Lower East Side Harm Reduction Center
25 Allen Street
New York, New York 10002

Syringe Exchange
Policies and Procedures
Manual

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Introduction

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 policies and procedures contained below will serve to clarify the requirements as promulgated in the regulations and to assist the Lower East Side Harm Reduction Center (LESHRC) in the safe and responsible performance of this HIV/AIDS prevention intervention and to ensure that the organization is in compliance with the State regulations governing the operation of such programs.

The policies and procedures which govern the operation of the LESHRC have been developed to aid syringe exchange staff, interns and volunteers in their efforts to assist participants. All syringe exchange staff, interns and volunteers are responsible for adherence to these policies and procedures. Inability or unwillingness to comply with established policies and procedures may result in disciplinary action up to and including termination.

Syringe Exchange Goals

1. Reduction of HIV Transmission

The goal of the work of the Lower East Side Harm Reduction Center is to provide the communities we serve with the tools and resources necessary to meet the challenges posed by the AIDS crisis. Since the onset of the epidemic, HIV here on the Lower East Side has been inextricably intertwined with substance use, particularly injection drug use. Therefore, a critical component of any meaningful HIV prevention effort is providing access to sterile injection equipment via exchange.

We provide this access to sterile injection equipment in the context of harm reduction. We offer life stabilizing services such as access to health care, social services, and access to drug treatment to our participants. Emphasis is placed on supporting positive changes that participants themselves identify as goals and providing the resources participants require to attain the goals they have set. Participants' engagement in behavior which places them at risk of HIV cannot be viewed in a vacuum, but in the context of their lives which are often chaotic. By offering life-stabilizing services, we enable our participants to meaningfully practice risk reduction and foster community values that engender a culture of HIV prevention.
2. Maintenance of Other Risk Reduction Behaviors

The risks of injection drug use are not limited solely to the transmission of HIV. Many behaviors associated with injection drug use place the user at risk for impaired health and social function. As an entry point for services to the injection drug user, the syringe exchange encounter is uniquely situated to engage the user in a discussion about behaviors which increase these risks and to educate the user about alternative behaviors. This education about, adaptation to, and maintenance of risk reduction behaviors is an important goal of the LESHRC Syringe Exchange Program.

3. Utilization of Other Services

In order to achieve the goal of maintaining risk reduction behaviors, participants must be provided with access to a broad range of primary and support services. Providing a community in which drug use issues can be discussed openly and alternative behaviors and social networks can be established is an important first step. But equally important is the necessity of providing the services which support the user's behavior changes and assisting the user to access these services. For many users, the syringe exchange has been the doorway to other services. Because of the marginalization and secrecy inherent in injection drug use, users are often distrustful and have great difficulty accessing and maintaining primary services such as housing, case management, health management, and public assistance. A major goal of LESHRC's Syringe Exchange Program is to assist participants to maintain primary services such as support services such as mental health, health care, counseling, recreation programs, educational opportunities, and drug related education. We also refer many clients to outside services for more intensive care—such as detoxification and drug treatment.

4. Changes in Drug Use Behavior

Once primary and supportive services goals have been achieved through in-house and off-site referrals, users' basic needs are being met (i.e., housing, nutrition, health care and case management), and new social networks are formed in the context of a helping community, the injection drug user will discover that he/she has both the external and internal resources to begin to address issues of harm reduction, potentially including stabilization of drug use patterns, reduction in drug use, and even elimination of drug use. These goals are addressed in the context of exchange by comprehensive drug use and drug treatment education, open discussion about drug use/treatment goals, and by referral to drug treatment services.

The policies and procedures which govern the operation of the LESHRC's Syringe Exchange Program have been developed to aid syringe exchange staff, interns, and volunteers in their efforts to assist participants in achieving these four primary goals. All syringe exchange staff, interns and volunteers are responsible for adherence to these policies and procedures. Failure to comply with established policies and procedures may result in disciplinary action, up to and including termination.
Title: Staff, Intern and Volunteer Training

Policy: No person, staff, intern or volunteer, shall conduct syringe exchanges at LESHRC until he or she has been properly trained to provide exchange services safely and appropriately.

Purpose: To insure that all syringe exchanges are conducted in accordance with New York State Department of Health Regulations and that all staff, interns, and volunteers receive the benefit of appropriate training for conducting safe exchanges of used syringes.

Scope: This policy applies to all syringe exchange staff, interns and volunteers at LESHRC’s SEP.

Procedure:

1.0 TRAINING PROVIDED BY HARM REDUCTION SYRINGE EXCHANGE PROGRAM

1.1 All new LESHRC SEP staff, interns and volunteers who will be engaged in providing syringe exchange services must receive training prior to being authorized to exchange syringes.

1.2 Training will be conducted by any one or more of the following:
   A. Executive Director
   B. Deputy Executive Director
   C. Program Director
   D. Prevention Services Manager
   E. HIV Prevention Counselor
   F. Harm Reduction Educators enlisted by LESHRC
   G. Other sources approved by the NYSDOH/AIDS Institute

1.3 The training curriculum will include, but not be limited to, the following topics:
   A. New York State Rules and Regulations for Harm Reduction/Syringe Exchange regulations
   B. New York State AIDS Institute Policies and Procedures
   C. LESHRC Syringe Exchange Policies and Procedures
   D. Overview of Harm Reduction
   E. Safer Injection Practices
   F. Sexual risk reduction practices
   G. Safer drug use techniques
   H. Procedures for making referrals to other services
   I. Cultural diversity training.

1.4 Upon completion of training, each employee, intern and volunteer will be given a certificate of completion signed by the Prevention Services Manager. This will authorize the staff to conduct syringe exchanges at LESHRC. A copy of each certificate will be kept on file at the agency’s program site. The Prevention Services Manager will inform the program director of the name of all new qualified person trained to do exchange and the program director will forward an up-dated list of volunteers and interns, to the NYS Department AIDS Institute in the monthly report.

Note: If a NYSDOH needle stick injury training is not available then LESHRC staff will conduct SEP when they have successfully completed in-service needle stick injury prevention training. New staff will also be expected to later attend the first available NYSDOH training.

2.0 TRAINING PROVIDED BY NYS DEPT. OF HEALTH

2.1 All syringe exchange/outreach staff are required to attend training offered by the NYS Department of Health (or other sources approved by the Department) on the following topics:
A. Safety issues, including procedures for handling potentially infectious injection equipment, disposal of hazardous waste, prevention and handling of Needle stick injuries, control of exposure to blood borne pathogens, and incident reporting procedures
B. Hepatitis A, B, and C (including screening and vaccination)
C. Overview of HIV disease, including transmission modes
D. Tuberculosis prevention, control and treatment
E. Overview of other diseases prevalent in substance using populations
F. Overview of legal issues concerning syringe exchange.

2.2 Upon notification by the NYS Department of Health that such training opportunities are being offered, the Prevention Services Manager will insure that staff members who have not received such training are scheduled to attend the training sessions. All staff will receive training as early as opportunity and program scheduling permit.

2.3 Where the AIDS Institute or other outside agency conducts the training, it is the responsibility of each staff, intern or volunteer receiving this training to obtain a statement of completion of the training, along with the types of training completed, and to forward a copy of this documentation to the Prevention Services Manager and/or Executive Director as documentation that training requirements have been satisfied. A copy of the certificate of completion must be contained in the personnel files.

3.0 ADDITIONAL TRAINING REQUIREMENTS

3.1 All syringe exchange staff members are encouraged to participate in training programs related to addiction and recovery processes, relapse prevention, and recovery readiness. It is the responsibility of each staff member to obtain documentation of all training completed and to provide copies of this documentation to the Prevention Services Manager and/or the Executive Director for inclusion in personnel files.
Title: Prevention of Needle Stick Injuries

Policy: All syringe exchange staff, interns and volunteers will strictly comply with authorized exchange procedures to insure a minimum risk of needle stick injury.

Purpose: To ensure the safety of all syringe exchange staff, interns, volunteers and participants from needle stick injury.

Scope: This procedure applies to all syringe exchanges which operate within LESHRC.

Procedure:

1.0 PARTICIPANT EDUCATION

1.1 Upon joining the Harm Reduction Syringe Exchange Program, staff, interns, and volunteers will carefully instruct each participant about the safe handling and exchange of used injection equipment. This instruction will include:

A. use and importance of sharps containers (distributed to participants upon request for purposes of transporting used syringes back to LESHRC)
B. importance of never allowing another person to handle used injection equipment
C. the need for participants to exercise caution when capping, covering, or disabling used syringes
D. If participants do not return syringes, they are taught to recap syringes with cotton pellet, gum, cigarette filter, etc. and place them in a puncture resistant plastic container to reduce needle stick injury.
E. If the syringe is broken off, the plunger should be removed and the needle should be put in the barrel of the syringe and the plunger should be replaced.
F. Encourage clients to bundle syringes in groups of 5-10.

2.0 EXCHANGE OPERATION

2.1 All staff, interns, and volunteers are forbidden, under any and all circumstances, to touch or handle used injection equipment unless properly enclosed in an approved container.

2.2 All used injection equipment must be placed, by the participant, in an approved leak proof, rigid, puncture-resistant waste container [“sharps container”] that is conspicuously labeled “infectious waste”.

2.3 Staff, interns and volunteers may never hold the sharps container during an exchange. The container must be placed in the sharps container holder on the exchange table, on the floor, or on level ground and kept level at all times.

2.4 Any used injection equipment that falls outside the sharps container must be retrieved by the participant and placed in the sharps container.

2.5 In the event that a syringe must be picked up by staff, intern or volunteer for placement in a sharps container, tongs and puncture proof gloves must be used to pick up the needle/syringe.
2.6 When conducting an exchange, all staff, interns, and volunteers must ensure that an approved sharps container is placed between themselves and the exchanger. It is never permissible for an exchanger to lean over or across staff, interns or volunteers to deposit used syringes in a sharps container.

2.7 Staff, interns and volunteers may never insert their hands into the sharps container. Likewise, staff, intern and volunteer must ensure that participants do not insert their hands into the sharps container nor forcibly push used injection equipment into the sharps container.

2.8 Staff, interns and volunteers are to ensure that sharps containers have sufficient space available to allow used injection equipment to fall unimpeded into the sharps container, sharps container should not be more than its full line or ¾ full, the level of syringes in the container should never be high enough to allow syringes to pierce the cap that is used to close the container.

2.9 In the event of a sharps container spill or the spill of other used injection equipment, staff, interns and volunteers must adhere to the following protocol:

A. one person will be designated to manage the spill
B. all other staff, interns and volunteers will insure that the area of the spill is secured and nobody, including staff, interns, volunteers or participants, will be allowed to enter the area of the spill until the designated manager has completed the spill clean-up
C. the person designated to manage the spill will wear puncture resistant utility gloves and use tongs to retrieve the spilled injection equipment and place it in the sharps container
D. when all used injection equipment have been retrieved and placed in the sharps container, the area of the spill will be thoroughly cleansed with bleach

3.0 All staff, interns and volunteers conducting syringe exchange will be encouraged to that wearing long pants, closed-toed shoes, and long-sleeved shirts to reduce the likelihood of needle stick injury.

4.0 Syringe Exchange Program staff, interns and volunteers will continuously monitor the environment to avoid, prevent, or put a stop to situations which could give rise to needle stick injuries, such as excessive crowding by participants around the exchange table, unsafe syringe handling practices by participants, etc.

5.0 Seal and label filled sharps containers "contains sharps"

6.0 Never reopen sharps containers after it has been sealed.

7.0 Transport in secured sealed and labeled, leak proof cartons. Note: Number sequence 5.0-5.2
Title: Handling Needle Stick Injuries

Policy: All staff, interns, participants and volunteers who sustain a needle stick injury must report such injury immediately to a syringe exchange staff member upon occurrence and the authorized protocol for the handling of such injury must be strictly followed.

Purpose: To ensure that any needle stick injury is appropriately treated and reported in accordance with New York State Department of Health AIDS Institute policies.

Scope: This policy applies to all staff and volunteers engaged in syringe exchange activities at LESHRC Inc. syringe exchange sites.

Procedure:

1.0 REPORTING OF NEEDLE STICK INJURY

1.1 Any staff, intern or volunteer who has any contact with a used, or suspected to be used, syringe in such a manner as to penetrate the skin must report this needle stick injury immediately to a LESHRC staff member who has been designated to assist with needle stick injuries. The following staff has been designated to be responsible for assisting staff and volunteers with the treatment of Needle stick injuries:

A. Prevention Services Manager
B. Outreach Coordinator
C. Executive Director
D. Program Director

1.2 Immediately upon occurrence of a Needle stick injury [as defined in 1.1 above], the injured staff, intern, volunteer, or participant must contact the Prevention Services Manager, Outreach Coordinator, Executive Director, or Program Director. If the incident occurs outside of the agency, during walkabout exchange staff will contact one of the above mentioned listed staff members by phone. In the case of non staff walkabout, intern/volunteers will contact one of the mentioned listed staff. The individual who is contacted becomes the designated staff person responsible for assisting the injured staff or volunteer to complete the treatment protocol and for completing all reporting requirements.

1.3 The staff person designated to assist needle stick-injured staff, interns, participant and volunteers will insure that the approved needle stick injury treatment protocol is strictly followed. This protocol is attached to the end of this manual and is entitled: “PROTOCOL FOR POST EXPOSURE MANAGEMENT OF NEEDLESTICK INJURY,” AIDS Institute, Rev. 9/04

1.4 Staff or designee will complete a NYS “Syringe Exchange Program Needle Stick Injury/Blood or Bodily Fluid Exposure Report” form and forward the original to the AIDS Institute’s designated person, with a copy on file with the LESHRC. This must be forwarded to the AIDS Institute within 24 hours of the needle stick injury.

1.5 Person with needle stick injury should go to an emergency room within 1-2 hours but no later than 72 hours.

1.6 If assistance is needed from the AIDS Institute, program staff will call the Office of the Medical Director's cell phone at 646.267.0644. If no one answers the cell phone, leave a message indicating: the reason for the call, who should be contacted, and a telephone number where the contact person can be reached.
Title: Community Advisory Board

Policy: In order to enlist broader community support and to assist with the integration of syringe exchange services within the community, the Executive Director will extend every effort to assure the continued function of the Community Advisory Board.

Purpose: To ensure an appropriate procedure for soliciting community advice, for identifying community problems, and for proposing solutions to problems regarding the on-going operation of the syringe exchange program in the community.

Scope: This procedure applies to all functions of the Community Advisory Board.

Procedure:

1.0 RECRUITMENT OF COMMUNITY ADVISORY BOARD

1.1 The Executive Director will consult with the Program Director (Check title) and the Deputy Executive Director to identify individuals who should be invited to become members of the advisory board.

1.2 Individuals identified for participation on the advisory board should be representative of a broad cross-section of the community, including community residents, program participants, representatives of area community-based organizations, and professionals in the fields of substance use, syringe exchange, harm reduction, law, medicine, religion, and other relevant disciplines. Community stakeholders such as Community Boards and local elected officials may designate representatives to the advisory board.

1.3 The Executive Director will regularly monitor the composition of this Board to assure that its composition is adequate for the Board to function effectively, and will seek new candidates to become Board members on an as-needed basis.

1.4 The Executive Director will provide a list of the members of the advisory board to the AIDS Institute on an annual basis, or as membership may change from time to time.

2.0 FUNCTION OF THE COMMUNITY ADVISORY BOARD

2.1 The Community Advisory Board will elect its own Chairperson for a term of one year, determine the number of members that the Board should contain, and will otherwise determine its method of function and will develop its own rules of order and procedures for conducting its business.

2.2 The Community Advisory Board will be responsible for identifying potential issues posed by the community regarding the SEP and for proposing solutions to these potential issues, identifying gaps in services, and putting forward suggestions for enhancement of services. Similarly, LESHRC Executive Director will also advise the CAB of difficulties that are occurring relative to the provision of syringe exchange in the Community, and will seek the CAB's input as to possible solutions to those difficulties.

2.3 Feedback from the Community Advisory Board to LESHRC staff is crucial. Written minutes of the CAB will be recorded by a designated member. These will be distributed to staff, interns, volunteers and members of the Board of Directors by the Executive Director. The Community Advisory Board will also submit minutes of its meetings to the AIDS Institute.
Title: Users Advisory Board

Policy: In order to enlist the support and assistance of participants and staff with the integration of syringe exchange services within the LESHRC community, the Prevention Services Manager will manage the continued function of the Users Advisory Board, a board consisting of users and LESHRC interns and volunteers.

Purpose: To state the appropriate procedure for soliciting participant, intern, volunteer and staff advice, for identifying programmatic problems, and for proposing solutions to problems regarding the on-going operation of the syringe exchange program, identifying gaps in services and offering suggestions for enhancement of services.

Scope: This procedure applies to all functions of the Users Advisory Board.

Procedure:

1.0 RECRUITMENT OF THE USERS ADVISORY BOARD

1.1 The Prevention Services Manager will identify one LESHRC SEP staff member for invitation to participate on the advisory board.

1.2 Representatives from the LESHRC volunteer pool will be notified in writing that their participation in the advisory board is strongly encouraged.

1.3 The designated staff member will try to recruit at least six syringe exchange participants to meet at each advisory board meeting. Outreach to users for the advisory board will occur as follows:
   A. notification will be posted in the syringe exchange area to notify all participants the time and date of each user’s advisory board meeting. These meeting will be open to all users and volunteers.
   B. outreach for the advisory board will be solicited in writing during walkabout syringe exchange sessions.
   C. participants who are interested in being part of the advisory board will be notified of time and date of next meeting.
   D. all outreach staff will give a clear explanation of the benefits and responsibilities of board participation and encourage user participation.
   e. in the event that fewer than six participants are in attendance at any given advisory board meeting, a second solicitation will be made, in accordance with the above procedures, in an attempt to identify at least six participants who wish to participate on the advisory board. LESHRC will allow all users who wish to participate in advisory board meeting to attend these meetings.
2.0 FUNCTION OF THE USERS ADVISORY BOARD

2.1 The Users Advisory Board will be required to meet at least three times a year.

2.2 The Users Advisory Board will be responsible for identifying potential problems in syringe exchange operations and for proposing solutions to these potential problems. Additionally, the Users Advisory Board will provide an opportunity for participant input into the syringe exchange’s procedures and operations, identify gaps in services, and put forward suggestions for enhancement of services.

2.3 The Prevention Services Manager will be responsible to send minutes of the meetings of the Users Advisory Board to all staff.

2.4 In the event that it is not possible to convene or maintain a Users Advisory Board due to lack of interest or availability on the part of syringe exchange participants, LESHRC will convene ad-hoc focus groups of syringe exchange participants, at least four times a year, to obtain their feedback regarding syringe exchange program practices and operations. Minutes of these informal meetings will be maintained at LESHRC and a copy sent to the AIDS Institute.
Title: Reporting Community and Law Enforcement Concerns

Policy: The Prevention Services Manager will report all community and law enforcement concerns to the AIDS Institute within 24 hours of the occurrence.

Purpose: To ensure a procedure for reporting all community and law enforcement concerns and documenting potential problems with community or law enforcement.

Scope: This procedure applies to all incidents of community concern, law enforcement episodes, violence at the program site, or potential legal action against the program.

Procedure

1.0 REPORTING INCIDENTS OF COMMUNITY CONCERN

1.1 Immediately upon receipt of a written communication by any person in the local community expressing concern regarding the presence or operation of the syringe exchange, the Prevention Services Manager will report the incident as follows:

A. a copy of the written communication will be sent to the Executive Director.

B. notification will be sent to the AIDS Institute within 24 hours of receipt of the written communication utilizing the forms provided by the NYSDOH AIDS Institute

1.2 As soon as possible after notification of receipt of such written communication, the Prevention Services Manager will meet with the Executive Director to discuss the concerns expressed, and to draft a written response to the concerns raised by the community. A copy of this response will be forwarded to the NYS AIDS Institute within two business days. Where it is deemed possible and appropriate by the ED and the Prevention Services Manager, a meeting will be set up with the party expressing their concern or objection, to see if the problem can be resolved via a face-to-face meeting.

1.3 LESHRC will contact the AIDS Institute Harm Reduction Unit’s Coordinator of Community Relations if assistance is requested for addressing issue(s).

2.0 REPORTING LAW ENFORCEMENT INCIDENTS

2.1 Immediately upon occurrence of any incident involving any member of a law enforcement agency, the Prevention Services Manager will report such incident as follows:

A. immediately complete an incident report detailing the occurrence and the involvement of law enforcement

B. immediately forward a copy of the incident report to the Executive Director

C. within 24 hours notify the NYS AIDS Institute of the details of the occurrence and law enforcement involvement utilizing the forms provided by the NYSDOH AIDS Institute

2.2 As soon as possible after the incident, the Prevention Services Manager will meet with the Executive Director to draft a response to the incident. This response will be forwarded to the NYSDOH AIDS Institute and to the appropriate law enforcement agency. When appropriate, the Lower East Side Harm Reduction Center will seek out legal counsel. Additionally, the agency will meet with law enforcement officials when warranted.

2.3 LESHRC will contact the AIDS Institute Harm Reduction Unit’s Coordinator of Community Relations if assistance is requested for addressing issue(s).

3.0 REPORTING INCIDENTS OF VIOLENCE AT THE PROGRAM SITE
3.1 Immediately upon the occurrence of any act of violence toward syringe exchange staff, interns, volunteers or participants in the syringe exchange area, Prevention Services Manager will report such acts as follows:
   A. call the local police precinct or 911 if deemed appropriate to ensure the safety of staff, volunteers or program participants.
   B. immediately complete an incident report documenting the details of the episode and immediately forward a copy of the incident report to the Executive Director
   C. In cases involving staff, interns, participant or volunteers LESHRC will within 24 hours notify the NYSDOH AIDS Institute of the incident utilizing the forms provided by the Institute.

3.2 As soon as possible after the incident, the Prevention Services Manager will meet with the Executive Director to draft a written plan to address concerns resulting from the violent episode. A copy of this plan will be forwarded to the NYS AIDS Institute within two business days.

4.0 REPORTING POTENTIAL LEGAL ACTION

4.1 Immediately upon written notification of legal action against the syringe exchange, the Deputy Executive Director will report such action as follows:
   A. immediately forward a copy of the notification to the Executive Director
   B. within 24 hours notify the NYS AIDS Institute utilizing the forms provided by the NYS AIDS Institute
   C. When appropriate, LESHRC will seek out legal counsel.

4.2 As soon as practical after notification of possible legal action, LESHRC will draft a response to the complaint’s raised in the action and will forward such response to the NYS AIDS Institute.
Title: Determining Eligibility for Program Participation

Policy: Syringe Exchange services may be provided only to those persons who meet the eligibility requirements for the program.

Purpose: To provide a procedure for ensuring that all syringe exchange participants meet the eligibility requirements of the program.

Scope: This procedure applies to all persons seeking enrollment in the LESHRC Syringe Exchange Program.

Procedure:

1.0 ELIGIBILITY ASSESSMENT

1.1 At the first visit to the syringe exchange by a potential participant, the staff, intern or volunteer on duty at that time will perform an initial assessment to determine that the client is eligible for participation in the syringe exchange program [as defined by the eligibility criteria outlined in 2.0 below].

1.2 When participants meet the eligibility criteria for participation in the syringe exchange, the staff, intern or volunteer performing the assessment will:
   A. inform the participant that he/she meets the eligibility criteria for the LESHRC syringe exchange
   B. instruct the participant about the importance of utilizing sterile injection equipment.
   C. inform participant of other services available from LESHRC
   D. ensure that in the event that a staff person is unable to make a referral the participant will be asked to return when an available staff will make the referral.
   E. Importance of carrying SEP ID card.
   F. SEP protocols.

2.0 ELIGIBILITY CRITERIA

2.1 Syringe Exchange services will be provided to any person who meets the following eligibility criteria of being a current injecting drug user. To determine this, staff, interns and volunteers will ask questions that assist in determining that the potential participant is in fact an injection drug user, such as:
   A. What drugs do you inject (Heroin, cocaine, crystal meth etc)?
   B. How do you inject (IV, Skin pop, Intramuscular)?
   C. How long have you been injecting?
   This may include persons who inject other medical substances, such as insulin for treatment of diabetes.
Title: Assessment of Participants 23 Years of Age or Younger

Policy: All syringe exchange participants 23 years of age or younger will receive an individual assessment designed to elicit information about current needs and appropriate youth specific referrals.

Purpose: To ensure that each participant’s individual needs are addressed in an age-appropriate manner.

Scope: The procedure applies to all syringe exchange participants who are 23 years of age or younger.

Procedure:

1.0 INITIAL ASSESSMENT

1.1 At the first visit to the syringe exchange by an eligible participant 23 years of age or younger, the staff, intern or volunteer on duty will perform an individual assessment, which will include:
   A. drug use and treatment history
   B. familiarity with syringe exchange
   C. knowledge of dangers associated with injection
   D. ability to clean works
   E. knowledge of risk reduction for injectors
   F. knowledge of safer injection practices
   G. syringe exchange policies and procedures
   H. knowledge of youth specific services

1.2 In the event that the participant is reticent to give sufficient information during the first visit to complete the initial assessment, the staff intern or volunteer will inform participant that he/she can not assess the syringe exchange. Instead participants will be provided with a list of other syringe exchange and ESAP location.
Title: Referral of Participants 23 Years of Age and Younger

Policy: Syringe Exchange staff, interns, and volunteers will coordinate immediate referrals for participants 23 years of age and younger when requested by the participant.

Purpose: To provide a procedure for the coordination of information and referrals for all participants 23 years of age and younger.

Scope: This procedure applies to all syringe exchange participants 23 years of age and younger.

Procedure:

Performing Initial Assessment

1.1 LESHRC’s staff will perform an individual assessment which will include all items of information referred to above in SEP 8, section 1.1.

1.2 Making Referrals

A. In light of the critical importance of harm reduction interventions with participants 23 years of age and younger, staff, interns and volunteers of the syringe exchange program should make every attempt to maximize contacts with these individuals by making meaningful referrals.

B. Staff will inform participant about the Vital Services Team services such as: substance use counseling, mental health services, HIV counseling and testing, drug treatment, health care, housing, entitlements, and other appropriate services as needed, and to the extent possible, will perform follow-up on referrals.

C. LESHRC will make efforts to refer participants 23 years of age or younger to other community based organizations (Such as Streetworks) whose special expertise is in working with adolescents in the area of underage drug use, to assure that critical needs of these persons are met.
Title: Enrollment of Participants

Policy: Any person receiving syringe exchange services must be formally enrolled in the Syringe Exchange Program.

Purpose: To ensure that adequate and appropriate coordination of services are provided to participants and that appropriate documentation and data collection are maintained.

Scope: This procedure applies to all services provided by the Syringe Exchange Program.

Procedure:

1.0 ISSUING IDENTIFICATION CARDS

1.1 Once an eligibility assessment has been made and it has been determined that a participant is eligible for syringe exchange services, (see SNEP-7) the participant will be issued an “LESHRC Syringe Exchange” identification card bearing an anonymous unique identifier number (“ID code”).

1.2 The ID code assigned to the participant will be derived from answers to five questions asked of participants, as follows:
   first two letters of last name
   first letter of mother’s first name
   day of birth (2 digits, e.g. 07)

   For example, Drew Kramer, whose mother’s first name was Jeanette, and who was born on October 29, 1964, would have an ID code of KRJ29.

1.3 The ID code is clearly and legibly handwritten in ink on a blank identification card by the Syringe Exchange staff person, intern or volunteer.

1.4 The ID card is then presented to the participant prior to the first exchange encounter.

1.5 In the event that a participant should refuse an identification card, the staff person, intern or volunteer must clearly inform the participant of the legal importance of carrying a card and the implications of not carrying a card. Emphasis will be on explaining how important it is to be able to verify that they are a participant in an authorized syringe exchange program when carrying new or used syringes and carrying syringes with drug residue. The participant’s refusal of an identification card must be documented and the identification card retained on file at LESHRC.

1.6 Twice a year all participants ID cards will be physical check though the Uniform Reporting System (URS). This will serve as a means of Continuing Quality Assurance (CQI). All participants who codes are not found in URS will be reused a new card upon correction.
2.0 RECORDING PARTICIPANT INFORMATION

2.1 Prior to the first exchange encounter, program staff will enter onto the Participant Registration form his/her I.D code, # of years injecting, age, race, and gender.

2.2 The Prevention Services Manager will insure that as each new participant is registered, that the data is entered in to LESHRC’s information system (URS) for verification, reporting and program evaluation purposes.

3.0 DEFINITION OF A PARTICIPANT

3.1 A Syringe Exchange Program Participant will be defined as any person who has been deemed by staff, interns or volunteers to have met the eligibility criteria (see SEP-7, 2.1).

3.2 Syringe exchange services may be provided only to program participants.
Title: Needs Assessment

Policy: LESHRC's staff will insure that all participants in the syringe exchange are informed of referral services, and that all requesting such services receive a needs assessment by an appropriate staff member.

Purpose: To insure that syringe exchange participants receive adequate and appropriate referral to other services.

Scope: This procedure applies to all syringe exchange participants.

Procedure:

1.0 INITIAL ASSESSMENT/ORIENTATION/DISSEMINATION OF INFORMATION

Enrollment/Intake person will perform detailed individual assessment and provide an orientation and disseminate information to participants as follows:

A. policies and procedures involving syringe exchange at LESHRC
B. cleaning works with bleach
C. importance of not sharing injection equipment (syringes, water, cotton, spoons, etc)
D. vein rotation and safer injection techniques
E. complete list of services available from LESHRC
F. determination of whether or not the person will be receiving works that day
G. Overdose Prevention/ Narcan Information
H. HIV/ADIS 101
I. Safer sex education
J. Hepatitis

1.2 This initial assessment will be documented on LESHRC's Initial Assessment Form

2.0 ON-GOING ASSESSMENT

2.1 Trained staff will be available during syringe exchange should a participant desire to discuss individual drug use issues and direct participant to services available at LESHRC or elsewhere which the participant identifies as desirable.
Title: Referral of Participants to Other Services and Referral Linkages

Policy: Syringe Exchange staff, interns and volunteers will offer all participants a brochure listing available in-house services and information about our referral services.

Purpose: To provide a procedure for the coordination of information and referrals for all participants.

Scope: This procedure applies to all syringe exchange participants.

Procedure: Initial Assessment/Orientation/Dissemination of Information
Upon referral to LESHRC, appropriate staff or trained volunteers will attempt to perform a detailed individual assessment which will include:

A. policies and procedures involving syringe exchange at LESHRC
B. cleaning injection equipment with bleach
C. the importance of not sharing injection equipment (syringes, water, cotton, spoons, etc.)
D. vein rotation and safer injection techniques
E. complete list of services available from LESHRC
F. determination of whether or not the person will be receiving syringes that day

Note: This refers to in-house referrals and not outside referrals. It is also duplicative of the previous policy.

Maintaining Referral Linkages Note: should be revised to divide into those offered on site and off site.
LESHRC maintains a variety of formal relationships with other service providers, including, but not limited to: anonymous and confidential HIV antibody testing services; HIV and general primary health care; family planning, prenatal and obstetrical care; substance use treatment; Tuberculosis screening and treatment; screening and treatment for sexually transmitted diseases; case management and support services for HIV-infected people; and mental health services.

Formalizing Referral Linkages
Each of these linkages has been formalized in writing. A listing of all new linkages will be included in the monthly reports and annual CFA’s submitted to the AIDS Institute.
Title: Provision of HIV Prevention Education

Policy: LESHRC’s staff, interns and volunteers will provide syringe exchange participants with HIV prevention education.

Purpose: To ensure that Syringe Exchange Participants have access to up to date safer injection and safer sex practices that minimize exposure to or transmission of HIV.

Scope: This procedure applies to all syringe exchange participants.

Procedure:

1.0 The LESHRC exchange sites will display and offer program participants and others printed HIV prevention information that is culturally sensitive to and appropriate to age, literacy level, and gender.

1.1 LESHRC staff, interns and volunteers will, as part of the initial intake process for syringe exchange, and in subsequent encounters at exchange and during outreach efforts, offer safer sex education and bleach kit demonstrations where appropriate.

1.2 During enrollment and subsequent syringe exchange encounters, staff, interns and volunteers will attempt to engage participants in dialogue about HIV/HCV prevention (Including testing and the importance of HIV/HCV treatment). Safer sex, harm reduction in addition to the importance of sterile syringe use and techniques for cleaning syringes when obtaining sterile syringes is not possible is stressed.
Title: Syringe Exchange Protocol

Policy: All staff, interns and volunteers providing syringe exchange services will adhere to approved protocols for exchanging syringes.

Purpose: To ensure that all syringe exchange services provided at LESHRC's site are safe, effective, consistent, and in accordance with New York State Department of Health regulations.

Scope: This procedure applies to all syringe exchange participants registered in LESHRC's Syringe Exchange Program.

Procedure:

1.0 INITIAL ENCOUNTER

1.1 Any person who has been deemed by LESHRC staff, interns and volunteers to be eligible for syringe exchange services [see SEP-7 above] and who has been formally enrolled in the Syringe Exchange Program [see SEP-10 above] may be provided with sterile injection equipment.

1.2 When visiting the exchange for the first time, the participant will be provided with a “starter kit” which contains the following:

A. up to ten syringes if participant requests syringes at the initial visit. Up to 30 may be provided at a staff's discretion when deemed necessary to meet the participant's injection needs.

B. In addition, if participant bring in syringes for disposal/exchange, they can receive sterile syringes in a one-to-one ratio.

C. alcohol pads

D. cotton balls

E. bottled bleach and water

F. condoms and other latex barriers

1.3 The staff, intern or volunteer providing the bleach kit (bottled bleach, water, cotton, and alcohol pads) will carefully instruct the participant about the safe use of each of the items contained in the kit.

1.4 The participant will be strongly encouraged to return used syringes.

2.0 SECOND ENCOUNTER

2.1 At the participant's second visit to the exchange, the staff, intern or volunteer will exchange one syringe for each syringe returned and dispense an additional ten syringes. After the participant reaches the level of returning 50 syringes, exchange is one for one; no incremental syringes are given out.

2.2 Participants are strongly encouraged to return all used syringes to the exchange. Sharps containers will be provided if a participant wants one.

2.3 The participant will be instructed that the syringe exchange is an anonymous and confidential program which must be honored by all employed or receiving services

2.4 The participant will be offered additional supplies of cotton balls, alcohol pads, condoms, and bleach kits.

3.0 SUBSEQUENT ENCOUNTERS
3.1 At the participant’s subsequent visits to the exchange, the staff, intern or volunteer on duty will dispense a one-for-one exchange for each syringe returned, plus an additional quantity of up to ten extra syringes up to 50 syringes, whereupon exchange becomes one-for-one.

3.2 Through on-going assessment and discussion, exchange staff, interns and volunteers will assist the participant to determine the maximum number of syringes needed so that the participant can inject with a sterile syringe every time he or she injects. This maximum number will be based on the participant’s individual drug use, including such factors as type of drug(s) used, frequency of use, and frequency of visits to the exchange.

3.3 At each subsequent exchange encounter, staff, interns and volunteers will remind participants to return all used syringes with injection equipment to the exchange.

3.4 If staff, interns or volunteers realizes participants has not been returning syringes a conversation explaining the importance of proper disposal and exchange verse distribution takes place.
Title: Limit on Syringes Exchanged per Transaction

Policy: The number of syringes exchanged at each transaction will be limited to 250.

Purpose: To establish a pattern of “one shot, one syringe” behavior and to encourage participants to exchange syringes more frequently and in greater numbers.

Scope: This procedure applies to all syringe exchange transactions at LESHRC

Procedure:

1.0 EVALUATING SYRINGE NEEDS

1.1 Prior to incrementing a participant’s exchanges, exchange staff, interns and volunteers will assist the participant to determine the number of syringes needed to insure a sterile syringe for each injection.

1.2 To determine the number of syringes needed by the participant, syringe exchange staff, interns and volunteers will ascertain the following:

   A. the type of drug(s) used
   B. the frequency of injection
   C. difficulties encountered by participant in accessing exchange services
   D. the factors which may inhibit participants’ ability to keep an adequate supply of syringes necessary to maintain “one shot one syringe.”

1.3 Utilizing the above information, exchange staff, interns and volunteers together with the participant will negotiate a frequency of exchange which, when possible, keeps the maximum number of syringes needed by the participant below the limit of 250 syringes.

2.0 ESTABLISHING EXCHANGE LIMITS

2.1 For most participants, the limit of 250 syringes exchanged at each transaction will provide sufficient sterile syringes for each injection until the next exchange.

2.2 For participants whose injection drug of choice is cocaine, the limit on the number of syringes exchanged at each transaction may be insufficient to permit the use of a sterile syringe for each injection. For these participants, exchange staff, interns and volunteers, may exceed the programmatic cap of 250 syringes depending on such factors as the type and frequency of drug use, the difficulty a participant may have in accessing exchange sites, or other circumstances (E.g., police harassment, unstable housing or homelessness,) and the prior exchange pattern of the participant. This is done to maximize every participant’s ability to protect themselves and others by adhering to the CDC’s “one shot one syringe” recommendation.
Title: Exceptions to Protocol

Policy: In instances where extenuating circumstances prevent a syringe exchange participant from being able to return syringes, the Prevention Services Manager or their designee(s) may make certain exceptions to the protocol on a case-by-case basis.

Purpose: To provide a procedure for evaluating and deciding exceptions to the exchange protocol.

Scope: This procedure applies to all instances when exchange participants are unable, due to extenuating circumstances, to adhere to the routine exchange protocol.

Procedure:

1.0 ASSESSING CONTINGENCIES

1.1 When a participant visits the exchange without used syringes to return, the Prevention Services Manager or other authorized staff will discuss with the participant the importance of proper disposal, returning syringes and maintaining a “one shot one syringe supply of syringes.

1.2 The Prevention Services Manager or other authorized staff will evaluate the participant's overall participation in the exchange and the participant's personal circumstances which may make syringe return difficult.

1.3 The Prevention Services Manager or authorized staff may negotiate with the participant, based on the above evaluation, an exception to protocol. This exception may take a number of forms, including but not limited to:

   A. providing the participant with sufficient syringes to permit the use of a sterile syringe for each injection until the next visit to the exchange.

   B. providing the participant with the minimal number of syringes required by the participant in order to maintain the connection to services that will set the stage for future compliance and to re-establish a relationship of trust between the program and the participant

2.0 CONTINGENCY CONTRACTING

2.1 The Prevention Services Manager or other authorized staff may utilize “contingency contracting” to negotiate reasonable exceptions to exchange policies based on a participant's inability to meaningfully adhere to policies due to circumstances substantially or entirely beyond their control.

2.3 Contingency contracts should be addressed on a case-by-case, exchange-by-exchange basis when a participant presents a valid reason why he or she is unable to comply with exchange policies as set forth by LESHRC.

2.4 Upon authorized staff deciding to make an exception to protocol comment explaining decision must be placed in the URS.
Title: Storage of Syringes

Policy: All syringes, both new and used, will be stored in a locked, secured space and only authorized staff will have access to storage facilities.

Purpose: To ensure adequate and appropriate security of syringe exchange supplies.

Scope: This procedure applies to all syringes stored at LESHRC.

Procedure:

1.0 STORAGE OF NEW SYRINGES

1.1 Immediately upon receipt, all new syringes will be placed inside the secure basement storage area at LESHRC’s program site.

1.2 The only staff authorized to possess keys to syringe storage areas (basement and locked storage cabinet) are:

A. Executive Director
B. Deputy Executive Director
C. Program Director
D. Prevention Services Manager
E. Gateway staff, staff hired to work in the syringe exchange and conduct outreach.
F. Other staff authorized by any of the above as necessary in order to conduct syringe exchange, but only for a limited time period required to conduct syringe exchange.

1.3 All new syringes will remain in the basement storage area mentioned above in 1.1 until needed for syringe exchange. Before each storefront exchange shift or walkabout exchange, an adequate number of syringes will be removed from the basement storage area and placed in the locked cabinet by the exchange counter.

1.4 During the exchange shift or prior to the departure of the walkabout team, a sufficient number of syringes will be removed from the locked cabinet.

1.5 At the end of the exchange shift or upon the return of the walkabout team, any unused syringes will be returned to the locked cabinet.

1.6 The Prevention Services Manager maintains the inventory for the storage cabinet and the inventory for the basement storage area.

1.7 On biannually basic, the Prevention Services Manager will conduct a count of the syringes in the basement storage area and verify that the recorded inventory matches the physical count of the syringes.

1.8 In the event that the physical count-inventory comparison or the basement inventory-locked cabinet log indicates a discrepancy, the Prevention Services Manager will bring this discrepancy to the attention of the Executive Director. The Prevention Services Manager and the Executive Director will work to resolve for the discrepancy. If the Executive Director is unable to resolve the discrepancy, this will be reported to the agency’s contract manager at the New York State Department of Health AIDS Institute. Repeated Discrepancies will result in a review of security producers and or polices.

2.0 STORAGE OF USED SYRINGES

2.1 All used syringes will be securely stored in sealed, leak proof, puncture resistant, approved “sharps containers”, and will be placed in the secure basement storage area at LESHRC’s program site. Labeled “sharps containers”.
2.2 The only staff authorized to possess keys to the used syringe storage cabinet are:

A. Executive Director
B. Deputy Executive Director
C. Program Director
D. Prevention Services Manager
E. Gateway Staff, staff hired to work in the syringe exchange and conduct outreach.
F. Other staff authorized by any of the above as necessary in order to conduct syringe exchange, but only for a limited time period required to conduct syringe exchange.

2.3 All sealed containers of used syringes will remain in the secure basement storage area until needed for disposal. When needed for disposal, the Prevention Services Manager or their designee(s) will enter the storage space and retrieve the containers. A log containing an accurate count of the number of containers being removed from the storage cabinet and released to the waste disposal company will be maintained, and forms will be signed by the Prevention Services Manager or their designee(s). The Waste company must give LESHRC a receipt for boxes or weight of medical waste.
Title: Handling of Syringes during Exchange

Policy: During syringe exchange hours a number of syringes sufficient to meet the exchange needs for no more than one day will be maintained in the locked storage cabinet behind the exchange counter, and access to these syringes will be limited to the trained syringe exchange staff, interns and volunteers on duty.

Purpose: To ensure adequate and appropriate security of syringes during syringe exchange hours.

Scope: This procedure applies to all syringes for use during syringe exchange.

Procedure:

1.0 LOCATION OF SYRINGES DURING EXCHANGES

1.1 A number of new syringes needed for exchanges may be kept in the locked cabinet behind the exchange counter. A log of all syringes placed in the cabinet from the basement storage area and removed from the cabinet in the course of exchange will be maintained by staff, interns and volunteers authorized to conduct syringe exchange.

2.0 ACCESS TO SYRINGES

2.1 Access to the locked storage cabinet area will be limited to the Executive Director, the Prevention Services Manager and their designee(s).

2.2 During every exchange session, syringes will be taken from the locked cabinet as needed and dispensed from behind the counter during exchange. This procedure is followed for all exchanges. This includes any type emergency exchanges.

2.3 For walkabout exchange, trained and authorized outreach staff, interns and volunteers will take a sufficient supply from the locked cabinet. Any syringes not used during walkabout will be returned to the locked cabinet upon the return of the walkabout team. Adjustments will be made to the inventory log (syringes removed and syringes replaced).
3.0 SECURITY OF SUPPLIES

3.1 All syringe exchange staff, interns and volunteers are responsible for observing proper security precautions during an exchange and between exchanges. This involves assuring that sterile syringes in the exchange area be continually watched to avoid theft. The authorized staff member in charge of each exchange will have overall responsibility to assure that this security precaution is maintained at all times. SEP staff will work in teams of at least two for safety and security purposes.

3.2 Manager and authorized staff keep keys on their position for daily operation of syringe exchange. A master key is kept locked in agency safe that is retained through Executive Director or Director of Operation and Communication Manager.

3.2 The Prevention Services Manager has primary responsibility for ensuring that proper security precautions are adhered to during syringe exchange and that all staff, interns and volunteers adhere to the security instructions. In the absence of the Prevention Services Manager, the designee is responsible for the security of the syringe exchange supplies.
Procedure Number: SEP-19
Revision Date: April 19, 2007
Prepared By: Mark Gerse, Deputy Executive Director and Calvin Cleveland, Prevention Services Manager

Title: Ordering Supplies
Note: AmFar's name has been changed to the Foundation for AIDS Research

Policy: All syringe exchange supplies will be ordered monthly by the Prevention Services Manager on approved forms and in accordance with approved procedures.

Purpose: To ensure that the ordering of syringe exchange supplies is in accordance with NYS DOH AIDS Institute regulations. To have adequate amounts to cover a three month period.

Scope: This procedure applies to the ordering of all syringe exchange supplies.

Procedure:

1.0 MONTHLY SUPPLY ORDER

1.1 On the last Wednesday of each month, the Prevention Services Manager or their designee will complete and sign an approved Foundation for AIDS Research supply order form indicating the needed quantities of all syringe exchange supplies. This order form is then sent to the Executive Director for review. The syringe inventory and harm reduction supplies will be monitored to determine the quantities of supplies to be ordered.

1.2 The quantities of items ordered should be no more than that needed to supply anticipated exchanges for three months (provided space allows).

1.3 On the last Wednesday of each month, the completed, approved and signed order form will be sent to FAR by facsimile with the original to be kept on file at LESHRC.

2.0 EMERGENCY SUPPLY ORDER

2.1 In the event of a delay in receiving ordered supplies, unexpected increases in the numbers of exchanges, or other circumstances which necessitate an emergency order of syringes or other supplies, the Prevention Services Manager will complete an approved Foundation of AIDS Research supply order form indicating the quantities of items needed, and will submit the form to Foundation of AIDS Research.

2.2 The Prevention Services Manager will be responsible for notifying Foundation of AIDS Research that the exchange is short of supplies and requesting an emergency shipment of supplies. The order form will be immediately sent to Foundation of AIDS Research by facsimile with the original kept on file at LESHRC.

2.3 Emergency supply orders will be kept at a minimum through monitoring of LESHRC inventories of syringes and other harm reduction supplies.
Title: Disposal of Used Syringes

Policy: All used syringes returned to the syringe exchange will be disposed of on a timely basis and in strict adherence to approved medical waste disposal practices.

Purpose: To ensure that all used syringes are disposed of in a safe and timely manner and in accordance with all NYS regulations.

Scope: This procedure applies to the disposal of all used syringes at LESHRC

Procedure:

1.0 ROUTINE DISPOSAL

1.1 On the first Friday of each month, the Prevention Services Manager or their designee will prepare all containers with used syringes for transport by the medical waste disposal company by assuring that all containers are carefully sealed inside cardboard outer containers, and labeled contains sharps.

1.2 The medical waste disposal company will be called to pick up used syringes for disposal as regulated by New York State.

1.3 LESHRC will ensure that upon releasing medical waste to the disposal company, the company will complete the New York State Department of Environmental Conservation Medical Waste Tracking Form. LESHRC will retain a copy of this form in its files.

2.0 EXTRAORDINARY DISPOSAL

2.1 In the event that a “sharps container” containing used syringes becomes damaged in any way, this container must be disposed of immediately. Universal precautions will be followed in handling any waste, spills or bodily fluids.

2.2 The Prevention Services Manager or their designee will ensure that such damaged container is disposed of before the close of business on the day it is noted to have been damaged. The damaged waste disposal container will be placed in a thick walled carton. The carton is then sealed securely, and will be conspicuously labeled “damaged infectious waste container-used syringes enclosed.” The Prevention Services Manager or their designee will call the waste management company for immediate pick-up of the damaged container.
Title: Theft of Supplies

Policy: Any theft of syringes or syringe exchange supplies must be properly reported to one of the following persons: Executive Director, Deputy Director, Program Director, Prevention Services Manager or a Gateway Staff within 24 hours.

Purpose: To ensure that adequate and appropriate notification of theft is completed on a timely basis and in accordance with all NYS regulations.

Scope: This procedure applies to all occurrences of theft of syringe exchange supplies.

Procedure:

1.0 REPORTING OF THEFT

1.1 All syringe exchange staff, interns and volunteers are required to immediately report any incident of theft of syringes.

1.2 Immediately upon discovery of a theft of supplies, the staff, intern or volunteer who discovered the theft will inform the Prevention Services Manager and will complete an incident report detailing the circumstances of the discovery of the theft. In the absence of Prevention Services Manager one of the Directors should be notified.

1.3 Immediately upon notification of a theft of syringe exchange supplies, the Prevention Services Manager will:
   A. Notify the Executive Director. In his/her absent the Deputy Executive Director or Program Director will be notified. A complete incident report will be provided to Director as soon as possible (ASAP).
   B. Reviewing all if any report regarding the incident.
   C. Conduct an investigation of the incident.
   D. Notify the SEP site Precinct of the New York City Police Department that a theft of supplies has occurred and will complete a police report at the earliest opportunity.
   E. Notify the New York State Department of Health AIDS Institute that a theft of supplies has occurred and forward an incident report on the AIDS Institute form entitled Needle Exchange Program Incident Report within two business days.
   F. Notify the Foundation for AIDS Research that a theft of supplies has occurred and forward a copy of the AIDS Institute incident report and a supply order form with indicated quantities sufficient to replace the stolen supplies within two business days, if necessary.
Title: Termination or Suspension of Participants

Policy: The decision to terminate or suspend a participant from the Syringe Exchange Program may be made by the Prevention Services Manager and then only in accordance with prior approved policies and procedures, as specified below.

Purpose: To ensure that all participants’ rights to access in the syringe exchange are fully protected and that any termination of a participant is done in accordance with policies and procedures.

Scope: This procedure applies to the termination or suspension of any participant from the syringe exchange program.

Procedure:

1.0 ASSESSING GROUNDS FOR TERMINATION OR SUSPENSION

A. warning – a warning is a verbal reprimand administered by the staff who witnessed the violation of agency rule.

B. restriction – a restriction is an established period of time, during which a participant may only receive specified services and is not permitted to spend time in the agency prior to or after receiving these specified service(s). Restrictions are determined by staff and developed to allow participant to receive necessary services, while acknowledging consequences for their violation of agency rule.

C. temporary suspension - a temporary suspension from the agency, except for Syringe Exchange, beginning the day the incident occurred and extending until an agreed upon time following a staff conference to discuss the incident.

D. suspension – a suspension is an established time period during which a participant is not permitted to come to agency for ANY SERVICE during that time period. This time period is decided at the discretion of staff and is based upon the severity of violation of agency rule. Suspensions may be short term (1-30days) or long-term (30 days or more). Suspensions are established when participants are witnessed stealing, making threats of violence, dealing drugs in agency, or using drugs in agency. Suspensions are not limited to these violations, nor are they the required response to these violations. These violations may also result in permanent banning if determined necessary by staff. If needed, participants are referred to other Syringe Exchange programs to receive services during suspension.

E. banning – banning is a PERMANENT restriction of a participant from entering or receiving any service at agency. Banning maybe instituted when a participant:
   - Acts in a physically violent manner towards staff or other participants;
   - Expresses sexual harassment towards any individual;
   - Willfully destroys agency property;
   - Using or dealing drugs within LESHRC.

F. execution- before any restriction or banning goes in affect a members of the following team should have met: Mental health team, Vital Services Team, Gateway Team and or Administration/Prevention Services Manager.

2.0 DOCUMENTATION

2.1 Staff member who takes action is responsible for the following:

A. completing the INCIDENT REPORT form and placing in the STAFF LOG and in the participants file, and sending a copy to the AIDS Institute within 24 hours.

B. sending an email to all staff informing them of incident and established response;

C. informing participant of the outcome within one week.

D. keeping the documentation on file.

2.1 APPEAL

Participants who disagree with SUSPENSION or BANNING should:
A. make a written statement stating why he/she disagrees with decision and submit statement to the Executive Director within two weeks. Staff will assist the participant write the statement if needed. Executive director will review statement, discuss with staff if necessary and respond to participant in a timely fashion.

B. If, at the discretion of LESHRC program staff, a participant is to be terminated, the participant will be provided with written notification. The written notification will contain the following:

A. reason for termination,
B. effective date of termination,
C. the conditions, if any, under which the participant may re-enrolled in the program, and a
D. list of ESAP pharmacies, ESAP CBOs and other SEPS.
Title: Incident Reports

Policy: All incidents involving the Syringe Exchange Program must be reported to the New York State Department of Health AIDS Institute in accordance with New York State regulations.

Purpose: To ensure that all incident reports are filed appropriately and on a timely basis.

Scope: This procedure applies to all incidents involving the Syringe Exchange Program.

Procedure:

1.0 REPORTING REQUIREMENTS

2.0 Syringe Exchange Program incidents must be reported to the AIDS Institute within 24 hours.

A. community concerns brought to the attention of the syringe exchange program
B. actions by law enforcement agency that interrupt program services.
C. violence against any program staff, intern or volunteer
D. theft of supplies from the program
E. any potential legal action against the program

All of the above must be reported to the AIDS Institute using the form entitled “Syringe Exchange Program Incident Report.”

2.0 REPORTING PROCEDURES

2.1 Any program staff, intern or volunteer involved in any reportable episode is required to complete an Incident Report, utilizing the form mentioned above, immediately upon occurrence of the episode.

2.2 All Incident Reports must be submitted to the Executive Director who will be responsible for forwarding, within 24 hours, a copy of the Incident Report to the New York State Department of Health AIDS Institute.
Title: Monthly Reports

Policy: The Program Director will submit to the AIDS Institute a monthly report of the activities of the Syringe Exchange Program.

Purpose: To ensure that all Syringe Exchange Program activities are adequately and appropriately reported on a timely basis.

Scope: This procedure applies only to the Monthly Report to the AIDS Institute.

Procedure:

1.0 REPORTING REQUIREMENTS

1.1 The Monthly Report must be submitted by the Program Director no later than 15 days after the end of each month.

2.1 The Monthly Report will be in the Uniform Reporting System (URS) or in a format approved by the AIDS Institute and will include, but not be limited to, the following information:

A. the number of participants enrolled
B. aggregate information on the characteristics of participants (sex, race, age, etc.)
C. information necessary to determine syringe return rates, both as an aggregate for the month and in terms of averages for individual participants
D. the number and types of services provided directly or by referral to program participants
E. any significant problems encountered
F. any program milestones achieved

2.0 REPORTING PROCEDURES

2.1 The Program Director will prepare the AIDS Institute Monthly Report with the assistance of appropriate staff.

2.2 The completed monthly report will be delivered to the Executive Director for approval. Pending the approval of the Executive Director, the Program Director will send the report to the AIDS Institute no later than 15 days after the end of the month.
Title: Annual Program Summary Report

Policy: The Deputy Executive Director will submit to the AIDS Institute, as part of its Continuation Funding Application, an annual program summary of the activities of the Syringe Exchange Program.

Purpose: To provide a procedure to ensure that all Syringe Exchange Program activities are adequately and appropriately reported on a timely basis.

Scope: This procedure applies only to the Annual Program Summary to the AIDS Institute.

Procedure:

1.0 REPORTING REQUIREMENTS

1.1 As part of the Continuation Funding Application submitted to the AIDS Institute, LESHRC will provide a summary of program activities that includes program milestones and accomplishments of the program. LESHRC will provide a 12 month annual report as mandated by the AIDS Institute.
Title: Developing New Exchange Sites/Changing Site Hours

Policy: LESHRC will request changes in or additions to, exchange sites and site hours, in accordance with AIDS Institute Policy.

Purpose: To define requirements for changes in exchange sites or exchange hours.

Scope: This procedure applies to all Needle Exchange Program Staff

Procedure:

1.0 Developing New Exchange Sites/Changing Site Hours

1.1 LESHRC will submit a request to the AIDS Institute for a change in exchange sites or hours. The request will include the reason for the proposed changes and supporting documentation, in a format as requested by the AIDS Institute. For the establishment of new sites, LESHRC will provide a need assessment for the new location and documentation of efforts to enlist community support. (See the AIDS Institute Syringe Exchange Program Protocols)
Title: Program Evaluation

Policy: LESHRC's Syringe Exchange Program will participate in any evaluation activities or studies as directed by the AIDS Institute.

Purpose: To provide program evaluation to determine the progress and impact of the syringe exchange program.

Scope: This procedure applies only to the evaluation activities as directed by the AIDS Institute.

Procedure:

1.0 EVALUATION ACTIVITIES

1.1 LESHRC will assist evaluators from Beth Israel Medical Center or evaluators from any other AIDS Institute funded study in compiling data or in providing access to participants as needed by the study.

1.2 The Deputy Executive Director is responsible for coordinating the overall evaluation process. The gathering of client information on the appropriate forms/instruments may be completed by either the Deputy Executive Director or her designee(s).

1.3 Process, Impact, and Outcomes evaluation of the program will be conducted as outlined in LESHRC's Continuation Funding Application to the AIDS Institute.
Policy: All staff, interns and trained person providing syringe exchange services off site, will adhere to approved protocols for syringe exchange.

Purpose: To ensure that all syringe exchange services provided off site are safe, effective, consist, and in accordance with New York State Department of Health regulations.

Scope: This procedure applies to all off sit syringe exchange participant’s registered in LESHRC’s Syringe Exchange Program.

**Procedure:**

1.0 INITIAL ENCOUNTER OFF SITE

1.1 All off site syringe encounters can only take place at approved designated site. Any person who has been deemed by LESHRC staff, interns and volunteers to be eligible for syringe exchange services [see SEP-7 above] and who has been formally enrolled in the Syringe Exchange Program [see SEP-10 above] may be provided with sterile injection equipment.

1.2 Before participation in any off site encounters individuals have to attend Intern/Volunteer Orientation followed by appendix:
   B- Outreach Orientation covering the following: defining outreach, purpose of outreach, goals of outreach, different types of outreach, preparing for outreach

1.3 When enrolling first time off site participants the participant will be provided with a “starter kit” which contains the following:
   A. Up to ten syringes if participant requests syringes at the initial visit. Up to 30 may be provided at a staff’s discretion when deemed necessary to meet the participant’s injection needs.
   B. In addition, if participant bring in syringes for disposal/exchange, they can receive sterile syringes in a one-to-one ratio.
   C. Alcohol pads
   D. cotton balls
   E. bottled bleach and water
   F. condoms and other latex barriers

1.4 The staff, intern or volunteer providing the bleach kit (bottled bleach, water, cotton, and alcohol pads) will carefully instruct the participant about the safe use of each of the items contained in the kit.

1.5 The participant will be strongly encouraged to return used syringes. The participant will be informed that this is a syringe exchanges and not a distribution program.

1.6 Participants are strongly encouraged to return all used syringes to the exchange. Sharps containers will be provided if a participant wants one.


I have read, understand and will adhere to the policies and procedures of the Syringe Exchange Program Policies and Procedure Manual.

__________________________                                                                                 ____________________________
Staff/Dated                                                                                                                   Supervisor/Dated

**Title:** Peer to Peer Program

Policy: To operate the peer to peer program according to LESHRC and AIDS Institute Policy.

Purpose: To define the operations of the peer program and the rules and regulations that govern its operations.

Scope: These policies and procedure applies to LESHRC, Peers and the Staff Overseeing the Peer to Peer Program.

Policy, Procedures, and Rules Governing Program

1.0 Program Design

1.1 All peers will be trained how to issue ID cards, complete transaction logs, follow syringe exchange precautions as well as follow all polices and procedures as described in the LESHRC Syringe Exchange Manual.

1.2 Initially the peers will distribute and collect syringes under the supervision of outreach staff. This will ensure that syringe exchange policies and procedures are being followed and that Universal Precautions are being practiced.

1.3 The Outreach Coordinator and Prevention Services Manager will meet with the peers on a bi-weekly basis to provide on site, coordinate efforts, and to deal with program related issues.

1.4 Peers will be provided with an exchange carrying bag with a lock for secure storage of syringes and other equipment (disposable containers, bottle caps, sterile water, bleach kits and hygiene supplies). Peers have the option of storing the bag at LESHRC if they desire.

1.5 A maximum of 500 syringes will be distributed to peers at the implement the program. One month after the peer to peer activities, the peers will be re-supplied with syringes based on the numbers of syringes they request and the numbers of syringes collected and distributed. All new peers will follow this same policy.

1.6 The Prevention Services Manager and/or the Outreach Manager will be collected and distributed syringes on a bi-weekly basis. Peers can also return to LESHRC for additional syringes at any time provided they turn in their registrations and transactions log.

1.7 All peer interns will be provided sharps containers for syringe collection and disposal. These sharp containers will be turned into LESHRC for proper disposal. Containers will be collected on a bi-weekly basis. However used syringes should be turned into LESHRC within 48 hours of collection.

1.8 Peers will provide the Outreach coordinator with the hours and places they anticipate conducting syringe exchange.

1.9 Safety – Peer interns will be provided phone numbers for the Outreach Coordinator, Prevention Service Manager, Deputy Executive Director and Executive Director for emergency use. When possible peers conduct exchange in pairs.

1.10 The agency will not be responsible for any illegal behaviors on the part of the peers or the exchangers.

1.11 Completed records will be returned at the bi-weekly supervision meetings, if not before. Peer exchange records will be kept separately and all records will be the responsibility of the Outreach Coordinator and Prevention Service Manager.

1.12 The Prevention Services Manager, Outreach Coordinator or the Executive Director will be responsible for addressing any issues that may occur outside of regularly scheduled meetings.

1.13 Peers who no longer want to participate in the peer to peer exchange program must notify the Prevention Services Manager, Outreach Coordinator and/or the Deputy Executive Director.