptance of NSP and should be developed and maintained.

Requests from the community requiring further follow-up should be referred to the NSP Co-ordinator

Training

- X Salvation Army NSP works in consultation with the Lemongrove Team to provide training to NSP - related and other interested agencies.
- X A pro-active approach in consultation with NSP Co-ordinator is taken to set up training with Police and Council.
- X Secondary Outlets and new workers receive NSP training from Primary NSP staff both planned as in services (in consultation with NSP Co-ordinator) and opportunistically when staff visit the outlets.
- X Requests for training are recorded on Education Intake Forms (see attachment) and a copy forwarded to the Lemongrove Team on completion.

POLICE

OUTREACH TO POLICE:

St Marys, Penrith and Richmond Police Stations have sharps containers, which need to be checked bi-monthly, and replaced when necessary.

We can supply fitpacks or 1.4l sharps disposal containers for fleet cars (if requested and if our budget allows).

Training

Ongoing education sessions arranged with the Police Education Officer at each station. (Requests from the police for community clean ups or education need to be referred to NSP Co-Ordinator.

Police and NSP

The guidelines for Police in working with NSP=s outlined in the Police Service circular 88/01 are: Without restricting the day to day duties and obligations of police, they should be mindful not to carry out unwarranted patrols in the vicinity of these facilities which might discourage IV (intravenous) drug users from attending them.

Also see Attachment 9 (NSW Police Service Guidelines for Support of NSP's) for more information.

COUNCILS

Councils from each LGA need ongoing in-service and we need to be in contact re discard problems.

We need to have ongoing liaison and a good working relationship with the manager of Public Health Services at Penrith City Council.

HOUSING COMMISSION

Liase with Penrith City Council and the relevant Police Service if problems arise with the discards in the grounds of Housing Commission units.

STATISTICS

Statistics need to be collated each month from:

- < Mobile/Outreach (to be collated daily)
- < All secondary outlets excluding those that do not record statistics (e.g.: PSP and Katoomba A&E).
- < NGO=s (since 1/94 we have had responsibility for statistical collation of NGO=s as well as government agencies)

Outreach Statistics (recorded in statistics folder kept in car) include home visit statistics as well as statistics for deliveries to secondary outlets and details of clean-ups and used syringes collected from the general public, police stations etc.

- < Collect the statistics from the Outlets.

A statistical and written report needs to be sent to the Aids and Infectious Diseases Branch at the end of each calendar quarter. This report is sent on the form as found at the end of the AIDS Branch policy document. A template of this form has been set up in Word Perfect.

CAR RUNNING SHEETS

For Area Health car policy see Policy and Procedures Manual (Attachment B4).

Each separate journey made in the NSP car must be logged on the mileage form. also any petrol and oil acquired must be recorded here. See attachment B5 for sample running sheet.

SUSPECTED CHILD ABUSE

See NSW Health Department circular on notification of suspected child abuse (attachment A5).

STARTING NEW WORKERS

See New Workers Checklist (attachment B2).

SETTING UP SECONDARY OUTLETS

See AIDS Branch Policy and Procedures Manual (Section 7).

GOODS AND SERVICES

4 weeks minimum stock level of non-stock goods (i.e.: those ordered externally) required at Governor Phillip for the smooth running of the program.

NSP Co-Ordinator responsible for ensuring orders placed and adequate stock available.

CONTAMINATED WASTE

Yellow contaminated waste bins

Four small Otto bins (120 lt) are kept in the storeroom. One of the small Otto bins is located in the van, so that fitpacks etc. can be deposited by the clients directly into the bin. Sharps containers are available for loose needles and syringes.

These bins are owned by the Daniels Corporation 02 97486616
Peter Hart is the person responsible for this service.

The Otto bins are collected and replaced weekly. Any problems with collection phone (02) 9748-6616.

Latex gloves are to be worn when handling used sharps containers.

Disposafit Bins

A disposafit bin is located on the outside wall of the public toilet block opposite St Marys Community Health Centre. This bin is checked and emptied if needed once a month by NSP staff.

Disposafit bins will be placed beside each needle and syringe vending machine.

If problems are identified in areas such as parks and gardens, public toilet

blocks, or other council owned property then liaison with the Manager of Public Health Services at Penrith City Council can result in the placement of council disposafit bins. These bins will be maintained and serviced by council ground staff. We can offer formal HIV education to these staff through our education team.

COMMUNICATION

Circulars, memos etc. are placed in the reading tray for all staff. This tray is not to be used for storage - it is for current information only. Once information has been read by all staff it can be filed where appropriate.

Messages etc for individual staff are to be placed in staff=s personal pigeonholes. Again, these pigeoholes are not to be used for storage and staff should file information received as appropriate.

Service or client related messages and information is to be recorded in the NSP Communications Book. To ensure client confidentiality do not use names or other identifying details when writing up incidents in the book.

RESOURCES

Leaflets and handouts are stored in the box files on the bookshelf in the NSP office. These need to be checked monthly and re-ordered as necessary. If payment is needed for orders, approval from the NSP Co-Ordinator is needed and the order accompanied with a non-stock purchasing requisition.

PROTOCOL FOR VISITORS TO AN OUTLET

At all times, visitors must not interfere with client confidentiality and access to service.

Clients:

- X brief interventions only
- X do not leave unattended

Family/Friends:

- X are not to visit the service

Other Staff:

X	limit of 2-3 time (unless or close the temporarily)	<hr/> <hr/>	staff at a 12:30-1:00 door
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Students:

- X limit of 2-3 at a time (unless 12:30-1:00 or close the door temporarily)
- X large groups to be booked into group room and allocate staff
- X visits to be arranged previously

NSP CLERK

ESSENTIAL QUALIFICATIONS:

- 1) Intermediate experience in the use of word processing, spreadsheet & database packages.
- 2) Ability to prioritise workload and meet strict deadlines
- 3) Office management skills
- 4) Ability to work as part of a small and diverse team, providing support as required
- 5) Willingness to work within harm minimization principles
- 6) Driver=s licence.

DESIRABLE QUALIFICATIONS:

- 1) experience in a health care setting

STATEMENT OF FUNCTION:

To work as part of the NSP team in the delivery of needle exchange services within the Salvation Army area.

Administration

- X Word processing and general computer work for the NSP Co-ordinator and other members of the NSP Team.
- X Maintain filing systems for the NSP including filing documentation for the Co-ordinator
- X Assist Co-ordinator in arranging meetings & provide administration for the same
- X Attend to regular photocopying for NSP
- X End-of-month collation and submission of car running sheets to Lemongrove Team secretary (including maintenance of necessary office records relating to same)
- X Liase with Lemongrove Team secretary and/or the Nepean Health District Transport Office regarding ongoing maintenance and purchase of new vehicles. Attend to booking NSP car/s for service.
- X Maintain appropriate levels of admin forms for general staff use e.g.: timesheets, course application forms etc.
- X Attend to stationery and resource ordering and monitor supply and demand
- X Liase with Lemongrove Team secretary re maintenance of up-to-date Asset Register including communication with Creditors Department as necessary

Communication

- X Maintain system for mail distribution and maintenance of staff information/reading/filing system
- X Attend to answering telephone, taking and passing on messages and directing incoming calls to appropriate personnel
- X Ensure client confidentiality is maintained at all times.

Systems

- X Stock ordering and stock control in direct consultation with Co-ordinator

- X Collation of statistics as required
- X Maintain petty cash
- X Develop and maintain computer support systems for Co-ordinator.

Support to NSP Team

- X Consult with NSP Team re re-organisation of work space, furniture and equipment
 - X Assist NSP Team with photocopying, printing and re-ordering resources
-

**NEEDLE AND SYRINGE
PROGRAMME**

**ATTACHMENTS AND
RESOURCES**

JANUARY 1998

ATTACHMENTS

1. NSP OUTLET LIST
2. NSP STATS SHEET
3. NSP TALLY CODE SHEET
4. NSP ORDER FORM
5. CHILD PROTECTION POLICY
6. SALVATION ARMY INCIDENT / ACCIDENT FORM
7. NEEDLESTICK HOTLINE
8. NSP STICKER
9. NSW POLICE SERVICE GUIDELINES
10. SALVATION ARMY NSP CHARTER
11. NEW WORKER=S CHECKLIST
12. STOCK CHECKLIST
13. CAR POLICY
14. RUNNING SHEET
15. EDUCATION INTAKE FORM
16. NSP OUTLETS INFORMATION
17. CONDOM DISTRIBUTION POLICY

