Guidelines for the Establishment and Operation of a Needle and Syringe Program

How to Use This Document

These Guidelines are intended to support organisations in writing a policy that is specific to their needle and syringe program (NSP). Before an organisation can be approved to operate an NSP, a copy of the program policy and Form 14 – Application for Approval of a Needle & Syringe Programme must be submitted to the Sexual Health and Blood-borne Virus Program (SHBBVP), Department of Health (DoH), Western Australia.

This policy will inform the SHBBVP and any person participating in the delivery of the NSP about how the program intends to operate and who will be involved in its operation.

There are 16 sections in the Guidelines, each focusing on a particular requirement. Examples are provided within each section to assist applicants to define the details of their program. Most examples are indicative of a best-practice approach and applicants are encouraged to choose from the examples provided. However, they do not represent an exhaustive list of possibilities and if applicants wish to write their own content, consideration will be given to the intent and meaning of other wording. Additional sections may also be included if appropriate to the program.

Should organisations require assistance in developing a program policy, please contact the Senior Program Officer (NSP) at the Sexual Health and Blood-borne Virus Program at the following details:

Senior Program Officer, NSP
Sexual Health and Blood-borne Virus Program
Department of Health, Western Australia
PO Box 8172
PERTH BUSINESS CENTRE WA 6849

Phone: 08 9388 4841
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Include all sections (1-16) in your NSP program policy and submit with Form 14.

1. AIM OF THE NEEDLE AND SYRINGE PROGRAM
A needle and syringe program (NSP) is a public health measure to minimise the spread of blood-borne infections among and from people who inject drugs.

Examples:
- The aim of the NSP is to minimise the spread of hepatitis C, hepatitis B and HIV among people who inject drugs.
- The aim of the NSP is to provide sterile injecting equipment, education, counselling and referral to people who inject drugs.

2. STATE THE PERSON OR CLASS OF PERSONS OPERATING THE PROGRAM
The Poisons Regulations 1965 requests that “the person or class of persons” who operates the program be stated. This means NSP staff need to be identified by their employment status or their role within the workplace, not by name.

Examples:
- Needles and syringes will be distributed and information disseminated by the senior registered nurse / health workers on duty.
- Needles and syringes will be distributed and information disseminated by NSP-trained volunteers.
- Needles and syringes will be distributed and information disseminated by alcohol / drug counsellors involved in harm reduction work with their clients.

3. HOURS OF OPERATIONS
The hours of operation of the NSP must be specified. Careful consideration needs to be given to accessibility of a program versus its sustainability, in relation to clients, staff and other NSPs operating in the community. It is easier to increase rather than decrease hours once a program is established and running. Hours may be modified at any time, but it is advised to examine the long- and short-term consequences of fluctuating hours of provision on the client group before modifying a program.

Example:
- The program will operate from 5pm to 9am Monday to Friday, and from Saturday 1pm to Sunday 9am.

4. DISTRIBUTION OF NEEDLES AND SYRINGES
The provision of sterile injecting equipment by NSP is usually in the form of packaged injecting equipment, consisting of sterile needles and syringes and disposal receptacles that are intended for the safe disposal of used needles and syringes. In the instance where the Sexual Health and Blood-borne Virus Program (SHBBVP) does not provide injecting equipment to the NSP, an NSP may choose to offer its clients other packaged products such as Fitpack®, Fitpack® Plus, Fitstick® Plus Pack 3, Fitstick® 5 Plus, Sterafit™ and Sterafit™ Plus.

Needle and syringe exchange programs (NSEPs) are approved to distribute loose needles and syringes which are always provided with a disposal container. Some pharmacists are also approved to sell loose needles and syringes, with a disposal container. All pharmacists are approved to sell the Fitpack®, Fitpack® Plus, Fitstick®, Fitstick® Plus Pack 3, Fitstick® 5 Plus, Sterafit™ and Sterafit™ Plus products.
Examples:
- Needles and syringes will be distributed in a packaged product, as supplied by the Department of Health.
- Fitpack®, Fitpack® Plus and loose needles and syringes will be retailed according to the need of the client. A disposal container will always accompany the distribution of loose needles and syringes.

5. COST OF NEEDLES AND SYRINGES TO THE CLIENT
If sterile needles and syringes are provided free of charge to the NSP by the SHBBVP, clients are not expected to pay for these. If any donations are received, they must be accounted for in accordance with government accounting policies and procedures. Ideally, donations should be used to improve the service delivery, for instance, to provide clients with free swabs and sterile water with every pack of injecting equipment distributed.

Examples:
- Needles and syringes, as supplied by the SHBBVP, will be provided at no cost to clients of the NSP.
- Funds from donations received through the program will be used to purchase swabs and sterile water for distribution to clients.

6. RETURN OF LOOSE NEEDLES AND SYRINGES
The provision of needles and syringes via an NSP is not contingent upon the return of used needles and syringes, unlike a needle and syringe exchange program (NSEP). In WA, NSEPs issue new equipment free of charge upon the return of used equipment, or at a cost recovery price if no exchange occurs.

Most NSP clients who do not go to NSEPs currently dispose of their injecting equipment in domestic waste. Occasionally, some clients may return used equipment to an NSP and in this instance should be directed to an appropriate means of disposal (i.e. domestic waste or disposal bin). If a client is offered the use of a small disposal container, staff should not hold the container while client is in the process of disposing of used needles and syringes.

Under no circumstances should NSP staff handle used injecting equipment returned by clients. NSP staff are expected to encourage clients to safely dispose of their used needles and syringes, and information to this effect should be made available to clients attending the NSP. Asking clients if they know how to safely dispose of used injecting equipment may be one way of initiating a harm reduction brief intervention with a client (see Section 12).

Examples:
- The NSP will not accept used injecting equipment, but will inform clients of appropriate disposal method and disposal sites within their local area.
- The NSP will accept used needles and syringes. Clients returning used needles and syringes must place these in an approved disposal receptacle. Under no circumstances will a staff member touch or handle the used needles and syringes.

7. STAFF EDUCATION
NSP Coordinators are required under the Poisons Regulations 1965 to ensure that all persons participating in the program (i.e. those providing the service) are appropriately instructed and trained and understand its requirements. It is expected that all staff will be conversant in the guidelines of their program and familiar with the content of the NSP Information Pack, as supplied by SHBBVP.

NSP staff will attend training in NSP provision as provided by the coordinator and all staff are able to access training programs as offered by the SHBBVP. Education and training is also available through other organisations, such as HepatitisWA and the WA Substance Users’ Association, for which the Sexual Health and Blood-borne Virus Program can provide details.

Examples:
- All NSP staff will read and be familiar with the guidelines and policies of their program and material contained within the NSP Information Pack, as provided by SHBBVP.
All NSP staff will be kept informed of issues related to injecting drug use by the coordinator of the program.

If specific staff training needs have been identified, the coordinator will seek the assistance of the SHBBVP to assist with providing training to meet identified needs.

The coordinator will conduct regular short training sessions with new staff to ensure the guidelines and objectives of the program are understood.

8. WORKPLACE SAFETY

In the instance of inappropriately disposed equipment being found by staff, workplace procedures should be followed in regard to disposing of the used equipment. If no procedure exists, the Environmental Health Guide Safe Disposal of Needles and Syringes should be followed. NSP staff are also expected to abide by other existing relevant workplace policies and procedures (e.g. critical incident, needle stick injury).

At sites where used injecting equipment is exchanged (i.e. NSEPs), staff are required to follow the current version of the Protocol for the Distribution of Injecting Drug Use (IDU) Equipment by Needle and Syringe Exchange Program (NSEP) Workers in WA (please contact the SHBBVP for a copy of this).

Examples:

- Staff will not touch or handle any used needles and syringes returned by clients.
- Staff will read and adhere to the health service policies for the management of needle stick injuries and other occupational exposure injuries.
- Prior to commencement with the NSP, all staff are advised to be immunised against hepatitis B and ensure their tetanus immunisation is up-to-date.

9. MONITORING AND EVALUATION OF PROGRAM

Under the Poisons Regulations 1965, NSP Coordinators are required to submit an annual report and report on any irregularities of the program to the SHBBVP. A pro-forma of the annual report is enclosed in the NSP Information Pack. Annual reporting includes a record of the number of needles and syringes distributed per annum, the number of referrals made and the type of information/resources distributed to clients. Annual reports are due shortly after 30 June. No record should be made of client names or personal details. However, programs are encouraged to keep a record of basic client demographics (e.g. gender, age group, cultural and linguistic diversity [CALD]) in order that specific resources can be developed/provided as needed.

Examples:

- All NSP staff will be responsible for recording the date, time, number of needles and syringes distributed and the age group, gender and CALD background of clients on the data sheet kept in the NSP attendance register.
- All NSP staff will be responsible for recording contacts with clients during which educational material or referral was given.
- The coordinator will be responsible for collating the number of needles and syringes distributed and report as requested to the Sexual Health and Blood-borne Virus Program.
- The coordinator will be responsible for conducting regular update sessions with staff and attend to issues emerging from the on-going operation of the program.

10. CLIENT CONFIDENTIALITY

All Department of Health, Western Australia (DoHWA), employees are bound by the DoHWA Code of Conduct (see http://intranet.health.wa.gov.au/codeconduct/home/) with regard to confidentiality. NSP staff who are not DoHWA employees would, in most instances, be expected to respect client confidentiality as stated by the code of conduct or practice of their workplace. In any instance, all NSP staff, regardless of their status (health practitioners, pharmacists, volunteers etc.) are required to respect client confidentiality at all times. It is suggested that, where possible, client confidentiality be supported by distributing injecting equipment in an unmarked paper bag.
Examples:
- Staff involved in the NSP will understand their obligation to safeguard information about their clients.
- Staff involved in the NSP will respect and protect the confidentiality of their clients and whenever possible prevent this being compromised by others for whatever intent or purpose.
- Staff will respect clients confidentiality at all times and in all circumstances. Confidentiality must be maintained even when a client is known to be participating in other programs (e.g. pharmacotherapy program) or when the client or client’s relatives are known to the provider.

11. STAFF ATTITUDE
NSPs are often the first and only point of contact people who inject drugs have with a health service provider. The approach adopted by NSP staff to clients often will influence clients’ receptivity to offers of information and clients’ future access to health services. Therefore a non-judgemental, empathetic approach is advised at all times.

Examples:
- Staff will adopt an empathetic, non-judgemental approach to clients, being sensitive to the likelihood of anxiety and/or apprehension of the client on approaching the NSP. Particular sensitivity may need to be practised when staff are approached by clients from CALD backgrounds, or by young clients.
- Staff are encouraged to interact and build rapport with clients to create opportunities for the dissemination of education and/or information and referral.

12. HARM REDUCTION BRIEF INTERVENTION
Where appropriate and practicable, when a client requests sterile injecting equipment, NSP staff should attempt to engage the client in a ‘harm reduction brief intervention’. Educational resources and information sheets should routinely be made available to clients, wherever possible. The practice of enclosing relevant pamphlets and/or information sheets with any equipment distributed is encouraged.

In addition, NSP staff are strongly encouraged to interact with the client as a means of providing the client with harm reduction information. Harm reduction information may assist the client with reducing health harms associated with injecting, and/or reducing potential harm to the wider community. At a minimum, this may be asking the NSP client a question such as those in the following list:
- Do you know how to safely dispose of your used equipment?
- Do you need any advice about looking after your veins?
- Have you considered being tested for hepatitis C, hepatitis B or HIV?
- Would you like information on safer injecting?

Staff may devise their own questions as a way of initiating interaction with NSP clients. However, questions need to be framed in a way that invite further interaction, and that create an environment in which the client feels comfortable to request information.

Examples:
- The NSP will maintain a supply of appropriate pamphlets and information designed to provide health information to clients.
- The NSP will inform and educate clients on issues regarding injecting drug use (e.g. hepatitis C, safer injecting practices, disposal, treatment options), when appropriate, using available resources.
- Information on safe injecting practices, HIV, hepatitis B and hepatitis C transmission, and the safe disposal of injecting equipment will be handed out routinely to clients with every occasion of injecting equipment distribution.
- NSP staff will engage in harm reduction brief intervention with NSP clients, using questions as devised by the NSP Coordinator and their own, as seen appropriate. Questions will be available in the NSP and include: (list questions here).
13. CLIENT REFERRAL
NSP staff are expected to be familiar with a number of agencies they can refer clients, according to a client's needs at that point in time. The *NSP Information and Referral Agencies* document lists several such agencies across the state and is enclosed in the NSP Information Pack (available from SHBBVP). It is recommended a local referral list is developed by the NSP Coordinator. Referrals should only ever be made at a client's request, particularly where treatment agencies are concerned. When making a referral, NSP staff should involve the client and a range of options be offered. The final choice should be left to the client.

Examples:
- Referral of clients to drug counselling and treatment agencies will only be done on the request of the client to agencies which are appropriate for their needs.

14. JUVENILE ACCESS TO THE PROGRAM
The *Poisons Regulations 1965* refers to NSP clients only as “person”. That is, there is no limitation placed on the age at which a person may access or be denied access to an NSP. Research indicates the median age of initiation into injecting drug use is 18 years. Staff are encouraged to interact with clients who appear to be juveniles to assess their level of knowledge in regards to injecting drug use and associated harms, and to provide information and referral as appropriate. Young people who inject drugs may be apprehensive about approaching NSPs, so care should be taken not to alienate them from accessing services, but rather to create an environment where they can ask for advice or referral regarding their drug use and other health and welfare issues they may be experiencing.

Examples:
- Staff shall not provide needles and syringes to persons under (...) years of age, (age determined by those involved in the implementation of the program) unless refusal to do so would pose an immediate perceived health risk to that client.
- Staff will actively encourage referral of all juveniles who access the program to appropriate youth drug services / workers by providing the client with an up-to-date list of relevant agencies.

15. ACCESS BY CLIENTS UNDERGOING TREATMENT RELATED TO THEIR DRUG USE
It is not the role or responsibility of NSP staff to regulate clients' behaviour in terms of their drug use. However, information on poly-drug use should be made available to the client where appropriate.

Examples:
- Staff will provide equipment to clients who are known to be on a pharmacotherapy program if refusal to do so is likely to pose a greater health risk to the client.
- Staff will provide information to clients in regards to poly-drug use and overdose prevention.

16. CLIENT RESPONSIBILITIES
As with other health service clients, NSP clients may occasionally behave inappropriately for a range of reasons. Any disruptive incidents should be responded to and recorded in accordance with workplace risk management policies and procedures. Where necessary, staff may advise clients that disruptive behaviour, injecting in the proximity of the NSP, and inappropriate disposal may jeopardise the overall continuity of the program.

Example:
- Clients are expected to respect the intention of the program as a harm reduction and illness prevention program. Activities by clients that jeopardise the program, including disruptive behaviour and injecting in close proximity to the NSP, will not be accepted.