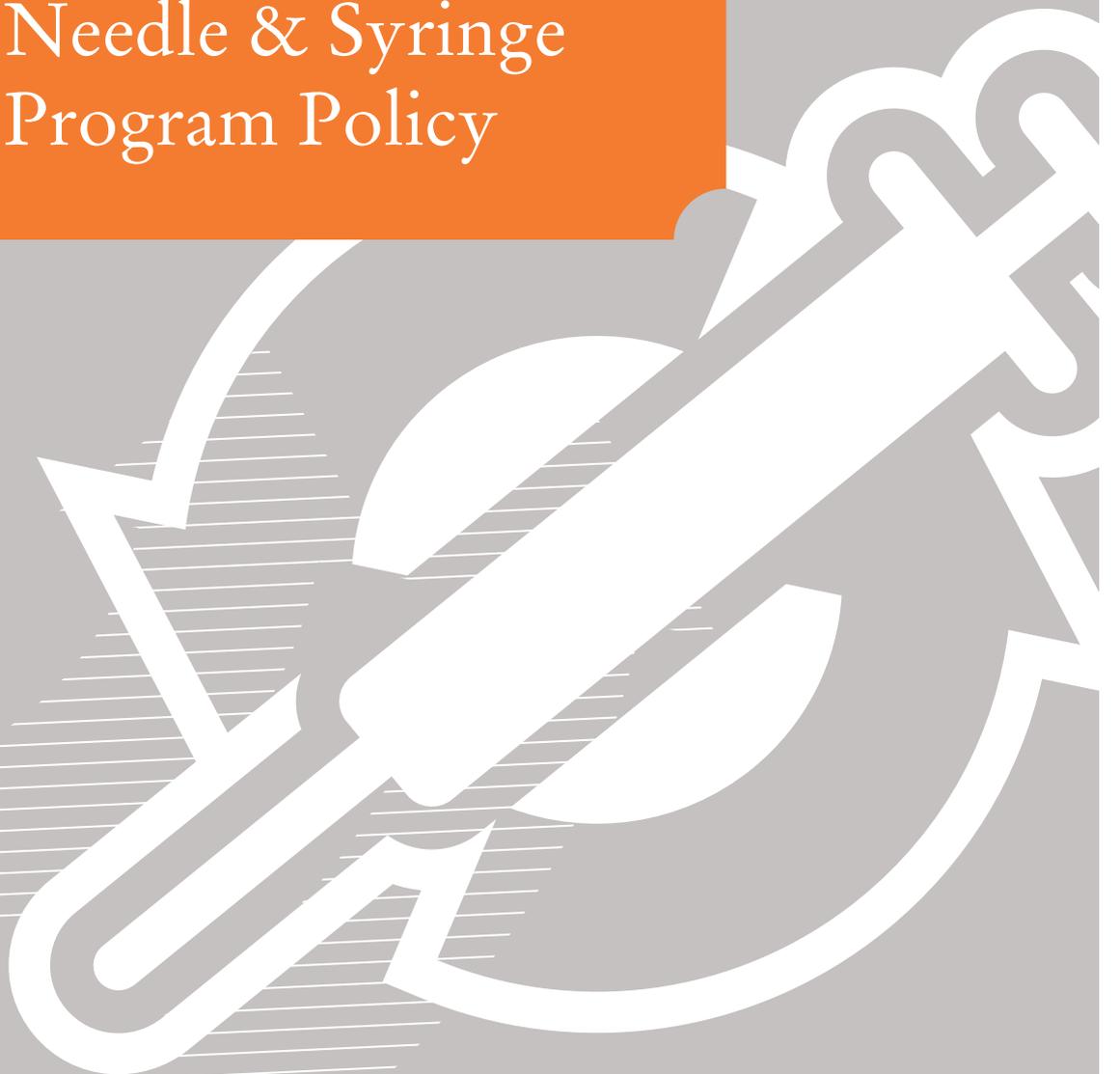


2009

Queensland Needle and Syringe Program
Alcohol, Tobacco and Other Drugs Branch
Division of the Chief Health Officer
Queensland Health

Needle & Syringe Program Policy



REVISED 2009

Queensland Needle & Syringe Program

Policy for Primary Programs

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Primary Programs Policy

Policy

Introduction

In 1985 the National Drugs Summit identified that injecting drug use posed a significant risk for the transmission of HIV. The supply of sterile injecting equipment to injecting drug users was identified as one of the key harm reduction strategies for injecting drug users.

The Queensland Government introduced the Needle and Syringe Program (NSP) in 1988. The program supplies sterile injecting equipment while incorporating health promotion strategies aimed at improving the health of injecting drug users and reducing risk behaviours associated with injecting drug use. A focus of the program has been developing partnerships with the community to respond to concerns such as inappropriate disposal of used injecting equipment.

The most significant public health risk associated with injecting drug use is the transmission of blood-borne viral infections (HIV, hepatitis B, and hepatitis C) through the sharing of any

injecting equipment. Exposure to blood-borne viral infection is of concern for:

- injecting drug users (IDUs);
- the sexual partners of IDUs;
- the children of IDUs, and the children of their sexual partners; and
- the general population.

It is recognised that the most common means by which blood-borne viral infections are spread in the community is through the sharing of injecting equipment and unprotected sexual activity. IDU are at significant risk of such infection.

In addition, IDU can suffer a range of injection related injury and disease (IRID) including abscess, cellulitis, endocarditis, septicaemia, and loss of limb.

As well as the significant burden placed on individuals and their immediate families, blood borne viruses (BBV) and IRID are a significant additional cost to the health care system, employers, and society.

Therefore, it is essential that IDUs have easy, safe, and confidential access to sterile injecting equipment, and accurate health information.

There is ample evidence that ready access to sterile injecting equipment does not cause an increase either in the number of IDUs or in the prevalence of injecting drug use in the community. Studies have demonstrated that the establishment of Needle and Syringe Programs leads to a decrease in the number of injectors by bringing them into contact with treatment services earlier in their drug using careers.

Making sterile injecting equipment available is a public health strategy that does not condone illicit drug use but rather complements a range of strategies (both public health and treatment oriented) for the reduction of illicit drug use and associated harms.

To ensure the safe disposal of used injecting equipment, sharps containers and disposal facilities are mandatory components of the Queensland Needle and Syringe Program.

The Nature of Injecting Drug Use

IDU are a diverse population. Research demonstrates that although most injecting drug users are not drug dependent, they are at risk of a range of drug-related harms; social, behavioural and medical.

The most commonly injected drugs are:

- amphetamines
- heroin
- pills (including other opioids and benzodiazepines)
- methadone
- cocaine
- steroids

Each drug type is associated with a distinct set of risks.

Aim and Objectives

Aim

The aim of needle and syringe programs is to reduce the incidence of blood borne viruses and injection related injuries and disease.

Objectives

The objective of needle and syringe programs is to:

- increase IDU access to sterile injecting equipment

In addition primary needle and syringe programs also:

- provide confidential access to education and resources that reduce the incidence of IRID and BBV among IDU
- facilitate and promote the safe disposal of used injecting equipment, and
- improve IDU access and referral to drug treatment programs, healthcare and other services.

Harm Reduction

The Queensland Needle and Syringe Program aims to reduce the following harms:

- diseases contracted and injuries sustained through non-sterile injecting practices
- overdose and other systemic effects on the body
- drug dependence
- effects on social and psychological development.

Types of Programs

Supply of sterile injecting equipment to Queensland NSP's is the responsibility of the Needle and Syringe Program Management Unit (NSPMU). NSPMU resides within the Alcohol Tobacco and Other Drugs Branch within the Division of the Chief Health Officer, Queensland Health. NSPMU is responsible for policy, management, and co-ordination of NSP in Queensland.

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 program staff provide limited NSP services as part of their general duties. See the Secondary Program Policy for further detail.
- 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.

Essential elements of primary NSP service provision:

- access to all injecting equipment supplied by NSPMU
- confidentiality and anonymity
- staff whose primary role is the provision of NSP services
- provision of on-site disposal units and education about safe, legal disposal
- provision of targeted educational material and brief interventions
- collection of data in accordance with NSPMU data standards
- referral to appropriate agencies
- referral to onsite or external blood testing for BBV.

Outreach

Outreach services can be provided in accordance with the code of conduct for authorised staff. See Appendix I.

NSPMU must be informed prior to the outreach service commencing.

Cost

NSPMU provides sterile needles and syringes, filters, swabs, disposal containers and educational resources free of charge to all authorised NSP. NSP shall not levy charges on equipment provided free of charge.

Other injecting equipment may be provided to IDU on a cost recovery basis. The decision to provide such equipment is a matter for local service providers.

Needle Dispensing Machines are an exception. Clients shall be expected to contribute nominally to the provision of syringes.

Staffing and Authorisation

Each NSP must have a number of positions authorised to distribute needles and syringes. These positions are authorised by the Minister under Section 10 of the Drugs Misuse Act 1986, to distribute needles and syringes for the purpose of illicit drug use. See Appendix B.

Training

All primary NSP staff are required to be trained. NSPMU aims to train all primary NSP staff face-to-face within thirty days of starting in the authorised position. Training is available online. See Appendix H.

Training in the operation of NSP services is available from accredited NSP Trainers, located in Health Service Districts throughout Queensland.

The role of NSP Trainers includes conducting refresher training for existing Queensland Health or non-government organisation (NGO) NSP providers, as well as for agency staff who wish to commence the operation of a new NSP.

All staff providing primary needle and syringe program services should undergo refresher training every 24 months.

QNSP Data Collection

Primary NSPs must collect data that is consistent with the QNSP data standards. These standards are contained in the *Queensland minimum data set for needle and syringe programs: data definitions and collection guidelines*, which is available on the NSPMU website and on request from the NSPMU office.

The purpose of the *Queensland minimum data set for needle and syringe programs* is to support the ongoing development of the NSP sector in Queensland by providing core data about program activities. Effective data collection by needle and syringe programs is essential for planning and development. As the name suggests, the data set represents a minimum set of questions. Programs may collect additional data on a voluntary basis. The guidelines document provides further information about the content and purpose of the QNSP data standards.

Programs should be aware that the data definitions, forms and associated documentation are subject to ongoing development, and should check the website or contact the NSPMU office to ensure they are collecting the required version.

The NSPMU office should be contacted with any queries regarding data collection, training, support or advice.

Records are to be closed on the last day of each month and be forwarded to:

Email: QNSP_stats@health.qld.gov.au

For further information contact NSPMU.

Number of Needles and Syringes to Distribute

The minimum number of syringes to supply is two. Most IDUs will inject in company and one needle and syringe will only encourage the sharing of that needle and syringe.

A maximum of 50 needles and syringes, and a maximum of 20 winged infusion sets, shall be dispensed per occasion of service. An appropriate disposal container shall also be supplied.

The number of needles and syringes may be increased but only in special circumstances, eg. where the client has difficulty accessing the service at regular intervals. Staff should exercise discretion, bearing in mind the primary aim of the NSP and the need to ensure public accountability.

Queensland Health promotes and encourages the safe disposal or return of needles and syringes at all times. However, the distribution of sterile needles and syringes is not contingent on the client returning used equipment.

All clients must take at least one safe disposal container with every transaction.

Supply of Needles for Other Purposes

NSPMU supplied equipment shall not be provided to clients for the purpose of body piercing or any other non-injecting activity.

In addition to the risk of blood borne viral and bacterial infection there is risk of nerve and other physical damage when body piercing is performed by untrained piercers.

In Queensland, body piercing businesses must obtain a license under the Public Health (Infection Control for Personal Appearance Services) Act 2003.

Under the Summary Offences Act 2005 it is an offence to pierce a minor as part of a business transaction. See Appendix D.

Disposal of Returned Needles and Syringes

Sections of the Drugs Misuse Act 1986 and the Drugs Misuse Regulation 1987 (Appendices 4 & 5) contain the legislative requirements for the safe disposal of used injecting equipment.

Where an NSP is being offered alongside other services, care should be taken to ensure that the disposal container does not constitute a hazard for other staff and their clients in the course of their duties. Appropriate security measures should ensure that no person or child has access to the contents of the container. It is advised that NSP staff discuss these issues and needle stick injury protocols with infection control staff.

When it is not practical for clients to return used needles and syringes to the NSP, other strategies for the safe disposal of used syringes include returning syringes to a community sharps disposal container, or placing the container in the domestic waste system.

Disposal Facilities

It is a requirement that all NSP provide appropriate sharps disposal facilities. These bins should be visible and available to the public.

NSPs with a high volume of clients are encouraged to consider the external placement of a 120 litre or 240 litre metal sharps disposal bin. Such disposal bins should be designed to prevent any person reaching into the bin.

In smaller volume NSPs, or where the installation of a large capacity external disposal bin is not possible, it is appropriate to use smaller sharps disposal bins.

NSPs are not required to comply with the Australian Standard regarding the management of clinical waste in respect to returned sharps waste collection containers located at premises, as they are 'facilitators' of the disposal of used injecting equipment (as opposed to being 'generators' of such equipment), and therefore are outside the parameters of the Australian Standard Clinical Waste Guidelines. For further information see Appendix C.

Injecting Equipment and Young People

The Drugs Misuse Act, as it relates to the distribution of needles and syringes in Section 10 (3), states: "A person (other than medical practitioner, pharmacist, or person or member of a class of persons authorised to so do by the Minister administering the Health Act 1937) who supplies a hypodermic syringe or needle to another, whether or not such other person is in Queensland, for use in connection with the administration of a dangerous drug commits an offence against the Act".

"Person" as defined in Law is not constrained by any age limit. Therefore an authorised person can supply needles and syringes to persons less than 18 years of age.

Non clinical staff have the option of referring young people to other staff.

Mandatory Reporting

Section 191 of the Public Health Act 2005 requires doctors and nurses to immediately notify the Chief Executive of the Department of Child Safety of a reasonable suspicion that a child has been, is being, or is likely to be significantly harmed. This is also relevant to non-mandated health professionals whose duty of care obligation to report is equally compelling.

There is no legal obligation for administrative and other non-medical staff to report suspected child abuse. Any non-medical staff member who suspects child abuse should inform their line manager.

Whilst there is no legal definition of reasonable suspicion, a reasonable suspicion requires more than just an isolated fact that may or may not indicate harm. To reach this threshold for reporting means forming a concern or well-founded suspicion that is based on the presence of signs, disclosures, injuries, symptoms and behaviours that heighten concerns about the safety, health and well being of a child or young person. Simply because a person is using illicit drugs does not necessarily mean children in their care are at risk.

It is essential that reporting suspected child abuse is impartial and free of any possible interpretation or judgement of an individual's values, morals, religious or cultural beliefs.

Reporting of suspected child abuse should never be done in isolation; staff should always consult with their line manager.

Each district has a District Child Protection Liaison Officer. A contact list is available at <http://qheps.health.qld.gov.au/csu/depcs.htm>

Staff should be familiar with the Queensland Health Child Safety Unit: <http://qheps.health.qld.gov.au/csu/>

Non government organisations should refer to their own organisation's policy regarding mandatory reporting.

Aggressive and Challenging Behaviours, and Intoxicated Clients

All staff should be made aware of either their agency's or Queensland Health's policy regarding aggressive or intoxicated clients. In addition, all staff should undergo appropriate training to deal with aggressive behaviour. Training needs should be discussed with staff line managers to determine the most appropriate training for each NSP.

Refusal to supply injecting equipment may escalate a potentially aggressive situation. It is preferable that staff supply injecting equipment in order to minimise any possible risk to staff.

Police

The Queensland Police Service recognise the importance of needle and syringe programs in preventing the spread of blood borne viruses.

For information about the police protocol as detailed in Queensland Police Service Operational Procedures Manual see Appendix E.

Appendix A

Drugs Misuse Act 1986 & Drugs Misuse Amendment Act 2000

Section 10

Possessing Things

1. A person who has in his or her possession anything—

- (A) for use in connection with the commission of a crime defined in this part; or
- (B) that the person has used in connection with such a purpose; is guilty of a crime.

Maximum penalty— 15 years imprisonment

- (A) if possession of the thing is for use, or has been used, in connection with the commission of a crime relating to a dangerous drug that is a thing specified in the *Drugs Misuse Regulation 1987*, schedule 1 or 2 — 15 years imprisonment; or
- (B) if possession of the thing is for use, or has been used, in connection with the commission of a crime relating to a dangerous drug that is a thing specified in the *Drugs Misuse Regulation 1987*, schedule 2A — 2 years imprisonment.

2. A person who unlawfully has in his or her possession anything (not being a hypodermic syringe or needle)—

- (A) for use in connection with the administration, consumption or smoking of a dangerous drug; or
- (B) that the person has used in connection with such a purpose; commits an offence against this Act.

Maximum penalty— 2 years imprisonment.

3. A person (other than a medical practitioner, pharmacist or person or member of a class of

persons authorised so to do by the Minister administering the *Health Act 1937*) who supplies a hypodermic syringe or needle to another, whether or not such other person is in Queensland, for use in connection with the administration of a dangerous drug commits an offence against this Act.

Maximum penalty—2 years imprisonment.

4. A person who has in his or her possession a thing being a hypodermic syringe or needle who fails to use all reasonable care and take all reasonable precautions in respect of such thing so as to avoid danger to the life, safety or health of another commits an offence against this Act.

Maximum penalty—2 years imprisonment.

4a. A person who has in his or her possession a hypodermic syringe or needle that has been used in connection with the administration of a dangerous drug who fails to dispose of such hypodermic syringe or needle in accordance with the procedures prescribed by regulation commits an offence against this Act.

Maximum penalty—2 years imprisonment.

6. For subsection (1), the dangerous drug to which the commission of a crime relates is the dangerous drug directly or indirectly involved and in relation to which proof is required to establish the commission of the crime.

Example: Suppose a person is guilty of a crime against this section because he or she has in his or her possession equipment for use in connection with the commission of a crime defined in section 8 of unlawfully producing a dangerous drug. That dangerous drug is the dangerous drug referred to in the penalty for subsection (1).

Appendix B

Drugs Misuse Act 1986 & Regulation 1987

Drugs Misuse Act 1986

125 Prescribed persons permitted to receive and dispose of dangerous drugs

1. It is lawful for a person, authorised by the Minister administering the *Health Act 1937*, acting in good faith and in the proper discharge of the person's professional duties, to receive from any person anything which the person reasonably believes to be a dangerous drug provided that—

- Ⓐ in the case of a dangerous drug specified in the *Drugs Misuse Regulation 1987*, schedule 3 the quantity of such thing is reasonably believed to be less than the quantity specified in that schedule in respect of that thing; and
- Ⓑ it is forthwith disposed of in accordance with the procedure prescribed by regulation.

2. It is lawful for a person who—

- Ⓐ as an officer or employee of the department within which the *Health Act 1937* is administered, performs duties that include duties as a property officer for the police service;

and

- Ⓑ is authorised under that Act; to possess a dangerous drug while actually performing the duties.

Drugs Misuse Regulation 1987

Part 2 Syringes and dangerous drugs disposal procedures

3. Prescribed procedures for the disposal of hypodermic syringes and needles

For the purposes of section 10(4A) of the Act, the prescribed procedures for the disposal of a hypodermic syringe or needle are—

- Ⓐ by placing the hypodermic syringe or needle in a rigid wall, puncture resistant container and that container is sealed or securely closed in such a manner that its contents are incapable of causing injury to any person;

or

- Ⓑ by giving the hypodermic syringe or needle to a person who is a medical practitioner, pharmacist or person or a member of a class of persons referred to as authorised in section 10(3) of the Act.

Appendix C

Environmental Protection Agency (EPA) Advice

Regarding The Sharps Management Provisions of the Environmental Protection (Waste Management) Regulation 2000.

The agreement reached during consultation on the Environmental Protection (Waste Management) Regulation 2000 was that sharps containers used in the Needle and Syringe Program were not required to comply with the Australian Standard for reusable or disposable containers.

Section 49(1)(b) allows a person discarding a hypodermic needle at premises other than domestic premises to place that needle into a rigid-walled, puncture-resistant container. Section 49(3) and (4) apply where a person discards a needle or other sharp at premises generating clinical or related waste. As the NSP does not itself generate the clinical waste (the used sharp), section 49(4) does not apply for the containers used to receive the returned needles. However, the containers are required to meet the provisions of section 49(2) and (5).

An EPA Information Sheet on the Storage and Transport of Clinical or Related Waste states that "Sharps produced by premises generating clinical or related waste must be placed into a container that meets the relevant Australian Standard..." - leading to the conclusion that sharps generated at other premises do not have the same requirement.

The discard of a sharp by a person can be considered to occur at the first instance of disposal into a container, not with the subsequent placing of the container holding the sharp into another receptacle.

The provision of a needle returns program is a community service that should be encouraged, as it ensures that the sharps waste is no longer an environmental and public health concern. If this service were to be removed due to impediments created through legislation, there is concern that these sharps would end up being inappropriately disposed, presenting a greater risk to the community.

Appendix D

Offences Relating to Children or Minors

Summary Offences Act 2005

18. Particular body piercing of minor prohibited

1. A person must not, as part of a business transaction, perform body piercing to any part of—

- (A) the external genitalia of a female who is a minor; or
- (B) the penis or scrotal skin of a male who is a minor; or
- (C) the nipples of a minor.

Maximum penalty—

- (A) 40 penalty units or 6 months imprisonment; or
- (B) if the minor is a person with an impairment of the mind or the minor's decision-making capacity is impaired because of alcohol or a drug—80 penalty units or 1 year's imprisonment.

2. It is not a defence to a prosecution of a person for a charge of an offence against subsection (1) that the minor, or a parent or guardian of the minor, consented to the body piercing.

3. In this section—

body piercing means the process of penetrating a person's skin or mucous membrane with a sharp instrument for the purpose of implanting jewellery or other foreign material through or into the skin or mucous membrane.

Examples of foreign material—

- a ring
- a bar
- a pin
- a stud

genitalia see the Criminal Code, section 1.5

person with an impairment of the mind see the Criminal Code, section 1.

Appendix E

Queensland Police Service Protocol

Queensland Department of Health - Needle and Syringe Program and Opioid Treatment Programs

Operational Procedures

Manual ref 14.28.3

Policy

The Queensland Department of Health operates a Needle and Syringe Program (NSP) and opioid treatment programs from a number of Brisbane and regional premises. The goal of these programs is to prevent the re-use or sharing of syringes/ needles in order to reduce the spread of communicable diseases, particularly HIV/AIDS, Hepatitis B and C.

Officers should be mindful of the need for injecting drug users to freely use these services.

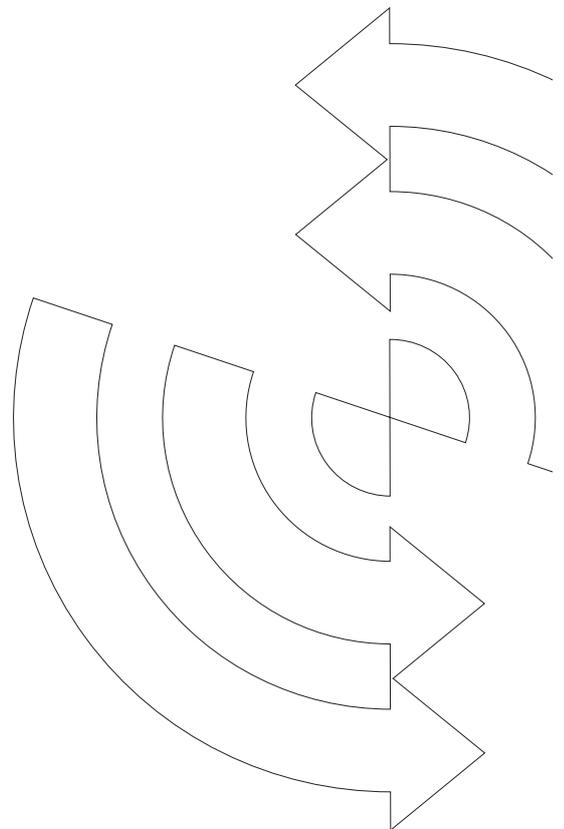
Officers are not to deter injecting drug users from participating in these programs. Patrols, surveillance, or person checks in the vicinity of premises used for NSP or opioid treatment programs should not be conducted unless warranted and justifiable.

Officers in charge should ensure that officers under their supervision are made aware of the location of premises where these programs operate to avoid any unnecessary police presence in the area.

Procedure

Inquiries may be made with the Queensland Needle and Syringe Program to obtain information about the location of NSP services and opioid treatment clinics in Queensland.

Inquiries about injecting drug users attending NSP or opioid treatment programs may be made through the Inspector in Charge, Drug and Alcohol Coordination, Police Headquarters.



Appendix F

Education Department Protocol

Safe Management of Needles and Syringes in Schools

All schools have a legal obligation to ensure the health, safety and well being of students, staff and others on school sites. This obligation includes the management of risks that exist on the site that may not have been created by the school community or school endorsed work or activities.

Schools may present as sites for illegal drug use due to their location, accessibility or building design. The appropriate management of any sharps, syringes (and associated material) that may be left on site is needed to ensure the safety of students, staff and others who learn and work at, or visit our schools. It is also important that our communities know that we recognise and have procedures in place to effectively manage this issue.

This position statement supports the Queensland Government's policy to reduce the harms associated with injecting drug use without condoning these activities. One of the risks associated with injecting drug use is the transmission of blood borne diseases. The safe disposal of discarded needles and syringes is part of the process of minimising these risks for the broader community.

All schools should:

- develop a process for checking high risk areas for the presence of needles or syringes
- develop a procedure for the safe collection and disposal of needles or syringes
- ensure all staff are informed about the procedure and that staff who collect and dispose of needles are properly trained in the process
- ensure all students and visitors are informed not to touch a needle/syringe and
- immediately report to a staff member that a needle/syringe has been found
- develop and disseminate a process to follow should there be a needle stick injury (or suspected needle stick injury)

http://www.health.qld.gov.au/healthyislandresorts/topics/safe_disposal.asp

Department of Education, Training and the Arts.

Appendix G

Rights and Responsibilities

Clients of NSP are entitled to:

- be given high quality service regardless of ethnicity, religious beliefs, gender, sexual identity, drug use, social status, health status, or disability;
- be treated with courtesy, consideration, and professional care, with respect for feelings, confidentiality & dignity, at all times;
- service provision in an environment which is safe and protected from any threat, harassment, abuse or intimidation;
- refuse to participate in research projects, and for this refusal to bear no impact on their right to access NSP services;
- ask questions about the service, until clearly understood;
- be given clear, complete, and current information and explanations concerning all aspects of health;
- be given time to consider and understand information which is provided;
- confidentiality of all personal information (any interview, discussion, or consultation should occur in a facility which provides reasonable visual and auditory privacy) unless disclosure is authorised by law;
- have access to any information under legislation or Queensland Health's Administrative Access to Health Records policy;
- choose from a range of services and a range of service providers;
- receive ongoing services and support;
- be referred to a senior person or supervisor if unhappy with the quality of service provided;
- obtain legal advice if they think they have been treated unlawfully, or if they believe they have suffered harm as a result of the way they have been treated;
- complain if they are not happy with the service they have received (if they cannot resolve the issue by discussing it with the service provider, or an individual nominated by the provider to handle grievances, they are entitled to contact an independent health advocate, or the Health Quality and Complaints Commission on (07) 3120 5999 or Free Call 1800 077 308).

NSP clients have a responsibility to:

- abide by the rules of the NSP;
- cooperate with staff and treat staff with consideration, respect, and dignity, with freedom from verbal, mental, or physical abuse, at all times;
- consider the rights and safety of other people accessing the service;
- respect the property of the NSP and the property of other people accessing the service;
- use injecting equipment properly ('injecting equipment' includes needles and syringes, filters, butterflies/sur-flos, pill/wheel filters, swabs, spoons, tourniquets, and water);
- always dispose of used injecting equipment responsibly and safely (this means in a rigid walled, puncture resistant, sealable container);
- not participate in behaviours or activities that would endanger the NSP or others (like failing to safely dispose of used injecting equipment);
- use new injecting equipment every time they inject;
- consider snorting, smoking, swallowing, or shafting their drug, instead of injecting it (this will reduce risk of exposure to blood-borne viral infections);
- understand and accept the consequences of non-sterile injecting, and unsafe sex;
- be aware of their HIV and hepatitis status;
- consider vaccination against both hepatitis B & hepatitis A;
- provide, to the best of their ability, accurate information if asked and where appropriate;
- understand their condition and care for their own health and well-being, as much as they are able;
- be aware that only persons who are authorised according to legislation can provide injecting equipment.

Appendix H

NSP Staff Training

All new primary staff should complete the NSPMU online training within seven days of starting work, available from <http://qheps.health.qld.gov.au/qnsp>.

This training comprises 6 modules:

- Part One:** Background
- Part Two:** Principles of Public Health
- Part Three:** Harm minimisation and Needle + Syringe Programs
- Part Four:** Policy
- Part Five:** Operational Matters
- Part Six:** Questionnaire

Upon completion of the modules staff should complete and fax the questionnaire to 3328 9804. If the questionnaire is completed successfully they will then be forwarded a certificate of competency.

The online training will provide staff with sufficient knowledge to operate a Queensland Health NSP.

Staff will then undergo further face-to-face training within thirty days of completion of the online training.

Staff at primary NSP are expected to have completed the train-the-trainer course within nine months of commencement of duties.

To ensure quality of service at Queensland Health NSP, ongoing staff development is essential. All NSP primary staff are expected to continue ongoing training as offered, both online and face-to-face.

In addition to NSPMU training, staff are expected to complete any other mandatory training appropriate to their position. It is the responsibility of managers to ensure staff have completed compulsory training.

Appendix I



Code of Conduct for Primary NSP Staff

Authorisation is valid for staff at any time under the following conditions. However, if a person operates outside their role pertaining to the policy of their particular agency, authorisation can be withdrawn. This is a condition under which authorisation is granted.

- staff can distribute from agency premises during specified hours;
- staff can distribute on designated agency outreach programs;
- staff can distribute during other events approved and organised by the agency.

Staff should always distribute needles and syringes in a responsible manner. They should:

- avoid situations in which they may be implicated in drug dealing;
- avoid situations or behaviours while distributing needles and syringes that could potentially result in any form of legal action being directed against them;
- not use illicit substances or be intoxicated whilst distributing needles and syringes. Legally prescribed and administered medication is excepted, providing the individual is not impaired and does not give the impression of being so impaired;

If an authorised person acts in an irresponsible manner in the course of an agency's operation, authorisation may be withdrawn.

Authorised persons shall at all times maintain strict anonymity and confidentiality in their relations with clients and shall not disclose any information which can be used to identify an individual to other clients, volunteers or staff of any agency.

Any action by an authorised person that contravenes the above Code of Conduct could result in the withdrawal of authorisation. Agencies responsible for NSPs should also ensure that the provisions of the Code are upheld in order to maintain their endorsement as an authorised body for the purposes of providing services. It follows that such authorised agencies shall in turn require their staff to uphold the Code and their continued employment and/or authorisation may be contingent on compliance with the Code.

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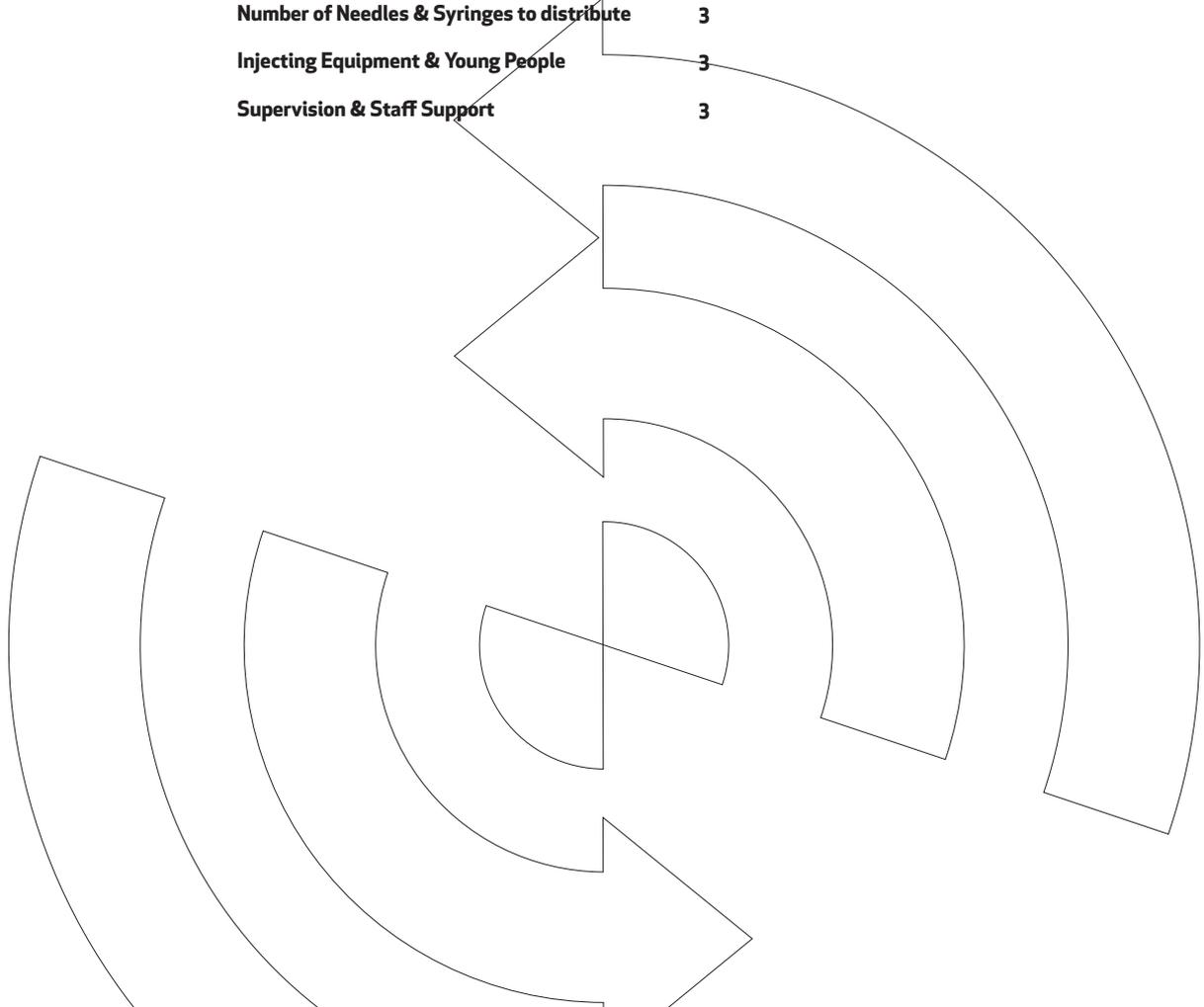
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Queensland Needle & Syringe Program

Policy for Secondary Programs

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Secondary Programs Policy (2009)

Introduction

The Queensland Needle and Syringe Program consists of four types of programs, Primary, Secondary, Community Pharmacy and Needle Dispensing Machines.

This policy relates to secondary programs only. A secondary program is defined as the provision of needles and syringes by Queensland Health staff as an adjunct to their primary duties. Secondary programs may exist in a variety of health settings such as; Community Health Centres, Accident and Emergency Departments, Alcohol, Tobacco and Other Drug Services, etc.

Staff should familiarise themselves with other Queensland Health policies pertinent to their position.

Aim and Objectives

Aim

The aim of Needle and Syringe Programs (NSPs) is to reduce the incidence of Blood Borne Viruses (BBV) and Injecting Related Injuries and Disease (IRID) among Injecting Drug Users (IDU).

Objectives

The objective of Needle and Syringe Programs is to increase IDU access to sterile injecting equipment.

Harm Reduction

The Queensland Needle and Syringe Program reduces the following harms:

- diseases contracted and injuries sustained through non-sterile injection practices
- overdose and other systemic effects on the body
- drug dependence
- effects on social and psychological development.

Elements of a Secondary NSP Program

At a minimum, secondary programs provide:

- access to injecting equipment
- confidential and anonymous service
- on-site disposal units and information about safe disposal

Cost

The Needle and Syringe Program Management Unit (NSPMU) provides sterile needles and syringes, filters, swabs, disposal containers and educational resources free of charge to all authorised NSP. Secondary NSPs shall not levy charges on equipment provided free of charge.

Staffing and Authorisation

All staff who distribute needles and syringes are required to be authorised by the Minister under section 10 of the Drugs Misuse Act 1986. See Appendix A.

Induction Training Program

QNSP induction training provides an introduction to the principles underpinning the needle and syringe program. Prior to undertaking NSP provision, all new staff are required to complete the QNSP online induction training which is available at <http://qhps.health.qld.gov.au/qnsp>

This training is comprised of 6 modules:

- Part One: Background
- Part Two: Principles of Public Health
- Part Three: Harm minimisation and Needle and Syringe Programs
- Part Four: Policy
- Part Five: Operational Matters
- Part Six: Questionnaire.

Upon completion of the above modules staff should complete and fax the questionnaire to 3328 9804. They will then be forwarded a certificate of competency.

The online training will provide staff with sufficient knowledge to operate a Queensland Health NSP.

Number of Needles and Syringes to Distribute

Secondary sites distribute pre-packed kits containing needles, syringes, and sharps container, not loose stock.

A maximum of 50 needles and syringes shall be dispensed per occasion of service.

Queensland Health promotes and encourages the safe disposal or return of needles and syringes at all times. However, the distribution of sterile needles and syringes is not contingent on the client returning used injection equipment.

Injecting Equipment and Young People

A person authorised to distribute needles and syringes can supply needles and syringes to persons less than 18 years of age.

Supervision and Staff Support

If an administration officer in a secondary site has concerns about supplying needle and syringe packs, it is their right to refer the client to their supervisor or a colleague to receive the needle and syringe pack.

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Queensland Needle & Syringe Program

Needle Dispensing Machine Policy

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Needle Dispensing Machine Policy

Introduction

This policy relates to the provision and operation of Needle Dispensing Machines (NDM) within the Queensland Needle and Syringe Program. This Policy replaces the previous protocol which governed the operation of NDMs in the pilot period.

NDMs have been proven to successfully increase Injecting Drug User (IDU) access to sterile Needles and Syringes with negligible impost on existing health services. As such they have demonstrated their value as an adjunct to the existing network of NSP providers.

Supply of machines

Districts are not to purchase their own Needle & Syringe Dispensing Machines (NDM) or alter the machines provided by the Needle and Syringe Program Management Unit (NSPMU). All NDM remain the property of Queensland Health.

Provision of machines as an adjunct to approved programs

NDM will only be provided by NSPMU to authorised needle and syringe programs (NSP). This means any site proposed for location of an NDM must be approved in accordance with NSPMU policy.

Machines are provided as a program enhancement

NDM are to be available outside normal business hours (Mon - Fri, 8 am - 5pm) to cater for injecting drug users (IDU) without utilising scarce after-hours staffing resources. Accordingly, machines should be turned on at the close of business and turned off at the commencement of business hours.

In locations where it is not practical or possible to operate the NDM on an after-hours only basis (e.g. small rural locations with mechanical machines) the machine may remain operable throughout business hours, however it is a requirement that IDU continue to have access to free of charge needle and syringes during business hours within reasonable distance to the location of the NDM. Such arrangements shall be negotiated with NSPMU on a case by case basis.

Location

NDM will be sited where they can be easily accessed by IDU without drawing undue attention to themselves.

Supervision

NDM will be in an area discreetly supervised by remote camera or staff to ensure the integrity of the machines and the safety of clients.

Disposal facilities

Safe disposal facilities capable of accepting dispensed sharps containers will be available to IDU in the immediate vicinity of dispensing machines.

Signage

Signage should be placed on or adjacent to the machine specifying the operating hours of the local NSP, the operating hours of the NDM, and instructions regarding what to do in the event that the NDM is out-of-service. Other basic information may also be provided, such as the phone number for the Alcohol and Drug Information Service.

Stocking

To ensure compliance with the Drugs Misuse Act, only persons or classes of persons authorised by the Minister for Health will place injecting equipment into the NDM.

Stock levels

Authorised personnel will ensure that NDMs are stocked and re-stocked as necessary during periods of operation to ensure that the demands of clients are being met. Levels of demand over weekends and times of peak utilisation (e.g. coinciding with a local event) should be monitored and re-stocking practices planned accordingly.

Maintenance responsibility

Basic maintenance tasks (e.g. unblocking machines) may be performed by local authorised personnel. Any more substantial maintenance matters should be promptly referred to NSPMU to ensure that NDM are inoperable for minimal periods of time. Costs incurred for repair callouts to be met by the district from revenues accruing from NDMs.

Machine failure

A contingency plan for responding to NDM out-of-service occasions should be developed by the health service district to suit local circumstances. There should be clear written instructions on or adjacent to the machine advising clients what to do in the event of the machine being inoperable. The fundamental principle of the contingency plan is that any disruption to after-hours access should be minimised. The plan should be supported by NSPMU.

Fees

A fee will be applicable to each NDM occasion of service. During normal hours of operation, NSP clients should be informed about the availability of the NDM and the need to have the correct fee for service.

Fee setting

NSPMU will determine the fee to be levied for each occasion of service and will ensure that each NDM collects this fee.



Receipts

Appropriate local policy is to be followed for the collection, receipt and dispersal of funds collected from NDMs. 50% of revenues generated by NDMs will be returned to the Division of the Chief Health Officer, cost centre 343187, to assist with the purchase of further NDMs, repairs and the general operation of the NDM network.

Issues and concerns

Any queries from the media, complaints from NSP clients or other members of the public and any difficulties encountered with the provision of this service are to be referred to NSPMU.



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Queensland Needle & Syringe Program

Operational Guidelines

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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

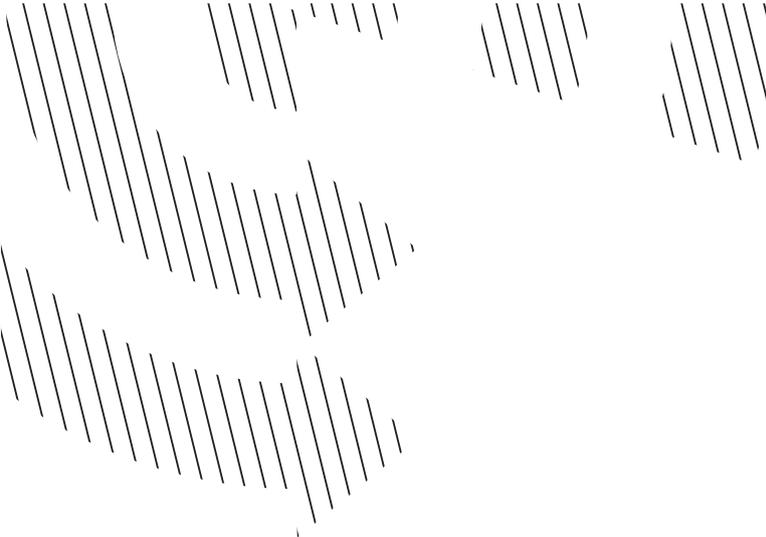
All NSPs have access to a range of educational resources.

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. QulHN.

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.



