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Operational Guidelines

Procedures

The Queensland Needle and Syringe Program (QNSP) procedures are to be read in conjunction with the QNSP Policy.

- Community pharmacies. Community pharmacies provide access to sterile injecting equipment on a commercial basis.
- Needle dispensing machines. See the Needle Dispensing Machine Policy for further detail.

Introduction

All non commercial needle and syringe programs in Queensland are required to comply with QNSP policy and procedures.

Tasks for Primary and Secondary NSP

Primary

Primary NSP provide a full range of injecting equipment individually tailored to client needs.

Staff at primary programs:

1. Complete mandatory training
2. Pack and supply requested injecting equipment to client
3. Collect appropriate data according to the data collection form
4. Maintain client confidentiality and anonymity
5. Refer clients to other services when appropriate
6. Engage client in opportunistic education
7. Supply resources as appropriate.

Types of Programs

There are four types of programs

- Primary programs dedicated to the service of IDU. A primary program employs staff whose primary role is the provision of NSP services.
- Secondary programs provided as an adjunct to other health and community services. Secondary programs employ staff who provide limited NSP services as part of their general duties. See the Secondary Program Policy for further detail.

8. Attend training relevant to their position
9. Order and restock equipment
10. Order and restock educational resources
11. Maintain level of knowledge in accordance with best practice regarding:
 - Blood borne viruses
 - Injecting related injuries
 - Illicit drug use and associated harms.

Secondary

Secondary NSP supply pre-packed injecting equipment.

Staff at secondary programs:

1. Complete mandatory training
2. Supply packs to clients
3. Collect appropriate data according to the secondary data collection form (if required by site)
4. Maintain client confidentiality and anonymity
5. When appropriate refer clients to other services
6. Order and restock replacement packs
7. Order and restock replacement educational resources
8. Seek advice from Supervisor as required, or if necessary refer client to Supervisor or senior colleague.

There is an option for secondary staff to attend additional training to enhance their position.

Supply

Needles and syringes ordered through the standard order form are supplied free to programs. These are supplied to clients at no cost.

Forms are available from <http://qheps.health.qld.gov.au/qnsp>

Hours of Operation

NSP should operate at times when IDU are likely to need access to needles and syringes. Ideally, this means operating seven (7) days a week and being open at hours corresponding to the needs of local IDUs, viz. Community Health during business hours, A&E Departments or NDMs after hours.

Hours of operation should be kept under review so that they may be modified as appropriate. In determining the most suitable times and locations for operation of outreach NSP, it is essential that advice be sought from local workers and members of the target group who have knowledge of local drug using patterns.

Outreach NSPs should maintain regular routines (ie. times and places) in order to maximise contacts with IDU. The distribution of sterile injecting equipment must be within ethical guidelines. It is important that NSP workers maintain a low profile, particularly when involved in streetwork or outreach programs. The anonymity and confidentiality of the client is paramount.

Needle Dispensing Machines

Needle dispensing machines are used to dispense needles and syringes without the personal attention of staff. They are only to be operated in accordance with the NDM Policy.

Needle dispensing machines are not to replace a staffed NSP, rather, they are to add to an existing service by providing access to syringes after hours.

Only dispensing machines purchased by QHealth through NSPMU are permitted to operate.

Services wishing to host a machine should contact NSPMU directly.

Program Promotion

Program promotion activities and materials should be targeted specifically at IDUs and non-targeted promotion should be kept to an absolute minimum. There must be a balance between ensuring that IDUs are aware of the program and the potential for over-exposure that may lead to a high level of general community attention.

- Appropriate measures of promotion may include:
- “fliers” distributed through IDU self-help groups or treatment agencies;
 - small advertisements in appropriate youth oriented magazines such as university/TAFE student newspapers;
 - “word of mouth” through IDU networks; and
 - street contacts and distribution of cards amongst likely target groups, including community and welfare agencies.

When a NSP first commences, time and energy should be devoted to establishing a relationship of trust and rapport with IDUs. It will take time to identify networks, work within them, and to build confidence and trust.

Networking

Networking with government departments and community agencies involved with injecting drug users is important. Similarly, local community and police support is essential for the success of any NSP. Other stakeholder organisations should be briefed as to the nature and importance of the service, and what the workers will and will not be doing in the course of their duties.

The opportunity should be provided for questions and concerns to be raised and discussed. Local government officers should be encouraged to meet with workers and familiarise themselves with the operation and rationale of the program. A good rapport may take time to develop but is an essential foundation for a successful program.

Good networking will assist when clients are referred to other agencies, for example Family Planning.

Education and Information

Educational Messages For Clients

Staff may be approached for information on a range of subjects related to injecting drug use and available services.

Every effort should be made by staff to answer these queries. If time or space do not permit this, then the client should be asked to wait or return at a more convenient time, or referred to another service or source to obtain the information. If no appropriate local services are available, clients should be given the telephone number for the Alcohol and Drug Information Service (ADIS) which is a confidential, 24-hour, Statewide information service that provides information on alcohol and drug related issues. The ADIS information line is 3236 2414 (from within Brisbane) or 1800 177 833 (Freecall) from outside the Brisbane area.

The provision of best available information on the transmission and symptoms of HIV, HBV and HCV is essential.

Information on the effects of drugs in general should also be available.

Educational Resources

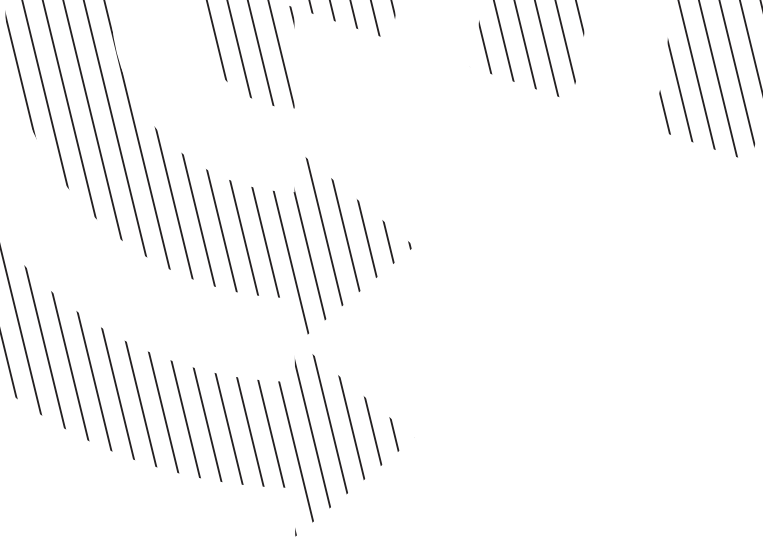
All NSPs have access to a range of educational resources.

Resources are initially supplied by NSPMU and subsequent requests for resources can be made to ADIS.

Clients should be offered information and educational resources on request. If possible, resources should be displayed to allow clients to take them as required.

It is important however not to overload clients with educational material; overexposure will lead to clients ignoring all educational material distributed.

For advice on distributing resources to clients go to <http://qheps.health.qld.gov.au/qnsp>



Counselling and Referral

Counselling

Many clients will request counselling on an informal or irregular basis from staff at the NSP.

Counselling services (this does not include information and education) are not a usual component of NSPs and should only be provided by staff with appropriate training and experience.

Staff at most outlets will not have the time, training or facilities to provide any form of counselling. Staff at these outlets should refer to appropriate services in their area or provide the number of the Alcohol and Drug Information Service that has a toll free, 24-hour telephone counselling service.

Referral Requirements and Procedure

Referral of clients to other health or drug treatment services is an activity that all programs should be able to provide.

Clear information on what a person requires should be sought first. Information on the types of agencies that provide this service should be given as well as information on the procedure and process involved for the client if they present to one of these agencies.

Knowledge and contact with local health and welfare agencies such as Alcohol and Drug Services, Sexual Health Services, accommodation services, legal services, etc. is essential. Staff, where possible, should participate in a network of services that are relevant to both staff and clients.

Most referrals will be of an indirect nature where the client is informed of a relevant service that is available to them.

HIV and Hepatitis Testing

Testing

HIV, HBV and HCV testing is not a precondition of access to injecting equipment. Testing should be entirely voluntary and consent should be obtained from the client prior to testing. If a particular NSP does offer testing, clients should be made aware of this.

Testing Facilities at Outlet

For services with full HIV, HBV and HCV testing facilities, it is important that clients do not feel pressured to undergo any form of test when collecting needles and syringes. However, opportunities for testing should be promoted. Resources outlining other services provided by the NSP should be available for clients. Testing should only be available in response to a perception of risk. Over-testing should be discouraged.

A NSP should not provide testing unless there are appropriate facilities available for counselling.

Full pre- and post-test counselling should be available from staff competent in such counselling.

No Testing Facilities at Outlet

For services that do not have testing facilities, it is important to refer clients who request testing to services that are able to provide pre- and post-test counselling.

Summary of Operating Considerations

1. The service and workers are appropriately authorised.
2. Clients attending the NSP are guaranteed anonymity and confidentiality. No identifying information will be sought from clients.
3. Following consultation with staff, clients will leave the premises promptly.
4. Clients are encouraged to safely dispose of used needles and syringes.
5. Supply of needles and syringes is not contingent on the return of used needles and syringes.
6. In general, the number of needles and syringes provided to an individual will not exceed 50.
7. Needles and syringes are free of charge.
8. Primary NSPs stock a range of needles and syringes.

Infection Control Guidelines¹

Procedures for Post-Exposure Prophylaxis

In situations where NSP staff come in contact with another person's blood, eg. Needlestick injuries, blood spills, etc., the following procedure is to be followed:

1. Encourage bleeding from the wound by gently squeezing;
2. As soon as possible, flush wound with clean running water;
3. Apply an appropriate germicide and dressing;
4. Report any such incident to the responsible officer and document the event;
5. A blood sample is to be taken from the staff member for baseline testing for hepatitis B, hepatitis C and HIV;
6. If possible, a blood test is to be taken with the consent of the client whose blood was involved in the incident in order to determine serostatus;
7. If not previously immunised for hepatitis B, HBIG and the first of three hepatitis B vaccination injections are to be administered within 48 hours of the incident or up to a week at the latest²;
8. Second and third hepatitis B immunisations are to follow at one and six months respectively;
9. The staff member is to be tested for HIV and hepatitis serostatus at three and six months, unless a viral RNA sample is taken at the appropriate interval after the injury; and
10. Workers exposed to definite contaminating injuries from known HIV positive clients may benefit from the commencement of treatment protocols as soon as possible. Treatment initially provided more than 72 hours after the injury is of questionable benefit. Advice and supply may be arranged by calling the nearest Sexual Health Clinic, the AIDS Medical Unit or physicians at the major regional hospitals.

1. Refer to Queensland Health Infection Control Guidelines

2. Refer to the Guidelines for the Implementation of Queensland Health Policy for Hepatitis B

Sample Protocol for the Operation of Primary Needle & Syringe Programs

1. Needles, syringes and other equipment are to be made available by staff who have been authorised by the Minister for Health.

2. Injecting Equipment is to be distributed as loose stock, offering a choice between 1ml, 3ml, 5ml, 10ml and 20ml syringes. Generally, the maximum amount of equipment given to each client will not exceed 50 syringes, except in exceptional circumstances. If clients only require certain equipment, kits can be opened and rearranged as desired and at the discretion of staff. Provision of equipment should be kept as flexible as possible to ensure clients have access to a full range and adequate supply of sterile injecting equipment.

Staff should determine the specific limits for equipment taking into account the above guidelines.

If programs wish to pre-pack kits then kits are to include:

- needles/syringes (1ml, 2ml, 5ml, 10ml, 20ml);
- disposal container of the appropriate size;
- 2 x swabs for each syringe dispensed
- filters; and
- educational material eg pamphlets, flyers etc, as appropriate.

3. Disposal of returned equipment should be in accordance with standard NSP procedures.

Disposal bins will be available for use by clients. Emptying of bins will be in accordance with agency protocols. Staff should never directly handle used needles and syringes nor should they hold the disposal bin when clients are discarding used injecting equipment.

Clients should be encouraged to return used needles and syringes, or safely dispose of used syringes in a manner that will not endanger the public. Used syringes must be placed in sealed, rigid-walled, puncture-resistant containers which are kept out of the reach of children at all times.

4. Flyers advertising the location, telephone numbers and operating hours of all other NSPs should be available to each client, as well as a range of other resource material. Staff are to provide, if requested, contact information for other local or statewide agencies that may be useful, eg. QuHn.

5. If a person presents in crisis and needs or requests intervention concerning issues not associated with the NSP, this is to be provided as required. This may entail the establishment of a clinical record or chart and the implementation of all other procedures required by the agency.

Episodes of access to NSP are not to be recorded in the clinical record or client chart. Nor should any information connecting the client to a NSP be recorded in the client chart/file.

6. The monitoring of NSP services has been kept to a minimum and involves the collection of basic information for each transaction. Information collected is to be forwarded to NSPMU on a monthly basis.

7. Many clients may be nervous or suspicious of any NSP service and therefore should be treated as cordially and informally as possible with a minimum amount of intrusion.

The provision of sterile injecting equipment should proceed promptly in a relaxed and friendly manner.

8. It is important that all staff maintain an informal, relaxed, polite and non-judgemental approach in their interactions with clients. Questioning should be kept to a minimum and should include the completion of the data collection form. Clients should be given every opportunity to discuss their health needs as appropriate, remembering that questions should not be intrusive. It is important for staff to reinforce legal obligations and responsibilities regarding safe disposal of used syringes and to provide information on the location of disposal bins. This information should be provided consistently but in an informal way. It is important to remember that congratulating clients for responsible disposal behaviour will be more effective in achieving the desired behaviour change.

The client needs to be convinced that needles and syringes will be provided freely and unconditionally if they are to continue to use the service or persuade / refer others to do so. Negative attitudes and judgements by staff are likely to deter the client (and their friends) from future use of the service. It is important that rapport is built with the client especially during the first few visits.

Maintaining rapport with clients is particularly valuable if the client requires further assistance or considers treatment in future. NSPs allow health workers to access injecting drug users not normally in contact with other health services.

9. Clients utilising the NSP must be guaranteed anonymity and confidentiality.

Pharmacotherapy clinic staff should not be informed or contacted concerning requests for equipment by clients. It is essential that the two services, treatment and NSP, be kept separate and confidential. Where the two programs coexist, staff should be given education and guidelines to support their ability to treat each episode of access appropriately and professionally without compromising clients' rights.

If particular staff are unable to meet a request for equipment due to ethical, moral or personal considerations, another staff member should be enlisted. If there are situations where staff feel uncomfortable distributing syringes to clients, they are encouraged to discuss these concerns with their supervisor or staff from the Queensland Needle & Syringe Program.

All discussions will be confidential.

10. Following receipt of sterile injecting equipment, clients should leave the premises promptly unless they are requesting counselling or referral services.

