

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Guidelines

SYRINGE SERVICES PROGRAMS (HYPODERMIC DEVICE PROGRAMS)

August 2013
Revision 1

Contents

1. Syringe services programs (SSPs)	4
2. Provide information on safe collection and disposal of hypodermic device for the enrolled participants	5
3. Training for SSP staff and volunteers	6
4. Highly encouraged trainings	7
5. SSP Reporting Procedures	9
6. References	10

SYRINGE SERVICES PROGRAMS GUIDELINES

Senate Bill (S.B.) 410 (2013) amends Chapter 439 of Nevada Revised Statutes (NRS) by adding provisions set forth during the 2013 legislative session. In compliance with S.B. 410 (2013) the State Board of Health has established guidelines. These official guidelines authorize a governmental entity, a nonprofit corporation that is recognized as exempt under section (c)(3) of the Internal Revenue Code, 26U.S.C. § 501(c)(3), a public health program, a medical facility or a person who has a fiscal sponsor that is recognized as exempt under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. § 501(c)(3), to establish a sterile hypodermic device program in this State. Federal funds cannot be used to fund or oversee these programs.

The following guidelines could be developed into their own policies to ensure that organizations operating sterile Syringe Services Programs (hypodermic device programs) in Nevada are in compliance with State regulations governing this program. These guidelines will serve as clarification of S.B. 410 (2013) and assist sterile syringe services programs to operate in a safe and responsible manner while ensuring HIV/AIDS and hepatitis prevention and early intervention. Syringe Services Programs are also known as Hypodermic Device Programs.

The purpose of these guidelines is to provide information on access to hypodermic devices and other related materials that are used by injection drug users. Access to these devices reduces the intravenous transmission of diseases. Hypodermic devices will be furnished and collected according to the agency protocols.

1. Syringe services programs (SSPs)

Goal of syringe services programs, hereinafter referred to as syringe services programs, is to furnish new, sterile hypodermic devices to participants and enable those individuals to use a new sterile hypodermic device for every injection.

- 1.1. SSPs should respect cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status and employment status.
- 1.2. SSPs should assure that the hypodermic devices and other sterile injection supplies are not deemed illegal.
- 1.3. SSPs should operate in mutual harmony with drug courts and law enforcement activities.
 - i. Programs should inform local law enforcement agencies regarding the establishment and initiation of the SSPs.
 - ii. Programs should have policies regarding legal and law enforcement issues.
- 1.4. Quantities distributed and collected should be compiled by the program to monitor compliance and also provide that information to the Nevada Division of Public and Behavioral Health semiannually.
- 1.5. SSPs should collect and dispose devices according to Occupational Safety and Health Administration regulations.
(https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact02.pdf)

2. Provide information on safe collection and disposal of hypodermic device for the enrolled participants

- 2.1. Each participant is offered harm reduction and educational materials.
- 2.2. Instructions for safe disposal of hypodermic devices should be provided to all participants, especially those who indicate they may not be able to return hypodermic devices because of special circumstances (homelessness, residence has small children, etc.). Safe disposal of hypodermic device includes:
 - 2.2.1 Residential Sharps Program: Used sharps must be placed in a plastic, puncture resistant, screw top, container (detergent, soda or bleach bottle). 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 sharps disposal programs.
 - 2.2.2 Household garbage: Used sharps may be packaged as in the previous item and disposed of in regular household garbage (unless prohibited by local ordinance). Puncture resistant containers must be sealed and labeled, “contains sharps”, prior to discarding in household trash. Containers full of used sharps should never be placed with items being recycled.
- 2.3. Individuals should be instructed to return used sharps to the SSP program, whether or not they were furnished by the program.
- 2.4. Participants should be educated about proper disposal of devices when they are unable to come to the SSP. Inappropriate methods of device disposal such as the following should be discouraged: breaking off the tip and discarding in trash, disposal on the street or other public venues; disposal of used devices in household garbage or residential sharps programs without containment in sealed, labeled plastic puncture resistant containers, flushing in toilets; and disposal of syringes in the trash in glass jars or coffee cans.

3. Training for SSP staff and volunteers

All SSP staff and volunteers who collect or furnish syringes must complete a proper course of training as appropriate to their level of involvement in program activities.

Trainings on the following topics must be provided by SSP to SSP staff and volunteers conducting sterile hypodermic device exchange. The topics to be covered include:

- 3.1 Agency's approved protocols that cover sterile hypodermic device exchange transactions, handling of infectious waste, and sterile hypodermic device stick prevention management.
- 3.2 Procedures that ensure secure storage, handling and disposal of syringes in accordance with State laws and regulations.
- 3.3 Hierarchy of risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors.
- 3.4 Provide education on HIV/AIDS and hepatitis. In addition, provide information on prevention and the spread of these diseases.
- 3.5 Procedures for making referrals, including primary care, detoxification and drug treatment, HIV counseling and testing. Hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services.
- 3.6 Overdose prevention, recognition and response.
- 3.7 Provide information on employment and vocational training services and centers.
- 3.8 Upon implementation of the program agencies must provide an in-house training plan to the Division of Public and Behavioral Health.

4. Highly encouraged trainings

The following topics could be provided by SSP to SSP staff and volunteers conducting sterile hypodermic device exchange. The topics to be covered include:

- 4.1 Orientation to the agency's array of services and eligibility requirements per program.
- 4.2 Nevada State sterile hypodermic device exchange statutes (NRS 439 and NRS 453.336).
- 4.3 Methods of outreach to engage target populations.
- 4.4 Each program must maintain training logs and attendance sheets for all trainings provided to SSP staff and volunteers. The training log must include the name of the training and trainer, date, location and agenda/topics covered. The attendance sheet must record the names of all staff, peers and volunteers who received the training, date and agenda/topics. A copy of the attendance sheet or a certificate of completion must be maintained in the personnel/training record for each SSP staff and volunteer.
- 4.5 Each program should train their staff and volunteers on client confidentiality procedures. All client information should be kept confidential and the staff and volunteers of the SSP shall not be compelled to provide evidence in any criminal proceedings according to S.B. 410 (2013).
 - 4.5.1 Any record of a person which is created or obtained for use by a SSP must be kept confidential.
 - 4.5.1.1 This document is not open for public inspection or disclosure.
 - 4.5.1.2 This document must not be shared with any other person or entity without the consent of the person to whom the record relates.
 - 4.5.1.3 This information must not be discoverable or admissible during any legal proceeding.
 - 4.5.2 A record described in section 4.5.1 must not be used:
 - 4.5.2.1 To initiate or substantiate any criminal charge against a person who participates in the SSP;
 - 4.5.2.2 As grounds for conducting any investigation of a person who participates in the SSP.
 - 4.5.3 The staff and volunteers of a SSP shall not be compelled to provide evidence in any criminal proceeding conducted pursuant to the laws of this State concerning any information that was entrusted to them or became known to them through the program.
 - 4.5.4 The use of any personal information of any person who participates in a SSP or of the staff or volunteers of the SSP in research and evaluation must be done in such a manner as to guarantee the anonymity of the person.

4.5.5 Aggregate data from a SSP, including, without limitation, demographic information, the number of clients contacted and the types of referrals may be made available to the public.

5. SSP Reporting Procedures

All SSPs must submit semiannual reports to the Division of Public and Behavioral Health

- 5.1 Exchange programs must submit semiannual reports of services in the format prescribed (attachment) to the Division of Public and Behavioral Health by the end of January and July. These reports will include, but may not be limited to:
 - 5.1.1. Number of participants during the time period.
 - 5.1.2. Aggregate demographic data for participants: gender, age and ethnicity.
 - 5.1.3. Number of syringes collected in total and the average number per participant per transaction.
 - 5.1.4. Number of syringes distributed to participants and the average number per participant per transaction.
- 5.2 Each program should notify Division of Public and Behavioral Health if any changes were made to the staff/volunteer training programs during semiannual reports.

6. References

Syringe services program, New York State Department of Health, Aids Institute, Policies and Procedures, January 2009.

Senate Bill 410, Nevada Legislative approval (2013)

Occupational Safety and Health Administration (OSHA)