SECOND-TIER SYRINGE EXCHANGE PROGRAMS

POLICIES AND PROCEDURES

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Staff, Peer and Volunteer Training

Policy: All Second-Tier Syringe Exchange Program (STSEP) staff, peers and volunteers (referred to herein as *personnel*) who furnish syringes and other harm reduction supplies to participants or who collect used syringes should be trained *appropriate to their level of involvement in STSEP activities*.

Procedure: Training on the following topics will be available to personnel who are furnishing and collecting syringes:

Mandatory

1. Proper handling and disposal of used syringes, with an emphasis on needlestick injury prevention and management.
2. The legality of syringe access in New York State, including provisions in the Public Health and Penal laws.
3. Agency's STSEP policies and procedures that have been approved by the New York State Department of Health (NYSDOH).
4. Overdose recognition and naloxone administration training.
5. Protocol for generating unique participant codes that are used in Participation Cards.

Recommended

6. Culturally competent, stigma-free service delivery for persons who inject or otherwise use drugs with sensitivity and responsiveness to life choices, race, ethnicity, age, gender identity and expression, sexual orientation, linguistic and health literacy, histories of trauma; socio-economic status, and employment status.
7. Participant engagement strategies including motivational interviewing, trauma informed care, and other appropriate, evidence-based behavioral interventions.
8. Safety planning to prevent overdoses.
9. Information on substances, including but not limited to specific opioids and stimulants.
10. Information on medications used for treating opioid use disorder.

Procedure: The agency will maintain a log of all trainings provided to STSEP personnel.

Procedure: Personnel responsible for managing the STSEP will familiarize themselves with clinical and non-clinical education training provided by NYSDOH through the AIDS Institute's Clinical Educational Initiative Centers of Excellence, Regional Educational Centers, Centers of Expertise or other resources. Information on the

AIDS Institute's training resources and how to access them is available at https://www.health.ny.gov/diseases/aids/general/about/education.htm. These trainings should then be offered to personnel, as appropriate.

Data Collection and Program Reporting

Policy: Data on services provided by the STSEP must be collected by the agency and submitted to the AIDS Institute's Office of Drug User Health through its Harm Reduction Unit.

Procedure: The STSEP agencies will submit quarterly programmatic data reports to NYSDOH in a format specified by the NYSDOH.

Security and Safety

Policy: STSEP personnel must observe proper safety and security precautions to safeguard the personal and collective well-being of co-workers, participants and others.

Procedure: STSEP personnel who are to furnish or collect syringes will complete the trainings mandated in the Staff, Peer and Volunteer Training section of this document.

Procedure: To prevent needlestick injuries, the following procedures should be followed:

1. STSEP personnel and participants should be educated regarding safety precautions for carrying and handling syringes and other sharps, emphasizing the agency's safety policies and procedures during transactions.
2. STSEP personnel participating in syringe transactions must never handle or touch a participant's or another's injection equipment.
3. STSEP sites must have the following safety equipment available during exchange operations: puncture-resistant utility gloves, bleach, and forceps or tongs. These are all essential in the event that loose syringe or other injection equipment is spilled.
4. All STSEP personnel should be encouraged to wear clothing that provides some protection against needlestick injury. This includes long pants, long sleeved shirts or blouses and closed footwear. Sandals or open toed shoes should never be worn while conducting syringe transactions.
5. Areas where STSEP operations are conducted should have adequate lighting and be free of clutter.
6. All used injection equipment collected by the program must be placed in U.S. Food and Drug Administration-approved leak-proof, rigid, puncture-resistant containers (sharps containers). Used containers must be conspicuously labeled by the STSEP as "Contains Sharps" and packaged as indicated by the agency's medical waste department or hauler.
7. During STSEP transactions, sharps containers should be placed between agency personnel and the participants, at a safe distance from the personnel.
8. Sharps containers should be placed on a secure table or on the ground and always kept level.
9. STSEP personnel should never hold sharps containers during transactions.
10. Injection equipment that falls outside of a sharps container should be retrieved by the participant who is depositing the equipment and then placed by that participant in the sharps container. If the participant is unable to carry out this task, program personnel should use utility gloves with tongs to retrieve the spilled injection equipment and then place it in the sharps container.
11. Participants should be instructed to recap all their own used syringes. If caps are not available, participants should be urged to cover used needles with cigarette filters, corks, or other similar protective materials. STSEP personnel should be instructed never to recap syringes used by someone else. If a participant is unable to recap a used syringe, that person may remove the

plunger of the syringe, break the needle off and place it in the barrel of the syringe and replace the plunger in the barrel.

12. If necessary, STSEP personnel should remind participants not to crowd areas where syringe transactions are taking place.
13. Sharps containers should NEVER be filled beyond the manufacturer's fill line, which is at the ¾ level.
14. STSEP personnel and participants should be instructed never to insert their hands into a sharps container or forcibly push used injection equipment into a container beyond its top opening. Once syringes reach the line for ¾ full, the container should be closed and sealed. A new sharps container should then be made available.
15. Personnel should be encouraged to wear puncture-resistant utility gloves at all times when opening, sealing, or handling sharps containers.
16. All STSEP personnel involved in the transport of hazardous waste must receive appropriate training in handling and disposal procedures. Only personnel who receive such training are authorized to transport waste.
17. Sharps containers must be properly sealed and placed in leakproof, disposable cartons with lids that close securely. These cartons must be conspicuously labeled “Contains Sharps".

Procedure: In the event of a needlestick injury or other biohazard exposure, the following protocol should be followed:

1. Wash the affected area with soap and water (not alcohol, disinfectant or hand sanitizer). Do not squeeze or “milk” the needlestick site, that will cause more inflammation and increase the risk of HIV.
2. Agencies should designate a Needlestick Manager who is responsible for a) assisting injured personnel or participants; and b) following the procedures for accident or incident reporting.
3. Injured STSEP personnel or participants must report a needlestick injury immediately to the Needlestick Manager at the STSEP site.
4. The Needlestick Manager should immediately notify the ranking supervisor of the incident. The injured person should go to an emergency room or a private physician, preferably within 2-3 hours of the needlestick but not more than 24 hours after the occurrence. If assistance is needed in securing immediate emergency care, STSEP personnel should call the NYSDOH AIDS Institute’s Office of the Medical Director’s (OMD) cell phone and either seek assistance from the respondent or leave a message. If OMD does not respond within 15 minutes, another call should be placed to the cell phone number. OMD contact should be made as follows:
    a. Telephone the on-call physician at 1-212-417-4536 (Monday-Friday 9:00 am - 5:00 pm) or 866-881-2809 (during all other hours) and describe the

situation and difficulties being experienced in securing care. If there is no answer leave a message for on-call staff.

b. Messages should state that there has been a needlestick injury at (STSEP name). Leave the name and phone number of the STSEP personnel to call back. Be sure to speak clearly to ensure that an accurate message is delivered and can be responded to by OMD staff. If you do not receive a response within 15 minutes, call the OMD phone number again. You may leave additional information, such as an alternate phone number.

c. If there is still no response, call NYSDOH at 1-866-881-2809. Press the first option on the automatic menu. This will connect you with the DOH Duty Officer. Inform the DOH Duty Officer you are with a NYS-approved STSEP and would like to speak with the AIDS Institute provider on call. Again, leave the name and telephone number of the person who should be contacted.

d. In emergency care sites, injured persons should be offered counseling and testing for HIV, hepatitis B and C, and other blood-borne pathogens.

4. Once the emergency is managed, an Exposure Incident Report form must be prepared and submitted to the AIDS Institute within twenty-four (24) hours of the occurrence. Agencies must retain copies of all STSEP Exposure Incident Reports.

Procedure: STSEP premises should be maintained as follows:

1. All agency facilities and property should be well lit for safety purposes.
2. All facilities should be routinely cleaned and maintained free of hazards.
3. The agency should have a first aid kit that is secured but accessible to agency personnel.
4. Fire extinguishers should be strategically placed.
5. The agency should have naloxone kits available at the site and have personnel trained as opioid overdose responders. The location of the kits should be clearly marked.

   Note: All STSEPs are required to become registered opioid overdose prevention programs. Information on doing so is available at www.health.ny.gov/overdose.

6. If applicable, the agency should:
   a. Establish and post a schedule when facilities, such as washrooms, may be accessed. The frequency of permissible access to these facilities and the maximum allowable time of use should be established and posted along with the name of the staff person to speak to in special or emergency situations.
   b. Participants requesting to use these facilities should be directed to a sign-up sheet for that purpose.

Maintaining Syringes and Other Supplies

Policy: The STSEP must institute and maintain systems to order, secure and track syringes and other harm reduction supplies for the program's use.

Ordering Supplies

Procedure: Ordering Syringes and Other Harm Reduction Supplies

1. STSEP agencies will order syringes and other harm reduction supplies used for the STSEP from The Foundation for AIDS Research (amfAR). The supplies ordered from amfAR are solely for the STSEP and are not to be used by the agency for non-STSEP purposes.
2. Agencies must designate one primary person and one alternate person to be responsible for ordering and reporting on use of supplies. Contact information for these designated individuals must be provided to the AIDS Institute Office Drug User Health's Harm Reduction Unit and to amfAR. Only these designated persons are authorized to submit supply orders.
3. If any supplies are found to be defective or delivered in quantities other than what was ordered, both amfAR and the Harm Reduction Unit are to be notified immediately.
4. Supplies should generally be ordered no more often than once per month. More frequent orders may be placed in extraordinary circumstances to satisfy an urgent, unanticipated need.

Maintaining Inventory

Procedure: Maintaining Supply Inventory

1. STSEP supplies should be kept in a locked storage area when participants are not being engaged.
2. Only designated personnel may have access to STSEP supplies.
3. The STSEP should maintain no more than a 3-month supply of syringes in its inventory.
4. The expiration dates on syringes and other harm reduction supplies should be carefully monitored to ensure that no supplies within 3 months of their expiration date are provided to participants.
5. The STSEP should use a First In/First Out (FIFO) system for moving supplies in and out of inventory. To facilitate this, newly received supplies should be stored behind older ones. As a quality assurance measure, the expiration date on each carton should be highlighted to make it easier to see that the oldest supplies are used first. STSEP personnel should check expiration dates on all harm reduction supplies to ensure outdated products

are not being distributed. If supplies have reached their expiration date, the agency needs to report this to the Harm Reduction Unit.

Theft of Supplies

Procedure: Theft of supplies must be reported to the police within twenty-four hours. There should also be an incident report filed with the Harm Reduction Unit and with amfAR within the same timeframe.

Handling of Syringes and other Supplies when Not Stored in Inventory

Procedure: Harm reduction supplies removed from storage for STSEP operations must be kept secured by STSEP personnel at all times. These personnel are responsible for observing proper security precautions. Once properly trained, individuals should be designated as having primary responsibility for supply oversight during STSEP operations so that at least one such individual is present for all STSEP operation hours. Because personnel may change from day to day, programs should rotate or assign this responsibility accordingly.

Storage and Disposal of Used Syringes

Procedure: Used syringes should be stored and disposed of as follows:

1. STSEPs must adhere to New York State Department of Environmental Conservation (DEC) procedures regarding disposal of all used syringes and other infectious waste.
2. Once a syringe has been deposited in the sharps container it becomes medical waste and is then is subject to procedures for storage and disposal per Title 6 of the Official Compilation of Codes, Rules and Regulations of State of New York, Part 360 and Part 364. STSEP are required to establish and follow policies and procedures for collection, storage, transportation and disposal of Regulated Medical Waste (RMW):
    a. **Collection and Storage:** Sharps should be separated from other RMW. All sharps must be placed in approved leak proof, plastic and rigid, puncture-resistant containers that are conspicuously labeled "contains sharps." Other RMW must be placed in red, disposal moisture proof, rip-resistant bags.
        1. RMW may be stored at the point of generation until it is retrieved by licensed medical waste haulers for disposal. If STSEPs are Article 28 facilities, they will have their own medical waste disposal departments. If used syringes are stored before transporting, medical waste must be kept in locked, secured areas at program sites. Only authorized individuals should have access to locked storage facilities. Used syringes must be stored in appropriate sharps containers at all times.
        2. Written records of names, addresses, and telephone numbers of those possessing keys to storage areas must be maintained. If those possessing keys to storage facilities resign, they must return keys to the program immediately.
    b. **Transport and Disposal of RMW:** STSEP should designate individuals who will be authorized to transport RMW. These individuals will receive training on

the applicable DEC regulations regarding RMW, and they will be listed on the DEC registration forms as responsible for transport of RMW for that site.

1. Sites that generate less than 50 pounds of RMW a month are considered small quantity generators. From these sites, trained personnel may transport the RMW to Article 28 facilities that have disposal agreements with the STSEP. RMW must be packaged and labeled correctly. Before transporting RMW, red bags and sharps containers must be placed in leak proof, disposable containers and/or cartons with lids securely closed. These cartons must be labeled "contains sharps."
2. RMW transported to Article 28 facilities for disposal must be weighed at the point of generation prior to transport and must be accompanied by Medical Waste Tracking forms. Forms must be completed in duplicate and signed by receiving entities. One form is to be kept on file for three years by STSEP and one form is to be kept by disposal facilities.
3. Sites that generate 50 pounds or more of RMW per month are considered large quantity generators. These sites may not transport RMW. Instead they must have it removed by licensed haulers. RMW must be placed in the regulation sharps containers at points of generation and picked up by haulers. Licensed haulers are required to complete tracking forms for waste being collected for disposal.

Participation Cards

Policy: Each STSEP participant will be issued a STSEP participation card with a unique identifier which maintains an individual's anonymity, yet which may be used to verify a relationship with the STSEP if there is a law enforcement inquiry.

Ordering Cards

Procedure: Participation cards are ordered from amfAR.

Provision of Cards to Participants

Procedure: STSEP personnel will issue a participation card to each participant at the time that syringes are first furnished and whenever necessary to replace a lost or stolen card. Participants are to be counseled to carry their participation card whenever syringes are in their possession. If a participant refuses to accept a participation card, STSEP personnel must advise the participant of the possible consequences of possessing syringes without the ability to demonstrate participation in an approved STSEP. This may be particularly important in encounters by the participant with law enforcement personnel.

Contents of Cards

Procedure: STSEP personnel issuing participation cards will place a unique participant identifier with an indelible marker on each card that is issued.

The other elements of the card are pre-printed and contain: 1) the name, address and telephone number of the primary STSEP site; business hour telephone number for the NYSDOH AIDS Institute Harm Reduction Unit; references to the Public Health Law pertaining to legal possession of syringes; additional local jurisdiction information as necessary, and information on the 911/Good Samaritan Law.

Syringe Transactions

Policy: Syringe transactions will be conducted in accordance with the agency's protocols as described in its approved STSEP application or as subsequently revised and approved by NYSDOH.

Policy: The STSEP will furnish syringes so that its participants have a new, sterile syringe for every injection. Failure to return used syringes is not grounds for limiting the number of syringes provided to a participant, nor should it be the basis for instituting other punitive measures.

Procedure: The following describes the way in which syringe transactions are to be conducted:

1. The number of syringes provided should be consistent with the policy stated above.
2. Participants should be asked to return all used syringes at the next visit to the agency.
3. Each participant is to be offered the following harm reduction supplies, if they are available: cotton pellets, alcohol pads, bottle caps, bandages, personal sharps containers or Fitpacks, sterile water vials, male and female condoms, dental dams, and other supplies as needed, as well as appropriate educational materials. Participants should be given adequate harm reduction supplies so that none are reused.
4. Distribution of harm reduction supplies should be accompanied by demonstrations and/or explanations regarding the use of the supplies, especially for male and female condoms, and dental dams. The STSEP should use the most current recommendations from the Centers for Disease Control and Prevention (CDC) for instructing participants on "cleaning works" in the event that sterile equipment is not available.
5. Instructions for safe disposal of syringes should be provided to all participants, especially those who indicate they may not be able to return syringes because of special circumstances, such as confiscation of syringes by law enforcement personnel, homelessness or living in a household with children.

Note: Options for safe disposal of syringes include:

a. <u>NYS Residential Sharps Program</u>

NYS law mandates that hospitals and nursing homes must accept used "sharps" (syringes, lancets, etc.) from NYS residents. Participants should be educated about how to dispose of sharps in these facilities.

1. Used sharps should be placed in a plastic, puncture resistant, screw top, container such as a detergent, soda or bleach bottle. Glass containers and coffee cans will not be accepted by hospitals and nursing homes. The puncture resistant container must be closed and sealed with tape. The container must be labeled "Contains Sharps." Participants should be given a list of the locations and hours of local

hospitals and nursing homes' residential sharps disposal programs. This listing can be found at www.health.ny.gov/sharps-collection.

2. Sharps collection sites may be located in the lobbies, parking lots, diabetes clinics or other locations within hospitals and nursing homes. Participants should report any difficulties they encounter in disposing syringes to STSEP personnel. STSEP personnel in turn should report the problem to staff in the Harm Reduction Unit so the issues can be addressed.
3. The AIDS Institute has provided syringe disposal kiosks to several community-based organizations (CBOs) and pharmacies that have expressed concern about inappropriate disposal of used syringes. The STSEP should provide participants with the location and hours of operation for nearby syringe disposal kiosks.

b. Household garbage

Used sharps may be packaged and disposed of in regular household garbage unless prohibited by local ordinance. These sharps should be in puncture-resistant containers, sealed and labeled, "Contains Sharps" prior to discarding in household trash. Containers with used sharps should never be placed with items being recycled.

c. STSEPs and SEPs

Individuals should be instructed to return used sharps to the STSEP or an authorized syringe exchange program (SEP). Participants should be informed that used syringes may be returned to a STSEP or SEP even if they were not furnished by the STSEP or SEP.

1. Syringes that are returned to a STSEP or SEP in glass jars or coffee cans will be accepted and carefully deposited in a sharps container by the participant. Personnel should educate participants on the appropriate type of plastic containers that should be used for syringe disposal.
2. Personal sharps containers (Fitpacks) and FDA-approved sharps containers may be discarded in regular trash.
3. Many people think that syringes are discarded safely if needles are broken off and thrown in the garbage separate from the barrel of syringes. It is important to educate participants that throwing out needles in this way exposes sanitation workers and others to needlestick injury. If participants are intent on discarding syringes in this manner, they should be encouraged to remove the plunger from the barrel of the used syringe, break off the needle, place the needle in the barrel, and replace the plunger. This will reduce the risk of needlestick injury to others and eliminate the ability for reuse by anyone else.
4. During syringe transactions, personnel should work to establish relationships based on trust. Participants should be empowered to take responsibility for their own harm reduction behavior.

5. Provision of education should be attempted whenever appropriate or feasible. Topics to discuss include HIV and Hepatitis A, B, C prevention, safety planning to prevent overdose, safer sex, disinfection of syringes (cleaning works), safer injection techniques, medication as addiction treatment, and PrEP/PEP. Although participants may be offered services in addition to STSEP transactions, they are under no obligation to participate in them in order to receive syringes.

Community Partnerships (Referrals and Support)

Policy: The STSEP will have referral linkage agreements with providers of relevant health, harm reduction, treatment and supportive services

Procedure: The STSEP must develop appropriate referral and linkage services with other providers to ensure that participants will be have access to the following: harm reduction services; HIV counseling and testing; HIV treatment, case management and support services; hepatitis screening and treatment; primary health care; family planning; prenatal and obstetrical care; sexual health services; substance use treatment including medication as treatment; mental health services; and nutrition, housing and other ancillary services.

Establishing Community Support

Policy: The STSEP will seek community support for its operations.

Procedure: The STSEP is required to inform local elected officials and businesses located near the program of the proposed STSEP sites. The STSEP must provide documentation of the communications to NYSDOH.