

ORANGE COUNTY HEALTH DEPARTMENT

Clinical Policy and Procedure

Section: Clinical Programs

Policy Safe Syringe Initiative; Operating Procedures

Reviewed by: Nursing Supervisor; PHS Director

Approved by: Health Director

Safe Syringe Initiative

I. Objectives of Program

- a. Reduce the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases impacting our community.
- b. Reduce needle stick injuries to law enforcement officers and other emergency personnel.
- c. Connect individuals who use the program to evidence-based resources and treatments.

II. Provision of Safe Syringe Initiative (SSI) Kits

- a. Any individual requesting syringes will be given a pre-packaged SSI kit at no cost that includes:
 - i. clean syringes in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies are not shared or reused
 - ii. drug abuse and overdose prevention, including information about access to free naloxone kits available through OCHD clinic
 - iii. condoms and educational information on HIV, AIDS, and viral hepatitis transmission prevention
 - iv. treatment referrals for mental illness, substance abuse, and medication assisted treatments
 - v. documentation that the person received the SSI kit from a program established pursuant to G.S. § 90-113.27
- b. SSI kits will be available at the front desk of each OCHD clinic and also within clinics for patients.
- c. Education attempts should be made whenever appropriate or feasible. Topics to discuss include HIV and Hepatitis A, B, C prevention, safer sex, and safer injection techniques. Participants should be encouraged to participate in individual and group delivered behavioral interventions (mental health and substance abuse) and skills building activities, as appropriate. Although enrollees are offered services in addition to syringe exchange, they are under no obligation to participate in them; including efforts to connect participants to behavioral health interventionists.

III. Linkage to Care

- a. OCHD may provide services and make referrals to outside providers according to current policies for OCHD patients. Referrals may include, but are not limited to: anonymous and confidential HIV counseling and testing services, HIV, Hepatitis A-C and general primary health care facilities, access to naloxone kits, family planning, prenatal and obstetrical care, substance use treatment and related medical services,

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tuberculosis screening and treatment, sexually transmitted infection screening and treatment, case management and support services for HIV-infected people, and mental and behavioral health services.

IV. Staff Training

- a. All staff will be trained in the basics of the SSI, including locations, procedures for a client receiving syringes, and harm reduction philosophy.
- b. Additionally, staff that provide syringes through the SSI will receive refresher training on the OCHD's approved policies and procedures that cover:
 - i. Disposal of infectious waste and needle stick prevention management.
 - ii. Procedures for making referrals, including primary care, detox and drug treatment, HIV counseling and testing, prenatal care, tuberculosis and Hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services.

V. Disposal

- a. Infection control training and procedures will follow existing policies and procedures outlines in the [OCHD Infection Control/Bloodborne Pathogens Program Manual](#).
- b. Individuals will be instructed to dispose of used needles and hypodermic syringes to the Orange County Health Department. OCHD staff members should never dispose of syringes or other SSI materials for a client. Staff should instruct the client to dispose of the materials in the appropriate sharps disposal containers.
- c. Syringes that are returned to OCHD in glass jars or coffee cans will be accepted and carefully deposited in a sharps depository by the participant. OCHD staff will educate participants on the appropriate type of plastic containers that should be used for syringe disposal.
- d. Personal sharps containers (Fitpacks) and FDA approved sharps containers may be discarded.
- e. Participants should be educated about proper disposal of syringes when they are unable to come to the OCHD. Inappropriate methods of syringe disposal such as the following should be discouraged: breaking off the tip and discarding in trash, disposal on the street or other public venues; disposal of used syringes in household garbage or residential sharps programs without containment in sealed, labeled plastic puncture resistant containers, flushing in toilets; disposal of syringes in the trash in glass jars or coffee cans. Many substance users think that syringes are discarded safely if needles are broken off and thrown in the garbage separate from the barrel of syringes. It is important to educate participants that throwing out needles in this way exposes municipal workers (sanitation) to needle stick injury. If participants are intent on

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discarding syringes in this manner, they should be encouraged to remove plungers from the barrel of used syringes, place needles in the barrel and replace plungers. This will reduce the risk of needle stick injury to others.

VI. **Data Collection and Program Reporting**

- a. Staff dispensing SSI kits will record the number of kits and any relevant referrals made in a tracking log.
- b. **Quarterly Reports**
 - i. Monthly narrative and statistical reports shall be submitted to the Nursing Services Supervisor. Quarterly reports shall be compiled by the Nursing Services Supervisor and provided the Board of Health Director of Programs and Policy. Quarterly reports shall include but not be limited to:
 1. Number of enrolled participants;
 2. Number of syringes collected from participants, including the average number furnished per participant per transaction;
 3. Number of syringes furnished to participants, including the average number collected per participant per transaction;
 4. Number and types of services directly provided or provided by referral including referrals for HIV counseling and testing; health care services (including evaluation and treatment for HIV infection, Hepatitis A-C, sexually transmitted infections, tuberculosis; family planning; obstetrical and prenatal care), supportive services; substance use treatment services; and
 5. Significant problems encountered and program milestones achieved.
- c. **Annual Reporting**
 - i. The Board of Health Director of Programs and Policy shall provide an annual report of activities and statistical reports to the Board of Health.
 - ii. Annual reporting to the NC Department of Health and Human Services, Division of Public Health will include:
 1. The number of individuals served by the program.
 2. The number of needles, hypodermic syringes, and needle injection supplies dispensed by the program and returned to the clinic.
 3. The number of naloxone kits distributed.
 4. The number and type of treatment referrals provided to individuals served by the program, including a separate report of the number of individuals referred to programs that provide access to naloxone.

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VII. Complaints and Concerns

- a. Incidents related to the SSI from community or law enforcement shall be reported in accordance with the Orange County Health Department’s Complaint Policy. The purpose of these reports is to ensure documentation of incidents in order to identify and address potential problems.
- b. Orange County Health Department staff will refer to Administrative Policy V.8.0 “Dealing with a Potentially Dangerous Client or Family Interactions” if any client becomes emotionally labile and angry.

Evaluation

Evaluation of the SSI should include both process/output measures and outcome/impact measures. Measures of the process and outputs, such as the number of syringes dispensed and number of clients dispensed to, will be relatively simple. These measures will require pharmacy tracking logs much like ones already in place for other medications and naloxone.

Process indicators

- Number of hours open per week for syringe provision
- Number of OCHD staff assessing client need for syringes and referring to SSI
- Number of OCHD staff reporting support of SSI
- Number of stakeholders reporting support of SSI

Output indicators

- Number of participant contacts
- Number of syringes distributed
- Estimated number of syringes returned for disposal
- Trends in opioid drug overdose deaths in Orange County
- Trends in the prevalence rate of Hepatitis, HIV and other bloodborne pathogens in Orange County

Applicable State and Local Rules/Regulations on Syringe Provision in NC

This policy is adopted pursuant to GS § 90-113.27.

Per GS § 90-113.27. (Needle and hypodermic syringe exchange programs authorized; limited immunity), “Notwithstanding any provision of the Controlled Substances Act in Article 5 of Chapter 90 of the General Statutes or any other law, no employee, volunteer, or participant of a program established pursuant to this section shall be charged with or prosecuted for possession of any of the following: (1) Needles, hypodermic syringes, or other injection supplies obtained from or returned to a program established pursuant to this section. (2) Residual amounts of a

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controlled substance contained in a used needle, used hypodermic syringe, or used injection supplies obtained from or returned to a program established pursuant to this section. Page 6 House Bill 972-Ratified The limited immunity provided in this subsection shall apply only if the person claiming immunity provides written verification that a needle, syringe, or other injection supplies were obtained from a needle and hypodermic syringe exchange program established pursuant to this section. In addition to any other applicable immunity or limitation on civil liability, a law enforcement officer who, acting on good faith, arrests or charges a person who is thereafter determined to be entitled to immunity from prosecution under this section shall not be subject to civil liability for the arrest or filing of charges.”