

## **Operating Guidelines for Organized Community-based Safer Injection Support Programs July 2010**

Safer Injection Support Programs, or syringe exchange programs, are designed to prevent the spread of HIV, viral hepatitis and other pathogens, and provide a bridge to drug treatment and other prevention services for injection drug users. These guidelines are meant to ensure the safety of consumers, health care workers who serve them, community based organizations, syringe exchange program staff, and members of the public.

### **A) Program Requirements:**

1. Syringe exchange programs (SEP) shall use a broad range of syringe access strategies in order to reach and provide services to as diverse a group of people as possible. SEP consumers shall be treated with respect and in a manner that promotes client enrollment, participation and retention. If the syringe exchange site intends to conduct syringe exchange and use outreach, this must be explicitly stated in the initial syringe exchange application or subsequently in the program's one-year plan.
2. Syringe exchange programs shall be operated by an AIDS Service Organization, substance abuse treatment provider, or a licensed health care provider or facility.
3. Needles/syringes and other disease prevention materials shall be provided through a syringe exchange program in the most effective manner possible and at no cost to consumers.
4. Syringe exchange program staff and program volunteers shall be trained annually and regularly supervised on the following topics:
  - harm reduction
  - opiate addiction overview
  - substance abuse treatment referral
  - medical referral
  - referral to other community resources
  - assessment and response to emergency situations
  - boundaries, confidentiality, and safety issues (including drug and alcohol use)
  - infection control procedures, standard universal precautions (including information on hepatitis B immunization and TB screening) and needlestick protocol.
  - Sharps disposal

Designated syringe exchange program staff and/or volunteers shall also participate in the VDH training on HIV Counseling, Testing and Referral (CTR), and shall follow VDH protocol on CTR quality assurance. The HIV/AIDS/STD/Hepatitis C Program at the VDH will work with the syringe exchange program to offer CTR training to these syringe exchange program staff/volunteers.

The VDH will work with the designated syringe exchange programs to create a curriculum that reflects best syringe exchange practices and reflect the topics listed in these guidelines. The training curriculum should be approved by VDH annually along with the yearly application. Syringe exchange programs shall maintain records of staff/volunteer training and of staff/volunteer hepatitis B immunization and TB screening.

5. The organization that implements a syringe exchange program shall convene an advisory committee meeting quarterly for the first two years of the exchange's operation. If the SEP operates for two years without incident, and at the end of these two years has no unresolved issues identified by the community advisory board, the SEP will be allowed to hold meetings at least once a year and as needed. This advisory committee will provide guidance to the syringe exchange program, and will support communication between the syringe exchange program and the community. The advisory committee should consist of individuals who can support the program in

reaching the goals of syringe exchange and maintain the safety of the consumers. The following may be invited to attend the community advisory meetings:

- SEP staff
  - health care workers and the public
  - former injection drug users
  - staff from a drug treatment facilities in the catchment area of the syringe exchange program
  - business owners
  - community leaders
  - law enforcement
  - other individuals and organizations in the entire service area – including the area served through outreach.
6. The syringe exchange program shall demonstrate good faith efforts to maintain open communication with the community at large, including local government, health care providers, law enforcement, and others about the scope of services provided by the syringe exchange program. The advisory meetings may be an appropriate venue for this.
  7. In order to exchange syringes a consumer must enroll in the program by providing the confidential identifier (described in Guideline #16) to the syringe exchange program.
  8. Syringe exchange will only take place in a person to person interaction between the client and program staff and volunteers. Syringes or other safer injection supplies will not be mailed.
  9. Syringe exchange programs shall offer information about HIV, viral hepatitis and other blood-borne pathogens, and provide personal prevention materials to consumers. All consumers will be provided information on the safe and proper use and disposal of needles and syringes. Syringe exchange programs shall offer VDH-sponsored CTR services whenever appropriate.
  10. Program staff and volunteers must be able to refer individuals to prevention programs related to transmission of HIV, viral hepatitis and other blood-born and sexually transmitted diseases if this training cannot be offered on site. Syringe exchange programs shall also provide information and referrals including access to substance abuse treatment programs, access to case management services, and the availability of other relevant health care options.
  11. Syringe exchange program staff/volunteers who are not certified CTR providers shall provide information and referrals to HIV testing options, including referrals to other staff/volunteers within their own syringe exchange program that are VDH-certified to perform CTR. Pregnant women and others with medical conditions will be referred to medical care as well as other appropriate services. Referrals for each client must be documented by the syringe exchange program.
  12. In order to develop and implement appropriate referral tracking mechanisms, key staff of the syringe exchange will be required to attend any training offered by the HIV/AIDS/STD/Hepatitis C Program regarding referral tracking.
  13. Syringe exchange programs (SEP) will provide syringes to any enrolled consumer who is 18 years of age or older. SEPs will develop appropriate referral mechanisms for people under 18. Consumers who are ages 12-17 can enroll in a syringe exchange program only under the following conditions (based upon Vermont Statute Title 18, Chapter 84, §4226):
    - With documented parental consent, or
    - With documentation from a physician that the individual is dependent on injection drugs

Emancipated youth are not required to meet the above conditions, and can enroll in syringe exchange programs in the same manner as an adult. Vermont Statute Title 12, Chapter 217 defines an emancipated minor as a minor who:

- a) has entered into a valid marriage, whether or not such marriage was terminated by dissolution;
- b) is on active duty with any of the armed forces of the United States of America; or
- c) has been ordered emancipated pursuant to section 7155 of this title.

Youth must provide documentation of their emancipation status. Documentation of emancipation can include a marriage certificate, military papers, or a court order.

Documentation of parental consent, physician consent, or emancipation status must be provided to the syringe exchange program before syringes are exchanged with a consumer aged 12-17. The VDH has developed physician and parental consent forms to use for this purpose. This documentation must be kept in a secure locked file by the syringe exchange program.

14. Each approved syringe exchange program shall record and attempt to resolve community and law enforcement concerns related to their program. Any concerns should be reported to VDH and the advisory committee.
15. All syringe exchange programs shall adopt a plan for handling and disposing of used needles and syringes that are consistent with VOSHA's Bloodborne Pathogen Standards, 29 CFR § 1910.1030. All syringe exchange programs shall also develop and maintain protocols for post-exposure treatment.
16. Confidentiality of clients will be maintained by the use of confidential identifiers. The identifier will consist of:
  - First three letters of mother's first name
  - Two digit day of birth
  - Middle initial of consumer
17. Syringe exchange programs shall provide identification cards and a copy of the Vermont paraphernalia law for staff, volunteers, and consumers involved in transporting, exchanging or possessing needles/syringes. The card will identify the agency operating the program. Cards for consumers shall be issued using the confidential identifier system and will provide information regarding whom to contact in case of questions or concerns. Identification cards for youth will contain the same information as identification cards for adults, and will not be issued unless documentation of parental consent, physician consent, or emancipation status is on file at the syringe exchange program.
18. Safety protocols shall be developed by the syringe exchange program in order to provide guidance to outreach workers in keeping themselves safe while they are engaged in syringe exchange. Syringe exchange done through outreach is most oftentimes done in the field, therefore assessment of risk and protection from harm are the responsibility of the individual outreach worker. Under all circumstances, outreach workers are expected to place their own safety first and to follow their best judgment, referring to this protocol and using supervisory support as needed. No procedural guidelines can anticipate every situation that could arise. At a minimum each syringe exchange program that utilizes outreach should:
  - Require that outreach workers carry an ID card during all exchanges
  - When possible, arrange for outreach to be done in teams
  - Follow all safety precautions included in the training curriculum
  - Develop a tag in/tag out system to ensure that responsible parties at the syringe exchange program are aware of the exchangers whereabouts
  - Work with parties involved (business community, private landowners), when appropriate, so outreach site is approved for use

19. If a program plans to use an alternative outreach exchange location on a frequent basis (e.g., a satellite location), the advisory committee and any other affected entities must be notified prior to exchanging at this location (for example, if the location is a church parking lot, or commercial establishment, church officials or business operators should be notified of the program's desire to utilize the location). In situations where counselors will be meeting a client for an infrequent exchange (i.e., plans do not include use of this location on a regular basis), the counselor can choose not to inform the advisory committee or other entities prior to the exchange, however, the counselor should ensure that the location is one which is discrete and the exchange will not attract undue attention or be cause for concern by owners or operators of the location. The advisory committee should be kept apprised as much as possible of such exchanges after they've occurred.
20. An approved syringe exchange program shall provide the following data in aggregate form to the VDH on a quarterly basis:
  - Number of program consumers
  - Year of birth of consumers
  - Gender of consumers
  - County of residence of consumers
  - Race of consumers (group size must be greater than 3)
  - Number of syringes distributed each month
  - Number of syringes collected each month
  - Number and type of referrals made to consumers
  - List of current trained employees and volunteers
  - Any other data demonstrating program effectiveness

The syringe exchange program shall also provide information about staff and volunteer training that occurred in the past quarter. Information should include:

- which individuals received training
- the training topics were covered
- who provided the training

These quarterly reports will have the following reporting schedule: data from January 1 through March 31 will be due May 1; data from April 1 through June 30 will be due August 1; data from July 1 through the September 30 will be due November 1; and data from October 1 through December 31 will be due February 1 of the following year.

21. VDH will have the authority to, at any time, conduct at minimum a yearly site visit.
22. Sites will make VDH contact information available in the event clients or visitors have questions, comments, or suggestions.

**B) Authorization Requirements:**

Applicants seeking to operate a syringe exchange program must provide a written plan that follows the operating procedures designed for syringe exchange programs in Vermont prior to being approved by the Vermont Commissioner of Health. The application can be obtained by contacting the HIV/AIDS/STD/Hepatitis C Program. The application must be resubmitted and reviewed annually by VDH and should be submitted at least 2 months prior to the yearly expiration.

Applications must include:

***Agency information:***

1. Name, address, telephone number, email and fax of AIDS Service Organization, substance abuse treatment provider, or licensed health care provider who proposes to engage in syringe exchange.
2. Name and title of the program coordinator who is ultimately responsible for compliance with state and federal regulations, including training and reporting requirements.
3. Description of applicant's capacity to provide this program.
4. Description of applicant's experience in providing services to users of injection drugs.
5. Description of the organization's ability to work effectively in the community(ies) where the program will occur.
6. The syringe exchange program shall demonstrate cooperation with the advisory committee. This cooperation will be demonstrated by tracking, and providing to the VDH advisory committee meeting attendance records, agendas, meeting minutes, and any other collaborative information.
7. The syringe exchange program shall demonstrate its methods of communication with the community at large, including local government, health care providers, parents, business community, law enforcement, and general public. Examples of this would be through submitting quarterly reports to VDH on referrals made, trainings conducted, meetings with the community and updates on other program issues.

***Project Staff***

1. Describe proposed staff positions, including trained volunteers (include position titles, responsibilities). Staff or volunteers who provide syringe exchange should be appropriately trained and approved by the director of the syringe exchange program. Staff and volunteers must be 18 years of age or older.
2. Describe training for staff and volunteers that includes harm reduction philosophy, substance abuse, medical referral, infection control procedures (including use of universal precautions), needlestick injury protocol, assessment and response to emergency situations, boundaries and confidentiality, the expectation that volunteers not be intoxicated during exchanges, and available community resources. Staff and volunteers who conduct syringe exchange through outreach must have completed the above-mentioned training. Additional training on outreach specific protocols must include the following:
  - Review of materials needed for exchange including ID Card, syringes, sharps container, intake forms, information on harm reduction and treatment options, other prevention materials
  - Appropriate transport of syringes
  - Appropriate disposal of syringes
  - Appropriate use of sharps containers
  - Safety protocols (examples of safety protocols can be obtained by calling the HIV/AIDS/STD/Hepatitis C Program)
  - How to negotiate safe and appropriate locations for exchange
3. Describe supervision that will be provided for staff and volunteers, including who will be providing supervision, how often, and how supervision will be documented.
4. Document training events, participants who attended, and the periodicity of training.

5. Describe the safety protocol that will be used by syringe exchange staff and volunteers that engage in outreach activities.
6. Describe how consumers will be encouraged to be a part of designing the program, and be included in the on-going evaluation of the program.

***Program Description:***

Provide a one-year plan that includes:

- Location of fixed syringe exchange program sites, hours of operation and additional options for accessing services
- Plans for outreach including information on community involvement and approval when creating the plan.
- Procedures to ensure staff/ volunteer and participants' security and safety both at fixed sites and in outreach settings
- Descriptions of your plans for maintaining ongoing communication with government, health care providers, and law enforcement
- Consumer enrollment and procedures for restricted access if appropriate
- Description of staff and volunteer training
- Description of how used syringes/ needles will be secured and properly disposed of
- Description of how HIV and other blood-borne pathogens prevention and education services will be offered
- Description of how referrals to drug treatment will be offered
- Description of how other referrals will be provided, including medical care, HIV counseling and testing, and case management at AIDS Service Organizations for HIV positive participants
- Documentation of syringe exchange program progress in the previous year of operation.

***Syringe Exchange Program Process for Approvals, Notification of Deficiencies and Disapproval***

A completed application for the operation of a syringe exchange program shall be acted upon by the Commissioner of Health within 45 days from receiving the application. If the application is approved, a written approval will be issued based on the information submitted along with the requirements, restrictions, and conditions under which approval is issued. If an application is not approved, the Commissioner will issue a written decision stating the reasons for disapproval. Following disapproval an applicant may resubmit a plan with necessary revisions for reconsideration.

If a syringe exchange program is violating any of these operating guidelines or the terms of its approval the Commissioner will issue a written notification of deficiencies to the syringe exchange program. This notification of deficiencies will include required correction for the deficiencies, and the syringe exchange program will be required to respond to the notification within two weeks of receiving notice, and complete a plan of correction within four weeks. However, if a syringe exchange program is violating any of these operating guidelines or the terms of its approval, and this violation poses a risk to public safety as determined by the Commissioner, the syringe exchange program may be deemed to be a non-approved program by the Commissioner and closed immediately.

Action to shut down a syringe exchange program or to impose a criminal or civil penalty against such a program may be taken by the commissioner under 18 VSA § 123, 18 VSA § 127, 18 VSA § 130, 18 VSA § 131, or any other relevant legal authority or principle. Local health authorities may also take action under 18 VSA § 126, 18 VSA § 127, 18 VSA § 130, 18 VSA §131, or any other relevant legal authority or principle.

These operating guidelines will be reviewed and updated annually by the Vermont Department of Health in collaboration with a statewide harm reduction coalition and current syringe exchange programs.