

**NEW YORK STATE DEPT. OF HEALTH  
AIDS INSTITUTE**

**POLICIES AND PROCEDURES**

**SYRINGE AND  
NEEDLE EXCHANGE PROGRAMS**

*April, 2007*

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## **SYRINGE EXCHANGE PROGRAM POLICIES AND PROCEDURES**

Section 80.135 of Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Authorization to Conduct Hypodermic Syringe and Needle Exchange Programs, requires that all organizations approved by the State Health Commissioner to conduct syringe exchange programs (SEPs) in New York State must develop and adhere to policies and procedures approved by the New York State Department of Health AIDS Institute.

The following policies and procedures have been developed for use as *guidelines* by approved programs in developing their own policies and procedures documents, and to ensure that organizations engaged in hypodermic needle and syringe exchange programs in New York are in compliance with the State regulations governing the operation of such programs. The policies and procedures contained within these guidelines will serve to clarify the requirements as promulgated in the regulations and to assist syringe exchange programs in the safe and responsible performance of this HIV/AIDS prevention intervention.

It is strongly recommended that a separate page be used for each specific policy and related procedures to facilitate updates and revisions to the document. The Policies and Procedures should be written in the following format:

Subject of policy:

Policy:

Procedures - steps taken to carry out the aforementioned policy:

1a:

1b:

1c:

## 1. TRAINING FOR SEP STAFF AND VOLUNTEERS

Policy: All Syringe Exchange Program (SEP) staff, peers and volunteers who collect or furnish syringes, male or female condoms, bleach kits and/or other harm reduction prevention materials to participants of the syringe exchange program must complete a proper course of training *as appropriate to their level of involvement in program activities*.

Procedures: Mandated trainings shall be provided by various entities as approved by the New York State Department of Health. Staff of the AIDS Institute's Harm Reduction Unit will arrange and facilitate training provided by the New York State Department of Health, and identify and approve training provided by other sources.

### A. **Mandated trainings on the following topics must be provided by the SEP to SEP staff, peers, and volunteers prior to their work in SEP operations. The topics to be covered include:**

- 1a. Orientation to the agency's array of services, eligibility requirements per program and contact numbers/persons.
  - 1b. Overview of harm reduction philosophy and the harm reduction model employed by the syringe exchange program;
  - 1c. New York State syringe exchange regulations (Section 80.135 of Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Authorization to Conduct Hypodermic Syringe and Needle Exchange Programs);
  - 1d. New York State Department of Health approved policies and procedures to operate syringe exchange programs including furnishing and collecting syringes, procedures contained in this document for handling potentially infectious injection equipment, waste disposal, and the prevention and handling of needlestick injuries;
  - 1e. Procedures to ensure that syringes are properly secured and that their handling and disposal is safeguarded and in accordance with State law and regulations;
  - 1f. Procedures for making referrals to other services, including primary care, detox and drug treatment, HIV counseling and testing, prenatal care, tuberculosis screening and treatment, screening and treatment for sexually transmitted diseases, and other HIV support and social services;
  - 1g. Methods of outreach to engage target populations in program activities;
  - 1h. Hierarchy of risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors;
  - 1i. Education and demonstration regarding safer injection practices, including techniques for disinfecting injection equipment, rotation of injection sites and the use of alcohol pads to disinfect injection sites;
  - 1j. Cultural diversity including sensitivity to race/ethnicity, gender identity, sexual orientation, literacy, socio-economic status and employment status.
- 2a. Each agency must have at least one staff person assigned as the designated trainer to conduct "in-house" trainings. The trainer's credentials must be submitted to the AIDS Institute for review.
  - 2b. Each agency must maintain training logs and attendance sheets for all trainings provided to SEP staff, peers and volunteers. The training log must include the name of the training and trainer, date, location and agenda/topics covered. The attendance sheet must record the names of all staff, peers and volunteers who received the training, date and agenda/topics. A copy of the attendance sheet or a certificate of completion must be maintained in the personnel/training record for each SEP staff, peer and volunteer.

### B. **Mandated training topics including the following must be provided to SEP staff, peers and volunteers by the NYS Dept. of Health or other approved sources prior to their conducting of syringe exchange. Training topics include:**

- 1a. Needlestick Injury Prevention and Management includes in-depth training on the procedures for handling potentially infectious injection equipment, disposal of hazardous waste, the prevention and handling of needlestick injuries, and control of exposure to bloodborne pathogens, including HIV and Hepatitis A, B, C and accident reporting procedures;
- 1b. Information about Hepatitis A and B screening, vaccination, treatment. Agency needs to have the contact numbers/persons for providers of these services;
- 1c. Information about Hepatitis C screening and treatment. Agency needs to have the contact numbers/persons for providers of these services;
- 1d.. Basic overview of HIV disease, including modes of transmission, prevention, spectrum of illness, opportunistic infections, medications/treatment and treatment adherence;
- 1e. Specific, training on tuberculosis transmission, prevention, spectrum of illness, and prophylactic treatments and treatment for active disease; and
- 1f. Overview of other diseases prevalent in substance using populations, including sexually transmitted infections (STIs), endocarditis and abscesses; including infection control precautions for syringe exchange program staff and volunteers.
- 1g. Law Enforcement training including an overview of NYSDOH Syringe Access Initiatives, training/education of law enforcement, what clients should do when stopped by police etc.

**C. Recommended trainings to be provided to SEP staff, peers, and/or volunteers by other sources.** Training topics include:

- 1a. Addiction and recovery processes, including relapse and relapse prevention, with additional training/support on relapse prevention for SEP staff and volunteers who are former or recovering substance users. This training may be provided by other available sources outside the program, such as consultants, substance abuse treatment providers, the New York State Office of Alcoholism and Substance Abuse Services (OASAS), etc.
- 1b. Behavioral Interventions including Stages of Change, Harm Reduction, Safety Counts, SISTA etc. and integration of these strategies into educational and support sessions.
- 1c. Enhanced outreach including motivational interviewing, client recruitment, program promotion.
- 1d. Data collection and evaluation including the use of AIDS Institute mandate data collection systems and software, process and outcome evaluation and client satisfaction surveys.
- 1e. Interpersonal skills development including how to work with difficult people, active substance users, setting boundaries.
- 1f. Communication skills both verbal and written and presentation skills.
- 1g. Skills building related to safer sex and safer injection education and skills building.

**D. Trainings may be provided by sources outside of the program as approved by NYSDOH:** Training topics listed in Sections B and C above may be provided by the following sources when approved by the Department of Health:

1. Staff of approved syringe exchange programs;
2. Community-based agencies providing HIV/AIDS services;
3. New York State and New York City Departments of Health;
4. Hunter College Center on AIDS, Drugs and Community Health;
5. Consultants; and
6. Other training sources approved by the New York State Department of Health.

## 2. STAFF SECURITY AND SAFETY

Policy: All SEP staff, peers, and volunteers must observe proper safety and security precautions during syringe exchange program operations.

Procedures: All SEP staff who are present during syringe exchange operations must attend a Needlestick Injury Prevention and Management training prior to participating in SEP operations. Training topics include procedures for handling potentially infectious injection equipment, waste disposal procedures, and the prevention and management of needlestick injuries.

A. **Prevention of Needlestick Injuries:** To prevent needlestick injuries to agency personnel and participants, the following procedures must always be followed:

- 1a. SEP staff, peers, volunteers and participants must be educated regarding safety precautions for carrying and handling of syringes and other “sharps”, with emphases on the agency's safety policies and procedures during visits to the exchange.
- 1b. Participants should be instructed to recap all their own used syringes. If caps are not available, participants should be urged to cover used needles with cigarette filters, corks, or other similar protective materials. SEP staff, peers, volunteers and participants should be instructed never to recap syringes used by anyone else.
- 1c. If necessary, SEP staff, peers and volunteers should remind participants not to crowd the exchange area(s).
- 1d. Areas where SEP operations are conducted should have adequate lighting.
- 1e. Staff, peers and volunteers conducting exchange operations must never handle or touch used injection equipment.
- 1f. All used injection equipment collected by the program must be placed in approved leak-proof, rigid, puncture-resistant containers ("sharps" containers). Used containers must be conspicuously labeled by the SEP as "Contains Sharps".
- 1g. During syringe exchange program transactions, sharps containers should be placed between the participants and staff/volunteers.
- 1h. SEP personnel should never hold the sharps container during an exchange; the container should be placed on a secure table or on the ground and should be kept level at all times.
- 1i.. Any injection equipment that falls outside of the sharps container should be retrieved by the participant and placed in the sharps container. If this is not possible, program staff/peers/volunteers should use tongs to retrieve used injection equipment that falls outside the container.
- 1j. ***Hazardous waste (“sharps”) containers should NEVER be filled beyond the manufacturer's fill line; the container should never be more than 3/4 full.***
- 1k. SEP staff/peers/volunteers/participants should be instructed never to insert their hands into the sharps container or to forcibly push used injection equipment down into the container beyond the opening at the top.
- 1l. Each SEP site must have the following safety equipment on-site during exchange operations: puncture-resistant utility gloves, bleach, and forceps or tongs; all of which could be used in the event of a container spill.
- 1m. Program staff/peers/volunteers are encouraged to wear puncture-resistant utility gloves at all times when opening, sealing, or handling “sharps” containers.
- 1n. All project staff and volunteers at the exchange site should be encouraged to wear protective clothing, including long pants and closed footwear to have limbs protected against possible needlesticks.
- 1o. All SEP staff/peers/volunteers involved in the transport of hazardous waste must receive appropriate training in handling and disposal procedures and only staff/volunteers receiving such training are authorized to transport waste.
- 1p. “Sharps” containers must be properly sealed and placed in leakproof, disposable cartons with lids that close securely. These cartons must be conspicuously labeled "infectious waste".

**B. Handling Needlestick Injuries.** In the event of a needlestick or other occupational exposure, the following protocol should be followed:

1. Each agency must designate a Needlestick Manager for the exchange site who will be present during SEP operations and responsible for 1) handling and assisting injured staff/peers/volunteers/participants; and 2) following the procedures for accident reporting.
2. Injured staff/peers/volunteers/participants must report incidents immediately to the designated person at the exchange site.
3. The agency's Needlestick Manager should immediately notify the ranking supervisor. The injured person should seek emergency room care preferably within 3 hours of the needlestick but not more than 24 hours after the occurrence. If assistance is needed in securing immediate emergency care, SEP personnel should call the Office of the Medical Director's cell phone and either seek assistance from the respondent or leave a message. If OMD does not respond within 15 minutes, another call should be placed to the cell phone number.
  - a. Telephone 1-212-417-4536 (Monday-Friday 9:00 am - 5:00 pm) or 1-646-267-0644 (during all other hours) and describe the situation and difficulties being experienced in securing care to the on-call physician or nurse on-call or leave a message for the on-call staff.
  - b. The message should state that there has been a "Needlestick Injury at (SEP name). Leave the name and phone number of person to call back. If you do not receive a response within 15 minutes, call the OMD phone number again. You may leave additional information, such as an alternate phone number. Be sure to speak clearly to ensure that an accurate message is delivered and can be responded to by OMD.
  - c. In the emergency care site, the injured person should be offered counseling and testing for HIV, Hepatitis B and C, and other blood-borne pathogens.
4. Once the emergency is management, the ranking supervisor (see # 3) should inform the AIDS Institute of the needlestick within 24 hours.
5. A "SEP Exposure Incident Report" form (see sample attached) must be prepared immediately and submitted to the AIDS Institute within twenty-four (24) hours of the occurrence. Agencies must retain copies of all SEP Exposure Incident Reports.

### **3. COMMUNITY RELATIONS**

**Policy:** Each syringe exchange program must have a Community Advisory Board (CAB) that is representative of the community and geographic areas the program serves. The function of the Advisory Board is to enlist support for and to further the integration of program services within the community and provide a forum for community input and for resolving potential problems.

**Procedures:** The following procedures will be used to establish a Community Advisory Board.

#### **A. Formation of a Community Advisory Board.**

- 1a. At the program's option, it may establish a separate body to serve this function or it may utilize an existing advisory body provided that the necessary representation is maintained.
- 1b. Recruitment of representatives from the following types of entities should be conducted for inclusion on the advisory board: community residents; program participants; community-based organizations within the area; and professionals in the fields of substance use, syringe exchange, harm reduction, law, medicine, religion, and other relevant disciplines as appropriate.
- 1c. A list of the members of the Community Advisory Board and a description of the board's mission and functions must be furnished to the AIDS Institute.

#### **B. Other Advisory Boards.**

- 1a. SEPs need to establish a Users' Advisory Board made up of program participants and other substance users to provide input and guidance on program policies and operations.
- 1b. If the agency is unable to identify program participants who are willing to serve on the User's Advisory Board, semi-annual or quarterly focus groups may be convened to elicit input from users and members of their social networks.

#### **4. COMMUNITY AND LAW ENFORCEMENT CONCERNS**

**Policy:** Incidents involving the syringe exchange program, including community objections or concerns about programs, law enforcement episodes, violence at program sites, and potential legal action against the program, must be reported, addressed and documented by agency staff.

**Procedures:** Agency staff will adhere to the following process when addressing or reporting community or law enforcement concerns.

##### **A. Reporting, addressing, and documenting community or law enforcement concerns**

- 1a. Incidents related to the SEP and community or law enforcement concerns must be reported, verbally or in writing, immediately to the agency's executive management and to the AIDS Institute/Harm Reduction Unit as soon as possible but no later than 24 hours from the time of the occurrence. Written incident reports must be submitted using the Incident Report Forms provided by the AIDS Institute. These forms must be forwarded to the Institute as soon as possible but no later than within twenty-four (24) hours of occurrence. The purpose of these reports is to ensure that documentation of incidents exists in order to identify and address potential problems that may have an adverse impact on the provision of services.
- 1b. All subsequent action taken by the agency to address the community or law enforcement concern must be reported to the AIDS Institute.
- 1c. SEP staff have the option of contacting the AI/Harm Reduction Unit's Coordinator of Community Relations, Education and Training to develop and implement strategies for addressing the aforementioned incidents. Discussions will include possible resolutions, including target/level/type of intervention, SEP and/or AI/HRU's responsibilities for implementing proposed strategies and time tables for follow-up discussions and further activities. Interventions may include presentations to Community Boards, community groups, civic associations, business development organizations and law enforcement (police executive management, precinct commanders, training officers, police recruits, specialized police task forces/units, or roll calls).

## 5. DETERMINING PROGRAM ELIGIBILITY

Policy: Individuals requesting syringe exchange will be screened for, and must meet, program eligibility criteria, to be enrolled in SEP services.

Procedures: SEP staff will use the following screening process for program eligibility.

- A.** On the individual's first visit to the syringe exchange, trained SEP staff/peers/volunteers will perform a low threshold screening/assessment to determine program eligibility. SEP Screening should include information regarding:
- 1) type of substances/drugs being used;
  - 2) route of administration/description of individual's injection practices;
  - 3) number of years individual has been injecting drugs and
  - 4) other appropriate information needed to make an eligibility determination.

This assessment shall be done prior to enrolling a person in the SEP and issuing an identification card.

- B.** Indigent insulin injectors may be enrolled in syringe exchange if :
- 1) individual does not have private insurance or Medicaid to pay for syringes;
  - 2) private insurance or Medicaid will not supply a sufficient number of syringes for the individual to have a new, sterile syringe for each injection; and
  - 3) special circumstances exist which do not allow the individual to have a new, sterile syringe for every injection.

## **6. ASSESSMENT AND SERVICE REFERRAL FOR INJECTION DRUG USERS UNDER 18 YEARS OF AGE**

**Policy:** A special assessment will be conducted for drug users under 18 years of age who request enrollment in the syringe exchange program.

**Procedures:** The following describes the special assessment process for enrolling drug users under 18 years of age.

- A.** In cases where a prospective participant is under the age of 18, program staff/peer/volunteer will perform an individual assessment that elicits information on the individual's:
1. Drug using history; frequency of use; type of drugs used; routes of administration;
  2. Housing status: stable place to stay; living with friends; "business" housing; homeless;
  3. Nutritional status: has regular source of meals; has meals in soup kitchens or at special programs; no regular meals;
  3. Support Systems: family composition, connectedness to family members; contact person (if acceptable to potential client) and level of support;
  4. Financial status: independent - means of financial support; benefits; insurance (private or Medicaid); panhandles in street/subway;
  5. Educational status: literacy level; school status; need for GED;
  6. Medical status: need for medical intervention; HIV status; HCV status; chronic conditions; medication history/access to medications
  7. Drug treatment history/preferences: previous treatment episodes, if any, preferences for referrals.

SEP staff may need more than one assessment session with minors as the youth may need to develop a trust and relationship prior to disclosure of personal information.

- B.** Program staff/peer/volunteer must offer referrals for needed services including: substance use treatment, health care, housing, etc., as needed. SEP personnel are responsible for following up on referrals with participants. Note: Although SEP personnel are responsible for making appropriate referrals, participants are not required to accept them.
- C.** Staff should continue to make referrals at subsequent visits, if initial offers for referral(s) are declined.
- D.** Young participants should be encouraged to participate in behavioral interventions and skills building counseling related to safer injection, safer sex and asset development.

## 7. ENROLLMENT PROCEDURES

Policy: All syringe exchange participants are issued a SEP identification card with the clients' personnel unique identifier.

Procedures: SEP staff/peers/volunteers issue SEP identification cards with unique identifiers as described below.

### A. Issuing Participant Identification Cards.

- 1a. Each individual who meets program eligibility criteria and is enrolled in the SEP must be issued an identification card and assigned an unique I.D. code. If a participant refuses to accept his/her identification card, SEP staff must advise the individual of the possible legal consequences of possessing syringes without the ability to demonstrate that they participate in an authorized SEP).
- 1b. The SEP will order identification cards from NYSDOH's authorized supplier. The card will contain the name and address of the main agency site, contact telephone number for NYSDOH/AI/HRU (for business hours) and a 24 hour emergency telephone number for the agency's SEP program. The back side of the card will contain references to the Public Health Law that authorizes SEP and numbers for NYPD's SEP/ESAP Operations Orders.
- 1c. The unique identifier on the ID Card is created using the instructions and formula for I.D. codes. An anonymous unique identifier ("I.D. code") is created for each participant. The anonymous unique identifier that is created must be recorded at enrollment and used during subsequent exchange transactions to collect program utilization information.
- 1d. The formula for constructing the I.D. code must be used consistently when creating unique identifiers. ID codes may vary from agency to agency, but all unique identifiers within an agency should consist of a combination of letters and numbers usually representing the participant's initials, mother's maiden name, year/day of birth, race/ethnicity, gender and other characteristics as dictated by the agency in its waiver application. However constructed, the I.D. code should be easily replicable by the program participant for identification purposes in cases when the ID card is lost or when involved with law enforcement.

### B. Obtaining and Recording Participant Information.

- 1a. At an individual's first visit to the syringe exchange, trained program staff/peer/volunteers will request and record the information/characteristics that are needed for the creation of the unique identifier (year/date of birth, age, race/ethnicity, and gender of the enrollee).
- 1b. No corresponding record should be kept that may be used to identify the participant via his/her anonymous unique identifier.
- 1c. Law enforcement entities requesting information on specific participants based on his/her ID card code, may be given the basic demographic information contained in the code as well as the participant's initials or other identifying letters. If the SEP has the name, address or other contact information for the participant, it should not be revealed under ordinary circumstances without written consent of the participant. Exceptions may include requests for identification in cases involving a fatality (OD or accident and law enforcement are trying to identify the deceased and/or next of kin). For these types of situations, agency's release of specific identifying information, if available, is at the discretion of the agency.

### C. Definition of an Enrolled Program Participant.

- 1a. A program participant is defined as a person who has met the program's eligibility criteria and has been issued a SEP identification card with a unique program identification code.

## 8. DISTRIBUTION AND COLLECTION OF SYRINGES

**Policy:** Syringes will be furnished and collected according to the agency's protocols as described in the its authorized SEP waiver application or as subsequently revised and approved by NYSDOH.

**Procedures:** The following describes the process to be used to furnish and collect syringes through the agency's syringe exchange program:

### A. Syringe Exchange Protocol.

- 1a. The goal of syringe exchange programs is to furnish new, sterile syringes to enrolled participants to enable those individuals to use a new sterile syringe for every injection.
- 1b. The number of syringes that may be furnished at initial and subsequent syringe exchange transactions must conform with the approved number of syringes in the agency's SEP waiver application or subsequent approved request to issue a revised number of syringes.
- 1c. SEP staff must justify all syringe exchange transactions in which the number of syringes that are issued, either during the initial or subsequent syringe exchange transactions, is greater than the number of syringes the agency is approved to furnish. Documentation of all such transactions must be included on the transaction log for the specific transaction.
- 1d. SEPs may submit a request to the AIDS Institute's Harm Reduction Unit to change the number of syringes issued at initial or subsequent visits. The letter of request must contain the information/justification for the change(s) as outlined in AI/HRU's "Syringe Exchange Protocols - Request to Change the Number of Initial and/or Additional Syringes and the Cap on Syringes".

### B. Syringes Issued at the Initial Visit:

- 1a. The number of syringes that are furnished at the initial visit/enrollment must reflect the number authorized in the agency's SEP waiver application or subsequent approved request to change the number of syringes that may be furnished at the initial transaction.
- 1b. The number of syringes that the SEP requests to furnish at an initial encounter, whether in the original SEP waiver application or subsequent request to change the number of initial syringe furnished, should be based upon:
  - a) frequency, days and hours of SEP operations at each exchange site;
  - b) drug of choice of the majority of participants (e.g. cocaine injectors will use more syringes than heroin injectors if they use a new, sterile syringe for each shot)
  - c) frequency of participants' visits (distance to travel to SEP; cost of travel to SEP, intensity of law enforcement's activities around the SEP site);
  - d) characteristics of participants (employed, homeless, employed, student, caretakers, etc.)

### C. Initial Encounter.

- 1a. A new enrollee may be provided up to the number of syringes dictated by the SEP's authorized waiver or subsequent request to change the number of initial syringes. If there are extenuating circumstances, and additional syringes need to be furnished, the senior SEP staff person present should make a determination regarding this exception to protocol. (See section on Contingency Contracting). Justification for the number of syringes that are issued must be included in the transaction log.
- 1b. Each participant is offered harm reduction supplies including: cotton, alcohol pads, male and female condoms, dental dams, caps, band-aids, individualized or 1 quart sharps container when available, bleach bottles, water bottle, paper or plastic bags, other supplies as available, and educational materials.

- 1c. Distribution of harm reduction supplies should be accompanied by demonstrations and/or explanations regarding the use of the supplies, especially for male and female condoms, dental dams and bleach kits.
- 1d. Education on HIV and Hepatitis A- C prevention, safer sex, and safer injection techniques should be provided at each encounter. A participant should be encouraged to participate in individually and group delivered behavioral interventions and skills building activities. Although enrollees are offered services in addition to SE, they are under no obligation to participate in them.
- 1e. New enrollees are instructed to return all used syringes at the next visit to the SEP .
- 1f. Instructions for safe disposal of syringes should be provided to all participants, especially those who indicate they may not be able to return syringes because of special circumstances (increase scrutiny by law enforcement, homelessness, residence has small children, etc.) Safe disposal of syringes includes:
  - a) Hospital and nursing homes residential sharps programs: NYS law mandates that Article 28 facilities (hospitals and nursing homes) must accept used “sharps ” (syringes, lancets etc.) from NYS residents. Participants need to be informed of the procedure to dispose of “sharps”in Article 28 facilities.
    - 1) Used “sharps” must be placed in a puncture resistant, screw top, container (detergent, soda or bleach bottle). Glass and coffee cans will not be accepted. The puncture resistant container must be closed and sealed with tape. The container must be labeled “contains sharps”. Participants should be given a list of the locations and hours of local hospitals and nursing homes’ residential sharps programs. “Sharps” collection sites may be located in the lobby, parking lot, endocrine clinic or other location within the Article 28. Participants should report any difficulties they encounter in disposing of syringes in this way to SEP staff. SEP staff should report the problem to the AIDS Institute/ESAP or SEP staff.
  - b) Used “sharps” may be packaged as in the previous item (1f,a,1) and disposed of in household garbage. The puncture resistant container must be sealed and labeled (contains “sharps”) prior to discarding in household trash. Containers full of used “sharps” should never be placed with items being recycled.
  - c) Participants should be instructed to return used sharps to the syringe exchange program. They should be informed that used syringes should be returned to the SEP whether or not they were furnished by the SEP. Participants should also be made aware that, SEP transactions include one-for-one exchange for used syringes that are collected at the time of syringe exchange and possible “additional” syringes to enable users to reach the number of syringes they need to have a new, sterile syringe for each injection.
  - d) A number of community based organizations and pharmacies have kiosks for the disposal of used syringes. The AIDS Institute has provided those community based organizations and pharmacies that have expressed concern about inappropriate syringe disposal with syringe disposal kiosks. The SEP should provide participants with a list of the local CBOs and pharmacies that have kiosks and the facilities’ hours of operation. Kiosks may be located in the lobby, parking lot, or other site at the CBO or pharmacy.
  - e) Disposal in personal sharps containers (Fitpacks, or 1 quart sharps containers). The Fitpacks and FDA approved sharps containers may be discarded as indicated in section (1f,a,1)

f) Enrollees should be educated about improper disposal of syringes and encouraged to discontinue those practices. Inappropriate syringe disposal may include: disposal on the street or other public venues where the participant used the syringe; disposal of individual or many used syringes in household or other trash without a sealed and labeled puncture resistant container; in the toilet.

g) Many substance users think that syringes are discarded safely if the needle is broken off and thrown in the garbage separate from the barrel of the syringe. It is important to educate participants that throwing needle that are separated from the syringe barrel in the trash exposes municipal workers (sanitation) to needlestick injury. If SEP participants are in the habit of discarding syringes in this manner, they should be encouraged to remove the plunger from the barrel of the used syringe, place the needle in the barrel and replace the plunger. This will reduce the threat of needlestick injury to others.

#### **D) Second Encounter**

1a. At the second encounter, SEP staff/peer/volunteer will dispense one syringe for each syringe returned, plus additional syringes up to the agency's approved number of additional syringes. The "additional" concept is designed to:

- a) Incrementally raise the number of syringes provided to assist the participant in getting the number of syringes needed to have a new, sterile one for every injection;
- b) Establish a relationship with the participant based on trust;
- c) Empower participants to take responsibility for their own harm reduction behavior.

1b. The individual is instructed to return all of the used syringes at the next encounter for a one-for-one exchange plus "additional" syringes until the agency cap is reached, after which it is solely a one-for-one exchange.

1c. SEP personnel may negotiate the furnishing of more syringes than the one-for-one plus additional syringe approved amount when participants require more syringes than they are historically given or there are extenuating circumstances. This ensures participants have the a new, sterile syringe for each injection. This "contingency contracting" (see next section) is justified and documented on the transaction log.

#### **E) Subsequent Encounters**

1a. At subsequent encounters, the number of syringes exchanged is one-for-one plus "additional" syringes until the participant reaches the "internal cap". When the amount of returned syringes exceed the "internal" cap, exchanges will be made on a one-for-one basis. Program staff/peers/volunteers need to work with participants to determine the number of syringes each person needs based on each participant's individual drug use (type of drug(s) used, frequency of injection, frequency of visits to the exchange, special circumstances - police confiscation of syringes, homelessness, fear of arrest, etc.).

1b. Participants are instructed to return all used syringes when going to the SEP.

## **9. CONTINGENCY CONTRACTING:**

**Policy:** SEP staff may engage in contingency contracting with participants in order to furnish the number of syringes a participant needs to have a new, sterile syringe for each injection.

**Procedure:** When SEP personnel engage with participants in contingency contracting the following process must be followed.

### **A. Process to follow when a SEP participant does not return any syringes:**

- 1a. SEP staff/peers/volunteers will utilize "contingency contracting" with participants to ensure that the individual has a new, sterile syringe for every injection. Participants will be encouraged to regularly return used syringes or dispose of them safely if returning syringes is not a viable option.
- 1b. Participants who have not returned any used syringes to the SEP may be provided with up to the approved initial number of syringes.
- 1c. Under special circumstances, such as theft, confiscation of syringes by law enforcement, homelessness, etc., participants may be furnished additional syringes following an evaluation of the participant's need and situation. In such instances, SEP staff will determine the appropriate number of syringes to dispense on a case-by-case basis depending on the participant's overall program participation and historical number of syringes returned.
- 1d. In some cases, the participant may be started again at the agency's "initial" number of syringes. Other participants may be given greater or lesser amounts. The program should not refuse to furnish syringes to those participants who would otherwise inject drugs with their own or others used syringes. Participants should be repeatedly encouraged to return their used syringes. For circumstances where participants cannot return their used syringes, the reason(s) for lack of return must be documented in the SEP transaction log.
- 1e. Failure to return used syringes should not be a reason for termination from the program.

## **10. PROVIDING HIV PREVENTION EDUCATION**

**Policy:** Program staff/peers/volunteers will provide all syringe exchange participants with HIV and Hepatitis A-C prevention education, and information/demonstration/skills building on safer sex and safer injection practices. Such information will be provided through both direct verbal exchange and through distribution of culturally-sensitive and appropriate printed materials.

**Procedures:** The agency will adhere to the NYSDOH and/or Centers for Disease Control and Prevention's policies regarding materials development and distribution.

### **A. MATERIALS REVIEW PROCESS**

- 1a. The agency will adhere to all mandated materials development and review processes including convening of a materials review committee; convening of focus groups to preview and comment on materials; submission of documentation of materials review committee meetings and outcomes of material reviews.
- 1b. The agency will submit the mandated materials development and review and Internet web site compliance forms to the AIDS Institute in the time frames set by AI.

## 11. REFERRING PARTICIPANTS TO OTHER SERVICES

**Policy:** The SEP will develop appropriate referral linkages with other agencies/entities to ensure that participants can be given all necessary referrals for other services.

**Procedure:** Agency staff will develop referral linkage agreements with providers of health, supportive services and substance use treatment to be able to refer SEP participants to services they require.

- A. Developing Referral Linkages.** Under NYS regulations, all authorized syringe exchange programs must maintain referral relationships with other service providers, including, but not limited to: anonymous and confidential HIV counseling and testing services; HIV, Hepatitis A-C and general primary health care facilities; family planning, prenatal and obstetrical care; substance use treatment; tuberculosis screening and treatment, screening and treatment for sexually transmitted infections and substance use related medical issues; case management and support services for HIV-infected people, and mental health services.
- B. Formalizing Referral Linkages.** Each program must secure written agreements with such providers to accept referrals from the syringe exchange program. The AIDS Institute will assist in the development of medical service agreements for expedited treatment and management of needle stick injuries.
- C. Recording Referrals.** Referrals given to syringe exchange participants must be recorded by the program, including the date of the referral and the type of service to which the referral is made. Monthly and quarterly summaries of all referrals must be reported to the AIDS Institute. Referrals may be made but participants do not have to accept or follow through on any referral(s) as a condition for SEP participation.
- D. Tracking Referrals.** Programs should, whenever possible, track referrals by encouraging participants to self-report the outcome of the referral. Referral data must be entered into AI's mandated data collection software program. Whenever possible, program staff should follow-up on referrals and document outcomes.

## **12. LIMIT ON THE NUMBER OF SYRINGES EXCHANGED PER PERSON PER TRANSACTION**

**Policy:** The SEP will set a limit on the number of syringes that can be provided to a participant in a single transaction. However, adherence to this policy will be flexible to accommodate special circumstances.

**Procedure:** SEP staff may furnish more than the upper “cap” number of syringes according the following process:

### **A. NUMBER OF SYRINGES BEING FURNISHED EXCEEDS AGENCY’S PER TRANSACTION LIMIT**

- 1a. The SEP Director and his/her designees, may furnish a number of syringes to a participant that exceeds the designated distribution limit in situations where the participant's length of program participation and previously established used syringe return rate warrant the exception.
- 1b. In certain circumstances, it may be preferable to limit syringe distribution for one transaction to the SEP’s approved maximum number of syringes per transaction.
- 1c. In certain circumstances, when a participant has a very large numbers of syringes to return, SEP staff may need to limit the number of syringes furnished to the participant to the agency’s per transaction limit. The participant would then be issued a voucher(s) for the number of used syringes that were returned that exceeded the agency’s limit on the number of syringes to be furnished per person per transaction. Blank vouchers should be safely and securely stored at the SEP and only the number of vouchers needed for the specific transaction should be removed from storage at a time.

### **13. SECURITY OF SYRINGES AND OTHER SUPPLIES**

Policy: The SEP must institute systems to secure and account for syringes and other harm reduction supplies at the syringe exchange and in storage at the agency.

Procedure: SEP personnel must adhere to the following procedures for ordering, receiving, storing, dispensing, and disposing of syringes and other supplies. These procedures include appropriate security precautions and methods for maintaining up-to-date inventory records. In order to prevent possible theft or loss of program supplies, the following operational procedures should always be observed:

#### **A. Ordering and Storage of New Syringes.**

- 1a. Syringes should be ordered according to the time frames established by the AIDS Institute's harm reduction supplies contract agency (currently Foundation for AIDS Research).
- 1b. Upon receipt of harm reduction supplies that were ordered from AI's contract agency, SEP staff must compare the lading form against the supplies that were delivered. SEP staff should not sign for the harm reduction supplies if the lading differs from the physical count of items. Discrepancies must be reported immediately to the AI contract agency supplier.
- 1c. After receipt and count of supplies that were delivered, they must be stored in a locked, secured space at the agency. Only authorized individuals will have access to the harm reduction supplies in the agency's locked storage areas.
- 1d. A written record of the names and addresses of the people who possess keys to the storage space must be maintained by each program. Keys to storage facilities must be returned to the program immediately upon termination of an individual's employment or peer/volunteer status, or when authorization for possession of keys is withdrawn.
- 1e. SEP staff must maintain an inventory of all new, sterile syringes that are at the agency, whether in storage or at the SEP transaction desk. Inventories must record the date and number of syringes that are received from the AIDS Institute's contract agency supplier; the number removed from storage for daily SEP operations; and the number of syringes returned to storage at the conclusion of the day's SEP operations. The inventory sheet must maintain a tally of all syringes in storage and used each day for SEP transactions.
- 1f. At designated intervals, no less than semi-annually, a physical count must be made of all syringes in storage at the agency. The number of syringes found during the physical count should match the number listed in the SEP inventory. Discrepancies should be immediately reported to the AIDS Institute. Agency staff should work to identify the cause of the discrepancy. Repeated losses/theft should be investigated and, if appropriate, reported to law enforcement.

#### **B. Authorized Access to Syringes and Other Supplies**

- 1a. The agency must designate one primary person and one alternate person to be responsible for ordering and reporting on utilization of supplies. Contact information for designees should be sent to the AIDS Institute and its contract supply agency. Only those persons are authorized to sign supply order forms and have access to locked storage facilities.

#### **C. Handling of Syringes and Other Supplies**

- 1a. Harm Reduction supplies must be kept within sight of SEP staff/peers/volunteers at all times during exchange operations. **All** program staff and volunteers are responsible for observing proper security precautions. However, one properly-trained individual should be designated as having primary responsibility for security during exchange operations at each site. Since

staff/peers/volunteers may change at any given site from day to day, programs should rotate this responsibility accordingly.

#### **D. Storage and Disposal of Used Syringes**

- 1a. The SEP must adhere to New York State Department of Environmental Conservation (DEC) procedures regarding the timely disposal of all used syringes and other infectious waste.
- 1b. Medical waste becomes regulated at the point of collection and is subject to the procedures for storage and disposal in accordance with Title 6 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 360 and Part 364. The SEP is required to establish and follow these policies and procedures for the collection, storage, transportation and disposal of Regulated Medical Waste (RMW):

**1. Collection and Storage:** Sharps should be separated from other regulated medical waste. All sharps must be placed in approved leakproof, rigid, puncture-resistant containers that are conspicuously labeled "Infectious Medical Waste". Other regulated medical waste must be placed in red, disposal moisture proof, rip-resistant bags.

- a. RMW may be stored at the point of generation until it is retrieved by a licensed medical waste hauler for disposal or if the SEP is an Article 28 facility, by its own medical waste disposal department. If waste containing used syringes is stored before transporting, the medical waste must be kept in a locked, secured area at the program site, and only authorized individuals may have access to locked storage facilities. Used syringes must be stored in appropriate "sharps" containers at all times.
- b. A written record of the names, addresses, and telephone numbers of the people who possess keys to the storage area must be maintained by each program. Keys to storage facilities must be returned to the program immediately upon termination of an individual's employment or volunteer status.

**2. Transport and Disposal of RMW:** At each syringe exchange site, an individual or individuals will be authorized to transport RMW. These individuals will receive training on the applicable Department of Environmental Conservation regulations regarding regulated medical waste, and they will be listed on the DEC registration form as transporting for that site.

- a. Sites that generate less than 50 pounds of RMW in a month are considered "small quantity generators". From these sites, trained staff may transport the RMW to an Article 28 facility that has an agreement with the SEP to dispose of it. The RMW must be packaged and labeled correctly. Before transporting RMW, red bags and sharps containers must be placed in leakproof, disposable containers and/or cartons with lids securely closed. These cartons must be labeled "Infectious Waste".
- b. Any RMW that is transported to an Article 28 facility for disposal must be weighed at the point of generation prior to transporting and must be accompanied by a Medical Waste Tracking form. This form (see copy attached) must be completed in duplicate and signed by the receiving entity. One form is to be kept on file for three years by the SEP and one form is to be kept by the disposal facility.
- c. Sites that generate 50 pounds or more of RMW per month are considered "large quantity generators". These sites may not transport RMW, but must have it removed by a licensed hauler. The RMW must be placed in the regulation "sharps" containers at the point of generation and picked up by the hauler. The licensed hauler will be required to complete the tracking forms for the waste being collected for disposal.

- E. Ordering Supplies.** Only those programs authorized by the State Commissioner of Health are permitted to obtain, store and furnish syringes as a syringe exchange program. SEPs are not permitted to share supplies with other SEPs without written authorization from the AIDS Institute and its contract supplier agency. Order forms for supplies, which will be provided by the contract supplier agency, must be completed and signed by the designated program officer and received by the contract supplier agency within the time frame that it specifies. The form may be sent by facsimile or e-mail providing that the signed original is subsequently sent by mail within ten days of the due date. The Harm Reduction Unit of the AIDS Institute and AI contract supplier agency should be notified immediately if any supplies are found to be defective or missing from the order delivery.
- F. Theft of Supplies.** Upon the discovery of a theft of supplies, a report must be filed with the police within twenty-four hours. An incident report must also be filed with the AIDS Institute and AI's contract supplier agency within twenty-four hours of the discovery of the theft.

## **14. TERMINATION OF PROGRAM PARTICIPANTS**

**Policy:** An individual who commits any of the acts listed below will be subject to termination from the program.

**Procedure:** A SEP participant's use of SEP services may be terminated at any time at the discretion of agency management based on the following criteria:

- 1a. Violent behavior against program staff/peers/volunteers, or other program participants;
- 1b. Failure to adhere to program rules and regulations which puts staff/peers/volunteers/other participants safety in jeopardy.
- 1c. Every person whose participation in the program has been terminated will be provided with the reason for termination.
- 1d. Participants who are terminated from the SEP will be given a list of local registered Expanded Syringe Access Programs and other SEPs.

## 15. DEVELOPING NEW EXCHANGE SITES

**Policy:** The agency will use the AIDS Institute's SEP Expansion Protocols when considering establishing a new site. Required information will be submitted to the AIDS Institute for review and approval.

**Procedure:** Agency staff will submit the required documents and information as indicated in AI's SEP Expansion Protocols.

**A. New Sites.** Syringe Exchange programs which plan to open new sites must submit a formal written request to the AIDS Institute containing the documents and information delineated in AI's SEP Expansion Protocols. Information that is needed includes: 1) address for the newly proposed site(s) and days/hours of operation; needs assessment, justification and impact statement for the new SEP site(s); assurances that the proposed SEP site is not situated near parks, schools, day care or other facilities where children may congregate (or will not operate when children are apt to be on the street); letter of support or acknowledgment by the local Community Board (or equivalent entity outside of NYC) and of other agencies or businesses in the immediate surrounding area. The request must demonstrate that the SEP has collaborated with the communities in which the new exchanges will be situated.

1a. Proposed sites should be easily accessible to potential participants, but must not be located near schools, playgrounds, or other settings which would be inappropriate and which would potentially generate community opposition.

1b. Representatives of the SEP should meet with community residents and business people, community organizations, health and substance use treatment and other service providers, law enforcement officials and potential program participants to determine support for and/or opposition to program services.

**B. Expanding or Changing Existing Sites.** *Prior approval* from the AIDS Institute is required for the establishment of new sites or expansion or changes in location of existing sites. The SEP must notify the AIDS Institute in writing of the location of the site and the proposed expansion/change in operation per the SEP Request for Changes Protocols.

1a. In order to coordinate services most effectively and to prevent conflicts among programs or program participants, a list of hours and locations of currently operating SEPs will be distributed to all programs whenever there is a change to any SEP locations or hours. All programs are required to submit written requests for changes to the AIDS Institute, and inform other SEPs that serve the same geographic location or clientele.

1b. Each site must be operated consistently at the same time and day of the week. Requests for changes to SEP hours/days of operation must be submitted in writing to the AIDS Institute as indicated in the SEP Protocol "Changes in Days/Hours of SEP Operations". The request must include the current hours/days, the proposed changes to hours/days, needs assessment and justification for the proposed changes.

1d. The request to establish a new site or to change an existing site should include where appropriate:

- a. Proposed site location and hours of operation;
- b. An assessment of the need for a syringe exchange program within the targeted community, including availability of other syringe exchange services in the community;
- c. A description of the program's previous and planned activities to interact with members of the community where an exchange site is planned in order to enlist support for the program;
- d. Any issues regarding community concerns;

- e. A description of coordination of services provided in the new site with other syringe exchange services in the community;
- f. Assurances that the SEP has adequate program resources (supplies, trained staff/peers/volunteers) to support the establishment of a new site or the expansion of an existing site;
- g. Process for disposal of infectious waste generated from the new site.

## 16. DATA COLLECTION AND PROGRAM REPORTING

**Policy:** All services provided by the SEP must be entered into the AIDS Institute's mandatory data collection and reporting system.

**Procedure:** Data entry and SEP staff will be trained on data entry into the AIDS Institute's mandatory data collection and reporting system and required to enter client level and community level information.

**A. Incident Reports.** Incidents involving the syringe exchange program, including community objection to the program, law enforcement episodes, needle stick injuries, violence at the program site, theft of supplies, or potential legal action against the program must be documented on the forms provided by the AIDS Institute and reported to the Institute within twenty-four hours of occurrence.

**B. Monthly and Quarterly Reports.** The SEP must submit monthly and quarterly reports of activities to the AIDS Institute no later than 15 days after the end of each month and calendar year quarter. Monthly and quarterly reports shall be in a format provided by the AIDS Institute and shall include, but not be limited to:

1. number of enrolled participants;
2. aggregate information on the characteristics of program participants (gender, age, race/ethnicity, etc.);
3. number of syringes collected from participants, including the average number furnished per participant per transaction;
4. number of syringes furnished to participants, including the average number collected per participant per transaction;
5. number and types of services directly provided or provided by referral to participants, not limited to 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; and substance use treatment services; and
6. any significant problems encountered and program milestones achieved.

**C. Annual Report.** The SEP must submit an annual report of activities, summarizing the information provided on a quarterly basis. The report should compare projected number of services to actual number of services provided and the percentage of service goals reached. Annual reports shall be in a format prescribed by the AIDS Institute and shall contain an evaluation of the organization's progress in attaining the program's goals. The annual report must be submitted to the AIDS Institute as requested by AI (as part of the agency's annual continuation funding application work plan).

## 17. PROGRAM EVALUATION

Policy: The SEP will conduct process and outcome evaluations of program services and conduct a client satisfaction survey at least once annually.

Procedures: The agency will develop process and outcome evaluation criteria for program services and client satisfaction surveys to document the organization's progress in attaining the goals of the project as outlined in the plan approved by the State Health Commissioner.

1a. The SEP will participate in the AIDS Institute's funded evaluation of its Syringe Access Initiatives.

1b. The SEP will participate in AI's Quality Improvement program.

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