The Allen County Department of Health

Protocol for the Syringe Services Program

A targeted harm reduction intervention to reduce the prevalence of Hepatitis and HIV among Intravenous Drug Users in Allen County

THIS IS A DYNAMIC DOCUMENT THAT WILL HAVE REVISIONS AND CHANGES MADE TO IT OVER TIME AS THE OPERATION OF THE ALLEN COUNTY SYRINGE SERVICES PROGRAM IS PERIODICALLY EVALUATED FOR EFFICIENCY AND EFFECTIVENESS.

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Section One

Executive Summary

The purpose of the Allen County Department of Health and the Allen County Opiate Task Force Syringe Services Program (SSP) is to prevent the acquisition and transmission of HIV/AIDS and Hepatitis B and C among injection drug users (IDUs) through the use of evidence based harm reduction principles, education and referrals to appropriate community services. Over two decades of research have demonstrated the effectiveness of SEPs in preventing HIV and other blood-borne infections, as well as connecting IDUs with a range of vital medical and social services and supports. Our process addresses all of the issues the CDC has determined are required to reduce the transmission of hepatitis and HIV and reflect recommended best practices for effective SSPs.

Syringe Services Programs are an important part of a comprehensive harm reduction strategy. "Harm reduction” is an international concept that aims to keep people safe and minimize death, disease, and injury from high risk behavior.

Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources, and support for individuals, families and communities to be safer and healthier. Harm reduction programs provide evidence based health education and services for all citizens, including those with negative outcome producing behaviors. While these concepts apply to all high risk behaviors, for drug users in particular, harm reduction recognizes that many drug users are either unable or unwilling to stop, or are not ready for treatment at a given time. Harm reduction programs focus on limiting the risks and harms associated with unsafe drug use, which is linked to serious adverse health consequences, including HIV transmission, viral hepatitis, and death from overdose. This is done through the provision of evidence based and cost effective strategies that serve to limit the negative health, safety and economic outcomes for the individual and the community in which they live.

Legislative Process

The legislative process to establish an SSP in Indiana states that an epidemic of IV drug related HIV or Hepatitis must occur within the community – which substantiates the need for such an intervention program. Then, a request is made of the State Health Commissioner to declare an Emergency allowing for the implementation of an SSP program in a community. Before requesting a designation of Emergency from the State Health Commissioner, a county must:

1. Have a demonstrated epidemic of hepatitis C or HIV occurring.

2. Show the primary mode of transmission of the diseases is through intravenous drug use.

3. Show that a syringe services program is “medically appropriate” as part of a comprehensive public health response.

Then, once all of the precursor criteria are met above, counties must:
1. Conduct a public hearing and have the support of their executive body of the County to move forward with an SSP.

2. Ask the State Health Commissioner to declare a public health emergency.

If the State Health Commissioner grants that request, the local health department must annually register their program with the State and have a licensed professional, such as a physician, oversee the local program. In our community it would be the Health Commissioner overseeing the program. In addition to the required steps, our intention is to meet one-on-one with local stakeholders to review the process prior to the public hearing.

After careful review of our local data, in October 2015, we determined that our community has experienced a 30% increase in Hepatitis C cases over the past year and the trend continued into 2015. On October 5, 2015 the Allen County Executive Board of Health determined that we are experiencing a Hepatitis C outbreak, which, given the local and national opiate epidemic, will likely continue and were told that the Department of Health should pursue the process of establishing a syringe services program for our community.

The **SSP Process**:

The SSP process is straight forward. In collaboration with community partners and evidence based research, we have established the components of the SSP kits and the services to be provided, as well as the partnering area agencies and resources to whom we will refer clients in need.

In brief, upon arrival, patients will be greeted by locally funded SSP staff who will perform a brief intake, collect used needles, and then distribute the SSP kit. After completion of the SSP interaction, the SSP staff will then offer a referral to a variety of other services. If the client is interested in a Substance Use Disorder referral, the client will be taken to the separate counseling room area within the facility which will be staffed (and funded) by several local entities offering these services where the referral will be made. If the client is interested in screening for or education on HIV/Hepatitis/TB, the client will be referred to the Allen County Department of Health who will occupy a third separate room in the facility where they will be handed off to the dually state and locally funded DIS staff member. To be clear, all referrals made for screening for HIV/Hepatitis/TB/Vaccinations will be done privately in a separate location of the facility as part of the normal county DIS/other screening outreach program and only after all SSP-related services have been completed. No state or federal funding will be used to provide any portion of the SSP interaction, services, supplies or equipment.

In our county, if an SSP is implemented, an advisory board will routinely meet and review ongoing SSP processes, epidemiological data and SSP clinic output. They will advise on strategies to best minimize the transmission of HIV/Hepatitis and maximize referrals to Addiction Services. They will also review collected data to identify strategies to improve utilization.
The SSP will be under the direct supervision of the Health Commissioner of the Allen County Department of Health (DOH). Staffing of our SSP will be provided using existing staff and any additional staff which can be funded through appropriate means as needed. The primary responsibilities of the staff will be to conduct intake, distribute kits, provide education, assist with referrals (internal and external), record data, distribute Narcan when available, do wound care, compile reports and monitor for future funding opportunities. The DOH will provide an RN or MA to provide wound assessment, offer certain vaccinations, and assist the SSP staff in other duties as needed. Our HIV DIS will also be present to provide HIV and Hepatitis screening. The SSP clinic will be located in the Department's Specialty Services Building.

**Costs Effectiveness of SSPs**

- The cost of a syringe is less than 50 cents. One study found that for every dollar invested in a preventative SSP, $3-$7 will be saved in treatment costs.ii
- The average cost of a lifetime of medical care for a single HIV infection is $385,200-$618,000. New treatments for Hepatitis C (HCV) cost $1,000 per pill and a twelve week treatment would cost $84,000.iii
- Medicaid spent $4.7 billion in 2014 on HCV treatment. iv For patients who are unable to receive normal treatments, liver transplants cost over $730,000.v

**Concerns and Research**

Historically, the two main concerns most persons have about SSPs is that they will encourage drug use and encourage crime. Fortunately, SSPs have been in existence both nationally and internationally for two decades and the research has proven that SSPs do not encourage IVDU (intravenous drug use) or increase crime.viii In fact, we should be able to anticipate a reduction in HIV transmission of 30% and although less effective, a reduced rate of Hepatitis C transmission.ix The research also reveals that SSP usage encourages utilization of addiction services.x Finally, fewer discarded used needles will pollute community homes and neighborhoods and place public safety personnel at risk.

SSP programs have been endorsed by many public health and health institutions and agencies including but not limited to:

- Centers for Disease Control and Prevention
- Department of Health and Human Services
- National Institutes of Health
- American Medical Association
- American Public Health Association
- American Academy of Pediatrics
Section Two

Background and Purpose

This handbook contains policies and procedures to be implemented at the Allen County Syringe Services Program (SSP). It is intended as an organizational framework that outlines the operational guidelines of the SSP. This guide has been developed based on best practices and in consultation with community stakeholders from various professions and organizations.

From November 2014 to January 2015, the Indiana State Department of Health (ISDH) identified 11 new HIV infections in a rural southeastern county (Scott County) where fewer than 5 infections have been identified annually in the past. The on-going investigation by ISDH with assistance from the Centers for Disease Control and Prevention (CDC) has identified over 180 persons with newly diagnosed HIV infections in a community of 4,200 people; the vast majority of whom were also Hepatitis C (HCV) infected. Most cases occurred among intravenous drug users (IVDU) who reported dissolving and injecting tablets of the prescription-type opioid oxymorphone (OPANA® ER) using shared drug preparation and injection equipment.

According to the CDC, injection drug use accounts for an estimated 8% of the approximate 50,000 annual new HIV infections in the United States. Furthermore, HCV infection is often acquired through exposure via drug-injecting equipment contaminated with HCV-infected blood. Nationally, acute HCV infections have increased 150% from 2010 to 2013, and over 70% of long-term IVDUs may be infected with HCV.

Rates of acute HCV infection are increasing, especially among young nonurban IVDUs, often in association with abuse of injected prescription-type opioids. These increases have been most substantial in nonurban counties east of the Mississippi River.

As a result of the Scott County, Indiana outbreak, in April 2015, the CDC issued an official advisory stating that urgent action was needed to prevent further HIV and HCV transmission in this area and to investigate and control any similar outbreaks in other communities. The CDC made several recommendations to local health departments and the state health department to reduce transmission including the following for those who are actively injecting drugs:

- Have access to medication-assisted therapy (e.g., opioid substitution therapy) as well as other substance abuse services, if not already engaged;
- Have access to counseling educating about not sharing needles and syringes or drug preparation equipment (e.g., cookers, water, filters);
- Have access to sterile injection equipment from a reliable source; and
- Have access to testing for HIV and Hepatitis.

In response to the largest IVDU associated outbreak of HIV and Hepatitis in the past 20 years, the Indiana legislature passed Senate Bill 461 which outlines the process by which other Indiana
Counties which are experiencing an outbreak of HIV or Hepatitis C due to IVDU can establish a syringe services program.

After reviewing best practices and convening and consulting local service providers to the target population, and with the approval of our Board of Health, we have established the mission and goals below and the protocol that follows to establish an SSP in our community.
Section Three

Goals and Objectives and Guiding Principles

Mission statement:

- The mission of the Allen County Department of Health and Allen County Opiate Task Force Syringe Services Program is to prevent the acquisition and transmission of HIV/AIDS and Hepatitis B and C among injection drug users (IDUs) through the use of evidence based harm reduction principles and education and referrals to appropriate community services.

Goals:

- Reduce the transmission of HIV and Hepatitis B and C by providing intravenous drug users with information and evidence based means to protect themselves and their partners such as condoms and sterile injecting equipment.

Objectives:

- The primary objective is to reduce the transmission of HIV and other blood-borne diseases by providing IDUs with sterile injecting equipment.
- Provide ready access to HIV, Hepatitis and TB testing and counseling.
- To reduce high risk behaviors among IDUs who have potential to transmit blood borne infections.
- To reduce the incidence of HIV and Hepatitis B and C among IDUs.
- To reduce the number of discarded syringes on the street and promote and ensure safe disposal of used needles.
- To significantly increase the number of IDUs who are engaged in addiction treatment programs.
- To ensure that residents identified with HIV or Hepatitis B or C are referred for case management, education and treatment.
- Facilitate access to health insurance and other relevant services.

Guiding Principles Based on Best Practices

1. Prioritize meeting IDU needs for sterile syringes by promoting the most effective strategies for syringe provision (e.g., provide IDUs with as many syringes as they request at each transaction).

2. Maximize the number and variety of “access points” where IDUs can obtain new and sterile syringes free of charge (e.g., support the integration of syringe provision into all programs serving IDUs even where IDU service is not the principal activity);
3. Allow SSP participants to remain anonymous;

4. Ensure that IDUs can easily access sterile syringe provision;

5. Minimize the data collection burden on SEPs and IDUs.
Section Four

Harm Reduction Principals

Syringe Services Programs (SSPs) are part of a comprehensive harm reduction strategy. "Harm reduction" aims to keep people safe and minimize death, disease, and injury from high risk behavior.

Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier. Harm reduction programs provide evidence based health education and services for all citizens, including those with negative outcome producing behaviors. While these concepts apply to all high risk behaviors, for drug users in particular, harm reduction recognizes that many drug users are either unable or unwilling to stop, or are not ready for treatment at a given time. Harm reduction programs focus on limiting the risks and harms associated with unsafe drug use, which is linked to serious adverse health consequences, including HIV transmission, viral hepatitis, and death from overdose. This is done through the provision of evidence based and cost effective strategies that serve to limit the negative health, safety and economic outcomes for the individual and the community in which they live.

Principles of harm reduction programs include:

- A non-judgmental approach that treats every person with dignity, compassion, and respect, regardless of circumstance or condition;
- Utilizing evidence-based, feasible, and cost-effective practices to prevent and reduce harm;
- Accepting behavior change as an incremental process in which individuals engage in self-discovery and transition through “stages of change”;
- Active and meaningful participation of drug users, former drug users, and community stakeholders in shaping sensible policies and practices around drug use;
- Focusing on enhancing the quality of life for individuals and communities, rather than promoting cessation of all drug use;
- Recognizing complex social factors that influence vulnerability to drug use and drug-related harm, including poverty, social inequality, discrimination, and trauma;
- Empowering drug users to be the primary agents in reducing the harms of their drug use; and
- Commitment to defending universal human rights.
Section Five
Authorization to Open an SSP

Legislative Criteria

To legally offer an SSP in Indiana, an epidemic of IV drug related HIV or Hepatitis C must occur. Before requesting a designation of Emergency from the State Health Commissioner, a county must follow the Legislative Process outlined on pages 6 and 7 of this document.

Epidemiologic Criteria

After careful review of our local data, we determined that our community has experienced a 30% increase in Hepatitis C cases and the trend continues into 2016. On October 5, 2015 the Fort Wayne-Allen County Executive Board of Health determined that we are experiencing a Hepatitis C outbreak, which, given the local and national opiate epidemic, will likely continue and that the Department of Health should pursue the process of establishing a syringe services program for our community.

Previous Containment Efforts

When the Indiana State Department of Health began to share with local health departments the depth of the IVDU driven outbreak of HIV and Hepatitis C in Scott County, our department developed and implemented a plan to enhance HIV and Hepatitis screening at the department as well as other medical facilities that serve high risk populations. An Opiate Task Force was convened to develop community and provider educational and screening strategies to facilitate surveillance and promote a better understanding of the scope and infectious disease risks associated with IVDU.

Local Approval Process

Prior to the public hearing, we conducted several one-on-one meetings with:

- Public officials
- Law Enforcement and Public Safety

We convened other stakeholders as well including:

- Opiate task force
- Mental Health and Addictions
- Emergency Physicians, Paramedics and EMTs
- Social service providers
- HIV Experts
- Media
The DOH provided information to the general public regarding the scope of the opiate crisis and the harm reduction strategies that will be used to minimize both the transmission of blood borne diseases and increase access to addiction services via two vehicles:

1. The Allen County Commissioners will hold a public hearing at which the DOH and its invited participants will provide testimony regarding the opiate crisis and prevalence of HIV and Hepatitis in Allen County, lessons learned from Scott County and the principals of harm reduction including SSPs and increased accessibility to naloxone..


Upon approval from the Allen County Commissioners, the Allen County Health Commissioner, with the approval of the Executive Board of Health, submitted a formal request to the State Health Commissioner for a declaration of a state of emergency for Allen County with respect to Hepatitis C.
Section Six

Oversight of the SSP

The SSP will be administratively housed within the Department of Health (DOH). The Health Commissioner will oversee the program and ensure proper submittal of all required quarterly and yearly reports. The Department Administrator will submit the annual program renewal application, and the SSP staff will be supervised by the Director of Clinical Services (from a staffing standpoint) and the Director of the HIV/STD Prevention Division (from a data collection and data report creating standpoint as well as a rotating supervisor at SSP clinics) as well as by the Director of Community Health and Case management (as a rotating supervisor during SSP clinics). However, the SSP Advisory Committee will meet and provide input into the program on a quarterly or as needed basis. The Advisory Committee will be composed of various professionals and representatives from agencies and organizations that provide services to the target population (IVDUs) including, but not limited to:

- SSP staff
- Executive Board of Health Member
- Law Enforcement
- Positive Resource Connection
- Matthew 25
- Infectious Disease Specialist (Physician)
- Mental Health
- Pharmacy
- Addictions Services Providers
- Minority Health Coalition
- Teen Health
- Emergency Services
- Other pertinent entities as deemed appropriate

A report of services provided and issues encountered will be presented to the Advisory Committee each quarter for review (or as needed). Recommendations made by the Advisory Committee will come under consideration by the DOH and the Executive Board of Health.
Section Seven

Logistics of an SSP

Synopsis: the primary purpose of the SSP is to collect used needles and syringes and provide clean injection equipment in a confidential setting. Upon arrival, patients will be greeted by SSP staff who will perform a brief intake, collect dirty needles, provide harm reduction education, and then distribute the SSP kit. After completion of the SSP interaction, the SSP staff will then offer a referral to a variety of other services. If the client is interested in a Substance Use Disorder referral, the client will be taken to the separate counseling room area where the referral will be made. If the client is interested in meeting with a Health Navigator to discuss insurance, the client will be taken to a separate room for these services. If the client is interested in screening for or education on HIV/Hepatitis (and other services deemed appropriate such as vaccinations or Narcan distribution), the client will be referred to the Allen County Department of Health staff who will occupy a separate room in the facility for these services.

Site Location and Hours of Operation

An SSP can be implemented through different models of service delivery including a fixed site, mobile/outreach and a satellite distribution model. Briefly, a fixed site refers to a stand-alone facility, mobile/outreach refers to offering services in high risk areas often by peers and a satellite center is located within another health clinic, pharmacy or referral agency. The SSP will be located in the Department’s Specialty Services Building on the Medical Campus. The SSP will initially be open one half day a week, with the schedule and the need for additional sites to be periodically evaluated and adjusted by the SSP Advisory Council. Tentatively the SSP will be held Tuesdays from 3 pm to 6 pm. In mid-2018, an additional site and additional hours are planned to be added to provide more opportunities to reach the community. (UPDATE: The SSP is currently open Tuesdays, 2pm-6pm.)

SSP Staffing

SSP Staffing is comprised of existing DOH staff as stated on page 14.
**Responsibilities:**

The SSP Staff will perform the following responsibilities:

- Welcome participants and determine eligibility
- Ensure completion of intake forms
- Collect used syringes.
- Distribute clean needle kits per protocol
- Educate on safe injecting tips, and transmission of blood borne diseases
- Offer referral for blood draw for HIV and Hepatitis testing
- Offer referral for pregnancy testing and vaccines as appropriate
- Administer intranasal naloxone, if needed, and offer Naloxone distribution when available.
- Offer a referral for screening for mental health and/or addiction
  - All screening tools are located in Appendix A
- Inform, offer and refer participants to other services provided
- Inventory and record supplies
- All record keeping and documentation
- Safely transport used needles, blood specimens, paperwork and other supplies to and from clinic
- Prepare weekly reports

The DOH MA or RN will perform the following responsibilities:

- The above services as needed
- Evaluate clients for potential wound infections or other medical conditions.
- Provide pregnancy testing if requested as well as vaccinations if appropriate.
- Provide local wound maintenance or make the referral below:
  - Minimal erythema surrounding wound should be treated with topical antibiotic with follow-up scheduled the next week.
  - Clients with advanced cellulitis or abscess associated with fever, or complaints of chest pain or shortness of breath should be referred to the local hospital emergency department.
can be referred to the DOH’s Medical Annex location.

- Simple cellulitis/abscess requiring oral antibiotics in uninsured clients can be referred to Matthew 25.

The DIS will perform the following responsibilities in a separate location from SSP services:

- Provide phlebotomy services to screen for HIV, Hepatitis, Syphilis
- Collect urine to screen for Chlamydia and/or Gonorrhea
- Place and read TSTs as applicable
- Administer Narcan as needed (see Appendix B)

**Fund of Knowledge**

SSP staff should have core knowledge and skills on:

- Clinical, epidemiological and diagnostic information regarding HIV/AIDS and Hepatitis and other sexually transmitted infections
- Principles and practices of harm reduction
- Providing injecting equipment as well as safer injecting and safer sex practices to people who use drugs
- Managing safe collection and disposal of used needles and syringes
- Motivation and negotiation skills
- Local resources relevant to the targeted population
- Administration of intranasal naloxone

**Confidentiality**

All information provided by patrons/patients of the SSP will remain confidential. Further, if anyone decides to engage in testing or other health services, a medical record will be initiated for the patient, which is also confidential as provided for in IC 16-41-8, other general medical confidentiality laws, and the Federal HIPAA regulations.

**Forms and Enrollment**

*Identifier Numbers* All eligible individuals will be provided with an anonymous unique identifier code as specified by the Indiana State Department of Health (or amended hereafter) which will be used to identify clients for future visits utilizing the ISDH database as required.

*Intake forms* *(Appendix C):*

When eligibility has been established, the participant will be asked information on the initial intake form to be filled out with the assistance of the SSP Staff. The information collected on the intake form will be based on the ISDH database variables.
Encounter Process

The staff member must welcome the participant and give a brief introduction and overview of harm reduction and perform the following elements:

- Emphasize the importance of returning needles and syringes used by the client.
- Client must complete initial or repeat paperwork with staff member.
- Staff member must inform participant about additional screening opportunities that are available onsite (see below). Staff member must review with client and have client complete appropriate paperwork if patient opts for medical testing: 1) Medical intake with name for any medical tests and 2) signed consent with understanding of confidentiality and HIPAA protection.
- The staff member should also inform the participants of additional services and referrals provided by the SSP.
- Once all of this is completed, the participant may then proceed to the exchange service.

Distribution of Materials

- Only trained staff members are allowed to exchange syringes.
- The SSP will follow the CDC recommended transaction model of a needs-based/negotiated syringe distribution model, with a 3:1 maximum.
  - Exception 1: New clients to the SSP will be provided one starter kit of 30 clean needles regardless if they are able to provide dirty needles to exchange.
  - Exception 2: Clients who have been arrested and had their dirty needles confiscated by law enforcement and therefore do not have dirty needles to exchange will be given a starter kit of 30 clean needles.

- Each participant will be issued the following materials as needed (including by not limited to):
  - Syringes.
  - Filter needles- 1 cc 28 gauge ½ inch (http://catalog.bd.com/nexus-ecat/getProductDetail?productId=329410)
  - Alcohol swab
  - Tourniquets
  - Sterile water-2ml
  - Cookers
  - Condoms
  - Band-Aids
  - Antibiotic Ointment
  - Cotton balls
  - Twist ties
  - Ziploc Bag
  - Gum
• Substitutions may occur as needed

• Collection of Syringes: collection of used needles and syringes should be done in puncture proof or safety boxes.
  • Participants will be asked to disclose the number of syringes returned which the staff will record.
  • Participants will be asked to place all loose and uncontained sharps in a sharps container to minimize risk of needle stick injuries.
  • Staff must NEVER touch or handle used needles or other injecting equipment returned.
  • During each visit, staff members will remind all clients of the importance of placing all used syringes in a puncture proof container.

Collection of Used Needles/Syringes

The SSP Staff will ensure syringes and needles are in an enclosed container. Staff will transport the puncture proof container(s) in a large, tied bio-hazard bag back to the Medical Annex. The containers will then be returned to the DOH’s Medical Annex and placed in the large biohazard containers in the lab for pickup/disposal with other biohazard waste.

Additional Services Provided

• Additional services provided in separate location:
  o Following the DOH protocols, these confidential services will be provided by the Allen County Department of Health DIS (funded by DOH and ISDH):
    • Hepatitis and HIV testing
    • TB skin test (TST) – if applicable/available
    • HIV education and counseling
    • First aid for abscesses and skin problems
    • Referral to DOH’s Medical Annex for vaccinations/other testing
  o In conjunction with various local service providers, an addictions specialist will be available onsite during SSP hours.
  o In conjunction with local mental health providers, referrals for mental health services will be provided.
  o In conjunction with Brightpoint, a Health Navigator will be onsite as needed.

Procurement and Management of Supplies

The Director of HIV/STD Prevention and the Director of Clinical Services at the DOH will be dually responsible for management of the required supplies, including inventory, security and ensuring proper ordering of supplies for the syringe services programming.

Supplies to be transported to satellite SSP clinic include:
• SSP materials
• First Aid and Emergency Kit, including Narcan
• Phlebotomy Kit
• Educational and Resource Materials
• Security and Storage of Syringes and other Supplies

The SSP staff must maintain an inventory of all new, sterile syringes that are to be used in the SSP, whether in storage or removed for SSP operations.

• Storage of syringes and other equipment:
  o Supplies should be stored in a locked secured place.
  o Only authorized staff members should have access to stored supplies.
  o Prior to the start of each exchange operation, an adequate number of supplies will be removed from the storage area and excess supplies will be returned at the end of the day.
  o Inventories must record the date and number of syringes that are received from the supplier, the amount taken from storage and the number of syringes returned to storage at the end of SSP daily operations.
    • The inventory sheets must maintain tallies of all needles and syringes in storage and used each day for SSP transactions.
    • Staff must maintain a record of the number of new supplies given each day and the amount left in storage and provide to Director of HIV/STD Prevention Services.

• Ordering of new supplies:
  • The HIV/STD Prevention Director and the Director of Clinical Services at the DOH will be dually responsible for inventory and ordering for the Syringe Services Programming.

• Theft of supplies:
  • Any inventory discrepancies should immediately be reported to the Director of Clinical Services.
    ▪ The staff should investigate and work to identify the cause of the discrepancy.
    ▪ Any losses or theft should be investigated and, if appropriate, reported to law enforcement by Department Administrator.

All staff members are required to submit an incident report to their supervisor within 24hrs upon discovery of a potential theft of supplies.

The Allen County Needle Stick Policy is to be followed if ever a needle stick should occur during an SSP session. Copy of policy is kept in DIS field kit which is taken to all SSP sessions.
Section Eight

Training of SSP Staff

Training

- Centers for Disease Control and Prevention (CDC) approved materials for healthcare professionals and DIS education and training (http://www.cdc.gov/std/training/courses.htm)
- Overview of harm reduction: (http://harmreduction.org/our-work/training-capacity-build/online-training-institute/overview-of-harm-reduction/)
- Indiana state rules and regulations on needle exchange including training on proper use of the ISDH-supplied database for information collection and management
- Allen County Department of Health policies and procedures
- Syringe Exchange Procedures (http://harmreduction.org/our-work/training-capacity-build/online-training-institute/webinar-archive/)
- Safer Injection Procedures
- HEP A/B/C screening and patient education
- Procedures for making referrals
- Intranasal naloxone training for suspected onsite overdose (In house training)
- Safety issues:
  - Needle stick injuries:
  - Handling used injection equipment
  - Disposal of hazardous waste
  - Incident reporting
Section Nine

SSP Staff Security and Safety

I. PURPOSE: To ensure a consistent practice for maintaining safety and security for the staff and clients of the Syringe Services Program (SSP) clinic.

II. SCOPE:

   A. Prevention of Needle Sticks
   B. Universal Precautions
   C. Accidental Needle Stick
   D. Accidental Opioid Poisoning
   E. Staff Safety
   F. Participant Bill of Rights/Expectations
   G. Weather & Other Emergencies
   H. Police Relations

III. PREVENTION OF NEEDLE STICK INJURIES AND TREATMENT FOR NEEDLE STICK INJURIES

   A. Prevention of Needle Sticks
      1. All staff and volunteers must be educated on safety procedures for handling and carrying needles and other sharps.
      2. Staff/volunteers are NEVER to handle used injecting equipment or supplies.
      3. All used injecting equipment must be placed in a labeled biohazard container. This container should be placed on the ground, lined with a sturdy biohazard bag.
      4. Biohazard bags are to be securely closed with tape for transport in a plastic sharps container.

   B. Universal Precautions

      Universal precautions are a set of preventative measures designed to prevent the transmission of blood-borne pathogens such as HIV and Hepatitis B & C (HBV/HCV), when providing health care to individuals. Under universal precautions, blood and certain body fluids are considered potentially infectious.

      Universal precautions should always be followed regardless of an individual’s infection status. Appropriate barrier protection to prevent skin and mucous membrane contamination with blood and bodily fluids should be routinely used.
Appropriate Personal Protection Equipment includes, but not limited to, nitrile exam gloves and face mask with face shield. Handwashing following any contact with potential infectious materials MUST occur following the removal of nitrile exam gloves.

Take extraordinary care to avoid accidental injuries caused by needles or other potentially contaminated objects. Clinic staff and volunteers should not touch any liquid or powdered substances on a client or a client’s personal items. Staff and volunteers should not “brush” off any powdered substances from clothing or clinic surfaces which may create the potential for these substances to become airborne. Clinic equipment and surfaces should be damp cleaned thoroughly.

Staff and volunteers are not to handle any client’s personal injecting objects or personal supplies.

All potentially contaminated waste should be disposed of in a biohazard bag and/or container.

C. Needle Stick

If a staff member or volunteer is accidently stuck with a used needle:

1. Isolate the needle that stuck the individual in a separate sharps container for possible further examination.

2. Wash the wound with soap and water immediately, and then encourage the wound to bleed by forcefully squeezing the puncture site. This helps keep pathogens from entering the body,

3. Clean the area again with soap and water; apply an antiseptic and bandage, if necessary.

4. Contact the Department Administrator immediately; all needle stick injuries will be reported and the Department of Health’s (DOH) procedures should be followed.

D. Accidental Opioid Poisoning

Accidental opioid poisoning, from injection, ingestion or inhalation is a life threatening emergency. All regular staff members of the SSP are trained in the recognition of a potential opioid poisoning event and the administration of the medication naloxone.

Multiple doses of naloxone are kept on site at all times during the clinic operational hours.

Staff will call 9-1-1 immediately at the time of a suspected or known opioid poisoning.
Trained staff will administer nasal naloxone to any individual suspected of an opioid poisoning. A second dose will be administered ~ 2-3 minutes after the initial dose if no response or if breathing has not resumed.

Staff will report to first responders that naloxone was administered at the time of the poisoning and declare how many doses had been given prior to their arrival.

**Contact the Department Administrator immediately if this occurs; all such incidents will be reported and the Department of Health’s (DOH) procedures should be followed.**

**E. Clinic Staffing**

Regular SSP clinic staff consists of DOH staff and management on-site during all clinic operational hours.

For any safety or security issues, the Director on-site will assess the situation and notify the DOH Administrator for direction.

In an urgent safety or security situation, the site Director or designee will contact the appropriate agency, which includes the appropriate law enforcement, EMS, or fire department depending on clinic location, via 9-1-1 dispatch.

Staffing also includes volunteer representatives from community agencies, which are on-site during operational hours. These staff have been and will continue to be trained on site safety contained herein.

Refer to Attachment (1)-SSP Clinic Staffing Chart.

**F. Participant Bill of Rights/Expectations**

The Allen County SSP has posted, on-site, a Participant Bill of Rights and Expectations which outlines measures in place to ensure SSP staff, volunteers and participants are fully aware of expected behaviors and services. This posted Bill supports the safety and security of all individuals on-site at the SSP during operational hours. See below.
PARTICIPANT BILL OF RIGHTS & EXPECTATIONS
ALLEN COUNTY SYRINGE SERVICES PROGRAM (SSP)

At the Allen County Syringe Services Program, we seek to provide exceptional care and the best possible experience for every participant. We want to work together with you to ensure you receive the harm reduction, clinical care and ancillary services you need. By understanding your rights and responsibilities, you can help us help you.

AS OUR PARTICIPANT, YOU HAVE THE RIGHT TO.....

- Be treated with respect and dignity. We strive to create a safe place free from violence, threats or hateful language.
- Receive all available services, supplies, information and education. We strive for prompt service and will offer necessary syringes, supplies and services that are needed to assure safer conditions, according to the program policy.
- Privacy; you will be provided a unique identifier so that services provided can be tracked for reporting and funding accountability.
- Grieve any concerns that occur during the Allen County SSP operating hours. Please let the onsite SSP staff know of any concerns you may have. If they are unable to assist you, they will inform SSP management staff who will address your concerns. Should you wish to submit a concern outside of the clinic, you may contact us at 260-449-7561.

PARTICIPANT RESPONSIBILITIES INCLUDE.....

- Being responsible for the syringes you are given and to return used syringes to the SSP in a safe, disposable container.
- Treating staff, other clients and volunteers with courtesy and respect without physical or sexual abuse, threats, harassment or intimidation.
- Keeping the clinic area safe and refraining from engaging in any drug activity that puts the SSP at risk of closure.
- Not buying, selling or loaning money or property while on the premises.
- Protecting the confidentiality of other participants encountered while participating in the SSP services.
- Taking only those supplies needed and disposing of used materials and supplies properly.
- Cleaning up drug-related waste in the community and bringing in syringes gathered in the community for appropriate disposal by the Allen County SSP.

IN ORDER TO PROVIDE YOU AND OUR STAFF A SAFE AND COMFORTABLE SERVICE ENVIRONMENT, WE ASK THAT YOU ARE RESPECTFUL TO THE STAFF AND OTHER CLIENTS WHILE AT THE SSP BY:

- Waiting in the waiting area until you are called as you will be called back ONE at a time
- Avoiding loud and/or foul language
- Refraining from touching staff or other clients
- Allowing other clients their space and privacy

If staff determine your behavior is being disruptive and/or disrespectful or interfering with the safety and comfort of others you will be asked to leave and could be barred from returning. We very much appreciate your cooperation and are happy to serve you!
G. Severe Weather, Fire, Bomb Threats and Active Shooter

MEDICAL CAMPUS

<table>
<thead>
<tr>
<th>SAFE ZONE:</th>
<th>SSB Conference Room</th>
<th>Parking Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF EVACUATION:</td>
<td>TORNADO / SEVERE WEATHER</td>
<td>FIRE</td>
</tr>
<tr>
<td>WHEN AND HOW TO MOVE TO A SAFE ZONE:</td>
<td>Proceed to the designated Safe Zone using the exit closest to you at the time of the emergency</td>
<td>Proceed to the SSB Conference Room/Shelter Area; await further instruction.</td>
</tr>
<tr>
<td>WHERE TO ASSEMBLE AND WHAT TO DO:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SPECIALTY SERVICES BUILDING EVACUATIONS:

Follow Established County Emergency procedures, contact Department Administrator, and 911 as applicable.

If a Power outage occurs:

- Remain calm. Limited emergency lighting should automatically be provided within a few seconds. Emergency lighting is provided primarily in main corridors.
- Help visitors and staff in your immediate area.
- Proceed cautiously to an area with emergency lighting.
- Stand by for instructions from Security or supervisors. If you are instructed to evacuate the building, proceed cautiously to the designated Safe Zone area by the dumpster fence on the west side of the parking lot.

H. Police Relations

The Health Commissioner and Administrator will engage with Law enforcement or private security entities to discuss both the scope of the opioid issue and the SSP protocol. Law enforcement representatives are also participants on the SSP Advisory Committee to ensure that a collaborative working relationship is maintained.

Any incidents involving the SSP, including community objections or concerns, law enforcement incidents, and potential legal action against programs, must be reported, addressed and
documented for review by the advisory committee as needed.

• Incidents related to the SSP, community or law enforcement must be immediately reported to the project director or management, verbally and in writing.

• The incident must be shared with project director as soon as possible, but no later than 24 hours from the time of the occurrence using the written Incident Report Forms provided. The purpose of these reports is to ensure documentation of incidents in order to identify and address potential problems.

It is important to note that clients of the SSP are subject to all applicable laws regarding drug use, possession, or abuse. Being a client of the SSP does not provide protection from arrest or prosecution for violation of drug laws.
Section 10

Evaluation and Monitoring

As the effectiveness of SSPs has already been established through scientific evaluations, the main goal of monitoring local SSPs is to assess whether a program is operating in conformity to its design, reaching its specific target population and achieving anticipated implementation goals. \(^\text{x}\) Furthermore, national experts recommend that the data collection burden on both SSPs and IDUs should be minimized to capture only essential information regarding the services provided/received and oriented strictly to SSP program evaluation. Moreover, data collection should never interfere with IDU participation or SSP operation.

The DOH will use the SSP database developed by Indiana State Department of Health (ISDH).

Process monitoring indicators:

- Clients served (total number, age, sex, race, ethnicity, employment status)
- Number of syringes returned
- Total number of syringes provided
- Number of hours open per week for syringe exchange
- Number of HIV tests provided
- Number HIV positive clients
- Number of HCV antibody tests provided
- Number of clients positive for HCV antibodies
- Number of referrals for substance abuse treatment
- Referrals to Mental Health/Addiction
- Number of Tuberculosis tests provided
- Number of flu vaccines provided
- Number of hepatitis A vaccination doses provided
- Number of hepatitis B vaccination doses provided
- Number of skin infections identified
- Number of Narcan administrations

The HIV/STD Prevention Director will be responsible for ensuring monthly, quarterly and annual reports of the above data have been developed by the SSP Staff and will provide this report to:

- Health Commissioner
- Department Administrator
- Executive Board of Health (at scheduled board meetings)
- The SSP Advisory Board
- Public Officials as requested
In addition, in compliance with state law, a quarterly report will be filed with ISDH and will include the following information:

- The zip code of the location of the SSP
- The number of individuals served
- The number of syringes and needles collected
- The number of syringes and needles distributed
- Other information as requested by ISDH
Section 11

Funding

STAFFING: Existing staff, funding from local and private foundations, and state allowed grants (or other grants), will be utilized to provide SSP services. We will also continue to monitor and apply for local and national funding.

SUPPLIES: The Fort Wayne-Allen County Department of Health in cooperation with the Positive Resource Connection will work together to apply for any applicable grants that may be able to provide supplies for this purpose. If grants are unable to be secured, it is likely that donation funding will be utilized as much as possible to purchase needed supplies. We will also continue to monitor and apply for local and national funding.

SITE: The Department constructed a facility in 2018 which is used for specialty services. One such service provided at this site is the Syringe Services Program (SSP). This building is located on the Department’s Medical Campus, behind the Medical Annex building, and has the address of 4817 New Haven Avenue.

WASTE DISPOSAL: The items for disposal from this site will be added to the larger amount already disposed at the DOH’s Medical Annex site.
Appendix A
Mental Health Screening Tools

**PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)**

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use ‘0’ to indicate your answer)

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**PREFERENCE CODING:** + 1 + 2 + 3 + 4 = **Total Score:**

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Developed by Em. Robert L. Spitzer, Janet B W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.
## GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "x" to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*(For office coding: Total Score = ____ + ____ + ____ + ____)*

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.
**Interpretation of PHQ9 and GAD7**

**PHQ 9 and GAD 7 Screening Tools**

- Review **PHQ 9** score;
- If score is between 5 and 9; add mild depression to impression and repeat PHQ 9 on next visit
- If score between 9 and 15; recommend counseling and provide referral.
- If score 20 or greater, Director of HIV/STD Prevention Services or Health Commissioner
- Review **GAD 7** score;
- If score is between 5 and 9; add mild anxiety to impression and repeat GAD 7 on next visit
- If score between 9 and 15; recommend counseling and provide referral.
- If score 15 or greater, Director of Clinical Services
- If patient expresses suicidal ideation with score of any level; notify Director of Clinical Services
CAGE-AID

The CAGE-AID should be preceded by these two questions;

1. Do you drink alcohol?
2. Have you ever experimented with drugs?

If the patient only drinks alcohol, then ask the CAGE questions. If the patient has experimented with drugs, ask the CAGE-AID questions.

Cut Down: 1. Have you ever felt you ought to cut down on your drinking or drug use?

Annoyed: 2. Have people annoyed you by criticizing your drinking or drug use?

Guilty: 3. Have you ever felt bad or guilty about your drinking or drug use?

Eye Opener: 4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?
CAGE-AID

Purpose and Evidence

Purpose: The Cage-AID (Adapted to Include Drugs) is a version of the CAGE alcohol screening questionnaire, adapted to include drug use. It assesses likelihood and severity of alcohol and drug abuse.

Target Population: Adults and adolescents

Evidence: a) easy to administer, with good sensitivity and specificity (Leonardson et al. 2005) b) More sensitive than original CAGE questionnaire for substance abuse (Brown and Rounds 1995) c) Less biased in term of education, income, and sex then the original CAGE questionnaire (Brown and Rounds 1995).

Test Features:

Estimated time: brief, approximately 1 minute to administer and score

Length: 4 items

Administered by: Patient interview or Self-Report

Scoring and interpretation: Of the 4 items, one or more positive responses (a “yes” answer) is considered a positive screen, and substance use should be further addressed with the patient.
Appendix B

Fort Wayne-Allen County Department of Health

Standing Orders for Naloxone Administration

Naloxone Overview

Naloxone is indicated for the reversal of respiratory depression or unresponsiveness caused by an opioid overdose. It may be delivered intranasally with the use of a mucosal atomizer device or intramuscularly with use of a needle.

Directions for Use

Directions for administration of nasal Naloxone: Administer nasal Naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Call 911
2. Pop off two yellow caps from the delivery syringe and one red cap from the Naloxone vial.
3. Screw the Naloxone vial gently into the delivery syringe.
4. Screw the mucosal atomizer device onto the top of the syringe.
5. Spray half (1ml) of the Naloxone in one nostril and the other half (1ml) in the other nostril.
6. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
7. Do not administer nasal Naloxone to a person with known hypersensitivity to Naloxone.

The patient who has satisfactorily responded to Naloxone should be kept under continued surveillance and repeated doses of Naloxone should be administered, as necessary, since the duration of action of some opioids may exceed that of Naloxone.

If an incomplete response occurs, respirations should be mechanically assisted as clinically indicated.

Drug Contraindications:

Naloxone is contraindicated in patients known to be hypersensitive to naloxone hydrochloride or to any of the other ingredients in Naloxone.

Warnings:
**Respiratory Depression due to Other Drugs**

Naloxone is not effective against respiratory depression due to non-opioid drugs and in the management of acute toxicity caused by levopropoxyphene. Reversal of respiratory depression by partial agonists or mixed agonist/antagonists, such as buprenorphine and pentazocine, may be incomplete or require higher doses of naloxone.

**Precautions:**

*General*

In addition to Naloxone, other resuscitative measures such as maintenance of a free airway, artificial ventilation, cardiac massage, and vasopressor agents should be available and employed when necessary to counteract acute opioid poisoning.

*Drug Interactions*

Large doses of Naloxone are required to antagonize buprenorphine since the latter has a long duration of action due to its slow rate of binding and subsequent slow dissociation from the opioid receptor. Buprenorphine antagonism is characterized by a gradual onset of the reversal effects and a decreased duration of action of the normally prolonged respiratory depression.

**Adverse Reactions:**

*Withdrawal Symptoms in Patients with Opioid Dependence:*

Abrupt reversal of opioid effects in persons who are physically dependent on opioids may precipitate an acute withdrawal syndrome which may include, but is not limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, piloerection, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, tachycardia.

**Drug Abuse and Dependence:**

Naloxone is an opioid antagonist. Physical dependence associated with the use of Naloxone has not been reported.

Tolerance to the opioid antagonist effect of Naloxone is not known to occur.

Naloxone can neither be abused nor cause overdose. Hypersensitivity (rash, worsening difficulty breathing, anxiety) is very rare.
NASAL NALOXONE RESCUE KITS contain the following at a minimum:

• Two 2 mL Luer-Jet luer-lock syringes prefilled with Naloxone (concentration 1mg/mL)

• Two mucosal atomization devices

• Graphic instructions for Naloxone administration.

___________________________________________________________________________    __________

Physician’s Signature and License No.                        Date

___________________________________________________________________________    __________

Physician’s Name (print)                        Order Expiration Date*
Appendix C

Syringe Exchange Program ~ Participant Visit Record

Visit date: __/__/____

Participant Code [first visit = 1st and 3rd of first and last name, month and decade of birth, gender code OR scramble ID]:

First Visit ONLY:
Gender (circle): M F T
Race (circle): W B A O U
Ethnicity (circle): H N H
Sexual Orientation (circle): Heterosexual Homosexual Bisexual Unknown Did Not Respond

Participant County of Residence: __________ Site Type (circle): Mobile Storefront

Substance Use in the Past Month (circle):

<table>
<thead>
<tr>
<th>Drug</th>
<th>Type</th>
<th>Frequency</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>White</td>
<td>Weekly</td>
<td>Inject, Sniff, Oral</td>
</tr>
<tr>
<td>Opana</td>
<td>Mg</td>
<td>Daily</td>
<td>Inject, Sniff, Smoke Oral</td>
</tr>
<tr>
<td>Other Opioid</td>
<td></td>
<td>Weekly</td>
<td>Inject, Sniff, Smoke Oral</td>
</tr>
<tr>
<td>Stimulants</td>
<td></td>
<td>Weekly</td>
<td>Inject, Sniff, Smoke Oral</td>
</tr>
<tr>
<td>Marijuana/Cannabis</td>
<td>N/A</td>
<td>Monthly</td>
<td>Inject, Sniff, Smoke Oral</td>
</tr>
<tr>
<td>Crack or Cocaine</td>
<td>N/A</td>
<td>Monthly</td>
<td>Inject, Sniff, Smoke Oral</td>
</tr>
<tr>
<td>Sedatives</td>
<td>N/A</td>
<td>Monthly</td>
<td>Inject, Oral</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Weekly</td>
<td>Inject, Sniff, Smoke Oral</td>
</tr>
</tbody>
</table>

# of Sharps Containers Returned: _________  Estimated Number of Syringes Returned
Number of Syringes Given
Maximum Injections Daily
Number of Times Syringe Used for Injection

Shares Syringes to Inject (circle): Y N  Shares Syringes to Divide Drugs: Y N  Shares Works: Y N

Uses a condom (circle): Y N US  Identifies as HIV Positive (circle): Y N US
Identifies as HCV Positive (circle): Y N US
If they identified as HCV or HIV Positive, did you counsel them on not sharing needles/works specifically as well as discuss care as appropriate? Y N
Ever Tested for (circle for yes): HIV  HCV  Date of Last HIV Test: _______
Identified As Taking HIV Medication (circle): Y N N/A  Receiving HIV Care (circle): Y N N/A
Ever Received HAV/HBV Vaccination (circle): Y N

Provided Risk Reduction Counseling (circle): Y N

Substance Abuse Treatment Readiness (circle):
No Interest → Long Term Interest → Short Term Interest → Immediate → In Tx/Tapering Use

Housing Status (circle): Homeless Family/Friends Shelter/Halfway House Rents Owns Unspecified

Other Services Provided/Referrals Completed:
- RN visit
- Wound Care
- Hiv Nav
- HIV/HCV testing
- SA Tx Svcs
- Other: __________
- HARSHMIP USED: ________ NOTES: ________
- Client Received Naloxone/Narcan (Qty: ____)  Client stated use of a Narcan Kit: **

**NOTES: If a client indicates they used one of the Narcan kits given to them at this SSE, please note the date used if known and any other information above.
This document will be amended from time-to-time as needed to stay current.