

**NEW YORK STATE DEPARTMENT OF HEALTH  
AIDS INSTITUTE**

**POLICIES AND PROCEDURES**

**SYRINGE EXCHANGE PROGRAMS**

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## Table of Contents

	Page No.
I. Training for Syringe Exchange Program Staff and Volunteers.....	5
A. Mandated Training Provided by the Syringe Exchange Program.....	5
B. Mandated Training Provided by the New York State Department of Health .....	6
C. Mandated Clinical Education Training .....	6
D. Recommended Training Provided by Other Sources .....	6-7
E. Training Provided by Sources Outside the Program.....	7
II. Staff Security and Safety .....	8
A. Prevention of Needlestick Injuries .....	8-9
B. Handling Needlestick Injuries .....	9
C. Interacting with Law Enforcement on SEP Premises .....	10-11
III. Staying Safe at a Syringe Exchange Program.....	12
A. Proper Utilization and Maintenance of Agency Facilities.....	12
B. Bathroom and Washroom Procedures .....	12-13
IV. Provision of Services to Special Populations .....	14
A. Adults with Children .....	14
B. Sexual Orientation, Gender Identity & Gender Expression.....	14-15
V. Determining Program Eligibility.....	16
A. Initial Visit.....	16
B. Indigent Insulin Injectors .....	16
VI. Enrollment Procedures .....	17
A. Program Modalities .....	17
B. Issuing Participant Identification Cards.....	17-18
C. Obtaining and Recording Participant Information .....	18
D. Definition of a Program Participant .....	18
E. Technology Enhanced Access for Syringes .....	18-19
VII. Assessment & Service Referral for People Who Use Drugs Under 18 Years of Age .....	20
A. Individual Assessments .....	20
VIII. Distribution and Collection of Syringes and Needles .....	21
A. Syringe Exchange Protocol .....	21
B. Syringes Issued During a Transaction .....	21-23
IX. Providing HIV Prevention Education.....	24
A. Materials Review Process .....	24
X. Referring and Linking Participants to Other Services.....	25
A. Developing Referral Linkages .....	25
B. Formalizing Referral Linkages .....	25
C. Recording Referrals.....	25
D. Tracking Referrals.....	25

XI.	Suspension or Termination of Program Participants .....	26
XII.	Security of Syringes and Other Supplies.....	27
	A. Ordering and Storage of New Syringes.....	27
	B. Authorized Access to Syringes and Other Supplies.....	27-28
	C. Theft of Supplies .....	28
	D. Handling of Syringes and Other Supplies .....	28
	E. Storage and Disposal of Used Syringes .....	28-29
XIII.	Data Collection and Program Reporting .....	30
	A. Incident Reports .....	30
	B. Monthly Reports.....	30
	C. Annual Report .....	30
XIV.	Program Evaluation .....	31
	A. Evaluation Activities .....	31
	B. Quality Improvement Assessment .....	31
XV.	Changes to Regularly Scheduled Syringe Exchange Program.....	32
	A. Closure Due to Major Holidays .....	32
	B. Closure Due to Weather Related Emergency Conditions .....	32
XVI.	Developing Exchange Sites .....	33
	A. New Sites.....	33
	B. Expanding or Changing Existing Sites.....	33-34
XVII.	Community Relations.....	35
	A. Formation of a Community Advisory Board .....	35
	B. Other Advisory Boards.....	35
XVIII.	Community and Law Enforcement Concerns .....	36
	A. Reporting, Addressing and Documenting .....	36
	Appendix A – SEP/Law Enforcement Activities Flow Chart .....	37
	Appendix B – SEP Exposure Incident Report Form .....	38-39

## **SYRINGE EXCHANGE PROGRAM POLICIES AND PROCEDURES**

Section 80.135 of Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Authorization to Conduct Hypodermic Syringe and Needle Exchange Programs, requires that all organizations approved by the State Health Commissioner to conduct syringe exchange programs (SEPs) in New York State must develop and adhere to policies and procedures approved by the New York State Department of Health (NYSDOH), AIDS Institute (AI).

The following policies and procedures are *guidelines* for approved programs to develop program specific policies and procedures, and to ensure that organizations operating SEPs in New York comply with State regulations governing those programs. The guidelines serve to clarify the requirements contained in the regulations and assist SEPs in the safe and responsible performance of HIV/AIDS and hepatitis C prevention intervention.

It is strongly recommended that a separate page be used for each specific policy and procedure to facilitate updates and revisions to the document. The policies and procedures should be written in the following format:

Subject of policy:

Policy:

Procedures - steps taken to carry out the aforementioned policy:

1a:

1b:

1c:

## **I. TRAINING FOR SEP STAFF AND VOLUNTEERS**

- Policy:** All SEP staff, peers and volunteers who collect or furnish syringes, male or female condoms, bleach kits and/or other harm reduction supplies to SEP participants are required to complete an appropriate course of training.
- Procedure:** Mandated trainings are provided by various entities as approved by the NYSDOH. Staff of the AI will arrange and facilitate training provided by NYSDOH, and approve training provided by other sources.

**A. Mandated trainings on the following topics must be provided by the SEP to staff, peers, and volunteers conducting syringe exchange**

The topics to be covered include:

1. Orientation to the agency's array of services and eligibility requirements for the SEP;
2. Overview of harm reduction philosophy and the harm reduction model;
3. NYS syringe exchange regulations (Section 80.135 of Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Authorization to Conduct Hypodermic Syringe and Needle Exchange Programs);
4. Agency's approved policies and procedures that cover syringe exchange transactions, handling disposal of infectious waste and needle stick injury prevention management;
5. Procedures that ensure secure storage, handling and disposal of syringes in accordance with NYS law and regulations;
6. Procedures for making referrals, including primary care, detoxification and drug treatment, Medication Assisted Treatment (MAT), HIV testing and other HIV support and social services, prenatal care, tuberculosis, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections (STIs);
7. Methods of targeted in-depth outreach to engage already noted priority populations;
8. Hierarchy of risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors;
9. Education and demonstration of safer injection practices, including techniques for disinfecting and protecting injection equipment from contamination, rotation of injection sites and the use of alcohol pads to disinfect injection sites;
10. Cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status and employment status; and
11. Motivational interviewing and other appropriate evidence based behavioral interventions.

Each agency must have at least one staff person assigned as the designated trainer to conduct "in-house" and on-going trainings. The trainer's credentials must be submitted to the AI for review.

Each agency must maintain training logs and attendance sheets for all trainings provided to SEP staff, peers 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 SEP staff, peer and volunteer.

**B. Mandated training for SEP staff, peers and volunteers that must be provided by NYSDOH or other approved sources within three months of employment. Mandated trainings are offered on a quarterly basis**

Training topics include:

1. Needlestick Injury Prevention and Management includes in-depth training on the procedures for handling potentially infectious injection equipment, disposal of hazardous waste, the prevention and handling of needlestick injuries, and control of exposure to bloodborne pathogens and accident reporting procedures;
2. NYSDOH Rules and Regulations regarding Syringe Exchange, Expanded Syringe Access, Peer Delivered Syringe Exchange (PDSE), Opioid Overdose Prevention (OOP) and the 911 Good Samaritan Law;
3. Law Enforcement training including an overview of NYSDOH Syringe Access Initiatives, training/education of law enforcement, what clients should do when stopped by police, completion and submission of incident reports, etc.

**C. Mandated clinical education training for SEP staff that will be provided by NYSDOH's Centers of Excellence, Regional Educational Centers or another approved source**

Training topics include:

1. Information about hepatitis A and B screening, vaccination and treatment;
2. Information about hepatitis C screening, treatment and referral to a health care provider;
3. Basic overview of HIV disease, including modes of transmission, prevention, spectrum of illness, opportunistic infections, medications/treatment, treatment adherence, PrEP and PEP; accessible MAT, including buprenorphine and methadone;
4. Specific training on tuberculosis transmission, prevention, spectrum of illness, and prophylactic treatments and treatment for active disease;
5. Overview of other diseases prevalent in substance using populations, including STIs, endocarditis and abscesses, including infection control precautions;
6. Information on mental health issues, trauma informed care (TIC), childhood sexual abuse, domestic violence and Post Traumatic Stress Disorder (PTSD); and
7. Information on identifying and responding to a drug overdose.

**D. Recommended trainings for SEP staff, peers, and/or volunteers provided by other sources**

Training topics include:

1. Drug use, drug dependence and recovery processes, including relapse and relapse prevention. Additional training/support on relapse prevention should be given to SEP staff and volunteers who used drugs. This training may be provided by other available sources outside the program, such as consultants, substance abuse treatment providers, and the New York State Office of Alcoholism and Substance Abuse Services (OASAS);
2. Behavioral Interventions including Stages of Change, Harm Reduction, Safety Counts, etc. and integration of these strategies into educational and support sessions;
3. Enhanced targeted outreach including client recruitment, program promotion and motivational interviewing;

4. Linkage, navigation and retention of clients in SEP and other services;
5. Data collection and evaluation including the use of AI mandated data collection systems and software, process and outcome evaluation and client satisfaction surveys;
6. Interpersonal skills development including how to work with difficult people, people who use drugs (PWUD) and setting boundaries;
7. Communication skills (both verbal and written) and presentation skills; and
8. Skill building related to safer sex and safer injection education, including demonstrations of use.

**E. Trainings may be provided by sources outside of the program as approved by NYSDOH**

Training topics listed in Sections C and D above may be provided by the following sources when approved by the NYSDOH.

1. NYSDOH and New York City Department of Health and Mental Hygiene (NYCDOHMH);
2. Hunter College Center on AIDS, Drugs and Community Health;
3. Community-based agencies providing HIV/AIDS services;
4. Consultants;
5. Staff of approved SEPs; and
6. Other training sources approved by the NYSDOH such as NYSDOH Centers of Excellence or Regional Training Centers.

## **II. STAFF SECURITY AND SAFETY**

**Policy:** All SEP staff, peers, and volunteers must observe proper safety and security precautions during syringe exchange operations.

**Procedure:** All SEP staff, peers and volunteers who conduct syringe exchange must attend a Needlestick Injury Prevention and Management training prior to actively conducting SEP activities. Training topics include procedures for handling potentially infectious injection equipment, waste disposal, and the prevention and management of needlestick injuries.

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

1. SEP staff, peers, and volunteers and participants must be educated regarding safety precautions for carrying and handling syringes and other sharps, emphasizing the agency's safety policies and procedures during transactions;
2. Staff, peers and volunteers conducting syringe exchange must never handle or touch clients' or others' used injection equipment;
3. In the event of sharps container or syringe spill, SEP sites must have the following safety equipment available during exchange operations: puncture-resistant utility gloves, bleach, forceps or tongs;
4. All SEP staff, peers, and volunteers should be encouraged to wear clothing that provides some protection against needlestick. This includes long pants, long sleeved shirts/blouses and closed footwear. Sandals or open toed shoes should never be worn while conducting syringe exchange activities;
5. Areas where SEP operations are conducted should have adequate lighting and be free of clutter;
6. If necessary, SEP staff, peers and volunteers should remind participants not to crowd the exchange area(s);
7. All used syringes collected by the program must be placed in approved leak-proof, rigid, puncture-resistant containers (sharps containers). Used containers must be conspicuously labeled by the SEP as "Contains Sharps" and packaged as indicated by the agency's medical waste hauler;
8. During syringe exchange transactions, sharps containers should be placed at a safe distance from agency staff between the participants and staff and/or volunteers;
9. Containers should be placed on a secure table or on the ground and kept level at all times. SEP personnel should never hold sharps containers during exchange;
10. Dropped syringes should be retrieved by the participant and placed in sharps containers. If this is not possible, program staff, peers, and volunteers should use utility gloves with tongs to retrieve used injection equipment that falls outside the container;
11. Participants should be instructed to recap all their own used syringes. If caps are not available, participants should be urged to cover used needles with cigarette filters, corks, or other similar protective materials. SEP staff, peers, and volunteers and participants should be instructed never to recap syringes used by anyone else. If a participant is unable to recap a used syringe, the plunger of the syringe should be removed, the needle broken off and placed in the barrel of the syringe and the plunger replaced in the barrel;
12. Hazardous waste (sharps containers) should NEVER be filled beyond the manufacturer's fill line;
13. SEP staff, peers, volunteers or 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. Once syringes reach the line for  $\frac{3}{4}$  full, the container should be closed, sealed and a new sharps container opened for syringe disposal;

14. Program staff, peers and volunteers are encouraged to wear puncture-resistant utility gloves at all times when opening, sealing, or handling sharps containers;
15. All SEP staff, peers, and volunteers involved in the transport of hazardous waste must receive appropriate training in handling and disposal procedures. Only staff and/or volunteers that have completed such training are authorized to transport waste; and
16. 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".

**B. Handling Needlestick Injuries: In the event of a needlestick, the following protocol should be followed:**

1. Agencies should designate a Needlestick Manager(s), who is present during SEP operations. They are responsible for 1) handling and assisting injured staff, peers, volunteers, and participants; and 2) following the procedures for accident or incident reporting;
2. Injured staff, peers, volunteers, and participants must report a needlestick injury immediately to the Needlestick Manager at the exchange site;
3. Needlestick Managers should immediately notify the ranking supervisor. Injured persons should go to an emergency room or a private physician preferably within 2-3 hours of the needlestick but not more than 24 hours after the occurrence. If assistance is needed in securing immediate emergency care, SEP personnel should follow the steps listed below:
  - a. Telephone the on-call physician at 212-417-4536 (Monday-Friday 9:00 am - 5:00 pm) or 866-881-2809 (during all other hours) and describe the situation and difficulties being experienced in securing care. If there is no answer leave a message for on-call staff.
  - b. Messages should state that there has been a needlestick injury at (SEP name). Leave the name and phone number of the person to call back. Be sure to speak clearly to ensure that an accurate message is delivered and can be responded to by the Office of the Medical Director (OMD). If you do not receive a response within 15 minutes, call the OMD phone number again. You may leave additional information, such as an alternate phone number.
  - c. If there is still no response, call NYSDOH at 866-881-2809. Press the first option on the automatic menu. This will connect you with the DOH Duty Officer. Inform the DOH Duty Officer you are with a NYS AI SEP program and would like to speak with the AI provider on call. Again, leave the name and telephone number of the person who should be contacted.
  - d. In emergency care sites, injured persons should be offered counseling and testing for HIV, hepatitis B and C, and other blood-borne pathogens.
4. A SEP Needlestick Injury/Blood or Body Fluid Exposure Report form (see Appendix B) must be prepared and submitted to the AI within twenty-four (24) hours of the occurrence. Agencies must retain copies of all SEP exposure reports submitted to the AI.

## C. Interacting with Law Enforcement on Premises

**Policy:** All staff and clients should be aware that law enforcement officers may enter the SEP at their discretion.

**Procedure:** All staff and clients in the SEP should be cooperative with law enforcement when they appear on site and follow the protocols as delineated below.

1. Handling an encounter when law enforcement officers enter the SEP for non-opioid overdose situations.
  - a. The most senior staff should attempt to meet the officers at the door of the SEP and try to elicit the reason for their visit. Another staff member should call executive management to inform them of police presence at the SEP.
  - b. If the officers show an arrest warrant, the ranking SEP staff person should explain that the SEP is an anonymous program and the program does not retain personal information on SEP clients such as name, address, phone number, or email address so the SEP is unable to provide any additional information regarding the individual. Upon the officers' request, the staff person should offer to escort the officers through the SEP in their search for the individual.
  - c. If the officers do not have an arrest warrant but require walking through the SEP site, SEP staff should accompany the officers. Participants should be informed that law enforcement is on the premises, or has been called. Participants who are not involved in police actions should be given the opportunity to leave if they so desire.
  - d. If the officers enter the SEP with weapons drawn, SEP staff should not approach the officers. SEP staff should offer to be as helpful as possible to the officers, and, for the safety of participants and staff, comply with requests. Staff should immediately call executive management and inform them of the situation. If a mental health professional is available, he/she/they should be notified and asked to assist with crisis counseling as needed.

After an incidence of officer(s) entering the premises with weapon(s) drawn, the agency should contact the appropriate local Commanding Officer and explain the situation and the danger associated with the officer(s)' actions. If necessary, New York City SEPs can register a complaint with the New York City Civilian Complaint Review Board, at <http://www.1.nyc.gov/site/ccrb/index.page> or 800-341-2272. SEPs outside of NYC should explore comparable avenues of resolution for their areas and have the information available, as options vary widely from place to place.

Any disruptive encounters with law enforcement should be reported to the AI on the law enforcement incident report form.

2. Handling an encounter when law enforcement officers enter the premises in response to an opioid overdose.
  - a. After the 911 call is placed, staff should inform SEP clients that law enforcement will be on the premises shortly. Participants who are not involved, should be given the opportunity to leave if they so desire. SEP staff should inform executive management that a 911 call has been made and law

- enforcement are expected on the premises.
- b. When the officers arrive, the most senior staff member should go forward and meet the officers at the door of the SEP and direct them to the individual who has overdosed.
  - c. Law enforcement officers have the right to search the unconscious individual, when permissible by law. They can be searching for individual's identification (e.g., go through pockets to find a wallet or ID) but it can also be for weapons etc. Document details of the search when completing law enforcement incident reports.
  - d. Under the 911 Good Samaritan Law, if law enforcement is present because 911 was called, the person who overdosed is exempt from arrest and charges for drug paraphernalia, drug possession (less than A1 or A2 Felony quantities) or consumption of alcohol for individuals younger than 21 years of age. If necessary, staff can remind officers that the person who has overdosed is covered and should not be charged or prosecuted for the items noted above. Witnesses are not covered under the 911 Good Samaritan Law and could be charged or prosecuted for the offenses listed above. For NYC SEPs, officers can be reminded of NYPD Operations Order # 38, 2012 which describes how officers should handle SEP/Expanded Syringe Access Programs (ESAP)/OOP interactions. Please also see;  
[http://www.drugpolicy.org/sites/default/files/911\\_Good\\_Samaritan\\_Informational\\_Brief.pdf](http://www.drugpolicy.org/sites/default/files/911_Good_Samaritan_Informational_Brief.pdf)

3. Managing repeated on-site encounters with law enforcement.

- a. If law enforcement officers are repeatedly entering the SEP for non-opioid overdose reasons, the SEP director and/or executive management should consider scheduling an appointment with the Commanding Officer (local, county or State Police) to discuss NYSDOH's Syringe Access Initiatives (SEP, ESAP, OOP), the 911 Good Samaritan Law, NYPD Operations Order #38, 2012, and New York State Division of Criminal Justice Services 911 Good Samaritan Law Advisory. Discussions should explore ways that the agency may work more collaboratively with law enforcement to reduce on-site encounters. According to the Policies and Procedures for addressing law enforcement issues, NYSDOH staff can be invited to the meeting or, if preferred, organize and conduct the meeting.
- b. SEP staff should contact the NYSDOH to strategize ways to improve the agency's relationships with law enforcement. NYSDOH can make law enforcement educational resources available such as video links, podcasts and law enforcement notebooks. (See Appendix A flow chart within Policies and Procedures – page 38)
- c. SEP staff should be trained regularly on how to handle incidents with law enforcement as per this protocol.

### **III. STAYING SAFE AT A SYRINGE EXCHANGE PROGRAM**

**Policy:** All staff, peers, volunteers and clients should follow the agency's rules and procedures regarding personal and collective well-being to ensure a safe working and welcoming environment for anyone on the premises.

**Procedure:** All staff, peers, volunteers and clients should receive orientation and written guidance regarding SEP safety rules related to being on-site for work or receipt of services. A signed attestation of receipt of the written information should be included in staff, peers, and volunteer's personnel files and client records.

#### **A. Proper utilization and maintenance of agency facilities by clients, staff, peers and volunteers**

1. All agency facilities and property should be well lit for safety purposes. All facilities should be treated with respect and care. This is especially important for shared facilities such as bathrooms, showers, washrooms, washers/dryers, and kitchen/break room equipment.
2. The agency should have a first aid kit that is secured but accessible to staff.
3. Fire extinguishers should be strategically placed throughout the SEP, especially in kitchen or cooking areas.
4. The agency should have naloxone kits available at the site, and have staff trained as opioid overdose responders. The location of the kits should be clearly marked. Place decals or signs that can be easily seen on the places where the naloxone kits are kept.
5. The agency should establish and post a schedule when special equipment or facilities, such as showers, washrooms, washers/dryers and kitchen equipment may be accessed.
6. The frequency of participants' use of these facilities and the maximum allowable time of use should be established and posted along with the staff person to speak to in special or emergency situations.
7. Participants requesting to use these facilities should be directed to the sign-up or sign-in sheets.

#### **B. Bathroom/washroom (see above) procedures to reduce incidences of overdose fatalities or other medical emergencies**

1. Bathrooms and/or washrooms should be readily accessible to participants during SEP hours of operations as many SEP clients are homeless and need these facilities on a regular basis. Bathroom and shower tables should be made of a non-porous material so they can be maintained as clean surfaces.
2. The agency should post its bathroom/washroom policies in a conspicuous place and at a literacy level appropriate for agency participants.
3. Participants should be made aware of any restrictions related to use of the bathroom and/or washroom.
4. Participants' dignity and privacy should be respected. There needs to be a reasonable expectation of privacy as the person could be in various stages of undress. For this reason, there should be a way to secure the bathroom door and individuals can expect not be disturbed for a standard time frame.
5. Internal agency response protocols should be established in the event of a possible

emergency, including an overdose. This includes a means for staff to access the shower, bathroom, washroom, or restroom lounge if entry is deemed warranted.

6. To improve the agency's ability to respond to emergency situations, having a shower, washroom or bathroom door that swings out rather than into the space will maximize access to anyone experiencing an emergency inside.
7. The agency should also consider having an intercom system so agency staff can communicate with participants using the bathroom, washroom, or showers.
8. If feasible, a separate space that does not contain toilet facilities should be provided for individuals who need to administer a medication or as a quiet space to gather composure in the event of an incident.

All communal areas, and especially showers, kitchens, washrooms and bathrooms, must have a regular cleaning schedule. The schedule should be posted at the supervisor's workstation and signed by the employee when cleaning is done so cleanliness can be monitored and good sanitation practices are followed.

SEPs may order locked sharps containers for installation in bathrooms. The sharps container will enable staff and clients who need injectable medications to dispose of their syringes. The sharps containers must adhere to the policy specified in the syringe disposal section above.

## **IV. PROVISION OF SERVICES TO SPECIAL POPULATIONS**

**Policy:** To ensure the safety of children who accompany an adult to the SEP.

**Procedure:** Implement the necessary controls to prevent exposure or injury to children who are brought by an adult to the agency.

### **A. Adults with Children**

1. SEP space/location/drop-in center:

- a. Clients who arrive at the SEP with a young child should be welcomed as any other participant.
- b. SEP staff should ensure that the space/location/drop-in center is arranged to limit the child's access to potentially dangerous materials/supplies. This may require moving the sharps container that is used to collect used sharps from the floor to a table top; boxes of syringes from the table top to cabinet; and safer smoking or bleach kits out of reach.

2. Provision of services to adults who are accompanied by a child:

- a. Whenever possible, conduct the SEP transaction for that person as soon as possible to avoid an extended visit to the SEP unless the client requires education, counseling or other services.
- b. Whenever possible, when providing education, counseling, linkage and navigation or any other service, offer these services in a private room or enclosed space so the child is not spending time near the syringe exchange area and his/her movements can be monitored.
- c. Staff should pay particular attention to ensure that the child is not playing on the floor near the syringe exchange area, under the SEP exchange table or with any item that may be a potential danger if touched, put in his/her mouth or swallowed.

### **B. Sexual Orientation, Gender Identity & Gender Expression**

**Policy:** To ensure that the SEP provides culturally appropriate and responsive, quality services to all clients regardless of sexual orientation, gender identity or gender expression.

**Procedure:** Implement changes to the SEP to remove barriers and ensure that the SEP is welcoming and that each staff member, regardless of position, understands the appropriate means to meet the needs of lesbian, gay, bisexual, transgender, queer and gender non-binary (LGBTQGNB) individuals.

1. SEP space/location/drop-in center:

- a. Efforts should be made to have a diverse staff including individuals' representative of LGBTQGNB communities.
- b. The images that are used to decorate the space or educate clients should be reflective of individuals who represent a range of sexual orientations and gender identities.
- c. Whenever possible, bathrooms/restrooms should be gender neutral or SEPs should have at least one bathroom that may be used by any individual regardless of gender identity.

2. Staff, volunteer and peer training related to sexual orientation, gender identity and gender expression:
  - a. All staff, volunteers, and peers should attend mandatory cultural sensitivity training on LGBTQGNB communities. There should be at least one session that includes the distinctions between sexual orientation, gender identity and gender expression.
  - b. All staff, volunteers, and peers should be trained to ask about the pronoun each client prefers (she/he/their, her/him/them) or any other identifying word of the individual's choice.
  - c. All agency forms should be revised to ensure that the appropriate categories and words/pronouns are used in "check boxes".
3. Service delivery:
  - a. Staff should survey its LGBTQGNB participants to elicit their specific service needs. The results of the survey should be used to create the appropriate service models for these populations including specific SEP hours, specialized support groups, specialized harm reduction supplies such as large gauge syringes, educational materials, on-site or linkage and navigation for mental health, medical/hormone treatment, housing and other services.
  - b. LGBTQGNB PDSE peer(s) should be recruited to be able to reach these communities and encourage them to seek additional services at the SEP whenever possible.
  - c. SEPs should regularly offer "Know Your Rights", "Condoms as Evidence" and "911 Good Samaritan Law" trainings.
  - d. SEPs should have a Memorandum of Understanding (MOU) with LGBTQNB specific organizations to make referrals when appropriate for special services these providers may offer.
  - e. Educational sessions during SEP transactions should include discussions on safer drug injection, PrEP/PEP promotion and safer sex education for those involved in the sex trade. Education regarding routine gynecological care, and age appropriate referrals for mammograms, should be offered to appropriate individuals. For young people, human papillomavirus (HPV) and hepatitis A & B vaccinations should be discussed.
  - f. SEPs should have MOUs with legal services and/or seek funding to assist transgender (TG) or gender non-binary (GNB) individuals resolve issues with changing birth certificates or other identification.

## **V. DETERMINING PROGRAM ELIGIBILITY**

**Policy:** Individuals requesting syringe exchange services will be screened and must meet program eligibility criteria in order to be enrolled in SEP.

**Procedure:** SEP staff will use the following screening process for program eligibility.

**A. Initial Visits: Trained SEP staff, peers and volunteers should perform low threshold screening/assessments to determine program eligibility**

SEP screening should include assessment of:

1. Type of substances/drugs used;
2. Description of injection practices;
3. Frequency of injection;
4. Number of years injecting; and
5. Other appropriate information needed to determine eligibility.

This assessment shall be done prior to enrolling a person in the SEP and issuing an identification card.

It is requested that if programs identify a noticeable trend in choice of drug, route of administration, complications related to drug use or an environmental change that they immediately contact the AI at 212-417-4770.

**B. Indigent insulin injectors may be enrolled in syringe exchange if:**

1. Individuals do not have private insurance or Medicaid to purchase syringes;
2. Private insurance or Medicaid does not supply a sufficient number of syringes for individuals to have new, sterile syringes for each injection; and
3. Special circumstances exist which do not allow the individual to have a new, sterile syringe for every injection.

## **VI. ENROLLMENT PROCEDURES**

**Policy:** All syringe exchange participants are issued a SEP identification card with the participants' personal unique identifier.

**Procedure:** SEP staff, peers, and volunteers issue SEP identification cards with unique identifiers as described below.

### **A. SEP Modalities for Operations**

1. Clients may be enrolled in SEPs via various modalities and at multiple SEPs. SEP enrollment is available through sites and models include:
  - a. Storefront;
  - b. Mobile van; including enhanced outreach/walkabout services provided by SEP staff near the mobile van;
  - c. Street side at approved locations;
  - d. Pre-approved walkabout, rideabout;
  - e. Single Room Occupancy Hotels;
  - f. Emergency Exchange;
  - g. Special Arrangements;
  - h. Peer Delivered Syringe Exchange; and
  - i. Technology Enhanced Access to Syringes;
2. Clients may have active enrollment in more than one SEP simultaneously. There may be circumstances or locations where it is more convenient for a participant to use different SEPs or more than one SEP covers the neighborhoods where the client frequents.

### **B. Issuing Participant Identification Cards**

1. Each individual who meets program eligibility criteria and is enrolled in the SEP must be issued an identification card and assigned a unique Identification (ID) code. If a participant refuses to accept his/her/their identification card, SEP staff must advise the individual of the possible legal consequences of possessing syringes without the ability to demonstrate that he/she/they participate(s) in an authorized SEP.
2. The SEP orders ID cards from the NYSDOH. The card contains the name and address of the main agency site, contact telephone number for NYSDOH/AI (for business hours) and a 24-hour emergency telephone number for the agency's SEP program. The back side of the card contains references to the Public Health Law that authorizes SEP, NYPD's SEP/ESAP Operations Order, other jurisdictions' information and information on the 911 Good Samaritan Law.
3. The unique identifier on the ID card is created using the agency specific instructions and formula for ID codes. An anonymous unique identifier ("ID code") is created for each participant. The anonymous unique identifier that is created must be recorded at enrollment and used during subsequent exchange transactions to collect program utilization information.
4. The formula for constructing the ID code must be used consistently when creating each unique ID code. The codes may vary from agency to agency, but all unique identifiers within an agency should consist of the same configuration and combination of letters and numbers usually representing the participant's initials, mother's maiden name,

year/day of birth, race/ethnicity, gender and other characteristics as dictated by the agency in its waiver application. However constructed, the ID code should be easily replicable by the program participant for identification purposes in cases when the ID card is lost or when involved with law enforcement.

### **C. Obtaining and Recording Participant Information**

1. At an individual's first visit to the syringe exchange, trained program staff, peers, and volunteers will request and record the information/characteristics that are needed for the creation of the unique identifier (year/date of birth, age, race/ethnicity, and gender of the enrollee).
2. No corresponding record should be kept that can be used to identify the participant via his/her/their anonymous unique identifier.
3. Law enforcement entities requesting information on a specific participant based on his/her/their ID card code, may be given the basic information contained in the code. If the SEP has the name, address or other contact information for the participant, it should not be revealed under ordinary circumstances without written consent of the participant. Exceptions may include requests for identification in cases involving a fatality (OD or accident and law enforcement is trying to identify the deceased and/or next of kin).

### **D. Definition of an Enrolled Program Participant**

1. A program participant is defined as a person who has met the program's eligibility criteria and has been issued a SEP identification card with a unique program ID code.
2. A program participant may be enrolled in more than one SEP at any time and access syringes in as many SEPs as necessary.

### **E. Technology Enhanced Access for Syringes**

**Policy:** Technology Enhanced Access for Syringes (TEAS) can be web, mail-based or technology-based syringe exchange. Agencies must apply and be pre-approved to offer TEAS. TEAS is used to reach individuals who otherwise would not access harm reduction supplies.

**Procedure:** TEAS should be conducted according to the steps delineated below.

1. Staffing with names/titles/qualifications and job descriptions must be created for each position. Staff changes must be reported to the AI in monthly reports.
  - a. The role of the Executive Director (ED) and/or Program Manager Position(s) must describe his/her/their involvement in TEAS related to the:
    - i. Creation, development and maintenance of TEAS program functioning;
    - ii. Continuous quality improvement using agency experiences and client feedback to inform changes;
    - iii. Oversight of program staff/consultants/volunteers/operations; and
    - iv. Development of educational and resource materials and periodic updating of materials as needed.
  - b. The IT staffing/consultants and operations and how he/she/they will be responsible for:
    - i. Development and maintenance of web/app-based services;
    - ii. Data collection and analytics management;

- iii. Security of TEAS users identities and addresses; and
    - iv. Database(s) needed for program operations.
  - c. Clerical/support responsibility for ordering, stocking, and mailing supplies. This position will be responsible for maintaining inventory.
  - d. Staff position for the provision of education via various modalities, maintenance/update of resource information with integration of users' feedback from linkages.
2. The agency's TEAS program operations are described and include:
- a. Maintenance of software needed for data management and reporting;
  - b. Legal assistance for creation of consent forms, disclaimers, confidentiality forms and, when needed, interactions with law enforcement or postal authorities;
  - c. Process to acquire harm reduction supplies and naloxone for program distribution;
  - d. Planned outreach activities to promote use of TEAS program in rural and suburban communities;
  - e. Development of process for users of the program to order access or acquire harm reduction supplies including syringes, safer injection equipment, and Naloxone;
  - f. Process to provide education and tutorials on the program web/app site. The information should include safer injection practices, safety planning, safe disposal of syringes, HIV/STD/HCV prevention, risk reduction and screening, PrEP, PEP, referrals for local SEP, ESAP, Naloxone Co-pay Assistance Program (N-CAP), and other educational sessions that are available;
  - g. Mechanism to collaborate with nearest SEP to maximize benefits for TEAS program users;
  - h. Process to inform individuals who reside outside of NYS that they are ineligible for TEAS services;
  - i. Process to prevent supplies from being shipped out of state; and
  - j. Process to address high volume or frequent requests where redirection or sale of supplies may be a possibility;
3. Evaluation of program activities:
- a. Review of monthly data collected to assess utilization;
  - b. Identification of zip codes or trends of high utilization to discuss next steps related to SEP or ESAP in areas of need;
  - c. Assess program operations for flow and users' concerns, unfulfilled requests or misdirected supplies for quality improvement;
  - d. Indicate any program cost effectiveness in particular for rural and suburban PWUD;
  - e. Provide NYSDOH with a monthly report of:
    - i. Number of unique clients served with demographics by zip code;
    - ii. Number of syringes and Naloxone kits supplied;
    - iii. Number and zip code of Naloxone replacement requests with reasons for replacement;
    - iv. Number of educational materials clicked;
    - v. Number of resources clicked; and
    - vi. Any special requests or needs identified by users of the program and trend data if changes are seen.

## **VII. ASSESSMENT AND SERVICE REFERRAL FOR PWUD UNDER 18 YEARS OF AGE**

**Policy:** Given the vulnerability of young people, a special assessment must be conducted for PWUD under 18 years of age who request enrollment in SEPs.

**Procedure:** The following describes the special assessment process for enrolling PWUD under 18 years of age.

**A. If under 18, program staff, peers, and volunteers must perform individual assessments that elicit information on**

1. Duration and frequency of use; type of drugs used; routes of administration;
2. Drug treatment: previous treatment, if any, treatment referrals/preferences;
3. Housing status: where housed/stable place to stay – living at home; living with friends/couch surfing; “sex work” housing; homeless; unstable housing;
4. Nutritional status: has regular source of meals; has meals in school; has meals in soup kitchens or at special programs; no regular meals;
5. Support Systems: family composition; active connection to family and friends; contact person (if acceptable to potential client) and level of support; significant other;
6. Means of financial support: independent; benefits; insurance (private or Medicaid); panhandles in street/subway; sex work;
7. Educational status: literacy level; school status; need for General Education Development (GED); and
8. Medical status: need for medical intervention; HIV status; HCV status; STD status; chronic conditions; medication history/access to medications. For women: pregnancy status and need for health services for women.

SEP staff may need more than one assessment session with youth as they may need to develop trust to disclose personal information. Syringes should be furnished at the first encounter even if additional sessions are needed to complete the assessment.

Program staff, peers, and volunteers must offer referrals for needed services including; substance use treatment, health care, housing, youth specific services, mental health services etc., as needed. SEP staff are responsible for following up on referrals with participants. Note: Although SEP staff are responsible for making appropriate referrals, participants are not required to accept or follow-up with them. However, if a participant appears to want a referral and accepts one, the agency should follow protocols for linkage and navigation to document the outcome of the referral.

Staff should continue to make referrals at subsequent visits, if initial offers for referral(s) are declined.

Young participants should be encouraged to participate in behavioral interventions and skills building counseling related to safer injection, safer sex and youth asset development.

## **VIII. DISTRIBUTION AND COLLECTION OF SYRINGES AND NEEDLES**

**Policy:** Syringes will be furnished and collected according to the agency's protocols as described in its authorized SEP waiver application or as subsequently revised and approved by NYSDOH.

**Procedure:** The following describes the process to be used to furnish and collect syringes through the agency's SEP:

### **A. Syringe Exchange Protocol**

1. The goal of SEPs is to furnish new, sterile syringes to enrolled participants to enable those individuals to use a new sterile syringe for every injection.
2. SEP regulations mandate that the program indicate the number of syringes that may be provided per transaction. The SEP must ensure an individual has a sterile syringe for each projected injection. Since enrolled participants' needs vary, the SEP should set a limit on the number of syringes that may be provided in a single transaction based upon an algorithm derived from best practice. NYSDOH can assist with this calculation.

### **B. Syringes Issued During a Transaction**

1. The number of syringes that are furnished in a transaction must be consistent with the maximum number of syringes listed in the agency's policies and procedures.
2. The number of syringes that the SEP requests to furnish in a single transaction, should be based upon:
  - a. number of days and hours of SEP operations at each exchange location;
  - b. drug of choice of the participants (e.g. cocaine injectors will use more syringes than heroin injectors if they use a new, sterile syringe for each shot);
  - c. frequency of participants' visits and the distance to the SEP; (e.g. consider distance to travel to SEP; cost of travel to SEP); and
  - d. special circumstances (e.g. consider participant's ability to come to the SEP based on employment status, homelessness, school attendance, care taking responsibilities, etc.).
3. SEP participants are instructed to return all used syringes at the next visit to the agency.
4. Each participant is offered harm reduction supplies including: cotton, alcohol pads, bottle caps, vitamin C, band-aids, sharps container(s), personal sharps containers (as available), bleach bottles, water bottles, paper or plastic bags, male and female condoms, dental dams, other supplies as available and educational materials. Participants should be given sufficient harm reduction supplies to not have to reuse any item.
5. Distribution of harm reduction supplies should be accompanied by demonstrations and/or explanations regarding the use of the supplies, especially for male and female condoms, dental dams and bleach kits. SEPs should use the most current recommendations from the Centers for Disease Control and Prevention (CDC) for instructing participants on "cleaning works".
6. Instructions for safe disposal of syringes should be provided to all participants, especially those who indicate they may not be able to return syringes because of special circumstances (increased confiscation of syringes by law enforcement, homelessness, residence has small children, etc.). Safe disposal of syringes includes:

- a. Residential Sharps Program: NYS law mandates that Article 28 facilities, hospitals and nursing homes must accept used “sharps” (syringes, lancets etc.) from NYS residents. Participants should be educated about how to dispose of sharps in Article 28 facilities.
  - i. Used “sharps” must be placed in a plastic, puncture resistant, screw top, container (detergent, soda or bleach bottle). Glass containers and coffee cans will not be accepted by Article 28 facilities. The puncture resistant container must be closed and sealed with tape. The container must be labeled “Contains Sharps”. Participants should be given a list of the locations and hours of local hospitals and nursing homes’ residential sharps disposal programs and can be found on the NYSDOH AI website <http://www.health.ny.gov/publications/0909.pdf> address where this information on sharps disposal may be accessed. Sharps collection sites may be located in the lobby, parking lot, endocrine clinic or other location within the Article 28 facility. Participants should report any difficulties they encounter in disposing of syringes in this way to SEP staff. SEP staff in turn should report the problem to AI’s ESAP/SEP staff.
  - ii. The AI has provided syringe collection drop boxes or kiosks for syringe disposal to Community-Based Organizations (CBO) and pharmacies that have expressed concern about inappropriate disposal of used syringes. SEPs should provide participants with lists of local CBOs and pharmacies that have kiosks and their hours of operation. Kiosks may be located in the lobby, parking lot, or other site at the CBO or pharmacy.
- b. Household garbage: Used sharps may be packaged as in the previous item, VIII. B.6, 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.
- c. SEPs: Individuals should be instructed to return used sharps to the SEP. They should be informed that used syringes may be returned to the SEP whether or not they were furnished by the SEP.
  - i. Syringes that are returned to a SEP in glass jars or coffee cans will be accepted and carefully deposited in a sharps container by the participant. SEP staff will educate participants on the appropriate type of plastic containers that should be used for syringe disposal.
  - ii. Personal sharps containers (Fitpacks) and FDA approved sharps containers may be discarded.
  - iii. Participants should be educated about proper disposal of syringes when they are unable to return them to the SEP. Inappropriate methods of syringe 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 syringes in household garbage or residential sharps programs without containment in sealed, labeled plastic puncture resistant containers, flushing in toilets; disposal of syringes in the trash in glass jars or coffee cans; disposal on the street at site where used.
  - iv. Many PWUD think that syringes are discarded safely if needles are broken off and thrown in the garbage separate from the barrel of syringes. It is important to educate participants that throwing out needles in this way exposes municipal workers (sanitation) to needlestick injury. If SEP participants are intent on discarding syringes in this manner, they should be encouraged to remove the plunger from the barrel of the used syringe, place

- needles in the barrel and replace plunger. This will reduce the risk of needlestick injury to others and eliminate the ability for reuse by anyone else.
- v. During syringe exchange transactions, SEP staff should work to establish relationships based on trust. Participants should be empowered to take responsibility for their own harm reduction behavior.
7. Provision of education should be attempted whenever appropriate or feasible. Topics to discuss include HIV and hepatitis A, B, C prevention, safer sex, disinfection of syringes (cleaning works), safer injection techniques, MAT, and PrEP/PEP. Participants should be encouraged to participate in individual and group delivered behavioral interventions and skills building activities. Although enrollees are offered services in addition to syringe exchange, they are under no obligation to participate in them.

## **IX. PROVIDING HIV PREVENTION EDUCATION**

**Policy:** Program staff, peers, and volunteers will provide all syringe exchange participants with HIV and hepatitis A, B, C prevention and PrEP/PEP education, and information/demonstration/skills building on safer sex and safer injection practices. Such information will be provided verbally and through distribution of culturally sensitive and appropriate printed materials.

**Procedure:** Agencies will adhere to the NYSDOH's policies regarding materials development and distribution.

### **A. Materials Review Process**

1. Agencies will adhere to all mandated materials development and review processes including convening of materials review committees, convening of focus groups to preview and comment on materials, submitting documentation of materials review committee meetings and outcomes of material reviews.
  - a. Agencies will submit mandated materials development/review and Internet web site compliance forms to the AI in the time frames set by AI.

## **X. REFERRING AND LINKING PARTICIPANTS TO OTHER SERVICES**

- Policy:** Agency staff will develop referral linkage agreements with providers of health, supportive services and substance use treatment programs so that SEP participants can receive required services.
- Procedure:** SEPs will develop appropriate linkage and navigation services with other agencies/entities to ensure that participants will be given all necessary referrals and are actively assisted in accessing other needed services.

- A. Developing Referral Linkages:** Under NYS regulations, all authorized SEPs must maintain referral relationships with other service providers, including, but not limited to: anonymous and confidential HIV counseling and testing services, HIV, hepatitis A-C and general primary health care facilities, family planning, prenatal and obstetrical care, substance use treatment including MAT, and related medical services, Tuberculosis (TB) screening and treatment, STI screening and treatment, case management and support services, housing, and mental health services. Additionally, SEPs should have referral linkages for support, nutrition, housing and other ancillary services.
- B. Formalizing Referral Linkages:** Programs must secure written agreements with providers to accept referrals. Agencies should ensure that linkage agencies are able to provide culturally competent services that address the health of PWUD.
- C. Recording Referrals:** Referrals given to syringe exchange participants must be recorded, including date of referrals and type of service to which referrals are made. Monthly and quarterly summaries of all referrals must be reported to the AI. Referrals may be made, but participants do not have to accept or follow through on referrals as a condition for SEP participation. However, SEPs are strongly encouraged to offer linkage and navigation services to enhance participants' accessing of, and retention in, needed services.
- D. Tracking Referrals:** For linkage and navigation, programs should track referrals through signed Health Insurance Portability and Accountability Act (HIPAA) compliant consent forms to request information from referral agencies and by encouraging participants to self-report outcomes of those referrals. Referral data must be entered into AI's mandated data collection software program. Program staff should follow-up on linkage and navigation referrals and document outcomes in the AI Reporting System (AIRS).

## **XI. SUSPENSION OR TERMINATION OF PROGRAM PARTICIPANTS**

**Policy:** Individuals who commit any of the acts listed below may be subject to suspension or termination.

**Procedure:** SEP participants' use of services may be suspended or terminated at any time at agencies' discretion based on the following criteria:

1. Violent behavior against program staff, peers, and volunteers or other participants;
2. Failure to adhere to program rules and regulations which puts others' safety in jeopardy;
3. Engagement in repeated non-violent illegal behavior(s) on site;
4. Persons terminated from SEPs should be provided with reasons for their termination; and
5. Participants terminated from SEPs will be given lists of other programs and local registered ESAP providers.

Alternatively, participants who are suspended from the SEP for a specific period of time should be given the details regarding the period of suspension in writing at the time of the suspension. Conditions that must be met to be reinstated in the program must also be delineated.

## **XII. SECURITY OF SYRINGES AND OTHER SUPPLIES**

**Policy:** SEPs must institute systems to secure and track syringes and other harm reduction supplies stored at the agency.

**Procedure:** SEP personnel must adhere to the following procedures for ordering, receiving, storing, dispensing and disposing of syringes and other supplies. These procedures include appropriate security precautions and methods for maintaining up-to-date inventory records. In order to prevent possible theft or loss of program supplies, the following operational procedures should always be observed:

### **A. Ordering and Storage of New Syringes**

1. Syringes should be ordered according to time frames established by the AI's contract agency responsible for harm reduction supplies;
2. Upon receipt of harm reduction supplies ordered from AI's contract agency SEP staff must compare the shipping statement against supplies that were actually delivered. SEP staff should not sign for said supplies if there is a difference between these two amounts. Discrepancies must be reported immediately to the AI's contract agency supplier;
3. Supplies should be stored in a locked, secured space. Only authorized individuals should have access to harm reduction supplies that are stored in secured areas. SEP supplies should be stored in a space that is not used for food storage or that is accessed by other than SEP program personnel;
4. Agencies must maintain written records of names and addresses of persons possessing keys to storage spaces. Keys to storage facilities must be returned to the program immediately upon termination of employment, peer/volunteer status, or when authorization for possession of keys is withdrawn;
5. SEP staff must maintain an inventory of all new, sterile syringes that are at the agency, whether in storage or removed for SEP operations. Inventories must record the date and number of syringes that are received from the AI's contract agency supplier, amount taken from storage for daily SEP operations, and the number of syringes returned to storage at the end of SEP operations. Inventory sheets must maintain tallies of all syringes in storage and used each day for SEP transactions;
6. At designated intervals (no less than semiannually) a physical count must be made of all syringes in storage by someone other than SEP staff. The number of syringes found during the physical count should match the number listed in SEP inventories. Significant discrepancies should be immediately reported to the AI. Agency staff should work to identify the cause of the discrepancy. Repeated losses/theft should be investigated and, if appropriate, reported to law enforcement; and
7. Agencies are required to submit the number of syringes in their inventory in storage to the AI on a semi-annual basis.

### **B. Authorized Access to Syringes and Other Supplies**

1. Agencies must designate one primary person and one alternate person to be responsible for ordering and reporting on utilization of supplies. Contact information for them should be sent to the AI and the contract supply agency. Only these designated persons are authorized to sign supply order forms and have access to locked storage facilities;
2. Only those programs authorized by the NYS Commissioner of Health are permitted to obtain, store and furnish syringes as SEP. If a SEP shares supplies with another SEP, the

AI and its contract supplier must be sent written notification of transfer of supplies. Order forms for supplies, which will be provided by the contract supplier agency, must be completed and signed by designated program officers and received by the contract supplier agency within the time frame specified. Forms may be sent by facsimile or e-mail. The AI contract supplier should be notified immediately if any supplies are defective or missing from order deliveries.

3. SEPs should maintain a three-month supply of syringes in their inventories. SEP staff are responsible for managing the supply of syringes to ensure that there are an adequate number of syringes for SEP transactions at all times. Agencies should assess their existing inventory of supplies prior to ordering new supplies to ensure that excessive items are not being stockpiled and to avoid having items become stale dated. If syringe inventories exceed a three-month supply, agencies should not order syringes until the quantity of syringes is reduced to the number needed for three months of operations.
4. Syringes and some other harm reduction supplies have expiration dates that must be monitored. The agency should use a “First In/First Out” (FIFO) system when stocking the storage space. Newly received supplies should be placed behind older supplies to ensure that items do not become stale dated because newly received items are placed in front of older items. As a quality assurance measure, the expiration date on each carton should be highlighted to make it easier to see that the oldest supplies are used first. SEP staff should check expiration dates on all harm reduction supplies to ensure outdated products are not distributed. If supplies are stale dated, the agency needs to report this to the AI for instructions for proper disposal.

#### C. **Theft of Supplies**

1. Upon discovery of theft of supplies, a report must be filed with police within twenty-four hours. Incident reports must also be filed with the AI and AI's contract supplier agency within twenty-four hours of the discovery of the theft.

#### D. **Handling of Syringes and Other Supplies**

1. Harm Reduction supplies removed from storage for SEP operations must be kept within sight of SEP staff, peers, and volunteers at all times. All program staff and volunteers are responsible for observing proper security precautions. However, one properly trained individual should be designated as having primary responsibility for security during exchange operations. Since staff, peers, and volunteers may change at any given site from day to day, programs should rotate this responsibility accordingly.

#### E. **Storage and Disposal of Used Syringes**

1. SEPs must adhere to NYS Department of Environmental Conservation (DEC) procedures regarding disposal of all used syringes and other infectious waste.
2. Medical waste becomes regulated at the point of collection and is subject to procedures for storage and disposal per Title 6 of the Official Compilation of Codes, Rules and Regulations of State of New York, Part 360 and Part 364. SEPs are required to establish and follow policies and procedures for collection, storage, transportation and disposal of Regulated Medical Waste (RMW):
  - a. **Collection and Storage:** Sharps should be separated from other RMW. All sharps must be placed in approved leak proof, plastic and rigid, puncture-

resistant containers that are conspicuously labeled "Contains Sharps". Other RMW must be placed in red, disposal moisture proof, rip-resistant bags.

- i. RMW may be stored at the point of generation until it is retrieved by licensed medical waste haulers for disposal. If SEPs are Article 28 facilities, they will have their own medical waste disposal departments. If used syringes are stored before transporting, medical waste must be kept in locked, secured areas at program sites. Only authorized individuals should have access to locked storage facilities. Used syringes must be stored in appropriate sharps containers at all times.
  - ii. Written records of names, addresses, and telephone numbers of those possessing keys to storage areas must be maintained. If those possessing keys to storage facilities leave, they must return keys to the program immediately.
- b. **Transport and Disposal of RMW:** SEPs should designate individuals who will be authorized to transport RMW. These individuals will receive training on the applicable DEC regulations regarding RMW, and they will be listed on the DEC registration forms as responsible for transport of RMW for that site.
- i. Sites that generate less than 50 pounds of RMW a month are considered small quantity generators. From these sites, trained staff may transport the RMW to Article 28 facilities that have disposal agreements with SEPs. RMW must be packaged and labeled correctly. Before transporting RMW, red bags and sharps containers must be placed in leak proof, disposable containers and/or cartons with lids securely closed. These cartons must be labeled "Contains Sharps".
  - ii. RMW transported to Article 28 facilities for disposal must be weighed at the point of generation prior to transport and must be accompanied by Medical Waste Tracking forms. Forms must be completed in duplicate and signed by receiving entities. One form is to be kept on file for three years by SEPs and one form is to be kept by disposal facilities.
  - iii. Sites that generate 50 pounds or more of RMW per month are considered large quantity generators. These sites may not transport RMW but must have it removed by licensed haulers. RMW must be placed in the regulation sharps containers at points of generation and picked up by haulers. Licensed haulers are required to complete tracking forms for waste being collected for disposal.

### **XIII. DATA COLLECTION AND PROGRAM REPORTING**

**Policy:** All services provided by the SEP must be entered into the AI's mandatory data collection and reporting system.

**Procedure:** Data entry and SEP staff will be trained on data entry into the AI's mandatory data collection and reporting system. Client level and community level information are required inputs.

**A. Incident Reports:** Incidents involving the SEP, including community opposition; law enforcement interactions; needlestick injuries; violence at the program site; theft of supplies; potential legal action; media surveillance or incidents against the program must be documented on the forms provided by the AI and reported to the AI within twenty-four hours.

**B. Monthly Reports:** SEPs must submit monthly narrative and statistical reports of funded services to the AI no later than 15 days after the end of each month. Monthly reports shall be in a format provided by the AI and shall include but not be limited to:

1. Number of enrolled participants;
2. Aggregate information on participant characteristics (gender, age, race/ethnicity, etc.);
3. Number of syringes collected from participants, including the average number furnished per participant per transaction;
4. Number of syringes furnished to participants, including the average number collected per participant per transaction;
5. Number and types of services directly provided or provided by referral including referrals for HIV counseling and testing; health care services (including evaluation and treatment for HIV infection, hepatitis A-C, PrEP/PEP, STIs, TB; family planning; obstetrical and prenatal care); supportive services; substance use treatment services; and
6. Significant problems encountered and program milestones achieved.

**C. Annual Report:** SEPs must submit an annual report of activities, summarizing the agency's accomplishments and challenges during the contract year. The report should compare numbers of projected versus actual services and percentage of service goals reached. Annual reports shall be in a format prescribed by the AI and shall contain an evaluation of the agencies' progress in attaining program goals. The annual program summary report must be submitted to the AI as part of agencies' annual continuation of funding application work plan.

## **XIV. PROGRAM EVALUATION**

**Policy:** SEPs will conduct process and outcome evaluations of program services and conduct client satisfaction surveys at least once annually.

**Procedure:** Agencies will develop process and outcome evaluation criteria for program services, including client satisfaction surveys, to document progress in attaining the goals of the project as outlined in the waiver application plan approved by the NYSDOH Commissioner.

**A. SEPs will participate in AI funded evaluation activities of Syringe Access Initiatives**

**B. SEPs will participate in the AI's Quality Improvement Program**

## **XV. CHANGES TO REGULARLY SCHEDULED SEP**

**Policy:** Agencies may close SEPs on major national holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas) for special situations and weather-related emergency conditions.

**Procedure:** Agencies must include information on closing SEPs for national holidays in the agency's policies and procedure manual.

**A. Information in the policies and procedures manual should include:**

1. Reason(s) for wanting to close the SEP (e.g. cost of overtime for staff, underutilization of services on holidays, availability of syringes in pharmacies).
2. Steps your agency will take to ensure participants are informed of holiday closings (e.g. verbal notification, posting signs, flyers, announcements in groups); and
3. Steps your agency will take to promote syringe access/availability while the SEP is closed (e.g. providing more syringes prior to the holiday, accessing ESAP info via NYSDOH website, providing a list of local ESAP pharmacies or other local SEP sites that are open).

**B. For weather related closures, agencies should advise the AI that they will be closing and also advise when they will reopen**

## XVI. DEVELOPING NEW EXCHANGE SITES

**Policy:** Agencies will use the AI SEP Expansion Protocols for authorization to establish new sites. Required information should be submitted to the AI for review and approval.

**Procedure:** Agency staff will submit the required documents and information as indicated in AI's SEP Expansion Protocols.

**A. New Sites:** Prior approval from the AI is required for establishment of new sites. SEPs which plan to open new sites must submit formal written requests to the AI with the documents and information contained in AI's SEP Expansion Protocols. For sites which are located in Community Boards other than existing sites, information that is needed includes:

1. Address of the newly proposed site(s) and days/hours of operation;
2. Justification and impact statement for the new SEP location(s); assurances that the proposed SEP site is not situated in places where and when children are apt to be present (i.e. playgrounds, schools, day care or other facilities where children may congregate);
3. Programs must submit documentation of their previous and planned activities to interact with members of the community where an exchange site is planned, including elected officials and law enforcement, in order to inform them of the proposed services. If proposed sites are within the same community board as existing SEPs, agencies need to inform the community board of the proposed expansion or move.
  - a. Proposed sites should be easily accessible to potential participants, but must not be located near schools, playgrounds, daycare facilities or other sensitive settings and which would potentially generate community opposition.
  - b. Representatives of the SEP should inform community residents and business people, community organizations, health and substance use treatment and other service providers, law enforcement officials and potential program participants about the proposed site.

**B. Expanding or Changing Existing Sites.** Prior approval from the AI is required for expansion or changes in the location of existing sites. The SEP must notify the AI in writing of the location of the site and the proposed expansion/change in operations. Assurances must be provided that the site meets the criteria noted above regarding the presence of children.

1. In order to coordinate services and prevent conflicts among programs or program participants, a list of hours and locations of currently operating SEPs will be distributed to all programs whenever there is a change to any SEP locations or hours. All programs are required to submit written requests for changes to the AI and inform other SEPs that serve the same geographic location or clientele.
2. Each site must be operated consistently at the same time and day of the week. Requests for changes to SEP hours/days of operation must be submitted in writing to the AI as indicated in the SEP Protocol "Changes in Days/Hours of SEP Operations". Requests must include the current hours/days, proposed changes to hours/days, and justification for proposed changes.
3. Requests to establish a new site or to change an existing site in the same Community Board should include:
  - a. Proposed site location and hours of operation;

- b. Justification or rationale for proposed SEP within the targeted community, including availability of other syringe exchange services in the community;
- c. Assurances that new SEP location meets the criterion noted above regarding the presence of children;
- d. Issues regarding community concerns;
- e. Description of how services at the new site will be coordinated with other syringe exchange services in the community;
- f. Assurances that the SEP has adequate program resources (supplies, trained staff, peers, and volunteers to support the establishment of a new site or the expansion of an existing site; and
- g. Process for disposal of medical waste generated from the new site.

## **XVII. COMMUNITY RELATIONS**

**Policy:** Each SEP must have a Community Advisory Board (CAB) that is representative of the community and geographic areas the program serves.

**Procedure:** The following procedures will be used to establish a Community Advisory Board.

### **A. Formation of a CAB**

1. Programs may establish a separate body to serve this function or they may utilize an existing advisory body provided that the necessary representation is maintained.
2. A list of CAB members and a description of the boards' mission and functions must be furnished to the AI.

### **B. Other Advisory Boards**

1. SEPs may establish a separate PWUDs' Advisory Board made up of program participants and other PWUD to provide input and guidance on program policies and operations.
2. If unable to identify program participants who are willing to serve on the CAB, programs may convene semi-annual or quarterly focus groups to elicit input from PWUD and members of their social networks.

## **XVIII. COMMUNITY AND LAW ENFORCEMENT RELATIONSHIPS**

- Policy:** All SEPs should conduct outreach and education to local precincts and/or local city, county, state law enforcement entities within their catchment area to develop collaborative working relationships and address concerns related to agency's operations.
- Procedure:** Incidents involving SEPs, including community objections or concerns, law enforcement interactions with program participants, and potential legal action against programs, must be reported to the AI, addressed and documented by agency staff.

### **A. Reporting, addressing, and documenting community or law enforcement concerns**

1. Incidents related to the SEP, community or law enforcement must be immediately reported to the agency's executive management, verbally and in writing. The AI must be notified as soon as possible, but no later than 24 hours from the time of the occurrence using the written incident report forms provided by AI. The purpose of these reports is to ensure documentation of incidents in order to identify and address potential problems.
2. All subsequent action taken by the agency to address the community or law enforcement concern must be reported to the AI.
3. SEP staff may contact the AI to develop and implement strategies to address the aforementioned incidents. Discussions will include possible interventions, SEP and/or AI responsibilities for these interventions and timetables for follow-up and further activities. Interventions may include meetings or presentations to Community Boards, community groups, civic associations, business development organizations and law enforcement (precinct commanders, training officers, police recruits and specialized police task forces/units).
4. The AI will respond to incident reports submitted by SEPs according to the protocol in Appendix A.

\* \* \* \*

## **APPENDIX A**

### **SYRINGE EXCHANGE PROGRAM (SEP) LAW ENFORCEMENT ACTIVITIES**

#### **FLOW CHART**

Interaction Occurs between:

- SEP participant/police or other law enforcement (District Attorneys, Defender Services, Judges)
- SEP staff/police or law enforcement

Incident Report:

- Completed by SEP
- Forwarded to the AI
- Optional: Call the AI- dependent on incident and outcome, and SEPs' assessment of situation.

AI:

- Reviews reports - shares with appropriate contract manager and AI staff. If the AIs assessment indicates that additional action is needed, a call is made to the SEP. If nothing more is warranted, the AI has the report entered into a database.
- When further action is warranted, the AI will discuss strategies with ED or SEP Director. They will assess what actions should be taken (if any) and by whom.
- The AI and SEP staff will follow-up with each other to report on law enforcement activities.
- Depending on outcome of initial activity, additional outreach and education may be provided to other audiences (training sergeants, patrol officers at roll calls, prosecutors, defense attorneys). There should be consistent follow-up between the AI and SEP staff to report on activities and outcomes.
- SEP Staff: Provide feedback to the AI regarding status of issue (e.g., problem appears resolved, difficulties continue, suggestions for future actions).

## APPENDIX B

**New York State Department of Health AI  
SYRINGE EXCHANGE PROGRAM (SEP)  
NEEDLESTICK INJURY/BLOOD OR BODY FLUID EXPOSURE REPORT**

***PLEASE PRINT***

Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

SEP Name: \_\_\_\_\_

Name of Person Making Report: \_\_\_\_\_

Name or ID Code (if participant) of Individual Exposed: \_\_\_\_\_

Individual Exposed is:  Staff member  Volunteer  SEP Participant  
 Other \_\_\_\_\_

Date of Exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Exposure: \_\_\_\_ AM \_\_\_\_ PM

Address and/or location of incident occurred:  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number Where Exposed Person Can Be Reached for Follow-Up: \_\_\_\_\_ (C/W/H/)

***DESCRIPTION OF THE INCIDENT***

Describe the type of exposure (e.g. needlestick, body fluid splash) and the exact sequence of events (including the task being performed) that occurred when the incident took place. Attach an additional sheet to this form, if necessary.

\_\_\_\_\_  
\_\_\_\_\_

What factors contributed to the needlestick injury/exposure? Describe the environmental factors in which the incident occurred (e.g. crowding, lighting, weather or any other variable).

\_\_\_\_\_  
\_\_\_\_\_

If a body fluid splash, what body fluid was associated with the exposure?

Blood  Body fluid  Blood and Body Fluid

Other (describe) \_\_\_\_\_ What part(s) of the body were exposed? \_\_\_\_\_

Estimate the size of the area affected (be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If a needlestick occurred, did the injury result in bleeding?  Yes  No

Where did the needlestick penetrate the body? \_\_\_\_\_

**(TURN TO SIDE 2)**

**EXPOSURE MANAGEMENT**

1) How was the wound/exposed area treated immediately after the incident? \_\_\_\_\_

2) Did the individual receive medical attention?  Yes  No  Don't Know  Refused3) If yes, where (provide name of medical provider)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Date medical attention received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5) Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_6) In any event where staff or volunteers had to retrieve used syringes or other hazardous materials, were precautionary measures taken (e.g. using puncture resistant gloves, tongs)?  Yes  No  Not Applicable7) If not, why not \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_8) Did these precautionary measures fail?  Yes  No9) If yes, how did they fail? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_10) Was the SEP worker wearing long pants and closed-toed shoes?  Yes  No

11) If not, why not \_\_\_\_\_

12) Was the NYS AI notified of the incident?  Yes  No

13) If yes, who was contacted? \_\_\_\_\_

14) When? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By whom? \_\_\_\_\_

Signature of Person Completing This Form:

Title of Person Completing This Form:

This form should be completed **immediately** following an exposure incident and a copy submitted within 24 hours to the NYS AI, Harm Reduction Unit, 90 Church Street, 13<sup>th</sup> Floor New York, NY 10007; FAX: (212) 417-4709 or via email to the SEP's contract manager. Attach additional sheets, if needed.