

**New Mexico Department of Health (NMDOH)
Public Health Division (PHD)
Hepatitis and Harm Reduction Program (HHRP)**

Syringe Service Program (SSP) Protocol

SYRINGE SERVICES

Background

Syringe services provide significant health improvements and cost savings to the State by preventing the spread of infectious diseases. Research has shown syringe service programs (SSP) positively impact communities in many ways, including: a reduction in the number of improperly discarded needles on streets and in parks, a reduction in costly emergency room visits by individuals suffering from injection related complications (e.g., abscesses), and other quality of life indicators. SSPs are often the first “point of contact” for many individuals. Once engaged in services, individuals may become re-integrated into their communities and access other services including: STD screening; immunizations; family planning and prenatal care; and, referrals for social, behavioral, and substance use services.

This protocol provides direction for implementing and incorporating syringe services into the spectrum of prevention health services offered by the NMDOH. Due to the high prevalence of substance use and related factors (such as hepatitis C and overdose), and the largely rural nature of New Mexico, the local Public Health Offices (PHOs) play a key role in communities by offering services not provided by other community-based organizations.

Service Population

The population served within the SSP protocol includes any individual who injects substances, or who has a history of injecting substances, and is 18 years of age or older.

Methodology

Syringe service is an important component of public and community health services. Providers should have some relevant experience in providing disease prevention services, health care, social services, or substance use treatment services.

I. Implementation and General Provisions

A. Program Oversight

The HHRP is responsible for monitoring, reviewing, certifying, and ensuring the quality of the training and services being provided by any NMDOH locations and staff providing SSP, as well as external partners.

Staff providing direct services are responsible for maintaining their certifications; reading regulations, protocols, and guidelines when updated and as needed; and, adhering to program requirements, protocols, and guidelines. The term “staff” includes volunteers with the NMDOH in this protocol.

B. Personnel

1. A **Regional SSP Coordinator** shall be identified in each Public Health Region. This individual or their designee shall ensure the following:
 - a. All clients receive services and information following the HHRP approved curriculum;
 - b. All SSP interactions are recorded on the appropriate SSP documentation and are forwarded to the HHRP by the 10th of the month following the service provision;
 - c. A copy of the electronic program records for all clients are maintained for at least three (3) years. Follow agency standards for record destruction;
 - d. All distribution of syringes is appropriately documented (see below); and,
 - e. Any changes in schedule of operations of the SSP are reported to the HHRP.

2. A **Local SSP Coordinator** shall be identified in each location. This individual shall have responsibility for supporting local operations, including:
 - a. Ensuring accurate documentation collection, secure storage, and timely reporting to the Regional SSP Coordinator;
 - b. Ensuring local staff receive appropriate training and follow PHD protocols;
 - c. Maintaining secure storage of SSP supplies;
 - d. Identifying and communicating potential issues to the Regional SSP Program Coordinator, or their designee, and local staff (e.g., client complaints, changes to office schedules, changes in protocols, etc.) as needed;
 - e. Maintaining current Hepatitis and Harm Reduction Specialist Certification; and,
 - f. Maintaining a list of all current SSP staff with active Hepatitis and Harm Reduction Specialist Certifications, and their expiration dates.

3. **NMDOH Personnel** who may provide SSP services to clients are those who have current:
 - a. Hepatitis and Harm Reduction Specialist Certification;
 - b. HIPAA Certification;
 - c. Bloodborne Pathogen Training; and,
 - d. All SSP staff must be vaccinated against the hepatitis B virus (HBV) if they are not immune to the hepatitis B virus or unless they have a specific contraindication for receiving the hepatitis B vaccine. The NMDOH will administer the hepatitis B vaccine to SSP staff at no cost. See PHD Health and Safety Manual for details.

II. Program Operation

A. Becoming a Syringe Service Program location

All local PHO and outreaches conducted by PHO staff can be qualified as an SSP program location by complying with the provisions as listed above and registering with the HHRP.

1. Site/location

- a. The SSP must identify the locations, sites, rooms, or areas for syringe service sessions. This should be done with input from clients.
- b. These must be approved by the Hepatitis and Harm Reduction Program Manager or their designee in advance.

- c. Changes in location must be approved by the HHRP Program Manager or their designee at least 30 days in advance, except in the event of an emergency.
- d. A minimum of two staff is required for each location during SSP operations.

2. Schedule

- a. The SSP must maintain a regular and predictable schedule.
- b. The SSP should seek the input of clients in determining the schedule, including dates, times, and locations;
- c. Once the schedule is determined, and approved by the HHRP, the SSP must notify the HHRP Program Manager, or their designee, of any modifications 30 days in advance, except for changes due to emergency situations such as weather or sudden staffing changes;
- d. If a holiday falls on a regularly scheduled session, sufficient notice should be provided to clients. An alternate date should be provided when possible; and,
- e. The SSP must provide schedule information to clients.

B. Supplies

1. SSP locations must maintain a monthly inventory of HHRP provided supplies to meet the needs of the clients. This includes:
 - a. syringes;
 - b. purpose designed sharps containers; and,
 - c. related injection and safety equipment provided by the HHRP.
2. SSPs order supplies from the identified warehouse location using the *Inventory and Order Form*; and,
3. The SSP ordering supplies is responsible for arranging to obtain the ordered supplies from the identified warehouse locations.

C. Bio-hazard Control

1. Proper bio-hazard storage and disposal must be available for storage and removal of collected used syringes and injection equipment;
2. **When clients return used syringes:**
 - a. Clients are encouraged to use a purpose-designed sharps container or other puncture resistant container as recommended by the FDA, EPA, or OSHA for containing bio-hazard waste;
 - b. Current FDA guidelines (as alternatives to purpose-designed sharps containers) include using a thick plastic shampoo bottle, laundry detergent bottle, or other “heavy-duty” plastic container with a secure lid;
 - c. Glass bottles, aluminum cans, plastic soda bottles, plastic water bottles, other thin plastic bottles, or metal coffee cans are strongly discouraged;
 - d. Loose syringes or syringes in non-puncture proof containers (such as cardboard boxes or bags) are discouraged because they may increase risk of accidental needle sticks when transporting used syringes;
 - e. Staff must ask the client to place loose syringes or syringes which are not in containers approved by the FDA, EPA, or OSHA into a 19-gallon sharps container:
 - 1) Staff must never directly touch a used syringe, even with gloved hands;
 - 2) Staff must use “grippers” to handle used syringes; and,

- 3) Staff must ask clients how many syringes they are returning and must never require clients to count used syringes.

3. Bio-hazard storage and management:

- a. The SSP is considered the “waste generator”;
 - 1) By law, the waste generator must assure, and is responsible for, the safety of regulated medical waste from the time it is collected until it is destroyed or otherwise neutralized by a licensed biohazard removal/destruction entity.
- b. Used or potentially contaminated sharps must be in an approved sharps container before being placed in a red bio-hazard disposal bag;
 - 1) Any non-approved container, such as those made of glass, metal, or thin plastic must be placed inside of an approved sharps container before being placed in a red bag; and,
 - 2) The red bag must be tied with a single overhand knot before transport; and,
 - 3) Failure to comply with these procedures places waste transportation and disposal personnel at risk for injury and is a violation of state and federal environmental law and may result in fines.
- c. Items may be placed directly into a “PG II” biohazard container without the red bag, since it is approved by the US Department of Transportation and has a locking lid and leak proof gasket. This is usually the 19-gallon container provided by the HHRP.
- d. Once full, bio-hazard containers must be sealed and kept in a secure designated storage location. This location:
 - 1) Must not be accessible to the public; and,
 - 2) Must be ventilated to the outside with barriers or other control methods to reduce the potential intrusion of pests, including rodents and insects.

D. Needle-stick Response

1. For needle-stick incidents involving staff, follow the procedures outlined in the *NMDOH-PHD Infection Control for the Public Health Worker Protocol*.
2. For needle-stick incidents involving clients during a syringe service session:
 - a. Immediately report the incident to the HHRP;
 - b. Refer and assist clients to obtain medical assistance; and,
 - c. Complete an incident report form and submit it to the local SSP Coordinator.

E. Safety

1. Safety at SSP locations is a primary goal.
2. There must be a telephone available to program staff during syringe service sessions.
3. SSP staff should have some education in conflict resolution and de-escalation.
4. Violent acts or any threat of violence will not be tolerated, and SSP staff have the prerogative to cancel or close syringe services in the event of any occurrence affecting safety, security, confidentiality, or effectiveness of a session.
 - a. Individuals are not allowed to carry weapons onto, or near, the SSP location. Weapons may include, but are not limited to, large or sharp sticks, knives, guns, or any device or object presented in a threatening manner;
 - b. Should an individual be seen or otherwise discovered to carry a weapon, they should be respectfully asked to leave immediately and return without the weapon;

- c. A hostile or agitated individual bearing a weapon should not be directly confronted;
- d. If a person refuses to leave after being asked, it is appropriate to refuse services;
- e. If threats or acts of violence occur, the SSP should shut down immediately, with all other clients and staff directed to leave the location; and,
- f. If any acts of violence occur, law enforcement should be notified immediately:
 - 1) SSP staff must not interfere or obstruct law enforcement personnel in the course of their duties;
 - 2) All violent acts, incidents involving law enforcement agents, and arrests of SSP clients, staff, or volunteers during syringe services must be reported to the HHRP within 72 hours; and,
 - 3) Complete an incident report form and submit it to the local SSP Coordinator.

F. Restrictions and Potential Conflict of Interest

1. Restrictions

- a. Staff may not trade, exchange, sell, or otherwise provide money, substances, or engage in sexual relations, with clients. Violation of this may result in disciplinary action.
- b. Failure by an SSP to enforce this may result in the revocation of NMDOH authorization to perform syringe service activities.

2. Potential Conflict of Interest

- a. The largely rural nature of New Mexico increases the likelihood a provider may be related or otherwise personally involved with a client outside of the SSP. It is appropriate, although not always possible, for an individual in this situation to request another staff member provide services to the client. When it is not possible, the staff member must not engage in any of the previously mentioned restrictions with the client during the syringe service session, or at any other time at the program or office location. Client confidentiality must be fully protected, except where otherwise required by law (e.g., threat of violence).
- b. Violation of this rule will result in disciplinary action.

III. Required Documentation

A. Syringe Service Log Form: SSP staff shall maintain the electronic SSP Log for syringe service sessions, including the:

- 1. Sharps ID Code of the client;
- 2. Number of used syringes collected; and,
- 3. Number of syringes distributed to each client.

B. Monthly Inventory and Cover Sheet: Using the form designated by the HHRP, each SSP shall provide a monthly:

- 1. Inventory of supplies; and,
- 2. Summary of activities.

C. Drop-Box Maintenance Logs: Locations utilizing a syringe drop-box must submit the Drop-Box Maintenance Log required by the HHRP documenting how often the drop-box is checked, emptied, and assurance that regular maintenance is performed.

- D. Additional Surveys or Interviews:** Point-in-Time surveys may be required by the HHRP to collect specific information for brief periods of time.
- E. Submitting Forms:** SSPs will submit the electronic SSP Log to the HHRP each calendar month, no later than the tenth day of the month following service provision:
1. Each location must maintain the electronic documents for at least three years.
 2. Documents should be kept in accordance to HIPAA security precautions when personal health information (PHI) may be present to ensure the confidentiality of syringe service clients.
- F. Medical Records:** None are required for syringe service activities.
1. Clients must be informed when a medical record may be created because they are navigated, referred, or receive other services;
 2. It is the right of the client to decide whether they wish to divulge SSP participation or substance use when they are navigated, referred or receive other services, even if they are provided within the same location.
- G. Complaints:** A SSP must notify the HHRP in writing or email within 72 hours of any concerns or complaints received from clients or community members. As a reminder, do not include Protected Health Information in unsecured emails.

IV. Other Service Provisions

- A.** SSPs should have educational resources available about safer injection practices, vein care, and related health issues to assist clients in reducing injection related complications such as:
1. Abscesses, potential long-term health consequences of substance use, HCV, HIV, PrEP, STDs, and other health concerns;
Note: Non-clinicians can provide and review approved health information with clients – however, for any additional guidance (e.g., on abscess care) clients must be referred to a PHD clinician or community provider.
 2. Staff should also be aware of local resources for navigation and linkage to care.
- B.** SSP's should provide harm reduction related supplies made available by the HHRP including at least: two sizes of syringes (28g 1/2 cc or 1 cc insulin syringes), personal SHARPS containers, and other 'works' (e.g., cookers, twist ties, mouthpieces, ascorbic acid, cotton filters, tourniquets, chore boys) as they are available.
- C.** It is suggested SSPs have items such as bottled water, snacks, and personal hygiene supplies for clients when possible.

V. Client Eligibility

- A.** Any individual in NM 18 years of age or older is eligible to be enrolled.
1. The Controlled Substances Act (30-31-1 NMSA 1978) states:
"A person eighteen years of age or over who violates the provisions of Subsection B of Section 30-31-25.1 NMSA 1978 by delivering drug paraphernalia to a person under eighteen years of age and who is at least three years his junior is guilty of a fourth-degree felony and shall be sentenced pursuant to the provisions of Section 31-18-15 NMSA 1978."
 2. If necessary, it is up to the client to verify age:
 - a. If the individual is not able to verify age, the SSP may refuse enrollment; and,

- b. Verification is not required if age is not in question.

VI. Enrollment, Re-enrollment, and Syringe Service Visits

- A.** Clients enroll by responding to the questions which create the SHARPS ID code.
- B.** After the SHARPS ID code is created, clients must be given the yellow SHARPS card with the SHARPS ID code and a one-year expiration date.
- C.** If a clients' card is about to expire, or is lost, re-enroll them and issue a new SHARPS card with a one-year expiration date.
- D.** At the time of enrollment and re-enrollment clients must be informed:
 - 1. The SHARPS card may only be used by the person whose SHARPS ID code appears on the card;
 - 2. Participation in syringe services will not prohibit arrest or prosecution for the possession of substances, or for residue in syringes or other supplies, so it is recommended they rinse the syringes with water before placing them in SHARPS containers;
 - 3. Participation in syringe services will not prohibit arrest or prosecution at times other than when engaging in a harm reduction activity;
 - 4. Enrollment in the program does not supersede other legal conditions, rules, or restrictions such as probation and parole;
 - 5. Enrollment does not apply or offer legal protection outside the State of New Mexico, on Federal Property, or on Sovereign and Tribal lands;
 - 6. Clients must always have a SHARPS card when they leave a syringe service location with syringes and/or other supplies;
 - 7. If a client has syringes and they have an interaction with law enforcement personnel, it is recommended, the client should:
 - a. Identify themselves as a program participant; and,
 - b. Disclose the location of syringes if the encounter results in a search so the officer is not injured.
 - 8. If documentation of participation in the program is required, the client should contact the SSP where they enrolled or receive services regularly; and,
 - a. The SSP should obtain a written authorization to release information from the client to the person or entity who requires the confirmation, including citation or case number, if applicable;
 - b. The SSP should forward the written authorization to release information to the HHRP; and,
 - c. Once the HHRP receives the authorization to release information, then a letter verifying enrollment can be provided.
- E.** Syringe Service Visits:
 - 1. SSP staff should verify the ID code on the SHARPS ID card to confirm the client's enrollment, or enroll the client as necessary;
 - 2. The staff member should ask the client how many syringes they are returning and record this on the SSP Log;
 - 3. If the client is not sure how many syringes are in a container, the staff member should utilize the guide provided by the HHRP which indicates the approximate number of syringes in different types of containers;
 - 4. The SSP staff should instruct the client to place the used syringes in the appropriate container:

- a. Intact sharps containers and other approved containers should be placed directly into the biohazard waste container which have been lined with the appropriate red biohazard bag; and,
- b. Broken containers, containers with missing lids, non-approved containers, and loose syringe should be placed in one of the large sharps containers provided by the HHRP;
5. At the time of the first enrollment, clients shall be offered 30 syringes plus the number of syringes brought for exchange;
 - a. Clients should then be asked if the number of syringes provided is adequate for their needs;
 - b. If additional syringes are needed, they should be provided unless sufficient supplies are not available at the SSP. Exceptions in quantity of syringes distributed may be made by staff for reasons such as: maintaining integrity of packaging; when a client states syringes have been lost, stolen, or confiscated; limited accessibility to syringe exchange programs; utilizations of syringe collection boxes; or recent release from incarceration or drug treatment facilities;
6. For subsequent sessions clients should be asked how many syringes they need, and the requested number of syringes provided unless sufficient supplies are not available at the SSP;
7. The total number of syringes distributed during each session must be recorded on the SSP Log;
8. Clients shall be offered sharps containers and works, as available;
9. Navigation to other services should be initiated for the client when appropriate;
10. In addition to the SSP Log, other surveys or questions may be required by the HHRP and must be conducted according to instructions from the HHRP.

ATTACHMENTS

Appendix A: Combined - Enrollment and Daily Log Form

Appendix B: SHARPS Card Template

Attachment A: PHD Clinical Protocol Approval Sheet

Attachment B: Acknowledgement and Receipt of New/Revised Protocol

Important Links:

NM Department of the Environment Biohazardous Waste Disposal Regulations can be found here: https://www.env.nm.gov/NMED_regs/swb/20nmac9_1.html

NM Department of Health Hepatitis and Harm Reduction Program Website for current Statutes, Regulations, Standing Orders, Educational Material, Forms, and Protocols:

<https://nmhealth.org/about/phd/idb/hrp/> or, for internal NMDOH access, only:

<http://nmhealth.org/about/phd/idb/hrp/> or http://intranet/PHD/clinical_protocols.html

Appendix A: Syringe Services Enrollment and Daily Log Form

This is a sample, please use the most recently updated forms located at:

<https://nmhealth.org/about/phd/idb/hrp/>; or:

<http://nmhealth.org/about/phd/idb/hrp/> or http://intranet/PHD/clinical_protocols.html

Sample form:


		Participant Code:		Syringes: (Collected & Distributed)			
Date (07/01/18 - 07/31/18)	First 2 letters of legal first name	First 2 letters of mother's first name	2-digit year of birth	Number of syringes collected	Number of syringes distributed	Staff initials	<p>Notes - optional: (these are for local use only) <u>Remember, no PHI</u></p>

Appendix B: SHARPS Card Template

This is a sample, please use the most recently updated forms located at:

<https://nmhealth.org/about/phd/idb/hrp/>; or:

<http://nmhealth.org/about/phd/idb/hrp/> or http://intranet/PHD/clinical_protocols.html

Expires: ___ / ___ / ___	Agency: _____												
	Contact: _____												
	SHARPS CARD Harm Reduction Program 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502												
<i>The bearer of this card is enrolled in the Harm Reduction Program.</i>													
PARTICIPANT I.D. NUMBER:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>F</td><td>F</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>							F	F	M	M	Y	Y
F	F	M	M	Y	Y								
<small>Rev: 10-28-16</small>													

<p>This card verifies the enrollment of a client in the Harm Reduction Program. The client is exempt from prosecution in New Mexico under NMSA 1978, Chapter 256, Sections 1-6, amended 1998, "The Harm Reduction Act," and NMAC 7.4.6 "Requirements Governing The Harm Reduction/Syringe Exchange Program," for the possession of syringes furnished by the Department of Health or an Authorized Harm Reduction Provider, or collected by the client for safe disposal by the program.</p> <p>The code consists of: first two letters of client's first name, first two letters of their mother's first name, and two digit year of birth.</p> <p>For contact information and a list of programs and service times, please visit: www.nmhivguide.org</p> <p><small>Rev: 10-28-16</small></p>

**PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET**

PROGRAM/BUREAU: Hepatitis and Harm Reduction Program (HHRP), Infectious Disease Bureau – February 2019

CLINICAL PROTOCOL TITLE: Syringe Service Program (SSP) Protocol

Reviewed by: (Must have a signature from at least one clinical user of the Protocol)

Name:	<u><i>Amel Calhoun</i></u>	Date:	<u>1 / 28 / 2019</u>
Name:	<u><i>[Signature]</i></u>	Date:	<u>1 / 28 / 19</u>
Name:	<u>_____</u>	Date:	<u> / /</u>

Approved by:

Program Manager	<u><i>[Signature]</i></u>	Date:	<u>01 / 23 / 19</u>
Bureau Chief	<u><i>[Signature]</i></u>	Date:	<u>1 / 23 / 19</u>
Bureau Medical Director (acting)	<u><i>[Signature]</i></u>	Date:	<u>01 / 23 / 19</u>
PHD Medical Director	<u><i>[Signature]</i></u>	Date:	<u>01 / 23 / 19</u>
Regional Health Officer	<u><i>Thomas A. Han</i></u>	Date:	<u>01 / 28 / 19</u>
PHD Chief Nurse	<u><i>[Signature]</i></u>	Date:	<u>01 / 23 / 19</u>
<i>Acting</i> PHD Dir of Pharmacy	<u><i>[Signature]</i></u>	Date:	<u>1 / 31 / 19</u>
(Other)	<u>_____</u>	Date:	<u> / /</u>
(Other)	<u>_____</u>	Date:	<u> / /</u>

**PUBLIC HEALTH DIVISION
ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL**

PROGRAM/BUREAU: Hepatitis and Harm Reduction Program (HHRP), Infectious Disease Bureau – February 2019

CLINICAL PROTOCOL TITLE: Syringe Service Program (SSP) Protocol

I have reviewed the document listed above and I approve it for practice in ____ Region.

Regional Director	_____	Date:	/	/
Regional Health Officer	_____	Date:	/	/
Regional DNS	_____	Date:	/	/
Regional DNS	_____	Date:	/	/

I have received, reviewed, and will follow this Clinical Protocol and its Standing Orders. Staff (Clinicians, PHNs, DPSs, etc.):

Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/

Each clinician and PHN must review the document mentioned above and sign this sheet (use additional sheets as necessary). The Nurse Manager will retain the signed copy(ies) of this sheet at the clinic and submit the original(s) to the Director of Nursing Services.