



Community-Based Needle Distribution Program Guidelines

NEEDLE DISTRIBUTION PROGRAM

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The Site Clean Needle & Syringe Program, Ottawa Public Health	www.ottawa.ca
AIDS Thunder Bay	www.aidsthunderbay.org

These guidelines were prepared by the Sioux Lookout Zone Sexually Transmitted & Blood-Borne Infections Working Group. They are intended to be consistent with the Ontario Needle Exchange Programs: Best Practice Recommendations, 2006.

http://www.health.gov.on.ca/english/providers/pub/aids/reports/ontario_needle_exchange_programs_best_practices_report.pdf

INTRODUCTION

What is Harm Reduction?

Harm Reduction is a set of public health principles that focus on minimizing the risks associated with activities like drug use and sex. The goal is to reduce harm, even if someone continues to use drugs. These principles guide policy and programs, as well as advocacy and individual behaviour.

Harm Reduction Principles

Harm Reduction:

- Recognizes that there will always be a percentage of the population that will engage in high-risk behaviours (e.g., misuse of alcohol or drugs, multiple sexual partners, smoking).
- Focuses on reducing or minimizing the harm associated with high-risk behaviour – the unfavourable health, social and economic consequences -- without requiring abstinence.
- Concentrates on realistic and achievable goals and interventions for people who continue to engage in these behaviours.
- Aims to provide skills, knowledge, resources and support to assist people in living safer, healthier lives.
- Is compassionate, non-judgemental and non-punitive. It meets people where they are at (not where we think they should be).
- Based on dignity and human respect.
- Provides an effective way to improve the health and safety of our communities.

Rationale for a Needle Distribution Program

Needle distribution programs are intended to reduce the transmission of HIV, hepatitis B, hepatitis C and other infections. They also reduce other health risks associated with drug use such as infections of the skin or heart valves, blood clots and overdoses. They provide education and ideally help link individuals with services and resources when they are ready.

Needle distribution programs make good public health sense because they:

- Reduce the transmission of blood-borne infections including HIV, hepatitis B and hepatitis C.
- Reduce skin and other bacterial infections associated with drug use.
- Reduce high risk behaviours associated with accessing and using drugs.
- Reduce the number of used needles discarded in the community.
- Do not encourage initiation of injection drug use.
- Do not increase the duration or frequency of injection drug use.
- Do not diminish the motivation to decrease drug use.
- Are often the only contact drug users will have with health or social service providers.

Rationale (continued)

In Ontario, Needle Distribution Programs are mandatory in communities where injection drug use is identified as a problem as per the Ministry of Health and Long Term Care Ontario Public Health Standards 2008.

(http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/ophs_2008.pdf)

What are sexually transmitted and blood-borne infections?

Blood borne infections

BBIs are spread when blood from an infected person enters the blood stream of someone else. This happens most commonly when sharing needles or other drug use equipment (e.g., straws for snorting). Shared tattooing needles, and uncommonly razors or toothbrushes, can also be sources of infection.

Examples: HIV, hepatitis B, hepatitis C

Sexually transmitted infections

STIs are usually carried in fluids from the vagina and penis, and spread by intercourse. Some STIs are spread by close skin to skin contact. Condoms can help prevent the spread of most STIs.

Examples: HIV, hepatitis B, chlamydia, gonorrhea, syphilis, genital warts and herpes

HIV, Hepatitis C, Hepatitis B

HIV and hepatitis C are on the rise in Aboriginal populations throughout Canada.

HIV is a virus that suppresses the body's ability to fight other infections, often leading to AIDS (Acquired Immunodeficiency Syndrome). There is no cure, though lifelong daily medications can delay the progression to AIDS. HIV is both a sexually transmitted and blood-borne infection. It can also be spread from a pregnant woman to her unborn child.

Hepatitis C is a virus that attacks the liver. Sometimes the body can clear the infection; for others, treatment may be an option. It is not always curable. Hepatitis C can lead to liver failure or liver cancer. Most new cases of hepatitis C are spread by sharing drug use equipment.

Hepatitis B is both a blood-borne and sexually transmitted infection. Like hepatitis C, it targets the liver and can result in liver failure or cancer. Often the body clears this virus on its own. For others, treatment may be helpful. There is a vaccine for hepatitis B which is given in Grade 7. Anyone using drugs who have not been vaccinated should be advised to get the hepatitis B, as well as hepatitis A, vaccines.

Intended Audience of this Document

This document is intended as a guide for health program planners and front-line workers (e.g., nurses, NNADAP workers, Community Mental Health Workers). It provides a description of the materials available for a Needle Distribution Program and how to set up and manage a program in your community.

NEEDLE DISTRIBUTION PROGRAM - THE BASICS

Philosophy of Service Delivery

Interactions should focus on and be directed by the client being served. A respectful approach that is non-threatening and non-judgemental will encourage people to access the Needle Distribution Program.

The NDP may be the only contact that clients have with the health care system. Through this contact, clients will gain the knowledge that will encourage them to adopt safer injecting practices and may facilitate behaviour change including, but not limited to, entering into drug treatment.

Target Populations

- People who inject, snort or smoke drugs
- Sexual partners of people who use drugs
- Sex industry workers
- People who inject steroids

What services are provided in a Needle Distribution Program?

- Providing clean needles
- Distribution of other drug use supplies
- Disposal of used needles and equipment
- Distribution of lubricated condoms
- Education around safer drug use, safer sex, HIV / hepatitis C, and other risks associated with drug use
- Counselling and referrals
- Resources for collecting used needles and equipment discarded in the community

Supplies Available

1. Needles / syringes
2. Cookers
3. Sterile water
4. Cotton filters
5. Alcohol swabs
6. Tourniquets
7. Vitamin C
8. Straws (for snorting)
9. Disposal containers
10. Lubricated Condoms
11. Education materials



Other supplies that should be available for use by staff / volunteers include:

- Latex or vinyl gloves
- Alcohol-based hand sanitizer
- Tongs
- Large sharps bin for disposing equipment at the Needle Distribution Program to be confirmed
- Sharps pails for collecting needles and equipment discarded in the community to be confirmed
- Tape for securing lids to returned home-made sharps containers
- Stickers for labelling home-made sharps containers for safe handling
- Log book for recording client visits
- Written program guidelines

Pre-packaged “injection kits” include:

10 needles / syringes
20 alcohol swabs
10 cookers
10 sterile water ampoules
Package of cotton filters
1 tourniquet

A disposal container should also be provided unless the client declines because he/she already has one.

Pre-packaged “snorting kits” include:

6 cut straws
2 condoms



Tongs should be used if needles (or other used equipment) need to be manipulated into a sharps container. They should also be used when picking-up used needles found in the community. Avoid touching used needles whenever possible. The Nursing Station has metal ring-forceps that can be used for this purpose. It is suggested that 2-3 ring-forceps be dedicated to the Needle Distribution Program. Clearly mark these forceps to ensure they are not accidentally used for other purposes.

1. Needles / Syringes



Encourage injection drug users to use a clean needle every time they inject.

Small needles are available for people who inject drugs. Encourage them to use the smallest possible needle to minimize trauma to their veins and skin.

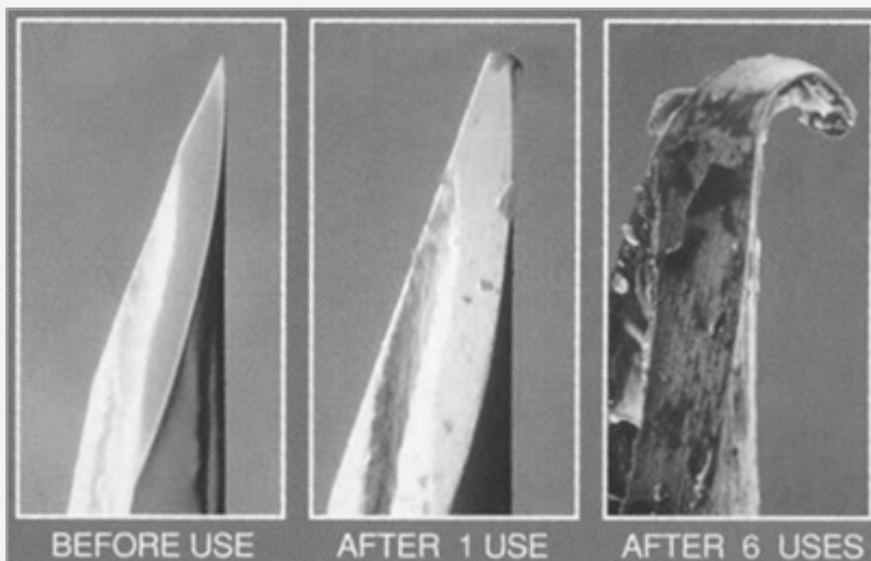
If someone injects steroids, longer needles are needed because steroids are injected directly into a muscle. If a client requests needles to inject steroids, direct them to a nurse who can provide appropriate needles for this purpose.

How long can HIV or hepatitis C survive on a needle?

Under laboratory conditions (i.e., strictly controlled temperature and environment), HIV can survive on used needles for up to 6 weeks. Hepatitis C virus has also been detected on used needles. It is more resilient than HIV and is 4-5 times more easily transmitted through a contaminated needle.

The hepatitis B virus is also resilient as it can survive in dried blood at room temperature for at least a week and is easily transmitted through needle sharing. Hepatitis B is only a concern for users who are not already protected against hepatitis B through immunization or previous exposure to the virus.

All drug users should be encouraged to be vaccinated for hepatitis A and B if they have not received the vaccine previously.



Risks of Reusing your own Needles

Reusing one's own needles increases the risk for skin and vein problems. The tip of the needle is damaged after one use. This damages the skin and veins and makes it easier for bacteria to enter the body. The bacteria can cause abscesses in the skin, or spread to other parts of the body. A common place for this bacteria to cause infections is on heart valves, leading to a serious illness called *endocarditis*.

2. Cookers

Prior to injection, drugs are mixed with water to make a solution that can be injected. A cooker is used as the container for this mixing process. It is called a “cooker” because the solution may be heated to further dissolve the drug.

Spoons are often used for this purpose and less frequently bottle caps. Cookers tend to be shared more frequently than other equipment and can transmit HIV or hepatitis C.

Recommend that cookers are only used once and never shared. Like needles, one cooker should be provided for each injection.



The cookers provided through the Needle Distribution Program are safer than spoons or bottle caps because they are sterile, and they heat more evenly and quickly, helping kill bacteria and viruses. Also, they are single use. The handle is shorter than on a spoon, so clients need to be careful when heating.

The cookers may smoke a little when heated, but there is no paint, plastic or residue on them that could be potentially harmful. Clients should be informed to heat their drug mixture for a minimum of 15 seconds to kill as much bacteria as possible.

A study in Seattle looking at new hepatitis C cases found that injection drug users who shared cookers and filters (but not needles) were six times more likely to acquire hepatitis C. It was determined that 54% of hepatitis C infections were attributed to cooker and filter sharing (Strike C and Leonard L, 2006 p106).

3. Sterile Water



Sterile water comes in single-use 3 millimetre plastic ampoules for injection use. The water is sterile and preservative free. Water is used to dissolve drugs into a solution which can then be injected and used to flush syringes.

Giving sterile water helps injection drug users avoid using water (or other fluids) which may contain bacteria or debris that is harmful when injected into the body. When water (or a water container) is shared by more than one person, there is a chance that small amounts of blood from one user can be injected by another user, creating a risk for HIV or hep C transmission.

Sterile water ampoules contain enough water to mix drugs into an injectable form. Once opened, the ampoules cannot be recapped eliminating the opportunity for contamination and re-use. Sterile water ampoules are only effective if provided in sufficient quantity to ensure that each injection is prepared with its own ampoule of sterile water.

To use:

- Check each ampoule for leaks or puncture holes. This can be done by squeezing the ampoule before use to ensure no water escapes. If water does leak or squeeze out, do not use the water.
- Twist the cap, pull it completely off, and squeeze out the desired amount of water.
- Throw out any remaining water and the plastic container.
- Store the ampoules at room temperature. Avoid excess heat and protect from freezing.
- Each ampoule has an expiry date printed on the end of the container. The shelf life is approximately 2 years. It is important to rotate your inventory to minimize wastage and to ensure shelf life does not expire.

4. Cotton Filters

Filters are used to remove pill particles and other debris when drawing up the drug solution from the cooker. Cotton balls, Q-tips or cigarette filters are often used if someone doesn't have access to a clean filter.

The filters provided are safer because they are uniformly spun and do not have loose fibres that can be accidentally injected into the bloodstream.

Cigarette filters are not a safe alternative as they contain small particles of glass and if the cigarette has been smoked, contain substances which are harmful to inject.

Filters are for single use only. They should not be saved and cooked later because fungi and bacteria can grow on old filters.



If multiple needles come into contact with the same filter, the filter can be a source of transmission of HIV, hepatitis C or hepatitis B. Encourage clients not to share filters.

To use:

- Filters should be handled as little as possible to minimize the potential for contamination with bacteria
- A filter is placed in the clean, new cooker once the solution is ready to inject
- The tip of the sterile needle is placed into the filter, and the liquid is filtered through the cotton as it is drawn into the syringe
- Filters are for single use only

5. Alcohol swabs

Alcohol swabs are used to clean the skin before injecting and to remove any blood from fingers and other surfaces that resulting from the injection from fingers and other surfaces. If someone is helping another user inject, a swab should be used to clean their fingers before trying to locate the vein.

Alcohol swabs should not be used after injecting to clean the injection site or stop bleeding. The alcohol in the swab may dissolve the blood clot, and the wiping action can interfere with the clot formation. Encourage users to apply pressure with a clean, dry tissue or paper towel until the bleeding stops.

Skin cleaning with alcohol prior to injection protects against bacteria from entering the skin or or bloodstream. Ensuring that someone has their own alcohol swabs prevents the potential spread of HIV and hep C from sharing swabs.

Alcohol swabs are individually wrapped in sterile and water resistant packages. They are for single use only. At least two alcohol swabs should be provided for every needle distributed.

In the absence of sterile alcohol swabs, rubbing alcohol, after-shave lotion, or soap and water should be used.



It is important that the injection site not be touched by fingers after it has been cleaned.

Cleaning the skin prior to injection is one of the most important things that can be done to reduce the risk of endocarditis, blood poisoning and similar infections.

6. Tourniquets

Tourniquets are used to “tie off” the vein and restrict blood flow, causing it to bulge out and making it easier to hit with a needle. They help secure rolling veins like the ones found in the forearm. It is important for tourniquets to be easy to release and to be elastic enough to prevent trauma to the skin and vein.

The tourniquets provided are latex-free. They are smooth and kinder to the skin than belts or other ties. They are pliable and easy to release.

Because tourniquets can become splattered with blood and fluids, they also pose a risk for transmitting HIV or hep C if shared.

Encourage users not to share their tourniquets, and to frequently replace worn or soiled tourniquets with a new one.

Safer use of tourniquets:

- Tourniquets should only be used if needed (many injectors can access a vein without a tourniquet)
- Various techniques can help superficial veins become more accessible:
- Clenching and re-clenching the fist
- Any vigorous exercise (like push-ups)
- Gently slapping on the vein
- Warming the vein with hot compresses
- “Windmilling” the arm
- Letting the limb hang down
- Use a slipknot so that the tourniquet can be removed quickly
- Tourniquets should be applied just prior to injecting. If a person needs to re-cook their drug, or transfer it to another syringe, remind them to take off the tourniquet
- After hitting the vein with the needle, loosen the tourniquet prior to injection otherwise the excess pressure needed to inject the drug can cause leakage into the surrounding tissue or cause the vein to rupture
- Remove the tourniquet as soon as possible. Leaving it on prevents circulation and can cause the limb to turn blue, lose sensation, and eventually cause gangrene
- Tourniquets should not be shared
- Discourage the use of ropes, belts, bandanas, wire, etc. which can lead to severe trauma to the skin and veins



7. Vitamin C



Vitamin C is an ‘acidifier’ which is needed for some drugs to be dissolvable in water. Adding an acid to drugs like brown heroin or crack-cocaine converts them into a water-soluble form. Crack comes in a rock form, which is made of cocaine and baking soda. Mixing this with Vitamin C separates the cocaine from the baking soda (breaking down crack).

The Vitamin C sachets are air tight and water resistant. They have an expiry date and are for single use only.

Vitamin C (ascorbic acid) is believed to be the safest acidifier for injection. People also use lemon juice, vinegar or other household products. These can be more harmful and cause bacterial and fungal infections. Powdered Vitamin C is less damaging to veins.

When an acidifier is required, use only a pinch of Vitamin C (about ¼ the size of the rock). It is important to use the LEAST amount of Vitamin C as possible to reduce damage to veins.

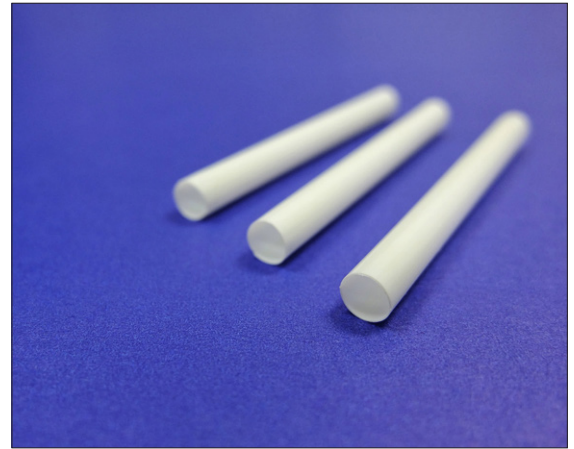
OxyContin, morphine, codeine, hydromorphone, and white heroin are all water soluble. An acidifier is not required. As such, Vitamin C is not included in the pre-packaged injection packs. Clients should be provided with as much Vitamin C as requested if they are injecting drugs that are not water-soluble.

8. Straws

Any blood-to-blood contact can potentially spread blood-borne infections like hepatitis C, hepatitis B and HIV. Snorting drugs irritates the lining of the nose and can result in minor, unnoticeable bleeding.

Sharing snorting equipment has been identified as a risk for transmitting hepatitis C in our area. Advise clients to never share snorting equipment.

Bacteria and fungi can grow on old equipment, which could enter the blood stream through damaged tissue in the nose. Snorting equipment should be discarded after each use.



Straws are available for clients. They can be given individually or in pre-packaged ‘snorting kits.’ They have sharp edges and may cause trauma to the nose, so use with care (some people prefer rolled sticky-notes).

9. Disposal Containers

All drug use equipment poses a risk to others and should be disposed of safely.

“Sharps” containers are made of hard plastic, decreasing the chance of a needle poking through and accidentally injuring someone. They are specially made so that they don’t spill, and it is difficult to retrieve and reuse discarded equipment.

Drug equipment should be put in a sharps container if possible. Containers available through the program include:

1. Discrete black containers which can hold up to 10 needles.
2. Larger 5 quart yellow containers. Warn clients that small hands can fit through the opening of these containers.

Educate clients to create their own disposal containers if they do not have access to a sharps container. They can use an old plastic jug with a secure lid, such as a Javex or pop bottle.



Encourage clients to bring even partially filled containers (including home-made containers) to the Needle Distribution Program for safe disposal. Sharps containers should not be thrown out in the community garbage.

Program staff should secure the lid with tape and mark “used needles” on the container.

10. Lubricated Condoms

Condoms significantly reduce the spread of sexually transmitted infections. In many parts of the world, the primary risk factor for HIV transmission is sex.

When there is inadequate lubrication, sex can be more traumatic, resulting in abrasions and minor breaks in the skin which increase the likelihood of spreading HIV, hepatitis B, and sometimes hepatitis C.

Having another sexually transmitted infection, like chlamydia or gonorrhea, increases the likelihood that a virus like HIV or hepatitis B is passed through sex.

Lubricated condoms should be easily available to all clients and provided in the quantity requested.

11. Education Materials

A number of pamphlets and posters are available (see Appendix B). Posters can be hung in the Needle Distribution Program area and at other areas in the Nursing Station and community.

SETTING UP A PROGRAM IN YOUR COMMUNITY

Your Needle Distribution Program should be designed to meet the needs and match the resources in your community. Communities will likely have different approaches to where their Needle Distribution Program is housed and who the primary front-line workers are.

The program could operate out of the Nursing Station, Band Office, Withdrawal Centre or some other facility. Some communities may have the primary site in the Nursing Station and satellite site(s) somewhere else in the community to increase accessibility. Nurses, NNADAP workers, Community Mental Health Workers, other service providers in the community and/or community volunteers may be involved. Supplies are accessed through Health Canada Stores via the Nursing Station.

Designing Your Program

We suggest an initial meeting with the Health Director, NNADAP and Community Mental Health Workers, other appropriate health staff, the Nurse-in-Charge and the community physician to discuss the needs in your community and design of the program. If possible, include several community members who have a history of injection drug use to participate in the planning discussions.

Staff of the Regional Wellness Response Program are available and happy to participate in these discussions to clarify information, assist with planning and to discuss what is happening in other communities. To involve the the Regional Wellness Response Program, please contact info@slfnha.com and we will assist with making these arrangements.

In designing your program, you should decide:

Who will be the Program Supervisor? This may be a regular nurse or experienced staff in the health program. The Program Supervisor is responsible for overseeing the program, scheduling, monitoring the inventory, ordering supplies and faxing monthly logs to the Sioux Lookout First Nations Health Authority's Regional Wellness Response Program at (807) 737-6195.

Who will be the front-line workers? Nurses are a common point-of-contact for people using drugs and should be able to access supplies or easily direct clients to the Program. Community Mental Health Workers, NNADAP Workers, or other health staff may also be involved. All staff should receive sufficient training to provide accurate information to clients, understand the philosophy of harm reduction, and know how to avoid putting themselves at risk.

Location of the program. The location you choose should have adequate space for storing supplies, and be accessible and acceptable for clients. Some clients may be reluctant to access the program if it is obvious to others that they are collecting needles, and it is recommended that interactions be as discrete as possible. It is important for workers to have a way of cleaning their hands, so easy access to a sink or alcohol-based hand sanitizer is crucial. If the program is located outside the Nursing Station, a satellite program and log-book could be located in the Nursing Station for nurses to assist as well.

Hours of operation. It is important to balance sustainability and accessibility. The program should ideally be available a minimum of five days per week. Some clients may be reluctant to attend the Needle Distribution Program during normal working hours because of concerns of being seen. If it is possible to make the program available after hours, even several times per week, this would increase access.

Advertising the program. Decide how you will make community members aware of the program. At the same time, reinforce the need for the safe disposal of drug-use equipment and how community members should approach used equipment found in the community (see the section on Collecting Equipment Discarded in the Community).

Once you have decided on your Program Supervisor, staffing, location, and hours of operation, complete the attached **Program Description** to outline your program. Please fax a copy to the Sioux Lookout First Nations Health Authority's Regional Wellness Response Program at (807) 737-6195.

Training for Front-line Workers

The Sioux Lookout First Nations Health Authority, in collaboration with Health Canada, hosted several videoconferences in 2012 to provide information and education to nurses, front-line staff and volunteers. These sessions are archived and available through KO Telemedicine. This document is also intended to provide the basic information necessary for front-line workers.

As needed, training opportunities can be organized. Please contact the **Sioux Lookout First Nations Health Authority at info@slfnha.com** to make arrangements. Additional information and links to harm reduction resources are also available on One Health (www.onehealth.ca).

PRACTICES AND PROCEDURES

1. Client Confidentiality

Staff should not acknowledge the identity of or identify Needle Distribution Program clients to other clients, agencies or members of the community. Interactions should be client-driven and guided by the understanding that all people have the right to self-determination.

There are several exceptions to maintaining client confidentiality:

Children at risk

Many parents who use drugs provide loving and appropriate care for their children. If there is concern that a child is being neglected or is otherwise at risk of harm, staff have a duty to report this to Tikinagan. More information about ‘Duty to Report’ is located in Appendix E.

Clients at risk of serious harm to themselves

If you suspect that a client may be suicidal, you are encouraged to notify a community mental health or other crisis response worker (if available), or one of the nurses at the Nursing Station.

Clients at risk of serious harm to others

If you have concerns that a client may harm someone else, you are encouraged to contact the community security or NAPS office.

2. Components of a Client Visit

The following outlines the five components of every client visit:

- i. Recovery of Used Needles and Equipment
- ii. Providing Needles and Supplies
- iii. Education
- iv. Referrals (as appropriate)
- v. Documentation and Record Keeping

i. Recovery of Used Needles and Equipment

Clients should be encouraged to return all used needles and equipment for safe disposal. That said, the program should not be a one-to-one exchange.

Estimate the number of needles the client is returning so that this can be recorded.

If the client’s returned needles are in a home-made sharps container (e.g., pop can, bottle):

- do not try to remove the needles
- ask the client to put the entire container in your large sharps bin
- if the sharps container does not fit, or you do not have a large sharps disposal bin, securely tape the lid onto the container and attach a sticker to the outside that says “Needles”

If the client brings in loose needles or equipment:

- **ask the client** to insert them directly into the sharps container. DO NOT TOUCH returned needles directly

CAUTION: Sharps containers are not puncture proof. They are puncture resistant.

Sharps containers should only be filled $\frac{3}{4}$ full, up to the point indicated on the container itself. Do not force or allow a client to force needles into the container.

Even if a container is not full, never use a hand or foot to push syringes down further – use tongs or get a new container.

Sharps must be packaged and disposed of according to Biomedical Waste Disposal Procedures which are outlined in Appendix C.

ii. Providing Needles and Supplies

For convenience and efficiency, pre-packaged supplies have been prepared for people who inject drugs. These packages include:

- 10 needles / syringes
- 20 alcohol swabs
- 10 cookers
- 10 sterile water ampoules
- Package of cotton filters
- 1 tourniquet

A disposal container should also be provided if the client is agreeable. The small black disposal containers can hold 10 needles. If the client already has a larger yellow disposal container at home, he/she may not require a new container at each visit. If he/she does not accept a sharps container, instruct them on other safer disposal options.

Some clients may request specific items in the injection package, but not require all items. This is an opportunity for education about the transmission of blood-borne infections via any equipment used for injection. There may be opportunity in the future for programs to order specific supplies and decrease wastage of un-needed items. This is not available at the present time.

Clients should be provided with as many needles and supplies as they request. This is in keeping with *Ontario's Needle Exchange Programs: Best Practice Recommendations*. Clients should also be permitted to collect supplies for other people. There may be times when distribution needs to be rationed to 2 or 3 injection packages per client to prevent supplies from running out.

Clients who snort drugs should be supplied with as many straws as they request.

Condoms should be available in the quantities requested by the client.

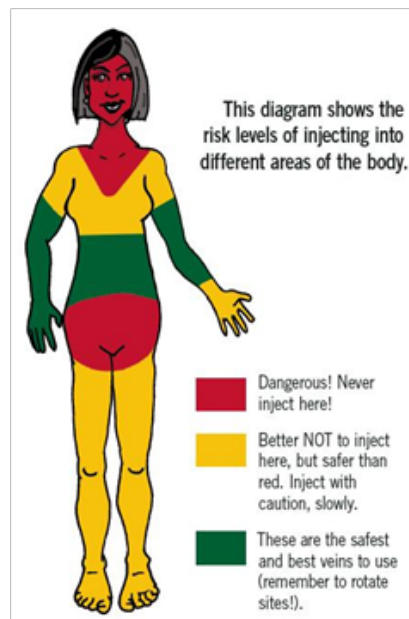
Record the supplies distributed at each visit on the Needle Distribution Program Log.

iii. Education

Safer pill injection

Remember: Pills are made to be swallowed -- there is no completely safe way to inject pills

1. Use the smallest needle possible
2. Plan ahead – find a good vein before you start
3. Peel the coating off the pill, or use sterile water or tap water and wipe the pill with a clean, damp cloth until it is white
4. Dry the pill off with a clean cloth
5. Crush the pill into a super fine powder using something clean
6. Place the powder into a clean cooker and add sterile water
7. If heating, do not put the cooker too close to the flame source. Heat the liquid for at least 15 seconds to help kill bacteria
8. Draw the cooled fluid through a clean filter
9. If using a tourniquet, apply it just before injecting
10. Clean the skin with an alcohol swab
11. Insert the needle into the vein, drawing back to make sure you are in
12. Release the tourniquet
13. Inject into the vein slowly



Where to inject?

To decrease the risk of damaging veins, blood clots, infections and other complications, encourage clients to inject in the green areas on the diagram. Avoid red or swollen areas.

Appendix D has a more detailed description of Safer Injection tips that can be discussed with clients. Please familiarize yourself with these tips and offer them as appropriate during client interactions.

Tips to Avoid Overdose

1. Avoid injecting drugs. Injected drugs get into the body faster and in higher amounts than snorted or smoked drugs.
2. Avoid mixing drugs with similar effects (e.g., OxyContin, morphine, hydromorphone and alcohol are all sedating)
3. When someone stops using a drug for even a few weeks (e.g., drug treatment), they lose tolerance for the drug and will not be able to handle the same amount they did before they quit.
To avoid overdose:
 - use a smaller amount of drug than before
 - smoke or snort instead of injecting
 - use with someone else, or let someone know to check
4. Be cautious when using drugs from a new or unknown source
 - use a small amount first to test how potent it is
 - talk to others about how potent it is
5. Buy drugs from a regular and trusted source
6. Know the symptoms of overdose
 - for opioids (OxyContin, morphine, heroine, etc.): sedation, slowed breathing
7. Call for assistance if you or someone else is overdosing
8. Do not leave someone who is overdosing alone

Testing for HIV, Hepatitis B and Hepatitis C

All people using drugs should be tested for HIV, hepatitis C and hepatitis B (if not immunized). It can take three months before available lab tests can detect these viruses, so encourage them to be tested again in three months. Testing should be repeated after any high risk exposure, such as sharing needles or other equipment, or having sex with someone who does. Again, repeat testing should be done in three months.

Anyone who hasn't already been vaccinated for hepatitis A and hepatitis B should be encouraged to do so.

Testing for Other Sexually Transmitted Infections

The presence of sexually transmitted infections, like chlamydia and gonorrhea, increases the risk of spreading HIV or hepatitis B through sex. Testing for chlamydia and gonorrhea can easily be done with a urine test (or swab for oral or anal infections). Treatment is also easy and effective, usually involving only one dose of antibiotics. It is important that all sexual partners are treated at the same time to decrease the risk of reinfection.

Messages for all clients

- If doing drugs, use the safest route possible (swallowing over chewing over snorting or smoking over injecting)
- If injecting drugs, do not share needles or other equipment
- Use sterile water for mixing drugs
- Use your own clean cookers, filters and tourniquets
- Before injecting, clean the skin with alcohol swabs (or soap and water if not available)
- Return used needles for exchange
- If unable to exchange needles, be sure to dispose of them safely
- Dispose of all drug use equipment (including tourniquets) safely
- If having sex, practice safer sex

iv. Referrals

A variety of beneficial referrals can be initiated from the Needle Distribution Program:

- If clients look unwell or appear to have an infection, refer them to a nurse
- If clients are interested in stopping drugs or going to treatment, you might refer them to the NNADAP worker, nurse or community addictions program (if available)
- If you are concerned about a client's mental health, speak with them, and refer to the community mental health worker, nurse, or other supports in the community. If you are concerned that a client is suicidal, it is important to direct them to the Nursing Station.

v. Recording and Documentation

Every client encounter should be recorded in the Needle Distribution Program log. A copy of the log is attached or email info@slfnha.com to obtain a copy. Information collected for each client includes:

- Gender
- Approximate age range (don't ask -- it's ok to guess)
- Number of needles returned (it's ok to estimate here too)
- Number of supplies provided
- Pamphlets provided
- Referrals if any
- Other remarks

For nurses:

If a nurse provides services limited to those included in the Needle Distribution Program, a separate note does **not** need to be made in the client chart. This is consistent with provincial standards. If additional clinical assessment, health teaching or treatment is included in the visit, appropriate documentation needs to be entered in the patient chart.

3. Collecting Discarded Equipment in the Community

Used needles, other drug use equipment and condoms are sometimes found discarded in the community. These pose a risk to other community members and the environment.

Ways to minimize discarded needles and equipment:

- provide sharps containers at the Needle Distribution Program
- teach people how to make their own sharps container if they don't have one
- encourage people to return used needles and equipment
- maintain a safe, non-judgemental attitude at the Needle Distribution Program
- mount disposal containers around the community in washrooms and areas where people gather and use drugs

Ring-forceps can be used for picking up discarded needles in the community. Bring a sharps container to safely dispose of the needle immediately. Other drug use equipment and condoms should be pick up in the same way.

It is suggested that you develop a system in your community for safely picking up used equipment. For example, you could notify community members over the radio that if they find used equipment, they can call the Needle Distribution Program and arrange for someone to collect them. Encourage parents and educators to teach children not to touch needles if they find them.

Mounting disposal containers in the community

Sharps containers are often mounted in public washrooms. They can also be mounted in areas where people commonly gather and use drugs.

Ideally, the opening into the sharps container is small enough to prevent someone from putting their hand in.

Check the sharps containers frequently and replace them if they are damaged or $\frac{3}{4}$ full.

All used sharps containers should be disposed of through the Nursing Station rather than the garbage.

Collecting equipment discarded in the community

Use a sharps pail, tongs and gloves. Avoid touching needles directly whenever possible.

- Wear gloves
- Place sharps pail on the ground (don't hold it)
- Use long-handled tongs to pick up any needles, equipment and condoms
- Put needles in the pail point end first
- When everything has been picked up, put the lid on the yellow pail and tape it shut
- Wash your hands or clean with a hand sanitizer
- Return the sharps pail and all of the contents to the Nursing Station



4. Disposal of Sharps Containers

There should be a large disposal bin at the Needle Distribution Program for individual sharps containers. Once full, the lid should be taped on, and the container clearly labelled if not already done. It should then be stored with the other biohazardous materials from the Nursing Station for eventual removal and safe disposal.

Drug use equipment and sharps containers should not be disposed of in the community garbage system.

5. Ordering Supplies

Injection and snorting kits can be ordered through the Sioux Lookout First Nations Health Authority's Regional Wellness Response Program. The Tracking Supplies form in Appendix A is designed to help manage your supplies. Use this form to identify how much stock is needed based on last months usage levels. You can then fill out the attached Order Form and fax to the Regional Wellness Response Program at (807) 737-6195.

Vitamin C can be ordered separately from Stores using above mechanism. It is not included in the kits as it is only for non-water soluble drugs. Condoms can also be ordered through Stores as needed via above mechanism.

Since there can be delays in shipping to your community, please take time every second week to make sure you have at least one week of supplies remaining.

A list of Educational resources are included in Appendix B. They can be ordered directly from the appropriate organization and do not need to come through Sioux Lookout.

If you have a problem accessing supplies or resources, please contact the Sioux Lookout First Nations Health Authority at info@slfnha.com.

6. Safety for Staff

i. Handling soiled equipment

Staff and volunteers should always practice “standard precautions” to avoid injury or exposure to viruses/bacteria. Standard precautions assume that ***all materials could be infected***.

- **Gloves** should be worn whenever there is the potential for contact with used equipment, contaminated surfaces, blood or body fluids (whether visible or not).
- **Wash hands or other skin surfaces** thoroughly and immediately if contaminated with blood or other body fluids.
- **Wash hands immediately** after gloves are removed. If washing is not possible, use an alcohol-based hand sanitizer.
- Used needles, disposable syringes, and other **sharp items are to be placed in puncture resistant containers** marked with a biohazard symbol for safe disposal.
- **Avoid accidental injuries** that can be caused by needles, cleaning instruments, handling sharp instruments, and disposing of used needles. Ask clients to put all used equipment into the disposal containers themselves. **PROGRAM STAFF SHOULD NEVER HANDLE USED NEEDLES.**

Staff must remain vigilant in all situations when handling sharps containers or when approached by clients exchanging syringes. There have been instances where clients have forced too many syringes into sharps containers thereby forcing needles through the container. It should be assumed that all needles may be uncapped. Never recap an uncapped needle as this can result in a needle stick injury.

ii. Needle Stick Injuries and exposure to body fluids

In the event of a needle-stick injury, it is important that the injured person receives timely, appropriate care. Health Canada’s policy on *Occupational Exposure to Blood and Body Fluids* should be followed for all Needle Distribution Program staff / volunteers.

Briefly, post-exposure guidelines include:

- First Aid. Allow the wound to bleed freely, cleanse the wound thoroughly with soap and water. Apply a sterile, waterproof bandage. If blood comes in contact with mucous membranes (i.e., eyes, nose, mouth), flush well with water.
- Medical Attention and Post-Exposure Prophylaxis (PEP). Seek immediate medical attention (within hours) from the Nursing Station. In all cases, the doctor should be called. Testing and post-exposure prophylaxis may be recommended. Post-exposure prophylaxis kits are available in all Nursing Stations. Delay or failure to seek medical attention may compromise the effectiveness of treatment.
- Follow-up counselling and evaluation. Periodic testing for infections as well as counselling for emotional stress may be appropriate. Counselling for preventing infection transmission is also recommended.
- Reporting. All needle-stick injuries should be reported to the Needle Distribution Program supervisor. This information can be used to help develop strategies to prevent future injuries.

iii. Personal safety

Discretion and judgement are important and should be used at all times. Always be aware of your surroundings, especially anyone standing or approaching from behind. If a client’s behaviour is inappropriate, you do not have to serve him/her at that time. It is appropriate for staff to point out the inappropriate behaviour, tell the client the reason you will not serve them, and indicate when they can return to using the service.

You are encouraged to contact your Program Supervisor if you have concerns about your personal safety at any time.

APPENDICES

Appendix A

Tracking Supplies

Please review your stock every 2 weeks to avoid running out. It is suggested that you order enough supplies to maintain, at minimum, the quantity of each item used in the previous month.

Item	Number used last month	Number in stock	Date	Number needed	Date ordered	Number received	Date received
Needle and Snorting Packages							
Injection packages							
Snorting packages							
Disposal Containers							
Yellow 5 quart containers							
Black 10 needle containers							
Large containers for program use							
Other							
Condoms							
Vitamin C							

Appendix B **Educational Resources**

The following educational materials are available in or accessible by each Nursing Station.
Ordering information is included where possible:

Name	Content/ Year	Ordering
SHARP SHOOTERS <i>38-page booklet</i>	Harm Reduction Info for Safer Injection Drug Use 2008	Order number: ATI- 70095 CATIE (Canadian AIDS Treatment Information Exchange) www.catie.ca 1-800-263-1638
HIV or Hepatitis C - Are you at Risk? <i>pamphlet</i>	Information about HIV & Hep C for clients on reserve	Requests made through Zone CD Nurse
Hepatitis C - Protect Yourself <i>poster</i>	Information about Hepatitis C prevention & testing for clients on reserve	Requests made through Zone CD Nurse
HIV- Protect Yourself <i>poster</i>	Information about HIV prevention & testing for clients on reserve	Requests made through Zone CD Nurse
CATIE (Canadian AIDS Treatment Information Exchange) <i>website</i>	Canada's source for HIV and Hepatitis C Information Updated regularly	www.catie.ca 1-800-263-1638

A more extensive catalogue of educational resources is in the process of being compiled.
When complete, it will be made available.

Appendix C

Disposal of Full Needle Disposal Containers (Sharps Box)

When a patient returns a sharps box:

1. Have the patient themselves seal the lid appropriately. Demonstrate with an empty container if necessary. **Do not do this yourself.**
 - a. For yellow (5Qt.) containers, find the two small tabs on the lid and insert them into the appropriate slots.
 - b. For black (10 syringe) containers, close the top and snap the latch over the top tab then snap the ring closure into place.
2. Put the sealed sharps box into an appropriate leak-proof packaging. This will be an appropriately sized sealable, biohazard bag. Ensure it is sealed.
 - a. For yellow (5Qt.) containers, there is no change from current packaging. Place in large red biohazard bag (19" X 24") available through the HC Stores Department and seal with tape.
 - b. For black (10 syringe) containers, seal in small clear biohazard bag (9" X 6") usually used for laboratory samples available through HC Stores Department.
3. Put the bagged sharps box into the Medical Waste boxes that are available specifically for transportation of dangerous goods. Do not use any other type of box. These are the same boxes that have always been used to transport full sharps containers out of the community by air. They are pre-marked with some of the appropriate TDG signage. Although not a stock item, they are available through the HC Stores Department on an as needed basis.



4. Mark the outside of the Medical Waste box with the weight, shipper: name, address and telephone number, receiver: name, address and telephone.
5. Include an inventory on the inside and outside of the box.
6. These boxes are to be packaged, sealed, marked, labelled, stored and transported as per TDG regulations.

NOTE: If you are involved in the transportation, handling or offering of Dangerous Goods, you must be trained.

Appendix D

Safer Injection Techniques

Recommendation	Rationale
Safer injection environment	
Inject in a physical location that is safe and secure with running water	Reduces the risk of harassment by others and the risks of hurried injections
Clean surfaces with alcohol swabs before putting down injection equipment	Hepatitis B and C can survive for months on surfaces
Inject with someone else present (if possible) but do not share needles or any other equipment	In the event of an overdose, having someone else present may increase the likelihood of reaching emergency services
How to prevent vein or skin damage, and bacterial infection	
Regularly exercise arm muscles (e.g., flex, squeeze a ball, clench fist, lift weights)	Bigger muscles make veins more prominent and easier to locate
Wash hands and skin with hot soapy water before injecting	Reduces risk of bacterial and other infections
Drink lots of water	Increases size of veins and reduces the chance of missing a vein and needing to 'dig' around
Get tetanus and hepatitis A & B immunizations	Reduces the risk of acquiring these infections
How to prepare drugs for injection	
Use a new, clean cooker to mix and cook drugs	Re-using cookers can pose a potential risk for the transmission of HIV, hepatitis B or hepatitis C
Crush solid drugs into a fine powder	Fine powders are easier to dissolve and less likely to plug the needle
Use sterile water to mix drugs	Non-sterile water can pose a risk for transmitting infections
Use Vitamin C to dissolve drugs that are in a 'base' form. Use the least amount of Vitamin C possible to avoid pain and damage to veins	Using vinegar or lemon juice can cause vein damage and/or eye infections from lemon juice

Use a clean filter designed for the purpose of filtering drugs	Cigarette filters, cotton balls, tampons, Q-tips or other materials can introduce small particles and/or poisons into the drug solution and body, and lead to irritations, infections and/or other problems
Dilute drugs with sterile water or a saline solution	Diluted drugs are less likely to irritate veins
Frontloading or backloading drugs should always be done with sterile needles	Frontloading or backloading involves dividing a drug solution between two or more people. If any of the needles of syringes have been previously used, there is a potential risk for transmission of HIV, hep B or hep C
How to prepare equipment for injection	
Always use a new, sterile needle to inject	Re-used needles pose a risk for transmission of HIV, hep B, hep C
Use small (thin) gauge needles	Reduces the size of the puncture wound and the likelihood of infection and vein damage
Inspect needle packaging to ensure that it has not been opened or damaged	Used needles are sometimes repackaged and sold on the street as 'new' needles
How to prepare skin and veins before injection	
Clean the injection site with a sterile alcohol swab before each injection	Reduces risk of bacterial and other infections
Use a clean tourniquet to make veins bigger	Increases the size of veins and reduces the chance of missing a vein. Regular use of a tourniquet helps to maintain the flexibility of veins
How to inject properly and avoid damage to skin and veins	
Know how to inject yourself	Reduces the chance of losing control of the situation or being taken advantage of by others
Ensure that the bevel of the needle is pointing up. Inject at a 30-45 degree angle and in the direction of blood flow. If injecting into a muscle, inject at a 90 degree	This technique increased control of the needle point and may reduce damage to skin and veins

angle.	
Inject into veins, not arteries	Injection into an artery can result in bleeding and life-threatening blood loss
Inject between the valves of the vein	Easier to inject and reduces vein damage
Avoid injection in the: <ul style="list-style-type: none"> • Palms of the hands, legs and feet • Head and neck • Torso • Groin 	Decreases the risk of: <ul style="list-style-type: none"> • Blood clots, leg ulcers and vascular insufficiency • Serious infections of the brain • Damaging lymph vessels or nodes
After inserting the needle, remove the tourniquet	Reduces the chances of bruising
Inject slowly and in a relaxed manner	Reduces the chance of missing a vein. Take deep breaths to keep hands steady
Rotate injection sites	Using the same vein repeatedly can damage the vein and increase the likelihood of infections
If injecting into muscles, inject in the upper arm or buttock	Reduces risk of bacterial and other infections
Do not shoot close to or into an abscess	Causes more damage to the vein and surrounding tissue
Do not lick needles before injecting	Reduces risk of bacterial and other infections
After the drugs are injected, slowly remove the needle at the same angle as it went in	This technique increases control of the needle point and may reduce damage to skin and veins
How to clean-up after injection	
After removing the needle, use a clean cotton ball to apply pressure to the injection site	Reduces bleeding after an injection
Dispose of used needles and other equipment in a puncture-proof container	Reduces opportunity for re-use of equipment and needle-stick injuries
Use a sterile bandage or cotton pad if there	Use of other materials can increase the risk of bacterial infections. Use of alcohol pads

is bleeding after an infection	to stem bleeding is not recommended because alcohol reduces clotting
How to recognize and treat skin and vein problems	
<p>Know how to recognize minor and serious infections.</p> <p><u>Minor infections</u>: site redness, warmth, swelling and pain.</p> <p><u>Serious infections</u>: chest pain, prolonged malaise, grey colour of skin, swollen hands or feet, chills, fever, hot flashes, headaches, nausea, vomiting, shortness of breath</p>	Early medical assistance can cure many infections and reduce the chances of complications and death
Seek assistance for injection-related problems	As above
Do not squeeze or cut into an abscess	This can push bacteria into the bloodstream

Source: Ontario Needle Exchange Programs: Best Practice Recommendations, 2006.

Appendix E

Children in Need of Protection – Duty to Report

If a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must promptly report the suspicion and the information upon which it is based to a Children's Aid Society.

The situations that must be reported are listed in detail below.

Child and Family Services Act CFSA s.72 (1)

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society.

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.
6. The child has suffered emotional harm, demonstrated by serious,
 - i. anxiety,
 - ii. depression,
 - iii. withdrawal,
 - iv. self-destructive or aggressive behaviour, or
 - v. delayed development,and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the

child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.
11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.
12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.
13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

Ongoing duty to report - CFSA s.72(2)

The duty to report is an ongoing obligation. If a person has made a previous report about a child, and has additional reasonable grounds to suspect that a child is or may be in need of protection, that person must make a further report to a Children's Aid Society.

Persons must report directly - CFSA s.72(3)

The person who has the reasonable grounds to suspect that a child is or may be in need of protection must make the report directly to a Children's Aid Society. The person must not rely on anyone else to report on his or her behalf.

What are “reasonable grounds to suspect?”

You do not need to be sure that a child is or may be in need of protection to make a report to a Children's Aid Society. "Reasonable grounds" are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.

Source: <http://www.oacas.org/childwelfare/duty.htm>