

Wayne County Syringe Services Program

Program Manual

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Purpose

The dynamic nature of the Wayne County Syringe Services Program (SSP) warrants the development and ongoing establishment of a dynamic document. The ongoing mission of the program is to contain the increase of disease transmission through injection drug usage and substance abuse. The SSP is geared to work as an additional tool to help reduce the transmission of Viral Hepatitis C and HIV infections in the Wayne County community.

In 2015, the Wayne County Public Health Officer, Dr. David Keller, declared a public health emergency in Wayne County due to the increasing cases of Viral Hepatitis C. While the county had not seen an increase in HIV, preventative measures to reduce the transmission of HIV was increased into the planning process.

The overall program has been geared around the following objectives:

- Reduce the ongoing spread of Viral Hepatitis C (HCV) and HIV infections through providing Injection Drug Users with clean and sterile needles-syringes.
- Reduce the spread of bacterial infections due to injection drug usage by providing harm reduction supplies and proper sanitary injection procedure education.
- Provide resources for medical care, substance abuse therapy, Medical-Assisted Treatment (MAT) programs, insurance coverage, immunizations, and other community resources (housing, food, clothing, etc.).
- Work with community partners to develop program referral points to remove as many barriers to increase probability of participant compliance.
- Screen as many participants through the SSP for HCV and HIV to increase aware of viral infections and provide reactive test referrals to medical care providers to be evaluated for viral suppression treatments.

Program Management

The Wayne County SSP is a harm reduction prevention tool used to reduce the spread of HCV and HIV. To maintain the Wayne County SSP, the Wayne County Public Health Officer must declare or maintain an epidemic of Viral Hepatitis C and/or HIV within the county, and that the Wayne County Commissioners agree that the epidemic warrants the need for a Syringe Services Program initially or ongoing. SSPs in the State of Indiana are generally set for two-year periods of time and must be reviewed at the end of each two-year period.

Wayne County's SSP was established in June of 2016. The program was renewed in June of 2018 for another two-year period, with the next renewal period set for June of 2020.

The program is completely overseen by the Wayne County Public Health Officer including medical control. The Public Health Officer will set the medical protocols for the program and serve as the community liaison for all community medical resources as needed. As the liaison for the Health Department, the Public Health Officer serves as the program liaison to the Executive Branch and working with other departments to establish strong community support and program sustainability.

The Wayne County Health Department Executive Director will act as the community liaison, as well as, the liaison to the Executive Body of the Health Department in regard to the Wayne County SSP. The Executive Director works with the Public Health Officer and the Program Manager to develop working community relationships with community organizations and development of the community marketing program and outreach education program. The Executive Director will handle, or delegate, media inquiries or community responses for the Wayne County SSP. Per the Memorandum of Agreement (MOU) per county SSP multiple organizational agreement, the Executive Director will establish the program bio-hazard disposal contracts and managing the contract associated.

The Wayne County HIV/HCV Program Manager will oversee all harm reduction programming including the SSP. The Program Manager will be responsible for the following:

- The Daily Operations
 - Optimal Program Locations
 - Hours of Operation
 - Staffing needs and staff/volunteer assigned duties
- Attending all mandatory meetings and completion of all county and state reports
- Development of program policies and procedures
- Development of Community Marketing Program and Outreach Program
- Responsible for supply determination, inventory, ordering, and distribution for the SSP
- Responsible for maintaining the security of all inventory, especially controlled items:
 - Needle-syringes
 - Naloxone
 - Bio-hazard waste
 - Any other controlled items
- Responsible for the training of all staff and volunteers and maintain training records

- Administration of the Wayne County SSP database access through the Indiana State Department of Health Syringe Services Program Database, and ensuring that the most accurate information is being input by staff and volunteers in a timely manner

The Program Manager will evaluate periodically the effectiveness of the participant flow during the SSP and insure the best suitable practices of the site while maintaining staff/volunteer safety. Along with safety and participant flow, the Program manager will evaluate the program manual for necessary changes including state and county regulatory updates as needed.

Staff and Volunteer Training

All Syringe Services Program personnel who collect or furnish syringes, male or female condoms, wound care kits, and/or other harm reduction materials to Syringe Services Program participants must complete a proper course of training as appropriate to their level of involvement in program activities. The Wayne County Public Health Officer sets the minimal training guidelines for the Wayne County SSP.

The Program Manager will oversee all training for the SSP and will maintain all records of such trainings. Training will be completed by the Program Manager, or designee, during initial orientation prior to participating in the SSP, additional training within the initial 90 days, and annual refresher training.

Oriental training will be required to all new staff and volunteers prior to active participation in the SSP. Oriental training consist of:

- HIPAA and Privacy.
- OSHA approved Bloodborne Pathogen.
- Basic HIV, Hepatitis B, and Hepatitis C knowledge and understanding.
- Basic Outreach overview.

Mandated training within 90 days of work with the SSP:

- Information about Hepatitis A and Hepatitis B screening, vaccination, and treatment.
- Information about Hepatitis C screening and treatment.
- Information about HIV transmissions, prevention, screening, and treatment.
- Information about Tuberculosis transmission, prevention, screening, and treatment.
- Information about other disease aspects including, but not limited to, sexually transmitted infections (STIs), endocarditis, abscesses, and infection control.
- Addictions and recovery processes.
- Enhanced Outreach overview including client recruitment, program promotion, and motivational interviewing.
- Interpersonal skills development including boundary setting and working with difficult clients.
- Skill building related to safer sex and safer injection education.

Annual training for all staff and volunteers will be conducted based upon the annual calendar year. The annual training will consist of:

- Orientation to all participating agencies' array of services and eligibility per program.
- Overview of harm reduction philosophy and the harm reduction model.
- Indiana syringe service regulations (Senate Enrolled Act 461 (SEA 461)).
- Syringe Service Program Policies and Procedures.
- Ensuring secure storage, handling, and disposal of syringes in accordance with State law and regulations.
- Referral development process for community programs.
- Methods of outreach to engage target populations.
- Hierarchy of risk associated with sexual and drug-using behaviors, and risk reduction

practices for those behaviors.

- Education and demonstration of safer injection practices, including understanding of the harm reduction supplies provided.
- Cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status, and employment status.

The Program Manager will document all trainings to include the name of the training and trainer, date of the training, location of the training, agenda/topics covered, and first and last name of staff and volunteers in attendance. Records will be maintained for a minimum of 7 years from the date of training. Annually, the Wayne County Public Health Officer and the Wayne County Health Department Executive Director will be given an annual report of trainings and copies of training records for program compliance.

SSP Operations

The primary purpose of the SSP is to collect used needles and syringes and provide clean injection equipment in a confidential setting. Upon arrival, patients will be greeted by SSP staff who will perform a brief intake, collect dirty needles, provide harm reduction education, and then distribute the SSP kit. After completion of the SSP interaction, the SSP staff will then offer a referral to a variety of other services. If the client is interested in a Substance Use Disorder referral, the client will be taken to the separate counseling room area where the referral will be made. If the client is interested in meeting with a Health Navigator to discuss insurance, the client will be taken to a separate room for these services (if available based upon site). If the client is interested in screening for or education on HIV/Hepatitis (and other services deemed appropriate such as vaccinations or Narcan distribution), the client will be referred to the Heartland Community Services Foundation staff for these services.

Site Location and Hours of Operation

An SSP can be implemented through different models of service delivery including a fixed site, mobile/outreach and a satellite distribution model. Briefly, a fixed site refers to a stand-alone facility, mobile/outreach refers to offering services in high risk areas often by peers and a satellite center is located within another health clinic, pharmacy or referral agency. The SSP will be located in the Centerstone Garr Resource Center. The SSP will initially be open two hours a week, with the schedule and the need for additional sites to be periodically evaluated and adjusted by the Program Manager. Tentatively the SSP will be held Thursday from 3:00 pm to 5:00 pm. SSP doors will open at 3:00 pm and close at 4:45 pm to complete service for participants already inside the site within a timely manner.

SSP Staffing

SSP Staffing is comprised of Heartland Community Services Foundation staff (Program Manager and HIV/HCV Tester), Centerstone staff (two peer recovery coaches), and Wayne County Health Department staff (Immunizations). Wayne County Community Health Center had been providing a Health Navigator.

SSP Staff Responsibilities

The SSP Staff will perform the following responsibilities:

- Welcome participants and determine eligibility
- Ensure completion of intake forms
- Collect used syringes.
- Distribute clean needle kits per protocol
- Educate on safe injecting tips, and transmission of blood borne diseases
- Offer referral for blood draw for HIV and Hepatitis testing
- Offer referral for pregnancy testing and vaccines as appropriate
- Administer intranasal naloxone, if needed, and offer Naloxone distribution when available.
- Offer a referral for screening for mental health and/or addiction
- Inform, offer and refer participants to other services provided
- Inventory and record supplies
- All record keeping and documentation
- Safely transport used needles, blood specimens, paperwork and other supplies to and from SSP site

The clinical certified staff will perform the following responsibilities:

- The above services as needed
- Evaluate clients for potential wound infections or other medical conditions.
- Provide pregnancy testing if requested as well as vaccinations if appropriate.
- Provide local wound maintenance or make the referral below:
 - Minimal erythema surrounding wound should be treated with topical antibiotic with referral to Primary Care or Community Health Center.
 - Clients with advanced cellulitis or abscess associated with fever, or complaints of chest pain or shortness of breath should be referred to the local hospital emergency department.

SSP Encounter

Confidentiality

All information provided by patrons/patients of the SSP will remain confidential. Further, if anyone decides to engage in testing or other health services, a medical record will be initiated for the patient, which is also confidential as provided for in IC 16-41-8, other general medical confidentiality laws, and the Federal HIPAA regulations.

Forms and Enrollment

Identifier Numbers All eligible individuals will be provided with an anonymous unique identifier code as specified by the Indiana State Department of Health (or amended hereafter) which will be used to identify clients for future visits utilizing the ISDH database as required. When eligibility has been established, the participant will be asked information on the initial intake form to be filled out with the assistance of the SSP Staff. The information collected on the intake form will be based on the ISDH database variables.

Encounter Process

The staff member must welcome the participant and give a brief introduction and overview of harm reduction and perform the following elements:

- Emphasize the importance of returning needles and syringes used by the client.
- Client must complete initial or repeat paperwork with staff member.
- Staff member must inform participant about additional screening opportunities that are available onsite (see below). Staff member must review with client and have client complete appropriate paperwork if patient opts for medical testing:
 - 1) Medical intake with name for any medical tests
 - 2) signed consent with understanding of confidentiality and HIPAA protection.
- The staff member should also inform the participants of additional services and referrals provided by the SSP.
- Once all of this is completed, the participant may then proceed to the exchange service.

Distribution of Materials

Only trained staff members are allowed to exchange syringes.

The SSP will follow the CDC recommended transaction model of a needs- based/negotiated syringe distribution model, with a 3:1 maximum.

- Exception 1: New clients to the SSP will be provided one starter kit of 20 clean needles regardless if they are able to provide dirty needles to exchange.
 - Exception 2: Clients who have been arrested and had their dirty needles confiscated by law enforcement and therefore do not have dirty needles to exchange will be given 10 clean needles.
 - Exception 3: Clients who have been historically returned more needles than previously provided and do not have dirty needles to exchange regardless of reason will be given 10 clean needles.
 - Exception 4: Clients who have been arrested/supplies stolen or lost/disposed of dirty needles and therefore do not have dirty needles to exchange will be given 10 clean needles.
- Each participant will be issued the following materials as needed (including by not limited to):

- Syringes.
- Alcohol swab
- Tourniquets
- Sterile water-5 ml
- Condoms
- Band-Aids
- Antibiotic Ointment
- Cotton balls
- Ziploc Bag
- Substitutions or additions may occur as needed

Collection of Syringes

Collection of used needles and syringes should be done in puncture proof or safety boxes.

- Participants will be asked to disclose the number of syringes returned which the staff will record.
- Participants will be asked to place all loose and uncontained sharps in a sharps container to minimize risk of needle stick injuries.
- Staff must NEVER touch or handle used needles or other injecting equipment returned.
- During each visit, staff members will remind all clients of the importance of placing all used syringes in a puncture proof container.

Collection of Used Needles/Syringes

The SSP Staff will ensure syringes and needles are in an enclosed container. Staff will transport the puncture proof container(s) in a large, closed bio-hazard box. The containers will then be placed in the large biohazard containers for pickup/disposal with other biohazard waste.

Additional Services Provided

Additional services provided in separate location:

- Following the DOH protocols, these confidential services will be provided by the Wayne County Department of Health (funded by ISDH):
 - Hepatitis and HIV testing
 - TB skin test (TST) – if applicable/available
 - HIV education and counseling
 - First aid for abscesses and skin problems
 - Referral for vaccinations/other testing
- In conjunction with various local service providers, an addictions specialist will be available onsite during SSP hours.
- In conjunction with local mental health providers, referrals for mental health services will be provided.
- In conjunction with ClaimAid, a Health Navigator will be onsite as needed.

Procurement and Management of Supplies

The Program Manager will be responsible for management of the required supplies, including inventory, security and ensuring proper ordering of supplies for the syringe services programming.

Supplies to be transported to satellite SSP clinic include:

- SSP materials
- First Aid and Emergency Kit, including Narcan
- Phlebotomy Kit
- Educational and Resource Materials
- Security and Storage of Syringes and other Supplies

The SSP staff must maintain an inventory of all new, sterile syringes that are to be used in the SSP, whether in storage or removed for SSP operations.

Storage of syringes and other equipment:

- Supplies should be stored in a locked secured place.
- Only authorized staff members should have access to stored supplies.
- Prior to the start of each exchange operation, an adequate number of supplies will be removed from the storage area and excess supplies will be returned at the end of the day.
- Inventories must record the date and number of syringes that are received from the supplier, the amount taken from storage and the number of syringes returned to storage at the end of SSP daily operations.
 - The inventory sheets must maintain tallies of all needles and syringes in storage and used each week for SSP transactions.
 - Staff must maintain a record of the number of new supplies given each week and the amount left in storage and provide to the Program Manager.

Ordering of new supplies:

- The Program Manager will be responsible for inventory and ordering for SSP.

Theft of supplies:

Any inventory discrepancies should immediately be reported to the Program Manager.

- The staff should investigate and work to identify the cause of the discrepancy.
- Any losses or theft should be investigated and, if appropriate, reported to law enforcement by Department Administrator.

All staff members are required to submit an incident report to their supervisor within 24hrs upon discovery of a potential theft of supplies.

Bloodborne Pathogen/Universal Precaution

The Wayne County Bloodborne Pathogen Policy is to be followed if ever a needle stick should occur during an SSP session.

All Syringe Service Program personnel who conduct syringe service must attend a Bloodborne Pathogen training prior to participating in Syringe Service Program operations.

Prevention of Needlestick Injuries: To prevent needlestick injuries to agency personnel and participants, the following procedures must always be followed:

- Syringe Service Program personnel and participants must be educated regarding safety precautions for carrying and handling of syringes and other sharps, emphasizing the agency's safety policies and procedures during transactions.
- Personnel conducting syringe service must never handle or touch used injection equipment.
- SSP sites must have the following safety equipment available during exchange operations: puncture-resistant utility gloves, bleach, forceps or tongs. All could be used in the event of a container spill.
- All SSP personnel should be encouraged to wear protective clothing for protection against needlestick. This includes long pants and closed footwear.
- Areas where SSP operations are conducted should have adequate lighting.
- All used injection equipment collected by the program must be placed in approved leak-proof, rigid, puncture-resistant containers (sharps containers).
- During SSP transactions, sharps containers should be placed between the participants and personnel.
- Injection equipment that falls outside of sharps containers should be retrieved by participants and placed in sharps containers. If this is not possible, program personnel should use tongs to retrieve used injection equipment that falls outside of the container.
- 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. SSP personnel and participants should be instructed never to recap syringes used by anyone else.
- Hazardous waste (sharps containers) should NEVER be filled beyond the manufacturer's fill line. Containers should never be more than $\frac{3}{4}$ full.
- SSP personnel and participants should be instructed never to insert their hands into sharps containers or forcibly push used injection equipment down into containers beyond openings at the top.
- SSP personnel are encouraged to wear puncture-resistant utility gloves at all times when opening, sealing, or handling sharps containers.
- SSP personnel involved in the transport of hazardous waste must receive appropriate training in handling and disposal procedures. Only personnel receiving such training are authorized to transport waste.
 - 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".

Exposure determination

Created: 04/07/2020

Updated:

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The job classifications at the Clinic are physicians, nurse practitioner, nurse, and medical assistants.

Tasks and procedures that may expose employees to blood-borne pathogens

- The scope of occupational tasks and procedures that may expose Clinic employees to blood-borne pathogens is rapidly changing. This is intended to be a general guideline against which all tasks can be measured.
- Any tasks and procedures that could be reasonably anticipated to provide contact with the employee's skin, eye, mucous membrane, or blood with potentially infectious materials are included. Potentially infectious material means:

The following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, breast milk, synovial (joint) fluid, pleural (chest cavity) fluid, peritoneal (abdominal cavity) fluids, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium.

COMPLIANCE METHODS

Universal Precautions

- Universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials. See Universal Precautions policy.
- All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

- Engineering and work practice controls shall be utilized to eliminate or minimize exposure to employees.
- Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.
- The following engineering controls shall be utilized:
 - “Sharps” containers for re-useables.
 - Disposable “sharps” waste containers.
- The above controls shall be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:
 - “Sharps” containers shall be checked with each use and changed when three-quarters (3/4) full.

Hand Washing Facilities

- Hand washing facilities or hand sanitizers are available to the employees who incur exposure to blood or other potentially infectious materials. These facilities shall be readily accessible after incurring exposure and are located in each patient care area.
- If employees incur exposure to their skin or mucous membranes, those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Eyewash Station

- The eyewash station will be easily accessible and unobstructed for ease of use to employees who are performing those tasks that may result in splashes of hazardous chemicals to the eye.
- The employee will be able to access the eyewash station within 10 seconds of exposure. The eyewash station will operate with a one-hand movement to initiate water flow. Hot water will not be available to the station. Once water flow has been initiated, the station will operate hands free, with water flowing from both sides to the face and with sufficient force for the water to meet in the middle.
- The employee will flush eyes for 15 minutes holding both eyelids open.
- The eyewash station will be inspected weekly for ease of access, one hand movement water flow initiation, and hands-free operation. The inspection will last no less than 3 minutes.

Needles

- Contaminated needles and other contaminated “sharps” shall not be bent, recapped, removed, sheared, or purposely broken. They shall be immediately discarded into a labeled “sharps” container easily accessible to personnel and close to the area of their use. The containers shall comply with OSHA regulations.
- OSHA allows an exception if the procedure would require that the contaminated needle be recapped or removed, and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

Containers for Reusable “Sharps”

- Contaminated “sharps” that are reusable are to be placed immediately, or as soon as possible, after use into appropriate “sharps” containers.
- Reusable “sharps” containers should be sealable, puncture resistant, labeled with a biohazard label, and leak proof. The containers shall comply with OSHA regulations.

Work Area Restrictions

- In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- All procedures shall be conducted in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Specimens

- Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.
- The container used for this purpose shall be labeled or color-coded in accordance with the requirements of the OSHA Universals.
- Primary containers that contain specimens which could puncture the container or are contaminated shall be placed within a secondary container which is puncture resistant and prevents leakage during the handling, processing, storage, transport, or shipping.
- Refrigerators or other storage areas where specimens are kept shall not contain food or drink. They shall be labeled in compliance with the OSHA Universals.

Contaminated Equipment

- Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping.
- Decontamination shall be performed as necessary unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

- All personal protective equipment used at this facility shall be provided without cost to employees.
- Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions and for the duration of time which the protective equipment shall be used.
- Protective clothing shall be provided to employees and within the work area where exposure is reasonably expected to potentially infectious materials.
- All personal protective equipment shall be cleaned, laundered, and disposed of by the employer at no cost to employees. The employer, at no cost to employees, shall make all repairs and replacements.
- All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area.
- Gloves shall be worn where it is reasonably anticipated that employees shall have contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves shall be available in every patient care area. Specialized gloves, powderless, or hypoallergenic gloves shall be made available to any employee requesting them. They shall be kept in a central area to the employee's workspace.
- Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves shall be discarded if they are cracked, peeling, torn,

punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

- Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. This shall include work procedures that require pouring of potentially infectious liquids.
- Appropriate protective clothing, such as gowns, aprons, or similar outer garments that are impervious to liquids are to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and skin or clothing contamination can be reasonably anticipated.

Contaminated work surfaces, containers and glass

- All contaminated work surfaces shall be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, as well as at the end of the day if the surface may have become contaminated since the last cleaning.
- All bins, pails, cans, and similar receptacles shall be inspected and decontaminated monthly and as needed when there is evidence of leakage of waste onto the surface of the container.
- Any broken glassware which may be contaminated shall not be picked up directly with the hands. Broken glass clean up shall be accomplished using a broom and dustpan.

Regulated Waste Disposal

- All contaminated “sharps” shall be discarded as soon as feasible in a “sharps” container. “Sharps” containers are located in each area in which “sharps” are used with potentially infectious materials.

Waste Handling

- Waste that contains blood or other potentially infectious materials shall be placed in bags that conform to the OSHA Universals in construction and color coding or labeling. They shall not be compressed and shall be collected and disposed of in a manner consistent with the hazardous waste regulations of the state and federal government.
- Universal precautions shall be used in waste handling.

Hepatitis B Vaccine

- All employees who have been identified as having exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine, at no cost to the employee.
- The vaccine shall be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.
- Employees who decline the Hepatitis B vaccine shall sign a waiver. Employees who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost. See Hepatitis B Vaccination Consent/Acknowledgment form.
- Documentation of acceptance or declination will be maintained in the employee file.

Employee Tuberculosis Protocol

- Employee Training:
 - Upon employment all employees will be trained about TB transmission, symptoms, medical surveillance, and therapy.
- Employee Surveillance:
 - Upon employment this Clinic offers the Mantoux skin test at no charge to employee(s).
 - The Mantoux test is also immediately offered to any employee who is exposed to known or suspected TB patients.
 - The Mantoux test is administered to any employee that presents with TB symptoms.
 - Mantoux tests are administered once as an initial baseline screen and every six months for workers with known exposure.
 - The physician/nurse practitioner or Local Health Department will promptly evaluate any employee who has a positive PPD test.
 - Any employee that has active TB will be placed under the care of a physician, Local Health Department or physician of employee's choice (as circumstances dictate). The Supervisor of Clinic Operations will remain informed of the employee's TB status through frequent updates provided by the selected healthcare provider.
 - Document exposures on the OSHA Form 300, 300A, and 301.
 - Unless under the care of a providing physician, all TB test results should be CONFIDENTIALLY returned to the Supervisor of Clinic Operations.

Post-Exposure Evaluation And Follow-Up

Post-exposure Evaluation

- When the employee incurs an exposure incident, it shall be reported to the Supervisor of Clinic Operations, who shall ensure that a Personal Accident/Incident form and OSHA forms 300, 301A, and 301 are completed and that the physician or nurse practitioner sees the employee immediately. The following information must be included on the OSHA forms:
 - Name and SSN of employee
 - Date and description of incident
 - Type of PPE worn (or not worn)
- All employees who incur an exposure incident shall be offered post-exposure evaluation and follow-up in accordance with the OSHA standards.
- Testing should occur as soon as possible. The employee will be tested for HBV, HCV, and HIV/AIDS. If the employee declines to be tested they must sign a statement indicating their refusal to be tested and their serum should be saved to 90 days.

Interaction with Health Care Professionals

- The physician shall provide a written opinion for the following post-exposure instances:
 - When the employee is sent to obtain the Hepatitis B vaccine; and
 - Whenever the employee is sent to a health care professional following an exposure incident.
- The written opinion shall be limited to:

- Documentation of the incident;
 - Identification and documentation of the source, unless prohibited by law;
 - Determination of need for the employee to receive the Hepatitis B vaccine and if the employee has received the vaccine;
 - That the employee has been informed of the results of the evaluation; and
 - Instruction that should be given to the employee regarding any medical conditions that could result from exposure to blood and/or other potentially infectious materials.
- The employee shall be provided a copy of this written opinion within 15 days of the completion of the evaluation.

Training

- Training for all employees shall be conducted prior to initial assignment to tasks where occupational exposure may occur and annually thereafter.
- Training shall include the following explanation of:
 - The OSHA Universals for Blood-borne Pathogens
 - Epidemiology and symptomatology of blood-borne diseases
 - Modes of transmission of blood-borne pathogens
 - This Exposure Control Plan
 - Procedures that might cause exposure to blood or other potentially infectious materials at the Clinic
 - Control methods, which shall be used at the facility to control exposure to blood or other potentially infectious materials
 - Personal protective equipment available at the Clinic
 - Who should be contacted, and follow-up procedures concerning an exposure incident; post-exposure evaluation
 - Signs and labels used at the facility
 - Hepatitis B vaccine program at the Clinic
- The training shall provide an opportunity for interactive questions and answers by a person knowledgeable in the subject matter.

Record Keeping

- 1. Medical Records
 - a. Shall contain requirements for documentation of incidents.
 - b. Records cannot be disclosed without consent.
 - c. Records must be maintained throughout employment plus thirty (30) years.
- 2. Training
 - a. Dates and attendance of attendees shall be documented.
 - b. Records shall be maintained for a minimum of three (3) years.

NEEDLESTICK SAFETY AND PREVENTION ACT

- Annually, the Clinic will review the Exposure Control Plan to ensure that it reflects changes in technology that will help eliminate or reduce exposure to blood-borne pathogens.
- The Clinic will involve non-managerial workers in evaluating and selecting safety engineered devices.

- Sharps Evaluation Procedure
 - The Supervisor of Clinic Operations will:
 - Determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product. (Each evaluator should have enough samples to disassemble and examine the design thoroughly.) Employees chosen for the Sharps Evaluation Procedure should currently use a similar category of product in the Clinic.
 - Provide visual instructions and demonstrate the proper use of each device. Be sure testers can evaluate products in a simulated patient environment.
 - Review the instructions and rating system with each evaluator.
 - Require each evaluator to complete an Evaluation Form.
 - Review responses on Evaluation Forms, make conclusions, and recommendations.
 - The Evaluators will:
 - Re-enact all steps of intended or possible procedures performed with the device.
 - Attempt to misuse the device and circumvent or disable the safety feature.
 - Answer each question on the Evaluation Form, including any short answer sections at the end. If you do not understand a question, the Evaluator will write their comments directly on the sheets.
- The Clinic will maintain a “sharps” injury log that ensures employee privacy and contain, at a minimum, the type and brand of device involved in the incident, if known; the location of the incident; and a description of the incident.

Security and Safety

Accidental Opioid Poisoning

Accidental opioid poisoning, from injection, ingestion or inhalation is a life-threatening emergency. All regular staff members of the SSP are trained in the recognition of a potential opioid poisoning event and the administration of the medication naloxone.

Multiple doses of naloxone are kept on site at all times during the clinic operational hours.

Staff will call 9-1-1 immediately at the time of a suspected or known opioid poisoning. 22

Trained staff will administer nasal naloxone to any individual suspected of an opioid poisoning. A second dose will be administered ~ 2-3 minutes after the initial dose if no response or if breathing has not resumed.

Staff will report to first responders that naloxone was administered at the time of the poisoning and declare how many doses had been given prior to their arrival.

Contact the Program Manager immediately if this occurs; all such incidents will be reported and the Wayne County Health Department’s procedures should be followed.

Clinic Staffing

Regular SSP staff consists of DOH staff and management on-site during all clinic operational hours.

For any safety or security issues, the Program Manager, or designee, will assess the situation and notify the Wayne County Health Department Public Health Officer or Executive Director for direction.

In an urgent safety or security situation, the Program Manager, or designee, will contact the appropriate agency, which includes the appropriate law enforcement, EMS, or fire department depending on clinic location, via 9-1-1 dispatch.

Staffing also includes volunteer representatives from community agencies, which are on-site during operational hours. These staff have been and will continue to be trained on site safety contained herein.

At any time, two or more SSP staff members must be present if any SSP participant is present at the SSP regardless if it is after the operational closing time.

Participant Bill of Rights/Expectations

The Wayne County SSP has posted, on-site, a Participant Bill of Rights and Expectations which outlines measures in place to ensure SSP staff, volunteers and participants are fully aware of expected behaviors and services. This posted Bill supports the safety and security of all individuals on-site at the SSP during operational hours.

At the Wayne County Syringe Service Program, we seek to provide exceptional care and the best possible experience for every participant. We want to work together with you to ensure you receive the clinical care, compassion and services you need. By understanding your rights and responsibilities, you can help us help you.

AS OUR PARTICIPANT, YOU HAVE THE RIGHT TO...

- Be treated with respect and dignity regardless of race, ethnicity, sex or gender expression, sexual orientation, national origin, religion, class, medical status, or physical or mental ability. We strive to create a safe place free from violence, threats and hateful language.
- Receive available services, supplies, information and education. We strive for prompt service and to offer as many syringes as needed to assure safer conditions.
- Be respected and have the right to privacy. You will be asked to provide a unique identifier so that services can be tracked for reporting and funding accountability.
- Be provided confidential case management upon request.
- Be made aware of times of the Wayne County Syringe Service Program including any closures if possible. Emergency closures out of the control of the program are exempt, and notice will be post if time and ability of staff permits.

PARTICIPANT RESPONSIBILITIES

- Be respectful of the location of the Wayne County Syringe Service Program and follow the directions of the staff.
- Be responsible for the syringes you are given and to return used syringes to Wayne County Syringe Service Program in safe disposable containers.
- Treat staff, interns, volunteers and community members with courtesy and respect without physical, sexual, verbal and/or emotional abuse, threats or intimidation.
- Keep the area safe and refrain from engaging in any drug activity that puts Wayne County Syringe Service Program at risk of closure.
- Do not bring weapons of ANY TYPE into the syringe exchange.
- Do not buy, sell or loan money or property while on the premises.
- Protect the confidentiality of other participants encountered while participating in Wayne County Syringe Service Program.
- Take only what is needed and dispose of used materials and supplies properly.
- Do not sell supplies or syringes provided by Wayne County Syringe Service Program for money or drugs.
- Clean up drug-related waste in the community and bring needles gathered off the street to Wayne County Syringe Service Program.

Specialty Services Building Evacuations

Follow Established site Emergency procedures, contact the Program Manager, and 911 as applicable.

If a Power outage occurs:

- Remain calm. Limited emergency lighting should automatically be provided within a few seconds. Emergency lighting is provided primarily in main corridors.
- Help visitors and staff in your immediate area.
- Proceed cautiously to an area with emergency lighting.
- Stand by for instructions from Security or supervisors. If you are instructed to evacuate the building, proceed cautiously to the designated Safe Zone area by the dumpster fence on the west side of the parking lot.

Police Relations

The Wayne County Public Health Officer and the Wayne County Health Department Executive Director will engage with Law enforcement or private security entities to discuss both the scope of the opioid issue and the SSP protocol. Law enforcement representatives are also encouraged participants on the SSP Advisory Committee to ensure that a collaborative working relationship is maintained.

Any incidents involving the SSP, including community objections or concerns, law enforcement incidents, and potential legal action against programs, must be reported, addressed and documented for review by the advisory committee as needed.

- Incidents related to the SSP, community or law enforcement must be immediately reported to the Program Manager or the Wayne County Health Department Executive Director, verbally and in writing.
- The incident must be shared with Program Manager as soon as possible, but no later than 24 hours from the time of the occurrence in written form. The purpose of these reports is to ensure documentation of incidents in order to identify and address potential problems.

It is important to note that clients of the SSP are subject to all applicable laws regarding drug use, possession, or abuse. Being a client of the SSP **does not provide protection** from arrest or prosecution for violation of drug laws.

Reporting, Evaluation, and Monitoring

As the effectiveness of SSPs has already been established through scientific evaluations, the main goal of monitoring local SSPs is to assess whether a program is operating in conformity to its design, reaching its specific target population and achieving anticipated implementation goals.

Furthermore, national experts recommend that the data collection burden on both SSPs and IDUs should be minimized to capture only essential information regarding the services provided/received and oriented strictly to SSP program evaluation. Moreover, data collection should never interfere with IDU participation or SSP operation.

The DOH will use the SSP database developed by Indiana State Department of Health (ISDH). Process monitoring indicators:

- Clients served (total number New and Return)
- Number of syringes returned
- Total number of syringes provided
- Number of HIV tests provided
- Number HIV positive clients
- Number of HCV antibody tests provided
- Number of clients positive for HCV antibodies
- Number of referrals for substance abuse treatment
- Referrals to Mental Health/Addiction
- Number of Tuberculosis tests provided
- Number of flu vaccines provided
- Number of hepatitis A vaccination doses provided
- Number of hepatitis B vaccination doses provided
- Number of Narcan administrations

The HIV/STD Prevention Director will be responsible for ensuring monthly, quarterly and annual reports of the above data have been developed by the SSP Staff and will provide this report to:

- Public Health Officer
- Department Executive Director
- Executive Board of Health (at scheduled board meetings)
- Partnering Organizations
- Public Officials as requested

In addition, in compliance with state law, a quarterly report will be filed with ISDH and will include the following information:

- The zip code of the location of the SSP
- The number of individuals served
- The number of syringes and needles collected
- The number of syringes and needles distributed
- Other information as requested by ISDH