**Red Lake Hospital/Comprehensive Health**

 **Safe Syringe Services Policy**

**Background**

The Hepatitis C Virus (HCV) is a blood borne illness that impacts millions of Americans, with pharmacologic therapy reported to be thousands of dollars per affected patient annually. While HCV can be cured, it can also progress to hepatic carcinoma and death if left untreated. In 2014 approximately 5% of all Hepatitis C screening exams performed at Red Lake Hospital were reactive for the disease. This poses a major public health concern as the disease is transmitted through blood exposure, often via contaminated needles used by people who inject drugs (PWID). Such devices are commonly found in community areas due to lack of adequate disposal systems, putting people of all ages at risk while indicating a need for further intervention. Syringe Service Programs strive to reduce the risk of unintentional needle stick injuries and HCV/HIV transmission through integrative, evidence-based and cost-effective approaches while offering medical, social, and mental health services.

**Purpose**

To mitigate harm from HCV/HIV infection by decreasing the number of used needles discarded in public areas through promotion of safe syringe exchange. This will expand access to early screening and referral to treatment programs, while decreasing healthcare costs associated with HCV/HIV and skin and soft tissue infections among PWID.

**Objectives**

* Improve the health and safety of the Red Lake community and Tribal Members.
* Provide outreach to PWID and link them available to medical care, substance abuse treatment, and behavioral health services.
* Increase proportions of safer injections and safer sexual encounters.
* Increase knowledge about risks of HCV/HIV to injectors, their sexual partners and the community.
* Reduce discarded hazardous drug injection equipment in the community.
* Reduce the level of harm from all drug use to the person using drugs, their sexual partners, their children, and those in their community.
* Foster caring and trusting relationships with patients as well as positive collaborations with local agencies and organizations.

**Procedure**

* Hospital staff will provide safe exchange services to eligible patients using a responsible integrated Public Health model.
* For initial encounters:
	+ A Comprehensive Enrollment form (Intake Form, attached) will be completed by the participant
	+ The Program Orientation (attached) will be reviewed verbally to define rules and limitations
	+ Each participant (exchanger) will be assigned a unique anonymous number and identification card for access and tracking purposes.
* Staff will collect the following with each encounter and record it on tracking form: identification number, number dispensed, number returned, SBIRT status, referrals made.
* Staff will provide education to every exchanger regarding safe sex practices, infections transmitted via sexual contact and injectable drug use (HCV/HIV), safe injection practices, information regarding skin and soft tissue infections, medical services, HCV/HIV testing, and substance abuse counseling, and available treatment opportunities.
* Staff will provide clean syringes for safe injection assuming no violations of the orientation agreement have occurred.
* Staff will provide safe injection kits to exchangers which may include needles, cotton, cookers, cotton balls, condoms, naloxone, and educational material.
* Staff will provide safe disposal of used sharps that are stored in approved containers per the orientation agreement. Handling of such containers will be done with the appropriate personal protective equipment when transporting to and from each field location.

**Logistics**

* Supply procurement will be coordinated by the Red Lake Hospital Pharmacy according to applicable laws, rules, regulations, and available sources. All supplies will be stored in the locked pharmacy with restricted access. Supplies will be transported by staff to the exchange site and not stored in remote locations.
* Locations: exchange services will occur outside of the Hospital grounds in pre-identified community health stations. Services will occur generally on Thursday afternoons as staffing permits.
* Documentation: program enrollment forms, tracking forms, and documentation will be stored in Pharmacy or the Comp Health Nursing office. Documentation will not be part of the medical record unless treatment referral or chemical dependency assessment is requested.
* Transport of supplies and medical waste: Hospital Staff participating in needle exchange services will be immune to local and Federal prosecution for paraphernalia related charges. All containers with contaminated medical waste will be handled per policy using personal protective equipment. Only approved, hard-sided containers will be accepted for return. Waste will be comingled with Hospital waste.
* Destruction of medical waste: destruction will be conducted as regulated medical waste utilizing the Hospital vendor and in accordance with Hospital policy.

**Lab Screening**

* Rapid HCV and HIV point of care testing will be offered whenever possible to participants.
	+ Consent containing personal identifying information is required and must be signed prior to performing testing (see Harm Reduction Services Point of Care Testing Procedure document)
	+ Those with reactive test results will be connected to medical services for confirmatory testing in addition to behavioral health support.
	+ Additional lab tests may be ordered to provide comprehensive screening. They may include but are not limited to pregnancy tests and sexually transmitted infection tests.
		- All labs collected at the hospital will be ordered by the participant’s primary care provider when applicable or the provider on-call for the day.

**Care Coordination**

* Participants of syringe exchange will be offered connections to additional health services via referral system. If they cannot be escorted to necessary services, they will be provided with contact information to use as desired and referred by a Harm Reduction Services staff member with participant consent.
	+ Additional services may include physical, mental, or social services identified by the participant as an unmet need.

**Outcomes**

Record keeping will include unique identification codes as well as the number of units dispensed and returned for disposal. De-identified program data may be obtained upon request of CEO or Comprehensive Health Director only. All requests for program data should be directed to the Director of Comprehensive Health Nursing.

**Program Orientation**

**Red Lake Hospital/Comprehensive Health Safe Syringe Services**

I understand that by participating in this program, I will follow guidelines below and recognize the consequences outlined if I do not.

I understand that I will be required to meet with a staff member and complete a questionnaire at the time of my initial visit. I will provide honest answers to the best of my ability and am aware that this information will not be shared.

I understand the responsibilities and consequences as follows:

1. Syringes will be supplied at a 1:1+ ratio whenever possible. That means that if I return 1 used syringe to a staff member, 1 new syringe will be provided to me plus 10 more (or rounded up to nearest 10). No more than 100 syringes will be provided per visit, with quantities subject to availability.
2. Used syringes must be returned to a staff member in an approved container. Approved containers are as follows:
	1. SHARPS container
	2. Hard plastic container such as a laundry detergent bottle, shampoo bottle, etc.
		1. All containers must be labeled as medical waste and sealed.
3. Syringe exchange ID cards or identification numbers should be provided at each visit. If an ID card is misplaced, a new one should be requested as soon as possible.
4. Needles must be stored in an approved container at all times, not loose in pockets.
	1. If law enforcement locates syringes in pockets the participant may be penalized or charged per local law enforcement code. If syringes are located in an appropriate container it is recommended to provide your syringe exchange ID card to verify your enrollment in the exchange program.
		1. If syringes are located in pockets I will be suspended from syringe exchange services for 30 days.
5. I cannot receive services provided while under the influence of any substance and may lose my ability to participate in the program if I do not respect this rule.
6. I cannot use the syringes provided within the facility where exchange occurs for any reason.
	1. Violation will result in immediate removal from syringe exchange services.
7. I cannot sell the syringes provided for any reason.
	1. Failure to comply with this measure will result in a 90-day suspension from all services.

**Verification of Understanding**

By participating in this program, I recognize that I have been informed of the information above and understand my responsibilities as well as the potential consequences for violating the terms of this agreement. I hereby consent to participate in the Red Lake Hospital/Comprehensive Health Syringe Exchange Service under conditions described above.

**Verbal consent given** Yes □ No □ **Participant ID­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intake Data—Initial Encounter**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Code\_\_\_\_\_\_\_\_\_\_\_\_**

1. In the past 12 months have you used injection equipment? Yes □ No □
2. Have you shared syringes or equipment with others? If so, how many people? \_\_\_\_\_\_\_\_\_\_\_\_\_
3. How do you clean a syringe? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. (Bleach contact for 60 seconds, H2O rinse, repeat)
4. Have you been tested for Hepatitis C (HCV)? Yes □ No □
5. If yes, most recent HCV result was: Positive □ Negative □ Unsure □ Decline □
6. Have you been vaccinated for Hepatitis A & B? Yes □ No □ Unsure □ Decline □
7. Do you prefer to have sex with? Men □ Women □ Both □ Neither □
8. Do you use condoms or latex barriers? Always □ Usually □ Sometimes □ Never □
9. Have you been tested for HIV? Yes □ No □
10. If yes, results of most recent HIV test was: Positive □ Negative □ Unsure □ Decline □
11. If positive, do you want help connecting to services? Yes □ No □
12. If positive, last HIV related doctor visit was: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
13. Race: Native American □ Caucasian □
14. Drug of Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. How many drug overdoses have you experienced in the last 90 days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. Anything specific that you’d like to talk about or that you need today?