

## NSW Needle and Syringe Program Guideline 2013

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**Summary** Guidelines for the operation of the Needle and Syringe Programs in NSW. This replaces the Needle and Syringe Program Policy and Guidelines for NSW (June 2006).

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## NSW NEEDLE AND SYRINGE PROGRAM GUIDELINES 2013

### PURPOSE

The NSW Needle and Syringe Program Guidelines 2013 provide guidance for the delivery of the Needle and Syringe Program (NSP) in NSW. The Guidelines set out the key principles as well as the roles and responsibilities of health services in order to meet the aim and objective of the NSP in NSW.

The Guidelines provide Local Health Districts (LHDs) and agencies involved in the delivery of NSP services with the framework within which detailed operational guidelines appropriate to their own setting can be established.

### KEY PRINCIPLES

Local Health Districts are required to implement the NSW Needle and Syringe Program.

Agencies involved in delivering NSP services must develop, implement and evaluate local operational procedures that are consistent with the aim of the Guidelines. Health services are expected to have local policies and detailed operational guidelines and/or procedures appropriate to their own settings.

NSP services are also expected to regularly evaluate the effectiveness of their programs against specific accountability measures and key performance indicators as set out by the NSW Ministry of Health.

Local Health Districts are responsible for establishing and maintaining local arrangements for the implementation of this policy, which includes the provision of the NSP through Non-Government Organisations.

### USE OF THE GUIDELINE

Agencies operating or planning to operate an NSP Outlet should refer to the attached NSW Needle and Syringe Program Guidelines for guidance. Sections of particular relevance include:

- Operating an NSP (Section 4)
- Approval & Authorisation (Section 5)
- Protection and Wellbeing of Children and Young People (Section 6)
- Health and Safety (Section 7).

The mix of NSP outlet types and service delivery models provided locally must take into account

a number of factors in the area, including:

- the level of injecting drug use
- if there are concentrated areas where people are injecting drugs
- the demographic profile of people who inject drugs
- service provision for priority populations
- the level of pharmacy participation.

LHDs should prioritise access for people who inject drugs who are most marginalised including those who are:

- street based sex workers
- HIV positive
- young at risk injectors
- Aboriginal people
- people from Culturally and Linguistically Diverse communities.

NSP primary outlets must:

- develop databases of key local services
- establish referral protocols to enable effective referrals
- make databases available to secondary and pharmacy outlets
- make a range of resource information available including resources written in community languages relevant to local need.

In order to maximise the use of sterile injecting equipment for every injection and promote safe disposal practices, the following must apply:

- access to sterile injecting equipment must be made available through the widest range of hours possible
- with the exception of automatic dispensing machines (ADMs) and pharmacy sales, injecting equipment must be provided free of charge
- services must accommodate the needs of people from different social and cultural backgrounds
- services must be provided on a confidential basis and in a professional manner
- service provision must avoid imposing unwanted educational or referral interventions which may discourage future access
- participation in counselling, research and evaluation surveys must be on the basis of the client's informed and voluntary consent
- provision of a disposal bin, and information on how and where to safely dispose of used injecting equipment must be made available
- clients must not be required to return used needles and syringes as a condition of obtaining sterile injecting equipment.

Local Health Districts must ensure that they have comprehensive procedures to ensure the safety of staff. It is recommended that the following be incorporated into agency procedures:

- protocols and procedures prior to the implementation of outreach services, including processes for assessing risks to staff prior to working in a community setting
- critical incident procedures outlining processes and responsibilities for managing incidents, arrangements for access to appropriate communications and procedures in case of emergency, with a particular emphasis on how immediate assistance will be provided to workers in the event of a violent incident.

All staff undertaking NSP duties must have the specialist skills and knowledge to provide NSP services confidently and effectively. These skills are acquired and maintained through an ongoing process that entails:

- agency orientation
- NSP induction training within three months of commencement
- structured workplace learning and development
- on-going professional development.

## REVISION HISTORY

Version	Approved by	Amendment notes
May 1994	Director General	New policy.
June 2006 (PD2006_037)	Director General	Replaced the <i>NSW Needle &amp; Syringe Program Policy and Procedures Manual May 1994</i> .
August 2013 (GL2013_007)	Deputy Director General and Chief Health Officer	Replaces PD 2006_037 <i>Needle and syringe program policy and guidelines for NSW</i> .

## ATTACHMENTS

1. NSW Needle and Syringe Program Guidelines 2013.

# NSW Needle and Syringe Program

Guidelines



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# Introduction

## Purpose

The *NSW Needle and Syringe Program Guidelines* provides the framework for the delivery of the Needle and Syringe Program (NSP) in NSW. Agencies involved in delivering NSP services must develop, implement and evaluate local operational procedures that are consistent with the aim of the Guidelines.

## Background

The NSP is an evidence-based public health program that aims to reduce the transmission of infections such as HIV and hepatitis C among people who inject drugs.

The first Australian NSP commenced in 1986 as a pilot program in Darlinghurst in inner Sydney. The establishment and expansion of the NSP throughout Australia has occurred with bipartisan political support. In Australia the NSP is the single most important and cost effective strategy in reducing drug-related harms among people who inject drugs.

Public support for the NSP continues to grow as over 68% of the population surveyed in the 2010 National Drug Strategy Household Survey indicated support for the NSP where in 2004, 54.6% of survey participants indicated support for the NSP.<sup>1</sup>

In 2002 the Australian Government released an independent report, *Return on Investment in Needle and Syringe Programs in Australia*.<sup>2</sup> It found that between 1991 and 2000 investment of \$130 million (in 2000 prices) by Australian governments on Needle and Syringe Programs had prevented 25,000 cases of HIV and 21,000 cases of hepatitis C. The long term saving to the national health system in avoided treatment costs was approximately \$7.8 billion.

This report was followed in 2009 by the *Return on Investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia*.<sup>3</sup> This report reinforced the findings of the 2002 report, and concluded that between 2000 and 2009 the NSP had directly averted

32,050 new HIV infections and 96,667 new hepatitis C infections in Australia. In NSW an estimated 23,324 HIV cases and 31,953 hepatitis C cases were averted due to the NSP. The report estimated that the spending of \$81 million on the NSP in NSW over this period resulted in a saving of \$513 million in health care costs and a net financial saving of \$432 million to the NSW Health system.<sup>3</sup> The report concluded that there is potential to significantly reduce the number of new HIV and hepatitis C infections attributed to injecting drug use even further through an improvement in the coverage of the NSP across NSW.

In contrast to HIV, the prevalence and incidence of hepatitis C is high among people who inject drugs in Australia and NSW. There is however strong evidence showing that, without the NSP, the rates of hepatitis C infection and the cumulative incidence of related diseases would likely be far higher.<sup>3</sup>

Implementation of the NSP in NSW is a key contributor to meet goal 11 “to keep people healthy and out of hospital” in the Government’s *NSW 2021: A Plan to Make NSW Number One*,<sup>4</sup> and is consistent with the whole-of-Government approach to prevention and early intervention.

In NSW the NSP consists of a mix of outlet types and service delivery models that aim to provide comprehensive access to sterile injecting equipment and related equipment for people who inject drugs. As of 2012, the NSP in NSW is comprised of 1021 outlets including 346 primary and secondary outlets, 141 automatic dispensing machines, 46 internal dispensing chutes and 488 community pharmacies currently participating in the NSW Pharmacy Fitpack Scheme.

The NSW Ministry of Health, Local Health Districts (LHDs) and Non Government Organisations (NGOs) all play important roles in ensuring acceptance of the NSP among the health sector and the community. Community understanding of the public health rationale for the NSP is critical to the success of the program and LHDs should work closely with local communities to provide information and education to promote acceptance of the value of the NSP.



## SECTION 2

# Aims and Key Principles

### Aim

The aim of the NSP in NSW is:

- to reduce the transmission of blood borne viruses among people who inject drugs.

### Objective

The objective of the NSP in NSW is:

- to minimise risk behaviours that have the potential to transmit blood borne viruses.

### Strategies

To achieve the aim and objective of the NSP in NSW, the following strategies are utilised:

- distribution of sterile injecting equipment
- provision of sterile injecting equipment through a variety of locations and types of outlets
- provision of condoms and lubricant
- promotion of safe disposal, including the collection and disposal of used injecting equipment
- development and delivery of education programs, including peer education programs
- provision of information and referrals to other health and welfare services.

### Harm Minimisation

The principle of harm minimisation has formed the basis of Australia's National Drug Strategy since 1985. Harm minimisation aims to promote better health, social and economic outcomes for both the community and the individual.

The Harm minimisation framework encompasses three pillars:

- *Supply reduction* - to prevent, reduce or disrupt the production and supply of prohibited drugs.
- *Demand reduction* - to prevent the uptake and/or delay the onset of harmful drug use, including abstinence orientated strategies and access to treatment to reduce drug use.
- *Harm reduction* - to reduce the adverse health, social and economic consequences of drug-related harm on individuals and communities.

The NSP works within the harm reduction pillar to enhance the capacity of people who inject drugs to initiate solutions for their own health needs.

# Service Models

## Types of outlets

The NSP in NSW consists of a mix of outlet types and service delivery models that aim to provide comprehensive access to sterile injecting equipment to people who inject drugs.

### Primary NSP outlets

Primary NSP outlets are services where the provision of sterile injecting equipment to reduce the transmission of blood borne viruses is the primary purpose of the service.

NSP workers in primary outlets must:

- provide a range of needle gauges and 1, 3 and 5 ml syringes and condoms and lubricant
- provide disposal services
- deliver education, health promotion and brief interventions
- facilitate referral to health, welfare and community services as required
- support secondary outlets with staff training, supply of sterile injecting equipment and educational resources
- support local pharmacies to participate in the NSW Pharmacy Fitpack Scheme
- collect and report service utilisation and distribution data to the Ministry of Health.

### Secondary NSP outlets

Secondary NSP outlets provide sterile injecting equipment to reduce the transmission of blood borne viruses. Secondary NSP outlets operate within the NSW public health system or NGOs where the provision of sterile injecting equipment is not the main purpose of the service. The provision of sterile injecting equipment occurs as part of other services provided from health or community centres.

Typical secondary outlets include Community Health Centres, Sexual Health Services, Emergency Departments, Alcohol & Other Drug Services, Youth Services, Aboriginal Community Controlled Health Services (including Aboriginal Medical Services), and other organisations.

In addition to the roles for which they are mainly employed, NSP workers in secondary outlets must:

- provide a range of needle gauges and 1, 3 and 5 ml syringes and condoms and lubricant
- provide disposal services
- facilitate referral to primary NSP outlets and/or to the Alcohol and Drug Information Service (ADIS) (02 9381 8000 or 1800 422 599 for rural and regional areas) and to health, welfare and community services where staff are appropriately trained
- collect and report distribution data to the LHD, and where capacity permits collect and report service utilisation data to the LHD.

## Pharmacy outlets participating in the NSW Pharmacy Fitpack Scheme

Throughout NSW pharmacists may participate in the Pharmacy Fitpack Scheme, which is managed by the NSW Branch of the Pharmacy Guild of Australia (PGA). Under this scheme, pharmacists can sell Fitpacks or exchange used Fitpacks at no charge.

In general, the PGA is the primary support agency for participating pharmacies, however primary outlets must work in partnership with local participating pharmacies in order to enhance service delivery and maintain participation in the Pharmacy Fitpack Scheme.

Some retail pharmacies are involved in both opioid dispensing and the distribution of sterile needles and syringes. Pharmacists participating in Opioid Treatment Programs should also be encouraged to participate in the Pharmacy Fitpack Scheme.

## Other pharmacy outlets

A number of pharmacies sell needles and syringes and other injecting equipment independently of the NSW Pharmacy Fitpack Scheme.

## Types of services

NSP services can be provided from fixed sites; outreach; automatic dispensing machines (ADM); internal dispensing chutes (IDC); or from pharmacy outlets.

### Fixed sites

Fixed site services are typically provided from a designated building and operate within identified hours. Fixed sites can be located in a variety of settings, the most common of which are hospitals, Community Health Centres and pharmacies.

### Outreach services

Outreach services are models that often operate outside of normal business hours to effectively target people who inject drugs who may not access fixed sites. The following strategies may be employed:

- fixed site outreach: NSP workers provide outreach based from an alternate site
- mobile outreach: by vehicle (car, van or bus)
- pedestrian outreach: by foot.

### Automatic dispensing machines (ADM)

ADMs are mechanical devices that dispense sterile injecting equipment in Fitpacks which serve as disposal containers, thus preventing removal and reuse of used syringes. Some ADMs dispense other related equipment such as condoms.

ADMs constitute a model of service delivery that ideally provides anonymous, 24 hour, 7 day a week access. There is considerable evidence to suggest that drug use is not confined to regular business hours and that ADMs increase access to sterile equipment for hard to reach and higher risk populations who are less likely to access primary and secondary NSP outlets or pharmacies.<sup>5</sup> Research also suggests that where ADMs are installed in close vicinity to NSP primary and secondary outlets, that over a period of time, people begin to access the staffed service.<sup>6</sup>

ADMs are mounted externally to a building, typically incorporate a coin-operated mechanism to deter access by children, and must have a disposal bin located nearby. Some ADMs provide Fitpacks at no charge.

There are no restrictions on where an ADM can be located, however ADMs are considered NSP outlets and are subject to the Approval and Authorisation requirements of NSP outlets outlined in Section 5.

### Internal dispensing chutes (IDC)

IDCs are manual devices that dispense sterile injecting equipment in Fitpacks free of charge. IDCs are mounted internally within the premises of an approved primary or secondary outlet and allow access during routine opening hours.

IDCs must have a disposal bin located nearby and be placed within sight of staff, where they can be monitored.

IDCs are considered NSP outlets and are subject to the Approval and Authorisation requirements of NSP outlets outlined in Section 5.

### Additional and ancillary services

There may be opportunities for some NSP outlets to provide other health-related services for people who inject drugs. Examples of ancillary services include blood borne virus and sexually transmitted infection screening, hepatitis B vaccination, counselling services, and vein care.

Access to such services must always be voluntary and at the client's request, and must not interfere with timely service to those NSP clients who do not wish to seek additional care.

### Participation in pilots

Pilots for new service types or alternative models of distribution may be undertaken, subject to the authorisation by the Director General, NSW Ministry of Health, under the *Drug Misuse and Trafficking Regulation 2011*.<sup>7</sup>

# Operating an NSP

## Establishing an NSP

When establishing an NSP outlet LHDs must take a lead role to ensure that services are developed and delivered in a coordinated manner. LHDs should consider pharmacy outlets as complementary components in developing a local NSP service network.

LHDs should be proactive to establish communication strategies and working relations with a range of local stakeholders including police, communities, local government and other health, social and welfare service providers when planning to establish a new NSP outlet.

The mix of NSP outlet types and service delivery models provided locally must take into account a number of factors in the area, including:

- the level of injecting drug use
- whether there are concentrated areas where people are injecting drugs
- the demographic profile of people who inject drugs
- service provision for priority populations
- the level of pharmacy participation.

LHDs should prioritise access for people who inject drugs who are most marginalised including those who are:

- street based sex workers
- HIV positive
- young at risk injectors
- Aboriginal people
- people from Culturally and Linguistically Diverse communities.

## Provision of injecting equipment

NSP primary and secondary outlets (where capacity permits) must stock a variety of injecting equipment, including a range of syringe sizes, needle gauges and disposal containers. NSP outlets may also provide other related equipment, such as water for injection, alcohol swabs or

tourniquets. Condoms, lubricant and other safe sex materials should also be made available.

NSP outlets must not provide winged vein infusion sets (butterfly cannulas) or syringes with a volume of 10ml or greater unless specifically authorised to do so by the Director General, NSW Ministry of Health. This type of equipment is however available from selected pharmacy outlets.

In order to minimise the sharing and re-use of needles and syringes, it is necessary for people who inject drugs to have a sterile needle and syringe for every injection. There is no policy basis for restricting the number of sterile needles and syringes provided by NSP outlets, and clients should receive as much injecting equipment as they request.

In order to maximise the use of sterile injecting equipment for every injection and promote safe disposal practices, the following must apply:

- access to sterile injecting equipment must be made available through the widest range of hours possible
- with the exception of ADMs and pharmacy sales, injecting equipment must be provided free of charge
- services must accommodate the needs of people from different social and cultural backgrounds
- services must be provided on a confidential basis and in a professional manner
- service provision must avoid imposing unwanted educational or referral interventions which may discourage future access
- participation in counselling, research and evaluation surveys must be on the basis of the client's informed and voluntary consent
- provision of a disposal bin, and information on how and where to safely dispose of used injecting equipment must be made available
- clients must not be required to return used needles and syringes as a condition of obtaining sterile injecting equipment.

## Provision of injecting equipment from an ADM

The *Drug Misuse and Trafficking Act 1985*<sup>8</sup> prohibits the supply of needles and syringes and possession and supply of associated equipment for the purpose of injecting drugs. This means only approved NSP outlets and authorised staff can supply and restock needles and syringes via an ADM. However other tasks, such as removing and accounting for revenue, machine monitoring, and maintenance may be undertaken by a third party.

When operating an ADM:

- a disposal bin must be located nearby
- information regarding disposal options must be displayed on the ADM or the Fitpacks
- the ADM should remain operational when an adjacent fixed outlet is open unless there are specific reasons not to do so
- signage should be available indicating: operating hours; contact details for the nearest primary outlet; information for the Alcohol and Drug Information Service (ADIS); and what procedure to follow if the machine is malfunctioning
- regular monitoring and maintenance must take place to ensure safe and effective functioning of the ADM
- where condoms are dispensed from an ADM, the inside temperature must not exceed the manufacturer's recommendations
- the collection of revenue must meet all relevant LHD auditing requirements and money handling policies.

It is recommended that the ADM be positioned in a location that:

- enables anonymous, after-hours access and discreet supervision
- is accessible by people with disabilities
- deters access by children
- offers protection from the elements, access to a power source if required, and adequate lighting.

## Discrimination

As there is considerable stigma associated with injecting drug use, people who inject drugs may have concerns about accessing NSP outlets, including fear of being exposed or subjected to discrimination.

The *Anti Discrimination Act 1977*<sup>9</sup> ('the AD Act') prohibits discriminating on the basis of a disability. The AD Act includes in the definition of disability 'the presence in a person's body of organisms causing or capable of causing disease or illness'.

NSP workers play an important role in providing support and information to people who inject drugs in understanding their rights to non-discriminatory treatment when attending health care services.

## Access and equity

People who inject drugs are not a homogenous group, and are found across a broad spectrum of lifestyles and social strata. The NSW Health and Equity Statement *In All Fairness*<sup>10</sup> identifies that people from the most disadvantaged community groups have the highest rates of exposure to a number of health risk factors including drug use.

Vulnerable groups include Aboriginal people, people released from prison, people with problems related to alcohol or other drugs, and people who are on low incomes or who are unemployed. While it does not automatically follow that all people who inject drugs have problematic drug use or belong to an identified disadvantaged group, people from populations identified as facing poorer health outcomes are over-represented among NSP clientele.

NSP workers should be aware of the population profile within their area to ensure that services are delivered in a socially and culturally appropriate manner. NSP workers should have a good understanding of who the service is reaching and more importantly identify any priority group that may not be accessing their service. Suitable strategies should then be developed to reduce barriers to access which may include providing outreach services to target hard to reach populations.

The provision of NSP services through secondary outlets at agencies such as Aboriginal Community Controlled Health Services and Youth Services may assist to overcome barriers to access. ADMs should also be considered to extend service reach to areas of need where there is no suitable site from which to provide a primary or secondary outlet.

## Access for Aboriginal people

Aboriginal people in NSW suffer a greater burden of ill health than other populations. A large number of the health conditions experienced by Aboriginal people are related to broader social and economic disadvantage such as poverty, isolation, discrimination and poor access to health care.

For these reasons, improving access to NSP outlets for Aboriginal people is a priority area for action in the NSW HIV<sup>11</sup> and Hepatitis C Strategies.<sup>12</sup>

Guidance on how to effectively locate services to maximise access for Aboriginal people may be found in The Aboriginal Health & Medical Research Council's report: *Increasing access to services in NSW for Aboriginal people at risk of contracting or who have blood borne infections.*<sup>13</sup>

To provide appropriate access for Aboriginal people, NSP services should consider: effectively engaging and consulting with the Aboriginal community; building and maintaining strong relationships with Aboriginal Community Controlled Health Services; ensuring sufficient equipment is provided at each attendance; developing Aboriginal specific information resources, and responding to Aboriginal people who may live locally, who are visiting or returning to country, or who are transient.

Further guidance about how to consider and incorporate the health needs of Aboriginal people when delivering services may be found in PD2007\_082 *Aboriginal Health Impact Statement and Guidelines.*<sup>14</sup>

## Confidentiality

Personal information is defined as identifying information collected from or about an individual in order to provide health services and is not required in routine NSP data collection. In circumstances where an NSP outlet offers ancillary services that require personal information, NSP workers must adhere to *Privacy and Personal Information Protection Act 1998*,<sup>15</sup> *Health Records and Information Privacy Act 2002*,<sup>16</sup> and relevant policies and procedures including Policy Directive 2005\_593 *The NSW Health Privacy Manual.*<sup>17</sup>

## Referrals, education and health promotion

The NSP operates most effectively with a non interventionist and low threshold approach. For many people who inject drugs, the NSP may be the only point of contact with the health system. This creates an opportunity for NSP workers to engage with clients to provide information, health education, brief interventions and referrals to other health, welfare and community services as required. NSP workers should have the relevant skills to deliver these interventions and a sound knowledge of available services in their locality.

NSP primary outlets must:

- develop databases of key local services
- establish referral protocols to enable effective referrals
- make databases available to secondary and pharmacy outlets
- make a range of resource information available including resources written in community languages relevant to local need.

## Advertising and media

To protect the confidentiality of NSP clients, and deter unfavourable media attention, discretion should be exercised when considering public advertising and promotion of the NSP through mainstream media or general publications.

Information about NSP outlets is publicly available through the Alcohol and Drug Information Service (ADIS) (9361 8000 or 1800422 599) or from the NSW Users and AIDS Association website ([www.nuaa.org.au](http://www.nuaa.org.au)).

Comprehensive management of media issues and community relations contribute to the ongoing success of the NSP. In the event of requests from the media regarding the program, NSP workers must adhere to their agency's policies regarding media management. The NSW Ministry of Health should be notified of any local media issues and kept informed about how they are being managed.

## Crisis intervention

NSP workers may be required to provide crisis intervention. The circumstances may include:

- medical emergencies such as episodes of psychosis, physical injury, intoxication or overdose
- challenging behaviours such as verbal abuse, agitation, aggression, or sexual inappropriateness.

NSW Health has a zero tolerance approach to violence in the workplace and appropriate policies and procedures must be in place to minimise and address violent and critical incidents.

Primary and secondary NSP outlets must ensure that NSP workers receive appropriate training to enable skills in effective communication, conflict resolution, de-escalation, and negotiation in order to respond appropriately to such situations.

Further guidance about crisis intervention is available in:

- Policy Directive PD2007\_061 *Incident Management*.<sup>18</sup>
- Policy Directive PD2012\_008 *Violence Prevention & Management Training Framework for the NSW Health Public Health System*.<sup>19</sup>
- Policy Directive PD2005\_234 *Effective Incident Response: A Framework for Prevention and Management in the Health Workplace*.<sup>20</sup>
- Policy Directive PD2005\_315 *Zero Tolerance Response to Violence in the NSW Health Workplace*.<sup>21</sup>

## Workforce Development

The NSP workforce comprises of staff employed in positions where their primary role is the provision of NSP services and staff whose work includes NSP tasks as part of another role.

All staff undertaking NSP duties must have the specialist skills and knowledge to provide NSP services confidently and effectively. These skills are acquired and maintained through an ongoing process that entails:

- agency orientation
- NSP induction training within three months of commencement
- structured workplace learning and development
- on-going professional development.

A skilled and valued workforce is one of the priorities for the NSW Ministry of Health. The NSW Ministry of Health is committed to ensure that workforce development programs are widely available and relevant to NSP service delivery needs.

Workforce development programs are available from a range of Registered Training Organisations including the Workforce Development Program (WDP) funded by the NSW Ministry of Health. The WDP ([www.wdp.org.au](http://www.wdp.org.au)) provides a state-wide training and coordination role in HIV, hepatitis and sexual health.

# Approval & Authorisation

## Approval of NSP Outlets

Legislation relating to the approval and authorisation of NSP outlets include the *Drug Misuse and Trafficking Regulation, 2011*<sup>7</sup>, the *Drug Misuse and Trafficking Act, 1985*<sup>8</sup> and the *Poisons and Therapeutic Goods Act 1966*.<sup>22</sup>

It is the responsibility of the agency proposing to establish a new NSP outlet to consider appropriate services and individuals to notify prior to the establishment of the outlet. When planning to establish a new NSP outlet the agency:

- must inform the police
- should consider informing the local council, the local State Member of Parliament and others as appropriate.

If an approved NSP outlet is planning to re-locate to a new geographical location, approval for the new location is required.

In the event that a dispute escalates regarding the establishment of a new outlet, or relocation of an existing outlet, the LHD Chief Executive may seek additional advice from the NSW Ministry of Health Advisory Committee on HIV and Sexually Transmitted Infections, and/or the NSW Ministry of Health Advisory Committee on Hepatitis.

## NSW Health sector NSP outlet approval

Where the approval is for a new NSP outlet that is part of the NSW public health system, the Chief Executive (or delegate) of the relevant LHD has the delegation to approve the outlet and authorise staff.

### Approval process:

- The service/agency must complete the *Needle and Syringe Program Application Form* (Appendix A) and forward it to the LHD Chief Executive (or delegate) for approval.
- The *Key issues when establishing new NSP outlets* (Appendix B) should be used as a guide to assist in completing the application.

- The LHD must retain a copy of the approval and authorisation documentation.

## Non NSW Health sector NSP outlet approval

Where the approval is for a new NSP outlet that is not part of the NSW public health system, as is the case with an NGO, the Chief Health Officer, NSW Ministry of Health has the delegation to approve the outlet and authorise staff.

### Approval process:

- The service/agency must complete the *Needle and Syringe Program Application Form* (Appendix A) and forward it to the LHD Chief Executive (or delegate) for endorsement.
- The *Key issues when establishing new NSP outlets* (Appendix B) should be used as a guide to assist in completing the application.
- The LHD Chief Executive (or delegate) must endorse and forward the application to the Chief Health Officer, NSW Ministry of Health for approval.
- The NSW Ministry of Health will provide correspondence regarding the outcome of the application to the LHD Chief Executive, who will then advise the service/agency of the outcome.
- The LHD and the service/agency must retain a copy of the approval and authorisation documentation.

## Approval of automatic dispensing machines (ADM)

Installation of an ADM must have approval, even when planned to be installed at the site of an approved NSP outlet. The approval process is outlined in NSW Health sector NSP outlet approval and Non NSW Health sector NSP outlet approval.

## Approval of internal dispensing chutes (IDC)

An IDC requires approval only if it is planned to be installed at a site that is not an approved NSP outlet. However, if an approved NSP outlet wishes to enhance access to sterile



injecting equipment by installing an IDC, then separate approval and authorisation for the IDC is not required. The approval process is outlined in NSW Health sector NSP outlet approval and Non NSW Health sector NSP outlet approval.

## **Pharmacy sector outlet approval**

The NSW Branch of the Pharmaceutical Guild of Australia (PGA) is responsible for recruiting new pharmacies to participate in the Pharmacy Fitpack Scheme. In the case of the pharmacy sector, pharmacy staff acting in the ordinary course of their profession are authorised to distribute sterile injecting equipment, therefore approval for each individual pharmacy is not required.

The PGA also provides support and training for pharmacy staff. Pharmacies should contact the PGA for further advice and information about how to participate in the Pharmacy Fitpack Scheme.

## **Authorisation of NSP staff**

The provision of sterile injecting equipment, and information regarding the use of the equipment, are tasks that must not be performed by unauthorised persons. Performing these duties without authorisation may leave individuals exposed to prosecution.

While specific persons or classes of persons must be identified in the application for approval of an NSP outlet, it is not recommended to authorise individuals by name. When completing the application it is necessary to consider which staff might be called upon to provide NSP services in the course of their duties and request approval by position or role.

NSP workers must carry LHD or agency identification at all times when performing their duties.

## **Students and volunteers**

Unpaid workers (including students and volunteers) are not routinely eligible to be authorised to perform NSP duties. However the Director General, NSW Ministry of Health may authorise any person or class of persons to perform NSP duties, with appropriate training and supervision.

# Protection and Wellbeing of Children and Young People

## Children and young people at risk of significant harm

The *Children and Young Persons (Care and Protection) Act 1998* (The CYPCP Act)<sup>23</sup> provides that risk of significant harm is the likelihood that a child or young person may suffer physical, psychological or emotional harm as a result of what is done (physical, sexual or emotional abuse, domestic violence) or not done (neglect, including medical and educational neglect) by another person. Children or young people may also be at risk of significant harm as a result of environmental factors such as homelessness or self-harming behaviours.<sup>23</sup>

NSP workers who suspect a child or young person to be at risk of significant harm should consult the Mandatory Reporter Guide (MRG). The MRG will assist in making reporting decisions by helping to determine if the risk of the significant harm threshold has been met. The MRG can be located at: <http://sdm.community.nsw.gov.au/mrg/>

When the MRG indicates that a child or young person is at risk of significant harm a report must be made to the Child Protection Helpline on 133 627 (24 hours).

If uncertainty about whether to report remains after consulting the MRG:

- NSP workers employed by NSW Health must consult with their manager and seek additional support from the NSW Health Child Wellbeing Unit on 1300 480 420. The NSW Child Wellbeing Unit offers assistance in determining the level of risk of harm and in identifying the needs of vulnerable children, young people and families.
- NSP workers employed by NGOs must consult with their manager and seek further advice from the Child Protection Helpline.

## Legal framework for the protection and wellbeing of children and young people

Under Section 27 of the CYPCP Act it is mandatory for NSP workers to report a child, or class of children where NSP workers have reasonable grounds to suspect the child or class of children is at risk of significant harm where the NSP workers deliver services wholly or partly to children or manage those services.

The CYPCP Act outlines the procedure for NSP workers, who have reasonable grounds to suspect that a child or young person is at risk of significant harm from abuse or neglect, to make a report to the Child Protection Helpline.

The Act defines:

- a **child** is a person under 16 years
- a **young person** is a person who is aged 16 years or above but who is under the age of 18 years.

Relevant provisions of the CYPCP Act are:

- section 24: Health workers may make a report about a young person, or class of young people they suspect on reasonable grounds are at risk of significant harm
- section 25: Health workers may make a prenatal report about an unborn child where they have reasonable grounds to suspect that the child may be at risk of significant harm after his or her birth
- section 27: Health workers must make a report if reasonable grounds to suspect that a child is at risk of significant harm arises during the course of their work.
- sections 120 and 121: Health workers may make a report about the homelessness of a child (section 120) or may make a report about the homelessness of a young person (section 121) with the consent of the young person
- section 121: reporting homeless young people aged 16 to 17 years is not mandatory and can only be done with the consent of the young person.

## Policy framework for the protection and wellbeing of children and young people

NSP workers employed by NSW Health must perform their duties in accordance with the CYPCP Act, the *Child Wellbeing and Child Protection Policies and Procedures for NSW Health*<sup>24</sup> and the *NSW Ministry of Health Code of Conduct*.<sup>25</sup>

NSP workers employed by NGOs must perform their duties in accordance with the CYPCP Act, and must comply with the relevant agency child protection policies and code of conduct.

It is recommended that the following be incorporated into agency policies:

- NSP workers must be alert to child protection and wellbeing concerns, taking into account indicators of neglect and abuse
- NSP workers must discuss any concerns with their manager so as to include any other agencies involved with the child or young person
- NSP workers must seek appropriate assistance from other child protection experts whenever necessary.

## Making a report to the Child Protection Helpline

When the MRG outcome indicates a child or young person is at risk of significant harm, a report must be made to the Child Protection Helpline.

When a report is to be made the child or young person should be informed and involved in the process, unless there are exceptional reasons for not including them. In the situation where the NSP worker assesses that informing the child or young person, or their family, may potentially place them or the worker at risk they should not be informed.

If a young person does not agree to a report being made, and a decision is taken to make a report, this information must be conveyed to the Child Protection Helpline, as consideration must be given to the young person's wishes in any investigations and assessments.

When a report is to be made but the name of a child or young person is not known, NSP workers must meet their reporting obligations by providing a description of the child or young person and any other identifying information.

## Pre-natal reports

NSP workers who have reasonable grounds to suspect an unborn child may be at risk of significant harm after birth must make a report to the Child Protection Helpline.

The intention of pre-natal reporting is to provide an opportunity for early support and assistance to pregnant women where the child, when born, may be at risk of significant harm, and to reduce the likelihood of the need for out-of-home care after the child is born. There may be a greater risk of significant harm where, for example, domestic violence or illicit drug use is present, or where other children in the family have previously been removed.

The key principle is to provide supportive intervention rather than interference with the rights of pregnant women. It is essential that NSP workers provide advice regarding drug and alcohol and other support services to pregnant women prior to the provision of sterile injecting equipment.

## Role of NSP workers

NSP workers must act to reduce potential harm, and maximise the opportunity to engage a child or young person in order to assess their individual situation and exposure to harm. It is important that interventions do not discourage the child or young person from continuing to access the service as this may place their wellbeing at further risk.

NSP workers should be aware that respecting the confidentiality of a child or young person is not sufficient reason against making a report to the Child Protection Helpline. The protection of children and young people from abuse and neglect is deemed to be more important than an individual's right to privacy.

It is recommended that NSP workers must undertake the following actions:

- attempt to engage the child or young person to assess the level of risk, including risk of exposure to blood borne viruses
- assess whether the provision of sterile injecting equipment is appropriate
- assess the extent of any other risks faced by the child or young person, and provide appropriate support, advice, referral or other interventions as indicated

- provide the child or young person with information on alcohol and other drug support services prior to providing sterile injecting equipment
- discuss any concerns regarding the safety of a child or young person with their manager
- report any situation that is urgent, critical or life threatening to the police.

## SECTION 7

# Health and Safety

### Work health and safety

Employers have the primary duty of care under the *Work Health and Safety Act 2011*<sup>26</sup> (WH&S Act) to ensure, so far as is reasonably practicable, that workers and other persons (e.g. clients and visitors) are not exposed to health and safety risks arising from the business or undertaking. The obligation for employers in relation to work health and safety is outlined in PD2013\_005 *Work Health and Safety: Better Practice Procedures*.<sup>27</sup> The policy directive defines workers as anyone who carries out work for NSW Health and includes:

- employees
- contractors, including visiting practitioners
- sub-contractors and employees of contractors
- employee of a labour hire company e.g. agency staff
- volunteers
- apprentices or trainees
- students on clinical, work experience or other placements.

Under the WH&S Act, a workplace is defined as a place where work is carried out and includes any place where the worker goes or is likely to be while at work, for example vehicles and mobile structures are workplaces. This means that when NSP workers are sent to locations, for example, through outreach services, hazards must be identified, risks assessed and eliminated or controlled prior to going to these locations.

Where there is shared responsibility for a health and safety matter with another business, for example where the workplace is controlled by one business and there are tenants or where a contractor is engaged, there is a requirement under the WH&S Act to consult, cooperate and coordinate activities with other duty holders.

In order to provide a healthy and safe workplace, under the *Work Health and Safety Regulation 2011*<sup>28</sup> the employer is required to manage health and safety risks and in managing those risks must identify reasonably foreseeable hazards. Risks to health and safety are managed by:

- identifying the hazards
- assessing risks if necessary (assessing risks is required where the risk controls are not known)
- eliminating or controlling risks
- reviewing control measures.

Under the *Work Health and Safety Regulation 2011*<sup>28</sup> employers are required to consult, so far as reasonably practicable, with workers who carry out the work who are directly, or likely to be, affected by a work health and safety matter.

Further NSW Health documents that can assist in complying with the work health and safety legislation are:

- Policy Directive PD2005\_339 *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities*.<sup>29</sup>
- Policy Directive 2012\_008 *Violence Prevention and Management Training Framework for the NSW Public Health System*.<sup>19</sup>
- Policy Directive PD2005\_315 *Zero Tolerance to Violence*.<sup>21</sup>
- Information Sheets on Work Health and Safety (found at <http://internal.health.nsw.gov.au/jobs/safety/index-safety.html>)

### Staff safety

Managers at NSP services must ensure that they have comprehensive procedures to ensure the safety of staff. It is recommended that the following be incorporated into agency procedures:

- protocols and procedures prior to the implementation of outreach services, including processes for assessing risks to staff prior to working in a community setting
- critical incident procedures outlining processes and responsibilities for managing incidents, arrangements for access to appropriate communications and procedures in case of emergency, with a particular emphasis on how immediate assistance will be provided to workers in the event of a violent incident

- prohibitions on NSP workers entering private property to dispense or collect used injecting equipment without the consent of the owner or occupier
- arrangements for the safe transportation of used injecting equipment to disposal facilities. Further information can be found in Policy Directive PD2005\_132 *Waste Management Guidelines for Health Care Facilities*.<sup>30</sup>

## Occupational assessment and vaccination

Policy Directive PD2011\_005 *Occupational Assessment, Screening and Vaccination Against Infectious Diseases*.<sup>31</sup> describes the NSW Health system's responsibilities in relation to occupational screening and vaccination of employees and other personnel against infectious diseases.

## Needlestick injury

In order to minimise the likelihood of needlestick injury NSP workers must adhere to Policy Directive PD2007\_036 *Infection Control Policy*.<sup>32</sup> The following must be incorporated into agency procedures:

- NSP workers must never handle used needles, syringes or other injecting equipment
- NSP workers must never hold a disposal container when someone is placing used needles and syringes or other injecting equipment into it
- used needles, syringes and other injecting equipment must be deposited directly into a disposal bin by the person making the return
- NSP workers must wear appropriate clothing and must not wear open toed shoes.

## What to do in case of a needle stick injury

In the event of a needlestick injury, procedures outlined in the Policy Directive PD2005\_311 *HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed*<sup>33</sup> should be followed. After exposure to blood or other body substances the NSP worker must do the following as soon as possible:

- wash the exposure site with soap and water
- inform senior management and complete the required agency incident forms to ensure that necessary further action is undertaken.

## Management of sharps

Promoting the retrieval and safe disposal of used needles and syringes is an essential component of the NSP. Policy Directive PD2008\_004 *Community Sharps Disposal by Area Health Services*<sup>34</sup> states all public hospitals and facilities that are authorised NSP outlets are required to accept used sharps from members of the community at no charge, regardless of whether the person accessing the service is an NSP client. Persons accessing a disposal bin are not required to provide information or documentation of a personal or medical nature.

Once community sharps are collected by public hospitals and NSP outlets, the needles, syringes and other sharps become defined as "clinical waste", consistent with Policy Directive PD2005\_132 *Waste Management Guidelines for Health Care Facilities*.<sup>35</sup>

In some circumstances it may be more convenient and safer to dispose of used injecting equipment near to the place of residence, or where injecting takes place, rather than transport used equipment to the nearest public hospital or NSP outlet.

NSP services should ensure that clients and other members of the community returning used injecting equipment to an NSP outlet are provided with relevant information about the location of other local public disposal facilities.

## Community sharps management

*Community sharps* is a collective term for injecting equipment, insulin pen needles, syringes and lancets used by people to self-manage diabetes and other medical conditions. The responsibility for the management and safe disposal of community sharps is shared between local government and the NSW Health system.

The NSW Community Sharps Management Project, funded by the NSW Ministry of Health, is a state-wide program aimed at improving the management of community sharps. The NSW Ministry of Health, in collaboration with the Local Government and Shires Associations of NSW, has developed the *Community Sharps Management Guidelines for NSW Councils*.<sup>36</sup>

The guidelines assist local government to establish partnerships with key stakeholders to develop, implement and evaluate community sharps management plans to

address community need. The NSP plays a key role in the development of such partnerships in working with local councils in planning, implementing and evaluating local community sharps management initiatives.

Some local councils and other organisations provide community sharps bins in public places. NSP services should be involved in liaison with local government authorities and organisations in regard to the placement, monitoring and evaluation of community disposal bins.

Although the risk of transmission of HIV or hepatitis C infection from discarded needles and syringes is very low, there is a high level of anxiety in the community about the possibility of this mode of transmission. The promotion of safe disposal of used injecting equipment and community education and awareness are key elements of a proactive response to build community support for the NSP and to allay fear of needlestick injury.

## Disposal in household garbage

NSP workers must educate those accessing services to not dispose used injecting equipment in household garbage or public litter bins. Local councils and waste contractors have legitimate occupational health and safety concerns for their staff if this practice occurs.

## Needle clean up hotline

The NSW Needle Clean Up Hotline operates to allow members of the public to ring a toll-free number (1800 633 353 or 1800 NEEDLE) should they have concerns regarding inappropriately discarded injecting equipment in public places. The Hotline is staffed during business hours and on Saturdays. At other times an answering machine takes messages. Callers are provided with:

- an opportunity to express and discuss their concerns
- information and advice about options for resolving their concerns
- the option of a removal service, if required.

Hotline staff will notify LHDs regarding calls about discarded equipment in their Districts. Each LHD must have established procedures for responding to Hotline calls.

Promotional materials for the Needle Clean Up Hotline are available by calling the Hotline number.

## Collection of discarded injecting equipment

NSP services should regularly collect data on the location and type of inappropriately discarded injecting equipment in order to build a profile of local hotspots, conduct clean ups at these locations, and develop a local management plan.

When NSP workers are involved in the collection of used injecting equipment they must adhere to Policy Directive PD2007\_036 *Infection Control Policy*.<sup>32</sup> It is recommended that the following be incorporated into agency policies:

- never place hands into any hidden areas (e.g. drains, cavities or garbage bags) where the hands or fingers are not clearly visible
- wear puncture resistant work gloves. Disposable gloves should be worn under puncture resistant work gloves where appropriate to prevent contamination of the skin with blood or body substances
- do not attempt to recap, break or bend needles
- use a sharps container for collection of used injecting equipment
- make sure no-one is standing nearby when collecting used injecting equipment to avoid accidental injury
- place the sharps container on the ground beside the used injecting equipment to be collected (never hold the container) and pick up the piece of equipment using appropriate equipment.
- place the used injecting equipment in the sharps container sharp end first
- if disposable gloves have been used, place them in a waste container
- wash hands with water and soap. If tongs or other collection equipment have been used clean these items with detergent and warm water (while wearing impermeable gloves), and then treat with a suitable disinfectant solution and air dry.

# Police Relations

Each LHD should ensure that systems are in place to establish and maintain effective partnerships with local police. If difficulties arise with police regarding a new outlet or other NSP operations, it is essential that these be resolved as quickly as possible. Problems that are unable to be resolved through the normal liaison process should be referred to senior LHD staff. In the case of an NGO, the relevant management should be consulted, and the LHD should be informed of any issues so that an appropriate course of action can be developed.

## Police operations

The NSW Police Force supports and operates within the *National Drug Strategy 2010-2015*<sup>37</sup> to ensure that a harm minimisation approach to illicit drugs is applied.

The *Needle and Syringe Program Guidelines for Police*<sup>38</sup> states:

- Police should consider the nature and extent of their activities in the vicinity of an NSP outlet
- if it is necessary that police carry out an operation in the vicinity of an NSP outlet, without compromising their investigation, police should contact NSP or pharmacy outlet staff prior to doing so
- where NSP outlets have been identified by police as a point for criminal activities such as drug dealing or the distribution of stolen property or if an NSP is having an adverse effect on community amenity, where appropriate police should consider approaching the NSP or pharmacy management to seek their assistance to overcome these difficulties
- Police should refrain from actions that may lead to either a reluctance to obtain sterile injecting equipment, or discourage safe disposal of used injecting equipment.

## NSP operations

NSP workers must be aware of any activities which may constitute a breach of the *Drug Misuse and Trafficking Act 1985*.<sup>8</sup>

In this regard NSP workers must not:

- become involved in interactions between police and NSP clients
- give assistance to, or become involved with NSP clients in the procurement of contacts, drugs or money to procure drugs
- give assistance or information to NSP clients regarding known police activities
- place themselves in a position where they obtain information about any criminal activities of NSP clients.

NSP workers must be aware that if they obtain information concerning a serious indictable offence that has been committed they have a reporting obligation and must consult with senior agency management and inform the police under section 316 of the *Crimes Act 1900*.<sup>39</sup> This reporting requirement applies where a person has information that would materially assist the apprehension, prosecution or conviction of the person who committed the offence. A serious indictable offence is an offence that has a maximum penalty of 5 years imprisonment or more. This covers offences such as drug trafficking, serious assault, sexual assault, murder and manslaughter.



## SECTION 9

# Evaluation

Evaluation helps to ensure that the aims of the NSP are met and also provides valuable information to assist in service and policy development.

It is essential that NSP services regularly evaluate the adequacy of coverage; accessibility for priority populations; and the level of client satisfaction.

Evaluation outcomes may highlight the need to undertake planning processes to modify local service delivery to better meet client need. Factors such as shifting patterns of drug use and client demographics will impact on changes to service delivery.

A range of evaluation techniques, including local NSP activity data analysis, client surveys and state and national research are conducted to inform strategic planning for the NSP.

The key data sources for monitoring NSP quality improvement are quarterly LHD NSP data reports, periodic surveys, annual surveys and blood borne virus epidemiological data.

## Data collection

The introduction of the National Health Care Agreement and NSW Health reform has seen the development and implementation of the NSW Ministry of Health Performance Framework. The LHD Service Agreements include reporting requirements for NSP service measures.

Each LHD must report NSP data to the Ministry of Health on a quarterly basis as described in the *NSW Health Needle and Syringe Program Data Dictionary 2.0*,<sup>40</sup> or later versions as released.

The NSW NSP dataset is an important source of information used by the NSW Ministry of Health, and LHDs to measure the efficiency of NSP services and to inform future service planning.

## Consumer participation and complaints

NSP services should have procedures in place that enable clients to provide input, feedback and/or make a complaint. Consumer contribution is an important element to inform quality improvement for service delivery. This mechanism is an effective method to identify areas that require improvement, and those that are performing well.

Guidance on the handling of any complaints can be found in *GL2006\_023 NSW Health's Complaints Management Guidelines*<sup>41</sup> and *PD2006\_073 NSW Health Complaints Management Policy*.<sup>42</sup>

# NEEDLE AND SYRINGE PROGRAM APPLICATION FORM

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Agency Name

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Contact

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Address

---

Telephone

Fax

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Email

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Date

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**This application is for a:**

- NSW Health Sector NSP Outlet
- Non NSW Health Sector NSP Outlet

**Type of outlet proposed:**

- Primary NSP Outlet
- Secondary NSP Outlet
- Automatic Dispensing Machine

**This section is to be completed by applicant**

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1. Describe the services that this agency currently provides.

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2. Where will the proposed outlet be located and what priority population will it serve?

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3. Has the Police Local Area Command been informed? Include any relevant correspondence.

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4. The management plan has been developed to address:

- disposal
- necessary structural modifications to the proposed site
- monitoring and maintenance of ADM/IDC
- work health and safety and security issues
- media interest
- any other associated requirements or risk factors

**This section is to be completed by applicant**

Name

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Title

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Agency

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Signature

---

Date

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**This section is to be completed by the Local Health District Chief Executive**

The application is for:

a) A NSW Health Sector NSP Outlet and is:

Approved

Not Approved

b) A Non NSW Health Sector NSP Outlet and is:

Endorsed

Not Endorsed

**OR**

Name

---

Title

---

Agency

---

Signature

---

Date

---

**Please forward a copy of this form and all attached documentation when approved/endorsed to:**

NSW Ministry of Health  
Centre for Population Health  
Locked Bag 961  
NORTH SYDNEY NSW 2059

# Key issues when establishing new NSP outlets

The following should be considered when planning to establish a new NSP outlet:

1. What is the rationale for establishing a new NSP outlet in the area?
2. Will the NSP outlet be accessible and the proposed hours of operation relevant to the target population?
3. Are there any local issues that may negatively impact on the new outlet?
4. Has consideration been given to the potential impact on other services organisations and the local community?
5. Has the Police Local Area Command been informed?
6. Does the primary NSP have the resources to establish and support a new outlet?
7. Development of a management plan to address:
  - disposal
  - any necessary structural modifications to the proposed site
  - monitoring and maintenance of ADMs
  - work health and safety and security issues
  - media interest
  - any other requirements or risk factors.

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