



# Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People who Inject Drugs

These Guidelines should be read in conjunction with the *Guidelines for the Establishment and Operation of a Needle and Syringe Program*, which form the appendices at the end of this document.

## 1. AIM

The primary public health strategy in Australia to prevent the transmission of blood borne viruses (such as HIV and hepatitis B and C) amongst and from people who inject drugs is to provide access to sterile needles and syringes. There is evidence that access to sterile needles and syringes is less than optimal in many rural and regional areas. It is intended that access to sterile needles and syringes will be enhanced, and hence, blood-borne virus transmission reduced, by ensuring after-hours availability of sterile needles and syringes through all rural and regional hospitals that provide emergency after-hours services.

In Western Australia, the Poisons Act 1964 was amended in 1994 (*Poisons Amendment Regulations 1994*) to provide a legislative framework for needle and syringe provision to take place through programs approved by the Commissioner of Health.

The provision of needles and syringes as a strategy to reduce the transmission of blood borne viruses is supported by:

- Hepatitis C Education and Prevention Strategy for Western Australia (HDWA August 1998),
- *Interaction* Health Department of WA Drug Strategy 1999-2003
- WA Strategy Against Drug Abuse Action Plan (1999-2001)
- Health Dept of WA Purchasing Intentions 1999-2002 (Statewide Purchasing: Public Health).
- *Building Partnerships* National Drug Strategic Framework 1998-99 to 2002-03.
- Hepatitis C, Informing Australia's National Response (Commonwealth of Australia 2000)
- The National Indigenous Australians' Sexual Health Strategy
- National Hepatitis C Strategy 1999-2000 to 2003-2004

- Fourth National HIV/AIDS Strategy 1999-2000 to 2004-2005.

The National Hepatitis C Strategy 1999-2000 to 2003-2004 notes that:

“Gaining access to education, skills and the necessary equipment for maintaining preventive practices is often difficult in rural, regional and remote areas. Community sentiment, a lack of confidentiality and judgmental attitudes by some health care workers—coupled with limited access to sterile injecting equipment and other services—can severely hinder hepatitis C prevention in these areas. Transient and itinerant populations and workforces in remote or isolated locations, such as workers in mining and fishing and some agricultural industries, face particular problems in gaining access to the means of preventing hepatitis C transmission. In many regions of Australia, Indigenous communities are quite mobile and therefore providing accessible and appropriate services can be problematic.” (p24)

The challenge in meeting this issue is identified in the National Hepatitis C Strategy as promoting “equitable access and standards of hepatitis C prevention and education in rural, remote and regional areas”. This operational circular is intended as a step towards meeting this challenge.

## **2. IMPLEMENTATION**

- 2.1 Pharmacies will remain the primary source of sterile needles and syringes for people who inject drugs in WA.
- 2.2 All regional and rural hospitals that provide emergency after-hours services are required to provide after-hours access to needles and syringes for people who inject drugs. After-hours access is defined as the hours during which the local or nearest community pharmacy is closed. The hours of operation of hospital-based needle and syringe programs will be subject to negotiation with the Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, and the Drugs, Poisons and Therapeutic Goods Control Section of the Environmental Health Directorate.
- 2.3 All regional and rural hospitals which provide emergency after-hours services will be required to apply for approval under the Poison Act 1964 (Poisons Amendment Regulations 1994) to operate a needle and syringe program (NSP). The Sexual Health and Blood-borne Virus Program can be contacted on telephone (08) 9388 4840 for an application form and information pack.
- 2.4 The Sexual Health and Blood-borne Virus Program will provide support to enable hospitals to develop solutions to practical problems that may impair the after-hours provision of needles and syringes. This support may be of an advisory nature and/or one-off financial assistance.
- 2.5 The Sexual Health and Blood-borne Virus Program will ensure that access to accredited training is available to NSP coordinators or delegated staff.

### **3. NSP COORDINATOR**

It is a requirement of the Poisons Act 1964 (Poisons Amendment Regulations 1994) that a coordinator of the NSP be appointed. Regulation 12C of the Poisons Act 1964 (Poisons Amendment Regulations 1994) states that:

“12C. The coordinator of an approved needle and syringe program shall –

- (a) Maintain a register of all persons who participate in the conduct of the program;
- (b) Ensure that persons who participate in the conduct of the program understand the requirements of these regulations and are appropriately instructed and trained;
- (c) Submit to the Commissioner of Health before June 30 in each year an annual report on the needle and syringe program; and
- (d) Report to the Commissioner of Health any irregularities that occur in the conduct of the program.

3.1 In regard to 12C (a), this refers to staff operating the program (not clients participating in the service) and existing staff records are sufficient to meet this requirement.

3.2 In regard to 12C (b) the distribution of needles and syringes does not need to be restricted to nursing staff participation only. All staff can participate in the program providing they are conversant with the Guidelines for the Establishment and Operation of a Needle and Syringe Program and given relevant training. Initially, training will be coordinated and implemented by the Sexual Health and Blood-borne Virus Program of the Department of Health in conjunction with other relevant agencies.

3.3 In regard to 12C (c) a proforma report for completion is provided to coordinators annually to assist with meeting this requirement.

3.4 In regard to 12C (d), irregularities may include changes to the hours of operation of the program, or changes in coordinator details.

### **4. SUPPLY OF NEEDLES AND SYRINGES**

4.1 The Sexual Health and Blood-borne Virus Program will provide needles and syringes to hospital-based NSPs. Health services will be required to meet the cost of freight.

4.2 Needles and syringes will be provided in Fitpacks® - a hard plastic box that contains five sterile needles and syringes, with the box serving as a safe disposal container for used needles and syringes.

4.3 The distribution of Fitpacks® will not be conditional on exchange. That is, return of used needles and syringes is not required.

4.4 Harm reduction principles will guide the distribution of Fitpacks® to juveniles and clients undergoing treatment as stated in the Guidelines

for the Establishment and Operation of a Needle and Syringe Program (Appendix, section 11 page 7, section 12 page 8). Hospitals will be required to determine their own policy on this as part of their application for approval to operate a needle and syringe program.

## **5. DISPOSAL AND SAFETY**

- 5.1 Hospitals are not required to accept used equipment. Clients will be advised to dispose of their used needles and syringes in a recommended container (eg Fitpacks box), in domestic rubbish or be directed to a medical waste disposal container. Under no circumstances should staff handle used injecting equipment returned by clients (Appendix section 6 pages 4-5).
- 5.2 Staff are expected to abide by the occupational health and safety procedures of relevant existing workplace policies and to section 14, page 8 of the Guidelines (Appendix). Where late hours provision may represent a threat to staff security, alternative solutions (such as a chute and/or intercom) may be explored and implemented with the support of the Sexual Health and Blood-borne Virus Program of the Department of Health.

## **6. CUSTOMER FOCUS**

- 6.1 Health services are required to have a customer charter that ensures customers are treated fairly, equitably and with dignity. Hospital-based NSPs will operate within the parameters of the Health Service Customer Charter. Some examples of best practice have been included within each section of the Guidelines (Appendix).
- 6.2 As with other customers of the Health Service, customers accessing needles and syringes through hospital-based NSPs are entitled to have each occasion of service treated with the highest degree of confidentiality.

Dr Gary Dowse  
**ACTING DIRECTOR**  
**COMMUNICABLE DISEASE CONTROL DIRECTORATE**

**Enquiries to:** Dr Sandra Thompson  
9388 4840

**Reference:** OP 1522/01  
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### GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF A NEEDLE AND SYRINGE PROGRAM

This document is intended to support applicants in writing their application for a Needle and Syringe Program (NSP) license.

The *Poisons Amendment Regulations 1994* [Regulation 12A (4)(b)] states that

“an approval of a needle and syringe program shall clearly identify the program that is being approved by reference to the activity or activities, and the persons or class of persons engaging in the activity or activities, that constitute the program.”

That is, a proposed program needs to identify **how** it intends to operate and **who** will be involved in its operation. For example, a program may wish to operate after hours on weekends only and be managed by nursing staff at a casualty department. The activities of a program are defined via an outline submitted by the applicant with Form 14.

The outline informs the Department of Health (DOH) of the individual policies and procedures of each program as well as ensuring that any person participating in the delivery of the program understands its operations. There are 15 sections in the guidelines, each focussing on a particular requirement to be addressed by all applicants in their application.

Examples are provided within each section to assist applicants define operational procedures or for additional information. Most examples are indicative of a best practice approach. Some examples are relevant to NSPs operating within a pharmacy setting. Applicants are advised to choose from amongst the examples provided, those that most appropriately define their program. The examples do not represent an exhaustive list of possibilities and, if applicants wish to write their own content, consideration will be given to the intent and meaning of other wording.

If further clarification is needed, assistance can be sought from the Needle and Syringe Program Senior Project Officer at the Sexual Health and Blood-borne Virus Program ☎ (08) 9388 4841.

Where possible, please enclose the outline of your program policies and guidelines with the Application Form 14. Should the development of the guidelines and policies not be completed at the time of your application, it would be appreciated if a copy of the final document were forwarded within two weeks to:

Sexual Health and Blood-borne Virus Program,  
Department of Health, Western Australia  
PO Box 8172  
Perth Business Centre WA 6849.

### GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF A NEEDLE AND SYRINGE PROGRAM

Include all sections (1-15) in your written outline, and submit with form 14.

#### 1. AIM OF THE NEEDLE AND SYRINGE PROGRAM (NSP)

The overall purpose of any NSP is to minimise the spread of blood borne infections among and from people who inject drugs.

##### Examples:

- The aim of the NSP is to minimise the spread of hepatitis C, hepatitis B and HIV amongst the community.
- The aim of the NSP is to access hard to reach injecting groups in rural settings.
- The aim of the NSP is to provide education, counselling and referral to people who inject drugs

#### 2. STATE THE PERSON OR CLASS OF PERSONS OPERATING THE PROGRAM

The *Poisons Amendment Regulations 1994* requests that “ the person or class of persons” who operates the program be stated. This means NSP staff needs to be identified by **their employment status or their role** within the workplace **NOT BY NAME**.

##### Examples:

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

#### 3. HOURS OF OPERATIONS

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

##### Example:

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

#### 4. DISTRIBUTION OF NEEDLES AND SYRINGES

The provision of sterile injecting equipment by NSP is usually in the form of **Fitpacks** (5 syringes provided within a plastic box which is intended for the safe disposal of used equipment). In the instance where Fitpacks are not supplied by HDWA, a NSP may choose to offer its clients other products such as Fitpacks Plus and Sharp Kitz. **Needle and Syringe Exchange Programs (NSEP)** are licensed to **distribute loose needles and syringes, which should always be provided with a disposal container**. Some pharmacists are also licensed to sell loose needles and syringes (with disposal container) as well as Fitpacks, Fitpacks Plus and Sharp Kitz.

##### Examples:

- Needles and syringes will be distributed in Fitpacks only.
- Fitpacks, Fitpacks Plus and loose needles and syringes will be retailed according to the need of the client. A disposal container will always accompany the distribution of loose needles and syringes.

#### 5. COST OF NEEDLES AND SYRINGES TO THE CLIENT

Clients are not expected to pay for the Fitpacks distributed by the NSP if Fitpacks are provided free of charge to the NSP by the Sexual Health Program (HDWA), some NSP may wish to encourage donations. All donations must be accounted for and ideally should be used to improve the service delivery, for instance, to provide clients with free swabs and sterile water with every Fitpack distributed. Where Fitpacks are sold the NSP is liable under the Financial Administration and Audit Act (FAAA) to account for the expenditure and profit generated by the provision of Fitpacks.

##### Examples:

- Needles and syringes in the form of Fitpacks will be provided at no cost to the clients of the NSP.
- Clients will be charged a cost recovery price for Fitpacks.

#### 6. RETURN OF LOOSE NEEDLES AND SYRINGES

The provision of needles and syringes via a NSP is **not contingent upon the return of used needles and syringes**, unlike a Needle and Syringe Exchange Program (NSEP). In WA, NSEPs issue new equipment free of charge upon the return of used one or at a cost recovery price if no exchange occurs.

Most NSP clients currently dispose of their Fitpack in domestic waste. Occasionally some clients may return used equipment to a NSP and in this instance should be directed to an appropriate means of disposal (i.e. domestic waste or disposal bin). If a client is offered the use of a small disposal container, staff should not hold the receptacle while client is in the process of disposing of used needles and syringes. **Under no circumstances should NSP staff handle used injecting equipment returned by clients**. NSP staff are expected to encourage clients to safely dispose of their used needles and syringes and information to this effect should be made available to clients attending the NSP.

### Examples:

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

## 7. STAFF INTERACTION WITH CLIENTS

NSP are often the first and only point of contact people who inject drugs have with a health service provider. The approach adopted by NSP staff to clients often will influence clients' receptivity to offers of information and clients' future access to health services. Therefore a non-judgemental, sympathetic approach is advised at all times within the limitations of this service being provided in conjunction with other services.

### Examples:

- Staff will adopt an empathetic non-judgemental approach to clients, being sensitive to the likelihood of anxiety and/or apprehension of the client on approaching the NSP.
- Staff will adopt a supportive approach to clients, who in addition to their drug using practices may already be marginalised because they are from an ethnic minority or because of their occupation, e.g. sex workers.
- Staff are encouraged to build rapport with clients to create opportunities for the dissemination of education and/or information and referral.

## 8. CLIENT CONFIDENTIALITY

All DOH employees are bound by the DOH code of conduct with regard to confidentiality. NSP staff who are not DOH employees would in most instances be expected to respect client confidentiality as stated by the code of conduct or practice of their workplace. In any instance **all NSP staff regardless of their status** (health practitioners, pharmacists, volunteers etc.) **are required to respect client confidentiality at all times**. It is suggested that where possible client confidentiality be supported by distributing Fitpacks in an unmarked paper bag.

### Examples:

- Staff involved in the NSP will understand their obligation to safeguard information about their clients.
- Staff involved in the NSP will respect and protect the confidentiality of their clients and whenever possible prevent this being compromised by others for whatever intent or purpose.
- Staff will respect clients' confidentiality at all times even when a client is known to be participating in other programs (i.e. methadone) or when the client or client's relatives are known to the provider.



## 9. CLIENT EDUCATION

Educational resources and information sheets should be made available to clients wherever possible. The practice of enclosing pamphlets and/or information sheets with every Fitpack distributed is encouraged. While not all clients will read the information provided, there is strong evidence that a number do. Furthermore research suggests that NSP clients will respond positively to information that is specific, appropriate and relevant to their drug use.

### Examples:

- The NSP will maintain a supply of appropriate pamphlets and information designed to provide information to clients on request.
- The NSP will inform and educate clients on issues regarding injecting drug use (e.g. BBV, safe injecting practices, disposal, treatment options) when appropriate, using available resources.
- Information on safer injecting procedures, hepatitis C and B transmission, and the safe disposal of injecting equipment will be handed out routinely to clients with every Fitpacks distributed.

## 10. STAFF EDUCATION

NSP coordinators are required under the *Poisons Amendment Regulations 1994* to ensure that all persons participating in the program (i.e. providing the service) are appropriately instructed and trained and understand its requirements. It is expected that all staff will be conversant in the outline of their program and will attend training in NSP provision as provided by the coordinator and/or as offered by HDWA Sexual Health and Blood-borne Virus Program.

### Examples:

- All NSP staff will read and be familiar with the guidelines and policies of their program and the “Needle and Syringe Information Pack” (HDWA).
- All NSP staff will be kept informed on issues related to injecting drug use by the coordinator of the program.
- If specific staff training needs have been identified the coordinator will seek the assistance of the Sexual Health and Blood-borne Virus Program.
- The coordinator will conduct regular short training sessions with new staff to ensure the objectives of the program are understood.

## 11. CLIENT REFERRAL

NSP staff are expected to be familiar with a number of agencies they can refer clients to according to a client’s needs at that point in time. A booklet *Information and Referral Agencies* is enclosed in the NSP Information Pack. Referrals should only ever be made at a client’s request particularly where treatment agencies are concerned. When making a referral, NSP staff should involve the client and a range of options be offered. The final choice should be left to the client.

**Example:**

- Referral of clients to drug counselling and treatment agencies **will only be done on the request of the client.**

**12. JUVENILE ACCESS TO THE PROGRAM**

The *Poisons Amendment Regulations 1994* refers to NSP clients only as “person”. That is, there is no limitation placed on the age at which a person may access or be denied access to a NSP. NSP staff are advised to **follow harm reduction principles** and assess whether refusal or access will result in greater harm to juvenile clients. Some programs may choose to specify in their policy an explicit age with regard to juvenile access to the program.

**Examples:**

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

**13. ACCESS BY CLIENTS UNDERGOING TREATMENT RELATED TO THEIR DRUG USE**

The purpose of a NSP is to provide clients with sterile injecting equipment. **It is not the role or responsibility of NSP staff to regulate clients’ behaviour in terms of their drug use.** However information on poly-drug use should be made available to the client where appropriate.

**Examples:**

- Staff will provide equipment to clients who are known to be on a methadone program if refusal to do so is likely to pose a greater health risk to the client.
- Staff will provide equipment to clients who are known to be on a naltrexone program if refusal to do so is likely to pose a greater health risk to the client and conditional to the client demonstrating an understanding of the effect of naltrexone on tolerance.

**14. MONITORING AND EVALUATION OF PROGRAM**

Under the *Poisons Amendment Regulations 1994* NSP coordinators are required to submit an annual report and **report on any irregularities of the program.** A pro-forma of the annual report sent to DOH at the end of each financial year is enclosed in the NSP Information Pack. Annual reporting includes a record of the number of needles and syringes distributed per annum, the number and type of referrals made and the type of information/resources distributed to clients. No record should be made of client names or personal details. However programs are encouraged to keep a record of the age/cultural group of clients in order that specific resources can be developed/ provided as needed.

### **Examples:**

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

## **15. WORKPLACE SAFETY**

Occupational health and safety procedures followed by a NSP are not as extensive as those of a NSEP where staff are required to follow the *Protocol for the Distribution of Injecting Drug Use (IDU) Equipment by Needle and Syringe Exchange Program (NSEP) Workers in WA*. In an NSP staff are not expected to have to dispose of used injecting equipment. In the instance of inappropriately disposed equipment being found by staff, **a hands free technique** should be used to retrieve the item (i.e. brush and pan, tongs etc) which should be placed in the agency sharps container. NSP workers are also expected to abide by other existing relevant workplace policies (i.e. critical incident, needle stick injury etc.)

### **Examples:**

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

## **16. CLIENT RESPONSIBILITIES**

When necessary, staff are to advise clients that disruptions and uncooperative behaviour jeopardise the overall continuity of the program.

### **Example:**

- Clients are expected to respect the intention of the program as a harm reduction and illness prevention program. Activities by clients that jeopardise the program will not be accepted.