

VICTORIAN NEEDLE
AND SYRINGE PROGRAM

Operating Policy and Guidelines

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Public Health

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1. Introduction

1.1 Background

The Needle and Syringe Program (NSP) is a strategy for increasing needle and syringe availability to injecting drug users (IDUs) and minimising the transmission of blood-borne viruses such as HIV and hepatitis B and hepatitis C. NSP services are not dependent on compulsory 'one-for-one' exchange as this could compromise the effectiveness of the program due to reduced access to clean injecting equipment. It should be noted, however, that the safe disposal of used injecting equipment, which may include returning them to an NSP, remains a high priority of the Program.

In Victoria the NSP was originally established to minimise the spread of HIV among IDUs and from IDUs to the broader community. More recently, the NSP has expanded its focus to include other blood-borne viruses such as hepatitis B and hepatitis C. Sterile injecting equipment is provided, thereby reducing the practice of sharing needles and syringes. Education about safer using practices, safer sexual practices and safe disposal of used injecting equipment form an integral part of the NSP, as well as referral to drug treatment and other health services.

The NSP operates as a harm minimisation strategy. Harm minimisation is a concept that acknowledges that people may engage in risky activities and seeks to reduce the harm associated with those activities. People must be provided with knowledge and skills necessary to make informed choices about risk behaviours. The low HIV infection rate among IDUs in Victoria and Australia indicates that the NSP is a successful harm minimisation strategy.

The NSP commenced in 1987 with four pilot programs by the former Health Department Victoria. In 1989, following the success of this pilot, the Department adopted a comprehensive strategy for the prevention and management of blood-borne viruses among IDUs. The NSP has since expanded significantly and currently there are over 215 registered NSP sites throughout Victoria.

The importance of the NSP in minimising the spread of blood-borne viruses is recognised in the *National Hepatitis C Strategy 1999–2000 to 2003–2004* as well as the *National HIV/AIDS Strategy 1999–2000 to 2003–2004*. These strategies also include measures to strengthen peer-based health promotion activities and to increase access to education, counselling and referral through the NSP.

The harm minimisation focus of the NSP is consistent with the principles outlined in the *National Drug Strategic Framework 1998–1999 to 2002–2003*:

‘While the practice of injecting drug use continues, the provision of sterile injecting equipment through needle and syringe programs is an important harm-reduction strategy for preventing the spread of blood-borne viruses, such as HIV and hepatitis C.’

The *Victorian Needle and Syringe Program Operating Policy and Guidelines* specify the responsibilities governing NSP sites and should be followed by all services participating in the NSP. It is important to continue to provide confidential services for IDUs and to remove barriers to the access and use of sterile injecting equipment. Any local NSP policies and procedures must be consistent with those contained in this document.

2. Needle and Syringe Program

2.1 Aim

To minimise the transmission of HIV, hepatitis B and hepatitis C and other blood-borne viruses among injecting drug users, their sexual partners and children, and from them to the non-injecting community.

2.2 Objectives

- To establish a comprehensive statewide Needle and Syringe Program.
- To reduce the unsafe practice of sharing needles and syringes and other injecting equipment by IDUs by implementing a harm minimisation approach.
- To promote safe retrieval and disposal of used needles and syringes, with an emphasis on increasing return rates of injecting equipment to NSPs.
- To promote safer sex practices and increase the use of condoms by IDUs.
- To provide linkages and referral for IDUs to other health and welfare services.
- To facilitate two-way education between NSP staff and peer educators.
- To provide education to NSP staff on HIV/AIDS, hepatitis B and hepatitis C and other blood-borne viruses, as well as harm minimisation and drug use issues.
- To promote awareness of IDU issues in the general community.
- To increase access for particular groups such as young people, Aboriginal people and Torres Strait Islander people, gay men and lesbians, the homeless and people of culturally and linguistically diverse backgrounds, through the establishment of NSP services specifically targeting the needs of these groups.

2.3 Strategies

- To ensure the availability and distribution of sterile needles and syringes, alcohol swabs, other injecting equipment and portable sharps containers.
- To facilitate the safe retrieval and disposal of used needles and syringes (where possible through access to a 24-hour disposal chute).
- To provide and distribute condoms and water-based lubricant.

- To provide information and education regarding the risk and transmission of HIV and other blood-borne viruses such as hepatitis B and hepatitis C, as well as promoting general health and wellbeing.
- To provide a point of contact and referral for IDUs with other health and welfare services.
- To be a source of information for the general community on IDU issues, HIV and hepatitis infection.
- To facilitate ongoing support and participation for the NSP by establishing networks with police, local government, community groups, health and welfare workers and other stakeholders.

3. Guidelines for the Establishment of NSP Sites

3.1 General Principles

- The NSP is a centrally coordinated statewide program. Funding is provided through the Victorian State Government.
- Application forms for the establishment of an NSP site can be obtained from the NSP project staff of the Health Protection Services Unit (HPSU) at the Department of Human Services.
- Evidence for the establishment of an NSP site should be obtained through consultation with health and welfare providers, local government, youth services, user groups, local pharmacists, general practitioners, police and other NSPs.
- The NSP is a non-judgemental and confidential service. No personal information is sought apart from age and gender for evaluation purposes.
- NSPs should operate in such a manner as to maximise access and equity of service to all IDUs.
- The establishment and location of an NSP should be based on an overall assessment of the area and should consider:
 - Possible gaps in existing needle and syringe availability.
 - Hours of operation appropriate for the target population (for example, after hours or weekends).
 - Accessibility by the target population (for example, possible difficulties of public transport access).
 - Confidentiality and relative anonymity available to clients.
 - The nature of the user group in the locality (for example, people of specific culturally and linguistically diverse backgrounds).
 - Whether a fixed, outreach or out-of-hours service would be more effective in reaching the target group.
 - Security, particularly for staff working evening shifts.
 - Consultation with local police, health and welfare workers, local residents and traders.

- The Needle and Syringe Program has been established in two modes:

Primary NSPs have been established for the primary purpose of ensuring the availability and disposal of needles and syringes, condom distribution, education, referral and liaison with local agencies such as police, local government, health and welfare agencies and other NSP services. It is expected that primary NSPs will establish and maintain networks with local IDUs and secondary NSPs in their region. Primary NSPs are funded by the HPSU.

Secondary NSPs are programs operating within an existing organisation for the purpose of distributing needles and syringes, condoms and educational material as well as providing a point for the safe disposal of used injecting equipment. The NSP is supplementary to the primary service objectives of these organisations. A small number of the busiest secondary NSPs receive funding from the HPSU and are referred to as enhanced secondaries.

For both primary and secondary NSPs, all stock (that is, needles and syringes, condoms, sharps containers, educational material) is supplied at no cost by the HPSU. This includes the collection and disposal of used needles and syringes from all registered NSPs.

The NSP aims to target a wide range of IDUs such as:

- Recreational users who do not feel they have a problem with drug dependence.
- Situational users who use only for specific reasons (for example, truck drivers, steroid users or chronic pain sufferers);
- Habitual or dependent users who continue active drug use.

A large section of the target group may not be in contact with mainstream health services. For this reason it is desirable to establish NSP sites in a range of health and welfare settings and through other services. These can include:

- Community health services
- Youth agencies
- Homeless persons residences
- Hospitals
- Aboriginal cooperatives
- Pharmacies.

3.2 Procedures

Amendments to the *Drugs, Poisons and Controlled Substances Act 1981* enable NSPs to be legally established in Victoria. Under this legislation pharmacists and their staff are permitted to sell or supply needles and syringes. Other classifications of people may also supply needles and syringes if authorised by Order in Council. People who distribute needles and syringes without authorisation are liable to prosecution under Section 80 of the Act, which deals with the offence of aiding and abetting the administration of a prohibited substance.

Applications to operate as an NSP are reviewed by the HPSU and are submitted to the Order in Council via the Minister for Health.

The application to operate as an NSP requires agencies to provide the following information:

- The address at which the program will operate, or in the case of outreach, the local government areas in which it will operate.
- The hours of operation for the program.
- The category of staff which will be providing the program (for example, health and welfare, reception or administrative staff etc.).
- The auspicing body.

Following initial contact with the NSP project staff at the HPSU, the following process will occur:

- An NSP Application Form and written confirmation will be forwarded to the organisation's nominated staff member who will coordinate the establishment of the NSP.
- A community consultation process may need to occur. This may include consultation with other service providers in the area and/or liaison with local government, police, residents groups, traders, community groups or other NSPs. This consultation process can be important if the program will be located in a residential area.
- The Application and Community Consultation forms are completed and returned to the HPSU along with supporting correspondence from the management of the agency.

- The application is submitted by the HPSU for authorisation under Order in Council.
- Training for staff is organised by the NSP project staff.
- Once an organisation is authorised to operate as an NSP, written confirmation from the HPSU will be forwarded along with a copy of their authorisation.

4. Guidelines for the Operation of NSP Sites

4.1 Models of Operation

- **Fixed Sites** occupy stand-alone premises and require a Council planning permit to operate. Such premises should be in 'high profile' locations where pedestrian and vehicular traffic flow offers the opportunity for client anonymity. The premises should be discreet, easily accessible and close to public transport and other community services for the purpose of referral.
- **Outreach Services** form part of a mix of local strategies needed to effectively target IDUs. This model of operation may be an out-of-hours service and has the potential of increasing access by IDUs who may not have been in previous contact with, or are unable to access fixed sites. Outreach services may be vehicle based or delivered on foot.

Some NSPs operate one or more fixed sites and/or an outreach service.

4.2 Activities of NSP Sites

The following activities are expected to be undertaken by all NSPs:

- Free provision of sterile needles and syringes and other injecting equipment.
- Provision of approved plastic disposal containers for the safe disposal of used injecting equipment.
- A location for the return of used needles and syringes, including a 24-hour access disposal chute where possible.
- The distribution of condoms and water-based lubricant to encourage and facilitate safer sex practices.
- The availability of printed information on a range of health and drug use issues.

In addition, the following is expected of all primary NSPs and encouraged, where possible, at secondary NSPs:

- The provision of referral to drug and other health and welfare agencies at the client's request.
- Localised collection of inappropriately discarded needles and syringes to be undertaken by NSP staff in accordance with Departmental protocol (refer section 4.9).

- Establishing and maintaining links with relevant local agencies such as police, health and welfare organisations, pharmacies and local government.
- Establishing and maintaining networks with local IDUs, local drug outreach workers and other NSP workers.
- Provision of a community education role as appropriate.
- Increasing access to the program by particular target groups as identified in section 2.2.

4.3 Staffing

Staff working at an NSP must be comfortable working within the model of harm minimisation and must be able to adopt a non-judgemental approach. Staff education and training is mandatory before the agency can commence as an NSP.

Consistent with current policies, it is recommended that a minimum of two staff be present in an agency during the hours that the service is being offered. The same recommendation applies to all outreach services.

4.4 Staff Identification Cards

Staff providing outreach services are required to be issued with identification cards. These cards are supplied by the HPSU. Identification cards must be carried at all times when providing an outreach service. Application forms for identification cards are available from the HPSU (see Attachments). A passport-sized photograph must be attached with the completed form. Upon cessation of employment, cards must be returned to the HPSU.

4.5 Hours of Operation

Most fixed-site NSPs operate during normal business hours. However, registered hospitals may offer a 24-hour service from their Accident and Emergency Departments and some primary NSP sites also operate outside of normal business hours. Some outreach services also provide after hours service.

4.6 Identification of NSP Site

A national logo, which features two semi-circular arrows, should be displayed in a prominent position to indicate that the premises are involved in the NSP. Copies of the logo are available through the HPSU.

4.7 Location

Provision of a separate or private space is recommended for service delivery, as this can greatly assist in providing a more informal and confidential service. It is a best-practice principle that a dedicated private room is allocated to the NSP. If a dedicated NSP room cannot be provided, another private room should be made available on a needs basis. When a private room cannot be used, needles can be distributed in ready-made packs over the counter at the reception area. It should be noted that as an over-the-counter system does not maximise the opportunity for client interaction or client confidentiality, preference should be given to alternative models of service delivery.

The catchment area for outreach services is limited to those approved by Order in Council. Any equipment distribution that occurs outside of those areas is illegal and staff are at risk of being charged with 'aiding and abetting' the commission of an offence under the *Drugs, Poisons and Controlled Substances Act*.

4.8 Range of Stock and Quantity to Be Issued

A comprehensive range of stock can be ordered by either faxing or mailing an order form to the HPSU. Orders are processed weekly and order forms must be received by 4.00 pm on Mondays in order to be processed that week. Forms received after this time will not be processed until the following week.

- **Sterile needles and syringe.** A large range of needle and syringe sizes and gauges are available to accommodate most injecting requirements. The most requested needle and syringe combination is the 1 mL syringe with a 27-gauge needle attached.
- **Alcohol swabs** to clean the injection site before drug use and to wipe other equipment and fingers. At least two swabs should be provided with each needle and syringe that is distributed.
- **Condoms and water-based lubricant** sachets to promote safer sex practices.
- **Sharps disposal containers.** A range of sizes should be stocked due to the different requirements of agencies and clients.
- **Bags** (small paper and large plastic) for carrying injecting equipment, sharps containers.

- **Educational material** covering a range of topics, from safer sex to handling of needles and syringes should be made available for both clients and the broader community. The role of the client as an educator of other IDUs is an important component of the NSP.

Any client or staff comments and/or complaints should be recorded on the Consumables Comment Form (see Attachments) and forwarded to the HPSU.

As individuals vary in their patterns of drug use, so does their need for the above items. Inadequate supply of stock can lead to the sharing of used injecting equipment along with unsafe sexual practices. Clients are encouraged to take more than one needle and syringe to reduce the risk of sharing used equipment with others.

The number of needles and syringes provided should be determined, where practicable, on the basis of frequency of use. Adequate supply for seven days would appear reasonable. However, staff may use discretion and supply more equipment if requested by the client. It is not unusual for clients to be provided with boxes of 100 needles and syringes at any one visit. Staff should encourage clients to refer their friends to the NSP to make use of the services provided.

The mix of stock that best ensures the aims of the NSP are being met will be reviewed on a regular basis and subsequent changes may be made.

4.9 Disposal of Used Needles and Syringes

The retrieval and disposal of used needles and syringes is an essential component of the NSP. Mechanisms to increase return rates should be incorporated into the development and operation of NSPs. Nevertheless, the return of used needles and syringes is not compulsory to obtain sterile equipment.

The retrieval and disposal of discarded needles and syringes is a service that all NSPs provide. The collection and destruction of the used needles and syringes that are returned to NSPs is arranged through HPSU.

- In an NSP transaction, staff must not handle used needles and syringes. Larger sharps containers returned to the NSP site should be placed by the client in a large yellow wheelie bin if available. All sharps returned in the small disposal containers or any other form of container which is not an approved sharps container, must be placed by the client into the 20 L sharps collectors (or other approved sharps container) supplied by the HPSU. All sharps containers are to be stored at the NSP for collection by an approved medical waste service.

- Loose needles and syringes being returned to an NSP should be placed by the client directly into a 20 L sharps collector (or other approved sharps container) supplied by HPSU. Loose needles should never be placed into the large yellow wheelie bins.
- Sharps containers should never be overfilled.

Note: Any returned needles and syringes which are reportedly clean or unused, should also be disposed of in the sharps bins.

If staff are involved in the retrieval of inappropriately discarded injecting equipment, the following points should act as a guide:

- Wear latex or plastic gloves for protection.
- Take the disposal container and lid to the site of the discarded needle and syringe (not the syringe to the container).
- If the needle and syringe is difficult to reach, carefully remove rubbish or other material around it to enable easy access to the needle and syringe.
- If there is more than one needle and syringe, separate them by using tongs or a stick. Do this carefully. Each needle and syringe can then be picked up individually.
- **Never** recap a needle and syringe, even if the cap is also discarded.
- Pick up the needle and syringe by the barrel (plastic end). **Do not** pick it up by the needle end. Make sure the needle is pointing away from you at all times.
- Place the needle and syringe, needle end first, into the container. The container should be placed on a stable surface beside the syringe and not held by hand.
- Secure the lid on the container.
- Remove the gloves and wash hands with warm soapy water.

4.10 Needle Stick Injury

In the case of a needle stick injury by a discarded needle and syringe the following steps should be taken:

- Flush the area with flowing water (or saline if available).
- **Do not** force or encourage the wound to bleed.
- **Do not** lick or suck the wound.
- Wash well with soap and water.
- Apply antiseptic on the wound and cover it with a water-proof bandaid.
- Seek medical attention for an assessment of the risk of infection and appropriate treatment including advice on post exposure prophylaxis (PEP) and hepatitis B immunoglobulin.
- The NSP Manager or Coordinator must be notified as soon as possible.
- An Incident Report Form (see Attachments) must be completed and a copy forwarded to the HPSU.

4.11 Education Component of the Program

Experience has shown that the availability of needles and syringes without an education component makes it more difficult to change the risk behaviour of IDUs.

- Staff development, education and training will be coordinated by HPSU and will focus on enhancing skills in blood-borne virus education and other appropriate areas.
- Educational materials have been developed to ensure appropriate and consistent messages throughout Victoria, without duplication and wastage of resources.
- NSP staff will undertake client education. This will vary according to the client and the type of transaction, and may range from the delivery of simple, clear messages during brief contacts, to more systematic education programs.
- Clients presenting for the first time should be provided with information about the operation of the program, including opening hours, with particular emphasis on minimising the risk of HIV, hepatitis B and hepatitis C infection and on the safe disposal of used injecting equipment.

- Clients should also be provided with information regarding the legal status of possessing injecting equipment:
 - It is not an offence for a person to possess a new or used needle and syringe. However, possession of a used needle and syringe may be used as circumstantial evidence to lay other drug-related charges. For this reason some clients may be reluctant to return used equipment to NSP sites and therefore should be informed of other safe methods of disposal and the location of public sharps disposal bins.
 - Victoria Police have an operational policy which requests its members to use discretion and common sense in relation to police activity around known NSP sites.
- Discussion about the client's drug use that focuses on abstinence is not recommended unless raised by the client. The primary focus is HIV, hepatitis B and hepatitis C prevention. Comments concerning their drug use may serve to alienate the client. However, provision should be made for referral to other services on request. Therefore, NSPs need to ensure the development of effective liaison and referral networks with local health, welfare and drug treatment services.

4.12 Monitoring and Evaluation

Anonymous and confidential records of transactions are kept by NSP staff. Copies of the evaluation forms for fixed sites and outreach services, and instructions for completing them are available through the HPSU. Completed sheets are to be forwarded to Information Services, Drugs Policy and Services on a monthly basis.

Data is analysed by the Information Services Unit and a comprehensive annual report is produced and distributed to all NSPs. Accurate data can also be used to identify regions that require additional NSPs. The NSP Manager or Coordinator should ensure the evaluation sheets are as accurate and complete as possible. However, data collection requirements will need to be balanced against client willingness to provide information.

4.13 Incident Reports

From time to time various incidents may occur at, or in the vicinity of, an NSP site. Such incidents may include unnecessary police presence or drug taking on the premises. An Incident Report Form (see Attachments) has been developed so that agencies can notify the HPSU and assist in formulating an appropriate response.

4.14 Age of Client

Clients of all ages currently access the NSP and it is important that clean injecting equipment continues to be supplied to all those people who request it.

Some NSP staff are concerned about the legal and moral implications of distributing injecting equipment to young people who may be under the age of eighteen years. By providing clean injecting equipment to a young client, the NSP is reducing the risk of the young client contracting a blood-borne virus. If the clean injecting equipment is not provided it is possible that the young client will share a syringe and thus not only be at risk of harm from using the drug, but also at risk of contracting a potentially fatal or debilitating blood-borne virus.

However, where staff are particularly concerned about the safety of a client (and this could be due to the person's age or other factors, such as capacity, and may be unrelated to drug use) they should endeavour to refer the person to an appropriate service. They may also wish to assist a service in contacting the person at risk, if they believe that such assistance is necessary. Services that may be of assistance include:

- Turning Point (Duty Worker)—ph: (03) 9254 8050
- Streetworks—ph: (03) 9699 7533
- Youth Substance Abuse Service—ph: 1800 014 446

Staff may also notify the appropriate Child Protection Service if they believe that a particular young person under the age of 17 years is at risk of significant harm.

Child Protection Services may be contacted on (03) 9616 7777 or after hours on 131 278. It is suggested that staff contact Child Protection Services to discuss the most appropriate way of assisting a young person while at the same time protecting the integrity of the NSP.

It should also be noted that medical practitioners and nurses are required to notify Child Protection Services if they believe that a child is at risk of harm.

The identity of a person who notifies Child Protection Services is protected under the *Children and Young Persons Act 1989* and can only be released in very limited circumstances.

4.15 Blood-Borne Virus Testing

- Blood-borne virus testing is not a component of the NSP and is not a prerequisite for entry to, or maintenance on, the program.
- When a client requests testing they should be referred to an appropriate agency that provides specialist HIV, hepatitis B or hepatitis C testing and counselling services.
- Free and confidential testing is available, without referral, at public testing sites such as the Melbourne Sexual Health Centre. Free testing is also available for specified high risk groups (this includes IDUs) through most doctors.
- Clients in high-risk groups who are identified as such on the pathology request form by the treating doctor can have their blood specimen sent by the doctor's pathology service to either the State Reference Laboratory or the Microbiological Diagnostic Unit for a free test to be performed. If clients require and consent to a HIV antibody test, they should be offered appropriate counselling or be referred directly to one of the public testing sites.
- Hepatitis B and C antibody tests are screening tests which indicate whether the body has been exposed to the virus. This test is free if clients take their Medicare card to a bulk-billing doctor.
- The hepatitis C PCR test detects the presence or absence of the hepatitis C virus in the blood and also indicates the genotype of the virus. The Medicare rebate only applies to people who meet certain criteria.
- Agencies should not attempt to identify or trace individuals referred to approved agencies for testing or counselling.
- Agencies should not undertake contact tracing (partner notification), but refer clients requesting assistance to specialist agencies such as the Melbourne Sexual Health Centre. If the agency is concerned about an individual's behaviour (for example, that a client is placing other members of the public at risk of infection) they should seek further assistance from the HPSU.

4.16 Code of Conduct

The NSP acknowledges the current illegal status of self-administration of drugs through injection, and identifies any such self-administration that does not impinge on work performance, as being the individual's private business. However, the Department in no way accepts responsibility for illegal acts undertaken by staff and will not tolerate the credibility or reputation of the NSP being brought into disrepute. Agencies that provide an NSP service should have their own staff Code of Conduct policy.

- There is an expectation that staff will not use, sell, purchase or carry illicit drugs while at work.
- There is a responsibility and expectation that staff who have partaken in the use of drugs or alcohol prior to commencement of work will not put their co-worker or the program at risk.
- There is a responsibility and expectation that co-workers will not work with a staff member who presents for work under the influence of drugs or alcohol.

5. Program Management

Health Protection Services Unit

The HPSU is responsible for the overall management of the NSP including:

- The strategic planning and direction of the NSP.
- The development of policy, procedures and guidelines for the establishment and operation of the NSP (including the coordination and authorisation of new NSP sites).
- Statewide coordination and funding of the NSP (including provision of stock and collection and disposal of used sharps).
- Working with NSPs, local councils, pharmacists, other stakeholders and relevant government departments on the safe disposal of needles and syringes.
- The provision of educational materials and ensuring the availability and evaluation of training programs.
- The collection of data, monitoring and evaluation of the NSP.

Regional Department of Human Services Offices

Regional Department of Human Services Offices have an important role to play in implementing harm minimisation strategies.

Their role includes:

- Raising awareness of harm minimisation issues within the Region.
- Service agreement management of primary and enhanced secondary NSPs, including negotiation of performance measures and targets.
- Encouraging the establishment of NSP sites in appropriate areas or agencies.
- Liaison with local councils to set up disposal facilities in appropriate areas or agencies.
- Liaison with local councils to encourage pharmacies to participate in the Fitpack Program.

NSP Sites

At each NSP, a person must be designated as having management responsibility for the NSP. This person's role includes stock control, staff administration and reporting. Some areas, such as stock control, can be shared among all NSP staff however, a Coordinator should be nominated. It is also important that the designated person disseminate information from the HPSU and monitor training needs.

To ensure all NSP sites are operating within the legislation, any changes to the conditions approved by the Order in Council at registration must be notified to the HPSU by the NSP Manager or Coordinator. The changes that require updating include closure or addition of new sites, changes in operating hours or changes in the categories of staff working as part of the NSP.

Alterations to service delivery will also need to involve client consultation. It is important to ensure the highest possible client satisfaction with the service in order to maximise their participation in the NSP.

6. Attachments

- 1. Application for Registration**
- 2. Community Consultation Form**
- 3. Amendment to Registration Form**
- 4. Outreach card application Form**
- 5. Consumables Order Form**
- 6. NSP Resources Order Form**
- 7. STI Resources Order Form**
- 8. Data Collection Form FS**
- 9. Data Collection Form OS**
- 10. Data Collection Form Hotline**
- 11. Consumables Comment Form**
- 12. NSP Incident Report Form**
- 13. Victoria Police Force Policy**

Needle and Syringe Program

Application for Registration

Please tick the appropriate registration required: Fixed NSP site
 Mobile/Outreach
 Both of the above

Please supply the following information:

1. The name and address of the premises at which the fixed program will operate, and if an outreach service, a list of the municipalities in which the program will operate (attach a list if necessary)

Fixed Site _____

Mobile/Outreach _____

2. The days and hours of operation of the program at the:

Fixed Site _____

Mobile/Outreach _____

3. The category of staff who will be providing the service (eg, health and welfare workers, reception and administrative staff etc)

Needle and Syringe Program

Application for Registration *continued*

4. The name and address of the employing/auspicing organisation

5. Details of Coordinator/Contact Person

Name: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Signature: _____

6. Date application form completed: _____

Needle and Syringe Program

Amendment to Registration

Changes to any of the following need to be notified to DHS and an amendment to the Order made by the Governor in Council at the time of registration submitted.

Only record details that have changed on this form.

Registration Number: _____

- 1. Type of registration** (please tick):
- Fixed site
 - Mobile/Outreach
 - Both Fixed and Mobile/Outreach

2. The name and address of the employing/auspicing organisation:

3. The name and address of the registered premises that each fixed site and/or outreach Needle & Syringe Program (NSP) operate from:

Fixed Site: _____

Mobile/Outreach: _____

The Municipalities in which the mobile/outreach program will operate (attach a list if necessary):

4. The days and hours of operation of the program at the:

Fixed Site: _____

Mobile/Outreach: _____

Needle and Syringe Program

Amendment to Registration *continued*

5. The category of staff who will be providing the service (eg health and welfare workers, reception and administrative staff etc):

Details of Coordinator/Contact Person

Name: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Signature: _____ Date form completed: _____

Needle and Syringe Program

Application for Outreach Card

Name: _____

Home/Work Address:

Position in Agency: _____

Training relevant to the Needle and Syringe Program—include topics covered, duration of course(s), and name of trainers.

Declaration of Applicant

I declare the above information is correct and I understand all NSP outreach workers cards remain the property of the Department of Human Services. I further agree to return the card(s) to the Department if I discontinue employment in my current position with the above agency. I agree to abide by the times and places specified by my agencies Governor in Council registration.

Signed: _____ Date: _____

Verified by Agency Coordinator

Signed: _____

Needle and Syringe Program

Consumables OrderForm



Name of Agency: _____ Date: _____

Address for Delivery: _____ P'code: _____

Contact Person: _____ Phone Number: _____

Hours for delivery: _____

Needles & Syringes	Per Carton	No.
Terumo 1ml x 27g x 13mm	5 boxes of 100	
Terumo 1ml x 29g x 13mm	5 boxes of 100	
Terumo 3.0ml x 25g x 5/8"	1 box of 100	
	10 boxes of 100	
Terumo 5.0ml x 23g x 1.25"	1 box of 100	
	6 boxes of 100	

Syringe Only	Per Carton	No.
Terumo 3.0ml	1 box of 100	
	10 boxes of 100	
Terumo 5.0ml	1 box of 100	
	6 boxes of 100	
Terumo 10.0ml	1 box of 100	
	6 boxes of 100	

Needles Only	Per Carton	No.
27g x 13mm	1 box of 100	
25g x 1"	30 boxes of 100	
	1 box of 100	
23g x 1.25"	30 boxes of 100	
	1 box of 100	
21g x 1.25"	30 boxes of 100	
	1 box of 100	
19g x 1.5"	1 box of 100	
	30 boxes of 100	

Sharps containers	Per Carton	No.
125ml bottles	140	
2.25 litre	30	
2 litre fibreboard	50	
20 litre pail	1	

Bags	Per Carton	No.
Small (paper)	500	
Large (plastic)	100	

'Do you know' insert	100	
NSP yellow card	100	

Pre-Pack Needle Kits	Per Carton	No.
2 needle kit	150	
5 needle kit	150	

Miscellaneous	Per Carton	No.
Condoms	144	
Swabs	10000	
Lubricant	1000	

FAX TO HEALTH PROTECTION SERVICES: fax 9637 4287 phone: 9637 4184
(Orders must be received by 4.00 pm Monday for dispatch on Tuesday
OR received by Friday 4.00 pm if Monday is a Public Holiday)

Needle and Syringe Program

NSP Resource Order Form

Organisation:	
Contact Person:	
Address:	
Suburb/Town:	Post Code:
Telephone/Fax:	

Internet Address: <http://www.dhs.vic.gov.au/phd/topics1.htm>

Resource Title	Code	Type	Quantity
AIDS Prevention Team Brochures			
No 1 Safer Using (light pink)	pamphlet	PH359	
No 2 Using Tips (green)	pamphlet	PH360	
No 3 Injecting Tips (yellow)	pamphlet	PH361	
No 4 Heroin Overdose (light blue)	pamphlet	PH362 (HPA)	
No 5 Using & Nutrition (purple)	pamphlet	PH363	
No 6 HIV/AIDS To Test or Not to Test (lilac)	pamphlet	PH364	
No 7 Steroids (grey)	pamphlet	PH367	
No 8 Bleaching: the last resort (white)	pamphlet	PH368	
No 9 Hepatitis C (orange)	pamphlet	PH365	
No 10 Safer Using on the Street (buff)	pamphlet	PH371	
No 11 Cutting Down and Getting Off: Counselling and Withdrawal Services (pink)	pamphlet	PH375(HPA)	
No 12 Cutting Down and Getting Off: Methadone, Naltrexone, Peer Support and Residential Rehabilitation (bright yellow)	pamphlet	PH374 (HPA)	
Users & The Law	Z card	PH369(HPA)	
DHS Brochures			
Sexually Transmissible Infections: Treatment is Good, Prevention is Better *	Booklet A5	PH011 (STD)	
Hepatitis A The Facts	pamphlet	PH073(HPA)	
Hepatitis B The Facts	pamphlet	PH366(HPA)	
Hepatitis C The Facts	pamphlet	PH026(HPA)	
Safe Retrieval & Disposal of Needles & Syringes **	pamphlet	PH012	

* Replaces "Sexually Transmissible Infections" pamphlet PH376 (HPA)

** Replaces "Handling Needles and Syringes" PH053 (HPA)

**FAX TO HEALTH PROTECTION SERVICES:
fax 9637 4287 phone: 9637 4184**

Needle and Syringe Program

STI Resources Order Form

Organisation:	
Contact Person:	
Address:	
Suburb/Town:	Post Code:
Telephone/Fax:	

Internet Address: <http://www.dhs.vic.gov.au/phd/topics1.htm>

Resource Title	Code	Type	Quantity
Sexually Transmissible Infections: Treatment is Good, Prevention is Better **	Pamphlet	PH011 (STD)	
HIV/AIDS Your Questions Answered	Pamphlet	PH130 (HPA)	Not available *
Being Tested For HIV/AIDS	Pamphlet	PH220 (HPA)	Not available *
Hepatitis A	Pamphlet	PH073 (HPA)	
Hepatitis B	Pamphlet	PH366	
Hepatitis C	Pamphlet	PH026 (HPA)	
Hepatitis C – Helpline	Poster	PH507 (HPA)	
Safe Retrieval and Disposal of Needles and Syringes ***	Booklet A5	PH012	
In Safe Hands: Cleaning Up Blood Spills	Pamphlet	PH272 (HPA)	Not available *
Exposure to Blood/Body Fluids—what to do	Poster	PH373 (HPA)	Not available *
Key Issues in HIV Infection and AIDS for GPs	Booklet A5	PH512 (HPA)	
Management, Control and Prevention of Hepatitis C for Medical Practitioners	Booklet A5	PH372 (HPA)	Not available *
Preparing for Testing Hepatitis C	Booklet	PH003 (STD)	
Women and Hepatitis C	Booklet	PH005 (STD)	
Australian Family Physician, hepatitis C A management guide for general practitioners	A4 Magazine	PH002 (STD)	
Hepatitis C For All Australians	Pamphlet		

* These pamphlets are currently being updated and are unavailable until further notice

** Replaces "Sexually Transmissible Infections" pamphlet PH376 (HPA)

*** Replaces "Handling Needles and Syringes" pamphlet PH053 (HPA)

**FAX TO HEALTH PROTECTION SERVICES:
fax 9637 4287 phone: 9637 4184**

Needle and Syringe Program

STI Resources Order Form *continued*

Organisation:	
Contact Person:	
Address:	
Suburb/Town:	Post Code:
Telephone/Fax:	

Internet Address: <http://www.dhs.vic.gov.au/phd/topics1.htm>

Resource Title	Language	Code	Type	Quantity
Are You At Risk for STDs?	Arabic	PH243 (HPA)	Pamphlet	
	Bosnian	PH259 (HPA)	Pamphlet	
	Cambodian	PH357 (HPA)	Pamphlet	Not available*
	Chinese	PH356 (HPA)	Pamphlet	
	Croatian	PH245 (HPA)	Pamphlet	
	Spanish	PH246 (HPA)	Pamphlet	
	Turkish	PH355 (HPA)	Pamphlet	
	Vietnamese	PH240 (HPA)	Pamphlet	
HIV/AIDS Your Questions Answered	Arabic	PH131	Pamphlet	
	Bosnian	PH137	Pamphlet	
	Cambodian	PH133	Pamphlet	
	Chinese	PH135	Pamphlet	
	Croatian	PH132	Pamphlet	
	Spanish	PH134	Pamphlet	
	Turkish	PH138	Pamphlet	
	Vietnamese	PH136	Pamphlet	
Hepatitis B—The Facts	Chinese	PH011 (PCH)	Pamphlet	
	Vietnamese	PH010 (PCH)	Pamphlet	
Hepatitis C	Arabic	PH519	Information Sheet	
	Bosnian	PH514	Information Sheet	
	Cambodian	PH517	Information Sheet	
	Chinese	PH510 (HPA)	Information Sheet	
	Croatian	PH518	Information Sheet	
	Greek	PH511 (HPA)	Information Sheet	
	Italian	PH509 (HPA)	Information Sheet	
	Spanish	PH513	Information Sheet	
	Turkish	PH516	Information Sheet	
	Vietnamese	PH508 (HPA)	Information Sheet	

* These pamphlets are currently being updated and are unavailable until further notice

**FAX TO HEALTH PROTECTION SERVICES:
fax 9637 4287 phone: 9637 4184**

Needle and Syringe Program

NSP Data Collection Form: Fixed Outlets



Agency Name _____
 Agency Data Code = _____
VALID FROM 27th APRIL **

Date	Time	Visit Status	Sex	Age	Number of People Collecting for?		Total Number of Needles and Syringes (Include Number in Packs)		Repeat Clients Have you had to share any injecting equipment since your last visit? New Clients Have you shares any injecting equipment before?	How do you usually dispose of your needles and syringes?	Condoms taken?	Education/ Referral to other Agencies	Comments e.g. D = Diabetic or other prescribed medication
					Self	No. of others	In	Out					
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		
		New Repeat	M F		1	+			N Y		Y N		

Age groups:
 ___ 1 = Under 15
 ___ 2 = 15-17
 ___ 3 = 18-20
 ___ 4 = 21-25
 ___ 5 = 26-30
 ___ 6 = 31-35
 ___ 7 = 36-45
 ___ 8 = 46+

Disposal:
 (include up to 2 categories)
 1 = Return to this NSP
 2 = Return to chute outside this NSP
 3 = Return to other NSP
 4 = Public disposal unit
 5 = Disposal container, then rubbish bin
 6 = Rubbish bin (not in a container)
 7 = Burn
 8 = Chemist
 9 = Other (specify)

Education/Referral:
 (include up to 3 categories)
 1 = Health
 2 = HIV/AIDS
 3 = Safe sex information
 4 = Drug and Alcohol
 5 = Other NSP
 6 = Hepatitis C
 7 = Safer Using
 8 = Welfare/Accommodation
 9 = Other (specify)

Return completed sheets monthly to:
 Alison Spilsbury
 Department of Human Services
 Information Services
 Drug Policy & Services Branch
 Level 18, 120 Spencer St
 Melbourne 3000
 OR FAX: (03) 9637 5240

Needle and Syringe Program

NSP Data Collection Form: Off-Site Services



Agency Data Code = _____

VALID FROM 27th APRIL 2001 **

Agency Name _____

Date	Time	Visit Status	Sex	Age	Total Number of Needles and Syringes (Include Number in Packs)		Contact Type	Condoms taken?	Education/Referral to other Agencies	Suburb of Transaction	Comments e.g. D = Diabetic or other prescribed medication
					In	Out					
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			
		New Repeat	M F					N Y			

Education/Referral:
(include up to 3 categories)
 1 = Health
 2 = HIV/AIDS
 3 = Safe sex information
 4 = Drug and Alcohol
 5 = Other NSP
 6 = Hepatitis C
 7 = Safer Using
 8 = Welfare/ Accommodation
 9 = Other (specify)

Contact Type:
(include up to 2 categories)
 1 = From a fixed time/venue
 2 = Pre-arranged location
 3 = Phone contact
 4 = Casual street contact

Age groups:
 1 = Under 15
 2 = 15-17
 3 = 18-20
 4 = 21-25
 5 = 26-30
 6 = 31-35
 7 = 36-45
 8 = 46+

Return completed sheets monthly to:
 Alison Spitsbury
 Department of Human Services
 Information Services
 Drug Policy & Services Branch
 Level 18, 120 Spencer St
 Melbourne 3000
 OR FAX: (03) 9637 5240

Needle and Syringe Program

Consumables Comment Form

Date: _____

Name of Agency: _____

Address of Agency: _____

Comment Concerning: _____

Brand / Manufacturer _____

Batch Number: _____ Expiry Date: _____

Nature of Comment: _____

Recommended Action: _____

Signed: _____

Print Name (if appropriate) _____

Fax to: 9637 4287
Helen Clarke, Manager
Health Protection Services

Needle and Syringe Program

Incident Report Form

Name of Agency: _____

Staff member responsible for Report: _____

Contact phone number: _____

Date, time and location of incident: _____

Description of incident: _____

Action taken at the time, and any further action taken: _____

Recommendations/work cover issues: _____

Signed: _____

Program Coordinator

Fax to: 9637 4287
Helen Clarke, Manager
Health Protection Services Unit
Ph. 9637 4104

Victoria Police Operating Procedures

5.4.6.2 Needle and Syringe Program

Revised 7 May 2001

Updated to 27/08/01

Introduction—Needle and Syringe Programs (NSPs) are a significant component of the harm minimisation approach to drugs in the community. Police activities must not undermine these programs. Effective liaison between police and NSPs must be established and maintained.

Purpose—NSPs exist with the full support of the government and Victoria Police. Their purpose is to:

- Reduce the prevalence and transmission of blood borne viruses such as HIV and Hepatitis B and C by providing sterile needles and syringes;
- Provide appropriate access to health, medical and referral services; and
- Provide a means for the safe disposal of needles and syringes.

Types of NSPs—the types of programs currently operating include:

- Fixed Location Services—some of these are exclusively NSPs. Others operate from drug and alcohol centres, primary health care centres, Community Health Centres, hospitals, youth centres, community centres, etc. The hours of operation of fixed location NSP services may vary depending on staffing and location.
- Pharmacies—some pharmacies provide syringes and sharps containers and replace them either free of charge or for a small fee.
- Mobile and Outreach Services—these may take different forms. For example:
 - ‘foot patrol’ services where NSP staff walk around an area frequented by injecting drug users and provide clean equipment and information brochures.
 - mobile services which may operate from set locations at set times, or may make deliveries at the request of injecting drug users.

Identification of NSPs—NSPs are identified by the symbol of a red and a white arrow following each other in a circular motion.

Identification of authorised staff—the staff of mobile and outreach services carry identification bearing their photo and contact details for the NSP where they are based.

Member discretion—police members must exercise discretion and common sense to ensure that NSPs can operate effectively and persons wishing to access services provided by these facilities are not deterred from attending. These instructions are designed to complement the conduct of NSPs, and are not intended to prevent police performing normal patrol functions.

When performing or intending to perform police activities near a NSP:

- Any targeted patrol, person check or surveillance in the immediate vicinity of a NSP (including mobile exchange), should only occur:
 - where there is no alternative; and
 - with the authority of a Sub-officer or above.
- The vicinity of NSPs must not be targeted solely for the purpose of enforcing use or possession laws.
- If it is necessary for police to perform duties in the vicinity of a NSP, a Divisional Supervisor or other Sub-officer should consider advising the NSP manager.
- Attending a NSP is insufficient grounds on its own to establish reasonable grounds to search a person under s.82, *Drugs, Poisons and Controlled Substances Act* 1981. Police members may only conduct a search of a person visiting or leaving a NSP where there are reasons for the search other than the person's presence near the NSP. Refer to section 1.8, *Operating Procedures*, on searches of persons.
- It is not an offence to possess needles or syringes. Police may only seize this equipment where it forms part of an offence. To do otherwise is contrary to the spirit and intention of this policy.

Attendance at NSPs—police members who have been requested to attend a NSP should respond as they would any other call for assistance. However, where possible police members should avoid visiting NSPs in uniform, unless the circumstances demand otherwise.

Located needles and syringes—police members may be called to incidents where a member of the public has located used needles or syringes, or police may locate these items during the course of their duty. Police should contact the Safe Needle Disposal Hotline (contact police communications centre), their nearest NSP, or local government for disposal advice and information. Police members who are exposed to body fluids or receive a needlestick injury should refer to section 12.6.4.3, *Operating Procedures*.

Liaison between Victoria Police and NSPs—effective and ongoing liaison between the Force and NSPs will provide a platform for resolving problems should they arise. To create effective links with NSPs:

- Regional Commanders and Divisional Superintendents—should:
 - actively liaise with NSPs and establish effective working relations, and
 - become involved in management and other committees related to NSPs (this may be through delegation).

- District Inspectors and Station OICs—should:
 - actively liaise with NSPs and establish effective working relations,
 - become involved in management and other liaison committees related to NSPs (this may be through delegation),
 - inform police members of the location of fixed NSPs so that they can adhere to these instructions,
 - inform police members of the areas where mobile and outreach services, including foot patrols, are likely to be operating in order that police members can adhere to these instructions, regularly invite NSP personnel to speak at station readouts.

