



Public Health
Agency



Health and Social
Care Board

Needle & Syringe Exchange Service

Community Pharmacy Service Specification

Service Description:

The Needle and Syringe Exchange service (NSES) is commissioned by the Public Health Agency (PHA) and Health and Social Care Board (HSCB). It provides access to necessary equipment required for safer consumption for people who inject drugs (PWIDs) and enhances the safe disposal of used equipment in order to reduce the risk of transmission of blood borne viruses from contaminated material and drug-related litter.

Aims and Objectives:

1. To reduce harms associated with injecting drugs
2. To reduce the rate of blood-borne infections and drug related deaths among people who inject drugs (PWIDs) and the wider community through provision of sterile injecting equipment.
3. To promote, and provide a means for, the safe disposal of used injecting equipment
4. To provide harm reduction information and advice
5. To signpost clients to treatment services and other support services

Service requirements:

The pharmacy will:

1. Provide access to sterile needles and syringes, and sharps containers for return of used equipment.
2. Provide, as appropriate, access to associated materials, for example citric acid, sterile water and swabs.

3. Provide access to foil, and promote its use as an alternative to injection.
4. Provide individual items as requested where clients do not plan to use all the equipment in a pre-packed kit.
5. Engage with each client to identify the most appropriate equipment for them.
6. Offer a user-friendly, non-judgmental, client-centred and confidential service.
7. Provide facilities for the safe return and disposal of used equipment returned by the client.
8. Provide support and advice to the client on harm reduction relating to: substance use, safer injecting, never-sharing injecting equipment, sexual health and sexually transmitted infections, HIV and Hepatitis C transmission, and Hepatitis B immunisation.
9. Offer the client appropriate harm reduction information, for example leaflets supplied by PHA / HSCB.
10. Link with DAMIS (Drug and Alcohol Monitoring and Information System) to ensure that DAMIS alerts regarding substances of concern are passed on promptly to clients.
11. Signpost clients to other relevant services including addiction services, low threshold services and blood-borne virus testing, where appropriate.

Service outline:

1. Pharmacy Eligibility for service

The service can only be provided from community pharmacies where the contractor:

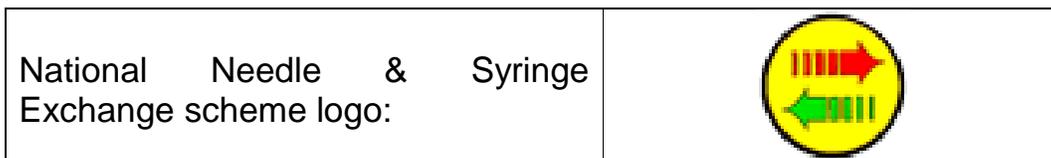
- a. Holds a contract with the HSCB to deliver the service
- b. Ensures that pharmacists and staff involved in the provision of the service have relevant knowledge and are trained in accordance with the Northern Ireland Needle and Syringe Service (NSES) Guidance for Community Pharmacy (2017) (**Appendix 1**)
- c. Ensures that pharmacy staff providing the service will have achieved the agreed competencies for the service
- d. Ensures a Standard operating procedure (SOP) is in place to support deliver of the service in line with the service specification

2. The service is provided in a safe and secure environment in accordance with the Pharmaceutical Society of Northern Ireland's Standards for Registered Pharmacy Premises.
3. The pharmacy has a private area for client consultations that meets the requirements outlined in the Northern Ireland Needle and Syringe Service (NSES) Guidance for Community Pharmacy (2017).
4. The area in which the exchange is carried out should respect client confidentiality.
5. There is a sharps bin located in the exchange area for safe disposal of used injecting equipment, which is for use of clients.
6. Premises are easily accessible to people with disabilities.
7. The National Needle Exchange logo should be clearly displayed to indicate participation in the service.
8. The pharmacy contractor has a duty to ensure the pharmacy has relevant SOPs in place and those pharmacists and members of staff involved in the provision of the service are aware of and operate within them.
9. The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the commissioned clinical waste disposal service will be used to store returned used equipment.
10. The pharmacy contractor should ensure that their staff are made aware of the risk associated with the handling of returned used equipment and that staff should never handle returns. A needle stick injury procedure should be in place and the *Returns* section of the Northern Ireland Needle and Syringe Service (NSES) Guidance for Community Pharmacy (2017) should be adhered to.
11. Staff involved in the delivery of this service should have completed the recommended immunisation schedules as outlined in the Northern Ireland Needle and Syringe Service (NSES) Guidance for Community Pharmacy (2017).
12. Procedures should be in place to deal with spillages and contamination. Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
13. The lead pharmacist should attend at least one NSES Forum meeting per year.
14. The PHA/HSCB will provide:

- a. The exchange packs and associated materials and will commission a clinical waste disposal service for each participating pharmacy. It is the responsibility of the contractor to agree frequency of waste collection to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises.
 - b. A framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
 - c. Details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
 - d. Health promotion material relevant to the service users and make this available to pharmacies.
 - e. Information on illicit drug alerts to the lead pharmacist through its DAMIS email Network. It is the responsibility of the contractor to ensure that relevant alerts are shared with needle exchange clients.
15. The pharmacy should have appropriate insurance arrangements in place.

Remuneration and reimbursement:

1. Remuneration for the service is made by the Public Health Agency.
2. The daily log sheets should be completed and returned along with monthly claim forms to the PHA on a monthly basis via a pre-arranged courier service.
3. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
4. Performance of this service will be assessed through an agreed assurance template.



Appendix 1.



**Northern Ireland
Needle Syringe Exchange Service (NSES)**

**Guidance
for
Community Pharmacy
2017**

Introduction

The Northern Ireland Needle Syringe Exchange Scheme (NSES) is a low threshold service for injecting drug users. It aims to help limit the spread of blood borne viruses such as HIV and Hepatitis B and C through providing sterile injecting equipment and safely disposing of used injecting equipment. The NSES also provides advice, information and support to reduce the harms resulting from injecting, and support clients to access other relevant services, including treatment services.

The target client group for needle exchanges is all injecting drug users. Clients may inject a variety of drugs, including opioids, performance or image enhancing drugs (steroids), stimulants or tanning solutions. Whilst the majority of clients inject opioids, evidence suggests a significant increase in recent years of clients injecting steroids as well as an increase in those who inject stimulants.

Community pharmacies have been providing needle exchange services to injecting drug users in Northern Ireland since 2001. There is good evidence that this service is both effective and cost effective in reducing transmission of blood borne viruses. This document is intended to provide guidance to those involved in Community Pharmacy based needle exchange.

Guidance

1. Workforce development

Staff involved in providing the service

- a. The pharmacist¹ has completed the accredited training (NICPLD online training course “Substance Use and Pharmaceutical Care”) and has passed on the key points to all staff involved in providing the service.
- b. The pharmacist and other key staff have completed the PHA’s 2 day training course on “Needle exchange and safer injecting” or are committed to completing it within 6 months of commencing the service. Key points should be passed on to all staff involved in providing the service.
- c. Participation in ongoing CPD in relation to needle exchange services is undertaken as appropriate.
- d. The pharmacist attends the Public Health Agency’s Needle Syringe Exchange Service Forum meetings (held approximately once a year, with additional meetings when required).
- e. The pharmacist attends additional PHA training events when required.
- f. All injecting equipment exchange transactions are made by staff who are fully aware of these standards.

Staff not involved in the service

- g. All staff who are not involved in the needle syringe exchange service, but who may come into contact with clients, are given induction training during which they are made familiar with these standards, and at which the importance of client confidentiality and staff safety are emphasised.
- h. Staff who are not involved in the service should not be involved in the return of equipment and should be advised of this at induction training.

2. Premises

- a. Pharmacists are obliged to provide the Service in a safe and secure environment in accordance with the Pharmaceutical Society of Northern Ireland’s Standards for Registered Pharmacy Premises².
- b. The pharmacy has a private area for patient consultations. This area may be used when clients wish to discuss other issues and may or may not be where the exchange of equipment takes place. This area should be suitably located, within the professional service area, separate from the dispensary, so as to ensure that all consultations, between the pharmacist and the patient, can take place free from distraction and with sufficient privacy so that any conversation cannot be overheard. The client should find this area comfortable, clean, adequately lit, heated and fit-for-purpose.

¹ By “pharmacist” we mean primary pharmacist, though in larger pharmacies, it may be appropriate for more than one pharmacist to attend training.

- c. The area in which the exchange is carried out should respect client confidentiality.
- d. There is a Sharps bin located in the exchange area for safe disposal of used injecting equipment, which can be used by clients.
- e. There is sufficient storage space available for exchange packs.
- f. Premises are easily accessible to people with disabilities.
- g. The national needle exchange logo should be clearly displayed to indicate participation in the service.



3. Health and safety

- a. The Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 (COSHH), should be adhered to. These require that substances hazardous to health (including sharps) within the pharmacy are identified and the risk formally assessed, and regularly reassessed, (in writing) and that the risk is adequately controlled and monitored.
- b. The pharmacy has appropriate insurance cover for participating in the service
- c. Pharmacy has in place a standard operating procedure which covers the service.
- d. Pharmacists and their staff should have up to date Hepatitis B vaccinations, and should ensure that they get follow-up titre testing as recommended by their Health and Social Care Trust Occupational Health Team. Sufficient numbers of staff should be vaccinated to ensure continuity of service when core staff are on leave or otherwise not available. While the PHA will cover the cost for vaccinations obtained through the Needle Exchange Vaccination Protocol, it is the responsibility of the Contractor to ensure staff are vaccinated as appropriate.
- e. Pharmacists and their staff should have up to date tetanus vaccinations
- f. A written procedure should be in place for preventing and dealing with needlestick injuries.
- g. A written procedure should be in place for dealing with spillage or contamination with potentially infected blood or bodily fluids.
- h. Appropriate protective equipment such as gloves, overalls and materials are available to deal with spillages and discarded needles and syringes must be available.
- i. An incident reporting system is in place.

4. Client care

- a. Clients are treated in a non-judgemental and respectful manner at all times by all staff.

² http://www.psn.org.uk/wp-content/uploads/2012/09/community_pharmacy_premises_standards-2015.pdf

- b. Client confidentiality and privacy are respected at all times during the interaction with the client.
- c. Opportunities are found to provide clients with harm reduction / health promotion materials and advice, including advice on:
 - i. blood borne viruses
 - ii. safer injecting
 - iii. sexual health
 - iv. Hepatitis B immunization
 - v. overdose prevention
 - vi. naloxone
- d. The pharmacist liaises with health-care workers and other agencies as appropriate.

Up to date contact names and telephone numbers for relevant local services, e.g. Outreach Services is made available to clients

5. Confidentiality

- a. Client confidentiality is maintained at all times.
- b. All staff, including those who do not participate in the service, should be aware this is a confidential service.

6. Ordering, storage and disposal

- a. Adequate supplies of equipment are maintained.
- b. Needles, syringes and other equipment are stored in a secure designated area that is close at hand but inaccessible to members of the public.
- c. Arrangements for uplift and disposal of full sharps bins are made with the appropriate agency.

7. Provision of equipment

- a. Clients are provided with sterile needles and syringes for injecting, and associated materials, e.g. condoms, citric acid, sterile water and swabs, along with sharps containers for returning used equipment in.
- b. Needle exchange providers are encouraged to be flexible when deciding on the appropriate number of needle syringe packs to provide to clients.
- c. When deciding how many packs to give out to a client, the following points should be considered:
 - i. The drugs the client is injecting (stimulant injecting may require a greater number of needles due to the frequency of injecting)
 - ii. The location of the service (services which cover rural areas may wish to provide larger numbers of packs, as access for clients may be more difficult)
 - iii. Available storage space on the premises
 - iv. If the client is collecting clean needles for other people

- v. If your service is due to be closed for holiday periods within the next few days/week, or other foreseeable exceptional circumstances such as bad weather, may reduce access
- vi. If you are aware of any other specific barriers to a client being able to access the service regularly
- vii. An upper limit of 60 needles is recommended
- viii. Exceptional provision of equipment which does not follow these standards (i.e. provision of needles above the upper limit) should be recorded along with the rationale for the decision taken.

8. Returns

- a. An accessible sharps bin is provided for used equipment.
- b. Clients are directed to place returns in the sharps bin themselves.
- c. Staff should never handle used injecting equipment
- d. All clients should be encouraged to place used injecting equipment into a cin bin **before** entering the pharmacy.
- e. Clients should be informed about the safe level to fill cin bins and how to close them securely once full. These should be secured before returning it to the pharmacy.
- f. If there is an appropriate safe space to do so (e.g. a consultation room), those clients who present with loose needles and syringes on attendance at the service should be handed an appropriately sized cin bin and asked to place the used equipment into it themselves.
- g. If it is not safe or appropriate to ask the client to place their loose equipment into a cin bin, they should be asked to place their equipment directly into the Pharmacy's 22 litre sharps bin. **This should then be locked and stored for uplift.**
- h. Any needles returned to the service in containers e.g. cans, boxes or bottles, bags or any other vessel which is not a sharps container, but contains used equipment must be placed directly into the Pharmacy's 22 litre sharps bin by the client. **Staff and clients MUST NOT attempt to search through bags or containers to separate out used equipment from other paraphernalia. This should then be locked and stored for uplift.**
- i. Small 0.2 or 0.45 sharp safe containers should be placed by the client directly into the large containers through the "drop hatch".
- j. There should be no need for staff to handle the returned sharps containers.
- k. Large 22 litre yellow containers returned to the pharmacy should be checked visually by staff to ensure that they are secure and safe to be handled.
- l. Once assessed as safe the 22 litre containers must be secured and stored in a designated area.
- m. Pharmacies must have large 22 litre yellow containers in stock and should order enough to keep at least 2 to cover any that become damaged or any cover unexpected increase in returns.

- n. All clients are engaged in discussion around the importance of returning used equipment.
- o. The pharmacist further engages with clients who repeatedly present without bringing their returns, to ensure they understand the importance of returning their equipment.

9. Documentation

- a. All relevant documentation is completed.
- b. The Daily Log is maintained each time a client accesses the service in accordance with the guidance notes.
- c. All clients should be asked what their “user type” is, and the information they give recorded on the Daily Log. This information is crucial to the Public Health Agency and Health and Social Care Board to enable them to plan and commission appropriate services.
- d. Monthly Claim Forms are completed.
- e. Other monitoring data to be provided in accordance with commissioner’s requirements.
- f. All information held must conform to Data Protection legislation.
- g. A contract for provision of the service has been submitted to the PHA /HSCB.