



THE SCOTTISH OFFICE

Department of Health

NHS
MEL(1998)55

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
7th August 1998

Dear Colleague

NEEDLE AND SYRINGE EXCHANGE SCHEMES

Summary

1. This letter provides information on revised arrangements for the approval of (fixed) needle and syringe exchange facilities and on a change in the Lord Advocate's guidance which will allow for the introduction, on a pilot basis, of outreach delivery schemes.

Action

2. Health Board General Managers and Trust Chief Executives are asked to bring to the attention of all managers and appropriate staff, the revised Lord Advocate's guidance and the contents of this letter.

Background

3. Needle and syringe exchange schemes are now generally regarded as an essential part of strategies aimed at preventing the transmission of blood-borne viruses, particularly HIV/AIDS and Hepatitis. It has been decided therefore, that Health Boards should no longer be required to apply for the Department's approval for each new or continuing needle and syringe exchange scheme. From the date of this letter, Health Boards are responsible for ensuring that exchange schemes in their areas, including home delivery, comply with the requirements of the Model Specification Agreement at **Annex A**, which has been drawn up in consultation with Health Board AIDS Co-ordinators and the Crown Office.

4. The Lord Advocate's guidance, last amended in November 1994, stated that he will "not authorise the prosecution of any participating registered medical practitioner or associated staff in approved exchange schemes". To provide for greater flexibility, particularly in the context of home delivery schemes, "registered medical practitioner" has been amended to read "designated officer". The Lord Advocate's revised guidance is at **Annex B**.

tib070

August 1998

Addressees

For action:

General Managers, Health Boards
Chief Executives, NHS Trusts

For information:

General Manager, State Hospitals
Board for Scotland
General Manager, Common Services
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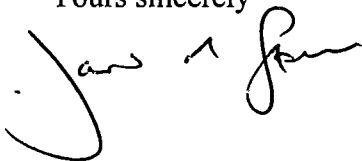
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5. It has been recognised that drug misusers living in remote or rural areas face particular difficulties in obtaining needles and syringes, since they are less likely to travel significant distances to urban-located needle exchanges and may well feel they would be easily identified and stigmatised by using any mobile facility visiting their area periodically. The change in the Lord Advocate's guidance will facilitate the establishment of home delivery needle and syringe exchange schemes. Initially these should be introduced on a pilot basis to enable assessment of their value. Careful selection of clients will be essential, to minimise any danger or risks to needle exchange employees involved in home delivery schemes. A condition of approval for home delivery schemes should be that information and advice, counselling and any other appropriate services are made available to home delivery exchange clients, as in fixed site and mobile exchanges.

6. As in the case of fixed or mobile exchanges, home delivery pilot schemes do not require prior Departmental approval. But to inform policy development, it would be helpful if Boards could notify the Chief Executive of any pilot home delivery schemes set up in their areas. Such schemes should also be evaluated rigorously, within 12 months, to cover particularly the success or otherwise of the scheme in terms of securing clients' compliance and the associated costs, and the conclusions reported to the Chief Executive.

7. Health Boards are advised that any additional costs incurred in consequence of establishing home delivery needle and syringe exchange schemes should be met from within existing allocations.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David R Steel', written in a cursive style.

DAVID R STEEL

**NEEDLE AND SYRINGE EXCHANGE SCHEMES
MODEL SERVICE SPECIFICATION/HEALTH BOARD AGREEMENT WITH
THOSE DELIVERING SERVICES**

1. PURPOSE OF SERVICE

To ensure that injecting drug users have easy, uncomplicated access to advice on safer practices and to sterile injecting equipment.

2. REQUIREMENTS

- Delivery of services to prevent the spread of blood-borne viruses, including HIV, for those directly or indirectly involved in risk behaviours related to drug taking.
- Promotion of the practice of safer sex and safer drug use behaviours, and reduction in the incidence of infection from blood-borne viruses, including HIV, in the [] area.
- Maintenance or enhancement of service in accordance with targets agreed between the Health Board and those delivering services. Targets should be set on volume of clients, frequency of visits, duration of contact, numbers of sets of equipment used and returned, and referrals for treatment, and should relate to local needs and priorities.
- Delivery of an accessible, non-judgemental and confidential service.

3. CLIENT GROUP

The clients requiring the service are injecting drug users and their partners, ie those at risk of infection from blood-borne viruses, including HIV, through drug use.

4. SERVICE DESCRIPTION

Delivery of a system for needle and syringe exchange to cover the following¹:-

- a. a permanent site for needle and syringe exchange;
- b. a mobile exchange unit with service stops at [];
- c. an outreach exchange service operating in the [] area.

The outreach service will operate for clients who are unable or unwilling to attend a fixed site centre, mainly in areas of high injecting prevalence and in rural areas without access to

¹ Examples only. Type(s) of service required to be specified by the Health Board.

other forms of injecting equipment exchange. Clients will be linked into other services where appropriate.

Delivery of a confidential non-judgemental service to include the following:

- a. information and advice on safer drug injecting techniques, safer cleaning of injecting equipment, safer drug use, safer sex and hepatitis B vaccination;
- b. information and advice on general health care;
- c. free needles, syringes and condoms;
- d. counselling and support;
- e. free condoms, lubricating gel, etc to drug projects in the [] area.

The operational and procedural guidelines are at Appendix 1.

5. LOCATION(S) OF SERVICE

The Service will operate from [address of permanent site(s)] and/or
at [location(s) of service stop(s) for mobile facility] and/or
in [area covered by outreach facility]²

6. DAYS AND TIMES OF OPERATIONS

[Tuesday 2pm - 4pm]²
[Thursday 6pm - 8pm]²

7. POLICY AND PROCEDURES (APPENDIX 1)

Description of Service (a)
Issuing of injecting equipment (b)
Management of used needles and syringes (c)
Management and professional accountability (d)
Security (stock storage) (e)
Ordering and receiving supplies (f)
Guidelines for accidental (needle stick) injury and blood spillage etc (g)
Management of difficult clients (h)
Condom distribution (i)

² Examples only. Number and length of sessions, operating days and times, and the type of service to be specified by the Health Board.

8. STAFFING/JOB DESCRIPTIONS

[Drug worker]³ -)job description(s) enclosed. (Appendix 2)
[Nurse]³)

Cover for sick leave and holidays will be provided by appropriately trained staff from within the existing service.

9. MANAGEMENT/PROFESSIONAL REPORTING RELATIONSHIP

Drug Worker/G Grade Nurse³ will be accountable to the officer designated as having responsibility for the operation of the scheme at service delivery level (the designated officer)

The Health Board as planner of services will appoint a supervisory officer⁴ with specific responsibility for the service agreement. This officer will have overall responsibility, on behalf of the Board, for ensuring that those delivering services comply with the terms of the service agreement. This officer will ensure that accountabilities and responsibilities are clearly defined; specify the required staffing levels and qualifications; introduce the necessary control functions; monitor the service on behalf of the Board to ensure that all the criteria are being applied correctly; and make periodic reports to the Health Board on the operation of the scheme.

The supervisory officer will name the designated officer⁵ at service delivery level ie the individual specified in terms of the Lord Advocate's guidance as having the responsibility for the operation of the scheme and for the supervision of authorised staff. The Lord Advocate's guidance⁶ (revised []) states that "he will not authorise the prosecution of any officer designated for the purpose of these special schemes (or staff under the supervision of such an officer for this purpose and properly authorised by him) where they are properly engaged in such schemes provided in accordance with the criteria specified by The Scottish Office Department of Health in Management Executive Letter NHS MEL(1997)XX".

The Drug Worker/Nurse will be accountable to the designated officer.

The Health Board is responsible for the monitoring of the scheme, under the service agreement, in accordance with the Lord Advocate's guidance.

10. REFERRALS

It is likely that most referrals will be self referrals. Each client will be allocated a number which will be held in a register at the clinic. Where appropriate, clients will be referred on to other agencies either directly by staff (with client consent) or by way of projects which

³ The staffing levels and qualifications, training and experience required to be specified by the Health Board.

⁴ The supervisory officer might be the Director of Contracts, the Director of Public Health or someone else whom the Health Board considers appropriate to carry out the responsibilities as outlined.

⁵ The designated officer may or may not be a medical practitioner.

will provide clients with whatever information is necessary for them to refer themselves. Needle and syringe exchange staff will not be in a position to take on detailed "case work", but will refer to the relevant agency (ie Social Work Department, Counselling Clinic, Voluntary Project, General Practitioner etc).

11. RECORDS AND STATISTICS

Basic data will be kept for statistical/evaluation/costing purposes. This will include information on volume of clients, frequency of visits, duration of contact, numbers of sets of equipment used and returned, referrals for treatment, and other services given.

12. ADVERTISING

GPs/Health Centres/Social Work Area Teams/Accident and Emergency Departments/Counselling Clinics etc will be advised of the commencement and opening times of the needle and syringe exchange. Clients will be provided with cards giving information on opening times. Targeted advertising will be provided as considered appropriate but general advertising will not be provided.

OPERATIONAL AND PROCEDURAL GUIDELINES

(a) DESCRIPTION OF SERVICE

The needle and syringe exchange will operate [two][2] hour sessions between the hours of [2pm and 4pm] on [Tuesday afternoon] and between the hours of [6pm and 8pm] on [Thursday evening.] [The mobile exchange unit will operate..... with service stops at.....] [The outreach service will operate.....]²

The exchange will be staffed by a Nurse and/or a Drug Worker³ at all times and will provide the following services:

- provision of sterile injecting equipment;
- collection and safe disposal of used injecting equipment;
- counselling/advice on harm reduction, sexual health, general health, hepatitis B vaccination and referral on to other agencies;
- provision of condoms; and
- treatment of minor drug related injuries, ie abscesses etc.

The above services will be offered with a view to minimising drug-related harm generally and, specifically infection with blood-borne viruses including HIV.

The premises from which the service will be delivered will have separate facilities for the storage and safe disposal/collection of equipment, individual counselling space and space to allow for the discrete examination of injecting sites, wounds etc.

(b) ISSUING OF INJECTING EQUIPMENT

Before being issued with injecting equipment, clients will be asked to provide evidence of injecting behaviour (ie show recent injecting sites) and then counselled about the importance of returning used equipment to the exchange for safe disposal.

In accordance with the Lord Advocate's Guidance (revised []), up to 5 clean needles and syringes will be issued on a 1st visit. On the 2nd and subsequent visits, up to 15 sets will be issued, providing the quantity issued on the previous occasion is returned safely for disposal. In the event of the exchange being closed for holidays, or in exceptional circumstances, a maximum of 30 sets of equipment will be issued.

If a client should fail to return used equipment, the client will be interviewed by exchange staff regarding the reason for non-return, and again counselled about the importance of returning used needles and syringes. Only 5 or fewer sets of equipment will be issued to the client. Should this fail to encourage consistent returns, such clients will ultimately be refused a service.

² Examples only. Number and length of sessions, operating days and times, and the type of service to be specified by the Health Board.

³ The staffing levels and qualifications, training and experience required to be specified by the Health Board.

(c) MANAGEMENT OF USED NEEDLES AND SYRINGES

All used injecting equipment will be placed into the appropriate container by clients of the exchange (CINBINS 11 litres). Staff of the exchange should not have to handle used injecting equipment. In the event of used injecting equipment being found by staff, the Environmental Health Uplift Kit will be used to dispose of the equipment safely.

All CINBINS will be dated when started and removed from use, sealed and dated when filled to two-thirds capacity. They will be labelled from the Needle Exchange in accordance with NHS policy and await uplift. CINBINS must be changed at least every week.

(d) MANAGEMENT AND PROFESSIONAL ACCOUNTABILITY

Needle exchange staff will be directly responsible to their individual line managers and ultimately accountable to the officer designated as having responsibility for the operation of the scheme at service delivery level (the designated officer).

On a day-to-day basis, exchange staff will work as a team to make joint decisions.

Any changes/developments to the service felt necessary by the exchange staff will be reported to the designated officer for discussion.

(e) SECURITY

Stock Storage. All materials will be stored in locked cupboards at the needle exchange premises. The premises are alarmed.

(f) ORDERING/RECEIVING SUPPLIES

There will be authorised personnel responsible for ordering of supplies and designated persons who will take responsibility for checking/storing deliveries and for collection of used materials.

(g) GUIDELINES FOR ACCIDENTAL (NEEDLESTICK) INJURY/BLOOD SPILLAGE ETC

Needlestick Injury

In the event of staff incurring injury by needlestick or other "sharp" the following procedures should be adhered to:

- Encourage bleeding by gentle squeezing **NOT** sucking of the area.
- Wash the affected area with soap and copious warm water but **DO NOT SCRUB**.

- Treat MUSCOSAL surfaces such as mouth or conjunctiva by rinsing with water or saline. Water used for rinsing the mouth must not be swallowed.
- Seek immediate advice from the relevant occupational health department.
- Report incident promptly to line manager/designated officer.
- Complete Accident Report Form [(ARI)] including details of contamination source.
- Report to casualty, if appropriate.

Hepatitis B Immunisation

It is recommended that staff should be immunised against hepatitis B. Any staff not already immunised should contact [Infection Control Nurse Specialist and/or contact their own GP].

Blood Contact

In the event of blood spillages (wet), the following procedures should be adhered to:

- Put on gloves and apron.
- Cover entire area with "Presept" granules.
- Leave undisturbed for a full two minutes.
- Remove with a disposable damp cloth and place in disposal bag.
- Place in yellow clinical waste bag.
- Wash area with warm water.
- Remove gloves and wash hands thoroughly.

(h) MANAGEMENT OF DIFFICULT CLIENTS

In the event of clients becoming abusive or threatening violence to staff or other clients, they will be asked to leave and escorted from the premises.

If this should prove impracticable, the Police will be contacted and will remove the client from the premises.

Staff in the needle and syringe exchange will be supplied with personal alarms connected to the local police station; these can be triggered in an emergency situation.

**NEEDLE AND SYRINGE EXCHANGE
JOB DESCRIPTION**

POST:

Drugworker/Nurse*
Responsible to Line Manager
Accountable to Designated Officer

DUTIES

Providing sterile injecting equipment to injecting drug users.

Collecting returned, used injecting equipment in accordance with procedural guidelines.

Providing information and advice in relation to harm reduction and general health issues.

Offering individual counselling on drug use and related issues.

Referring clients on to appropriate agencies as required.

Liaising with statutory/non-statutory agencies.

Ordering and storage of supplies in accordance with operational guidelines.

Keeping accurate records and statistical information.

Providing evaluation reports to Designated Officer as requested.

Providing any other duties as directed by Designated Officer.

***Nurse duties will include assessing and monitoring of physical state, application of simple dressings if required and referring on to GP or Accident and Emergency Department.**

LORD ADVOCATE'S GUIDANCE (revised July 1998)

The supply of needles and syringes to be used for injecting controlled drugs is not a criminal offence under statute. However, the existence of common law crimes in Scotland - and in particular the crime of reckless conduct - makes it impossible to say that such supply could never amount to the commission of a criminal offence here. That does not mean that such supply would generally or normally be a criminal offence. The Lord Advocate's view is that the crime of reckless conduct would only arise very exceptionally as regards the supply of needles and syringes by doctors and pharmacists. But to ensure that even the remote possibility of the commission of an offence does not have any inhibiting effect on the special schemes the Lord Advocate has stated that he will not authorise the prosecution of any officer designated for the purpose of these special schemes (or staff under the supervision of such an officer for this purpose and **properly authorised by that officer**) in respect of controlled supply in accordance with approved schemes.

In giving that undertaking, the Lord Advocate's expectation was that the special schemes would be based on the main recommendations of the McClelland Committee^{*}, such as those relating to counselling and the exchange of needles and syringes, with these only being issued in small numbers and not in bulk. This means that a client can be offered up to 5 clean needles and syringes on his first visit to the exchange. On the second and subsequent visits the client would receive up to 15 sets of equipment, provided the number issued on the preceding occasion had been returned safely for disposal. Where a client failed to return used equipment, the number given on the subsequent visit would be reduced to 5 or fewer. In certain circumstances, for example, where a client was collecting equipment on behalf of a spouse or a regular partner who was registered with the exchange, or where, in rural situations, the client experiences significant difficulty in travelling to the exchange, or immediately prior to Christmas or New Year's Day when the exchange was closed, the maximum number of sets issued on one visit would be 30. On the basis of these arrangements, registered medical practitioners (and staff acting as above) who participate in the schemes will be immune from prosecution even if the supply of needles and syringes were in any circumstances to constitute a common law offence - provided that they have acted within the approved schemes and followed the proper procedures.

* Report of the Scottish Committee on HIV Infection and Intravenous Drug Misuse (SOHHD, September 1986)

ANNEX B

NEEDLE AND SYRINGE EXCHANGE SERVICE

Name of Health Board

1. How many needle and syringe exchange schemes (not services provided by either a pharmacist or GP) operate in the area?

If none proceed to question 4.

2. How many of these are in fixed sites?

3. How many are mobile?

4. How many pharmacists operate a needle and syringe exchange in the area?

5. Have you identified any service gap? (Please tick appropriate box) **Yes**
No

If not proceed to question 7.

- 6(A) Do you have any plans to fill the gap? (Please tick appropriate box) **Yes**
No

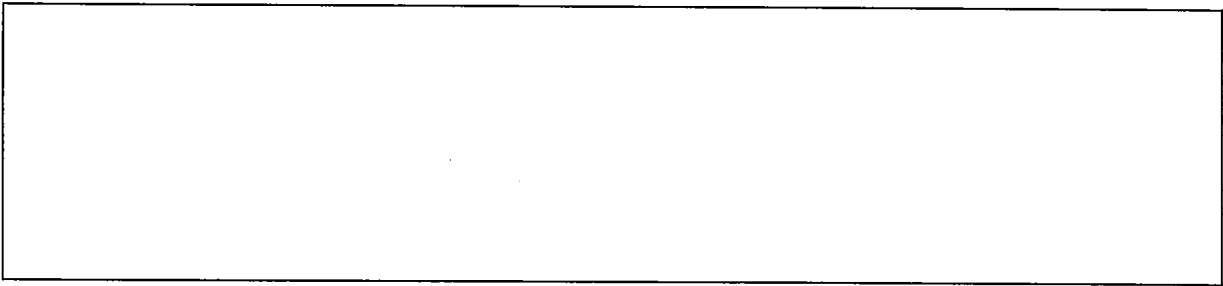
If you have ticked the YES box in question 6(a), please provide details of the type of service envisaged.

Continue on a separate sheet of paper if necessary.

- 6(B) Has a formal application been sent to the Chief Executive of the NHS?
(please tick appropriate box) **Yes** **No**

7. Could the attached service level agreement be adopted or adapted for use in your area?
(please tick appropriate box) **Yes** **No**

Please comment on your response to question 7. Continue on a separate sheet of paper if necessary.



Signature (AIDS CO-ORDINATOR).....
.....

Date