



Coastal Horizons Center

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Coastal Horizons Center: Security Plan for Syringe Exchange Program

A: Security of Syringes & Other Supplies

Coastal Horizons Center (CHC) must institute systems to secure and account for syringes and other harm reduction supplies at the syringe exchange and in storage at the agency. Syringe exchange program (SEP) personnel must adhere to the following procedures for ordering, receiving, storing, dispensing, and disposing of syringes and other supplies. These procedures include appropriate security precautions and methods for maintaining up-to-date inventory records. In order to prevent possible theft or loss of program supplies, the following operational procedures should always be observed:

The base of operations for CHC's syringe exchange is the Pender County/ Burgaw office at 803 S. Walker St. Burgaw, NC 28425. Additional syringe service sites are in Pender County at Rocky Point Pavilion Pharmacy 7910 US Hwy 17 Suite 110, Rocky Point, NC 28457 and Village Pharmacy 14057 Hwy 17 Suite 100, Hampstead, NC 28443.

Ordering and Storage of New Syringes

Syringes should be ordered according to the time frames established by the CHC. Upon receipt of harm reduction supplies, CHC staff must compare the order form/packing slip against the supplies that were delivered. SEP staff should not sign for the harm reduction supplies if the order form/packing slip differs from the physical count of items. Discrepancies must be reported immediately.

After receipt and count of supplies that were delivered, supplies must be stored in a lockable, secured space at the agency. Only authorized individuals will have access to the harm reduction supplies in the agency's storage areas.

A written record of the names and addresses of the people who possess keys to the storage space must be maintained. Keys to storage facilities must be returned to the program immediately upon termination of an individual's employment or peer/volunteer status, or when authorization for possession of keys is withdrawn.

CHC SEP staff must maintain an inventory of all new, sterile syringes that are at the agency, whether in storage or behind the SEP transaction desk. Inventories must record the date and number of syringes that are received; the number removed from storage for daily SEP operations. The inventory sheet must maintain a tally of all syringes in storage and used each month for SEP transactions.

At designated intervals, no less than semi-annually, a physical count must be made of all syringes in storage at the agency. The number of syringes found during the physical count should match the number listed in the SEP inventory. Discrepancies should be immediately reported to the CHC coordinator. Agency staff should work to identify the cause of the discrepancy. Repeated losses/theft should be investigated and, if appropriate, reported to law enforcement.

Authorized Access to Other Supplies

The CHC SEP must designate one primary person and one alternate person to be responsible for ordering and reporting on utilization of supplies. Contact information for designees should be sent to CHC. Only those persons are authorized to sign supply order forms and have access to locked storage facilities.

Handling of Syringes and Other Supplies

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

Storage and Disposal of Used Syringes

CHC must adhere to North Carolina procedures regarding the timely disposal of all used syringes and other infectious waste.

Medical waste becomes regulated at the point of collection and is subject to the procedures for storage and disposal in accordance with Title 6 of the Official Compilation of Codes, Rules and Regulations of the State of North Carolina, Part 360 and Part 364. CHC SEP is required to establish and follow these policies and procedures for the collection, storage, transportation, and disposal of Regulated Medical Waste (RMW):

Collection and Storage:

Sharps should be separated from other regulated medical waste. All sharps must be placed in approved leak proof, rigid, puncture resistant containers that are conspicuously labeled "Contain Sharps". Other regulated medical waste (RMW) must be placed in red, disposal moisture proof, rip resistant bags.

RMW may be stored at the point of generation until a licensed medical waste hauler for disposal retrieves it.

If waste containing used syringes is stored before transporting, the medical waste must be kept in a locked, secured area at the program site, and only authorized individuals may have access to locked storage facilities. Used syringes must be stored in appropriate "sharps" containers at all times. In the pharmacy sites, used syringes will be accepted only when returned in appropriate "sharps" containers. Pharmacies will keep all returns stored behind the counter, away from public access until such time they are retrieved for disposal by an SSP designee

CHC SEP will keep a written record of the names, addresses, and telephone numbers of the people who possess keys to the storage area. Keys to storage facilities must be returned to CHC SEP immediately upon termination of an individual's employment or volunteer status.

Transport and Disposal of RMW:

At the CHC syringe exchange site, an individual or individuals will be authorized to transport RMW. These individuals will receive training on the applicable Department of Environmental Conservation regulations regarding regulated medical waste.

Sites that generate less than 50 pounds of RMW in a month are considered "small quantity generators". From these sites, trained staff may transport the RMW to an Article 28 facility that has an agreement with the SEP to dispose of it. The RMW must be packaged and labeled correctly. Before transporting RMW, red bags and sharps containers must be placed in leak proof, disposable containers and/or cartons with lids securely closed. These cartons must be labeled "Infectious Waste".

Sites that generate 50 pounds or more of RMW per month are considered "large quantity generators". These sites may not transport RMW, but must have it removed by a licensed hauler. The RMW must be placed in the regulation "sharps" containers at the point of generation and picked up by the hauler. The licensed hauler will be required to complete the tracking forms for the waste being collected for disposal.

Any RMW that is transported to an Article 28 facility for disposal must be weighed at the point of generation prior to transporting and must be accompanied by a Medical Waste Tracking form. This form must be completed in duplicate and signed by the receiving entity. One form is to be kept on file for three years by the SEP and one form is to be kept by the disposal facility.

B: Staff Security & Safety

All CHC staff and peers must observe proper safety and security precautions during syringe exchange program operations. All CHC staff present during syringe exchange operations must attend a Needle Stick Injury Prevention and Management training prior to participating in syringe exchange program (SEP) operations. Training topics include procedures for handling potentially infectious injection equipment, waste disposal procedures, blood borne pathogens, and the prevention and management of needle stick injuries.

Syringe Safety

SEP staff and peers, and participants must be educated regarding safety precautions for carrying and handling of syringes and other "sharps", with emphasis on the agency's safety policies and procedures during visits to the exchange.

- Participants should be instructed to recap all their own used syringes. If caps are not available, participants should be urged to cover used needles with cigarette filters, corks, or other similar protective materials. CHC staff, peers, and participants should be instructed never to recap syringes used by anyone else.
- If necessary, CHC staff and peers should remind participants not to crowd the exchange area(s).
- Areas where SEP operations are conducted should have adequate lighting.
- CHC staff and peers conducting exchange operations must never handle or touch used injection equipment.
- All used injection equipment collected by the program must be placed in approved leak proof, rigid, puncture resistant containers ("sharps" containers). CHC will clearly label used containers as "Contains Sharps".
- During syringe exchange program transactions, sharps containers should be placed between the participants and staff/volunteers.
- CHC personnel should never hold the sharps container during an exchange; the container should be placed on a secure table or on the ground and should be kept level at all times.
- Any injection equipment that falls outside of the sharps container should be retrieved by the participant and placed in the sharps container. If this is not possible, program staff/peers should use tongs to retrieve used injection equipment that falls outside the container.
- ***Hazardous waste ("sharps") containers should NEVER be filled beyond the manufacturer's fill line; the container should never be more than 3/4 full.***
 - CHC staff/peers/participants should be instructed never to insert their hands into the sharps container or to forcibly push used injection equipment down into the container beyond the opening at the top.
 - The SEP site must have the following safety equipment on-site during exchange operations: puncture resistant utility gloves, bleach, and forceps or tongs; all of which could be used in the event of a container spill.
 - CHC Program staff/peers are encouraged to always wear puncture resistant utility gloves when opening, sealing, or handling "sharps" containers.
 - All CHC staff and peers at the exchange site should be encouraged to wear protective clothing, including long pants and closed footwear to have limbs protected against possible needle sticks.

- All CHC staff/peers involved in the transport of hazardous waste must receive appropriate training in handling and disposal procedures and only staff/peers receiving such training are authorized to transport waste.

Bloodborne Pathogens Exposure Policy and Procedures

In the interest of the health and safety of CHC Staff Members who participate in SEP services, the following policies, procedures, and protocols address NCHRC policies and procedures in the event of a possible blood borne pathogen exposure.

At the forefront of these policies, procedures, and protocols, the best interest of the exposed person(s) is paramount. It cannot be stressed enough that ALL BLOODBORNE PATHOGEN EXPOSURES must be identified, responded to, documented, and treated immediately, for the health and wellness of the exposed person. Many of the Post Exposure Prophylactic (PEP) treatments that are employed in the event of an exposure are time sensitive and require rapid implementation by a health care provider in an effort to prevent infectious disease transmission.

Furthermore, in exposure events where a known infectious agent is involved, the testing timeline is rigid and time sensitive. The primary concern one should be adequately prepared to address is to base line test both the source of the blood borne pathogen exposure and the exposed person. When a source is unidentifiable, base line testing of the exposed person provides valuable and required information for the NCHRC and the exposed person.

All CHC staff who are engaged in the SEP services are to be provided a copy of this policy upon hiring and encouraged to familiarize themselves with it prior to engaging in any activity in which blood borne pathogen exposure is possible.

A copy of this policy and all forms must be made available and easily accessible to all CHC staff members engaging in SEP services and included in the handbook for SSP services at the site.

The CHC abides by all required reporting and documentation rules, regulations, and laws as set forth by the State of North Carolina, the Occupational Safety & Health Administration (OSHA), and all United States Federal laws pertaining to working with, around, or among possible blood borne pathogens. Any and all questions concerning this policy will be directed to the CHC Executive Director.

Introduction to Blood borne Exposure Management

CHC staff may be reluctant to report occupational risk exposures for a variety of reasons; however immediate medical management is vital for the following reasons: Immediate reporting allows time for you and your physician to discuss anti-viral treatment risks/benefits.

Anti-viral treatment has been shown to decrease the rate of HIV seroconversions following occupational exposures by 79% if initiated within 1-2 hours. As time goes by, the potential effectiveness of anti-viral medications preventing HIV infection decreases. If after 24 - 36 hours anti-viral medications have not been initiated, expert consultation for HIV post exposure prophylaxis (PEP) is advised. Reevaluation is strongly encouraged within 72 hours post exposure, especially as additional information about the exposure or source person becomes available. Post exposure prophylaxis management for Hepatitis B is also available and should be considered.

The appropriate forms are required for any CHC staff member to claim worker's compensation benefits for the post exposure follow up. These benefits may include potential medical benefits. All forms should be returned to the Executive Director

Defining a Significant Blood borne Exposure

An exposure to blood or potentially infectious body fluid through:

Percutaneous (needle stick, puncture or cut by an object through the skin); Mucous membrane (exposure to the eyes, mouth, nasal, etc); or Non-intact skin (exposure to blood or other potentially infectious body fluids).

Other infectious or potentially infectious body fluids include:

Semen
Vaginal secretions
Any body fluid visibly contaminated with blood
Human tissues

A SIGNIFICANT BLOODBORNE EXPOSURE is an exposure to blood or potentially infectious bodily fluid through:

Needle stick, puncture, or cut by an object through the skin.
Direct contact of mucous membrane (eyes, mouth, nasal, etc.)
Exposure of broken skin to blood or other potentially infectious bodily fluids such as:

- o Semen
- o Vaginal secretions
- o Any body fluid visibly contaminated with blood
- o Human tissues

ALL SIGNIFICANT EXPOSURE EVENTS MUST FOLLOW THE MEDICAL MANAGEMENT OF BLOODBORNE PATHOGEN EXPOSURE POLICY & PROCEDURE

Blood borne Exposure Responsibilities

CHC Executive Leadership, Staff, and peers are responsible to ensure that the following procedures are implemented immediately following a significant exposure to a blood borne pathogen

Staff Responsibilities

Needle sticks, cuts, and skin exposures should be washed with soap and water (DO NOT use bleach)

Splashes to the nose, mouth, or skin should be flushed with water

Splashes to the eyes should be irrigated with sterile irrigants, saline, or clean water

Report the exposure to your direct supervisor or volunteer coordinator immediately! If HIV post exposure treatment is recommended, you should start treatment within 1-2 hours after the exposure or as soon as possible. This can reduce HIV infection by up to 79%

SEP Supervisor Coordinator Responsibilities

- Without delay- If a significant blood borne exposure has occurred, get the exposed individual to the nearest emergency room for evaluation. Supervisor should call the emergency room and inform them that they are sending an employee to the emergency room for evaluation and follow-up to a blood borne exposure.
- Ensure that the source of the exposure, if known, is informed (in the case of a person collect personal contact information) or collected and transported with the staff member or volunteer (in the case of an object) for further testing.
- Complete the **Injury & Needle Stick Exposure Report Form** for all blood borne pathogen exposures. These forms must be completed and submitted within seven (7) days of the exposure/incident. An official written report is necessary for reporting the incident and to claim worker's compensation benefits for initial treatment.
- As the staff member receives treatment, they should notify the Executive Director of these treatments so that each treatment or procedure may be recorded on the **Blood borne Exposure Medical Treatment Form**.

Healthcare Provider's Responsibilities

Determine the nature and severity of the exposure

Evaluate source patient or source item (i.e., needle, lancet, etc.) if information is available

Counsel and treat the exposed staff member

Also evaluate the exposed staff member for HIV, and Hepatitis A, B, & C

Medical Management of Blood borne Exposures

CHC Executive Leadership, Staff, and peers should follow the steps of Medical Management of Blood borne Exposures as closely as possible. All exposure events are considered to be time sensitive, please ensure that the exposed person receives immediate medical attention as quickly as possible.

- Any staff member or volunteer with a significant blood borne exposure should immediately wash or flush the exposed area and be immediately directed to the nearest emergency room for assessment and treatment.
- If possible, fill out the **Injury & Needle Stick Exposure Form** and give to the exposed person to take to the emergency room and give to the medical provider. Do not delay the employee's departure for this task.
- Whenever possible, a consultation with an infectious disease physician who has experience with providing post exposure prophylaxis (PEP) and antiretrovirals is recommended. However, if an infectious disease specialist is not available, do not delay initiation of PEP.
- All decisions regarding PEP should be made by the exposed person in consultation with the medical provider. Some exposure events may require expert consultation for HIV PEP. In those instances, please call the **National Clinicians Post Exposure Prophylaxis Hotline (PEP Line) at (888) 448-4911**.
- All decisions regarding PEP for Hepatitis A, B, or C should also be made by the exposed person in consultation with the medical provider. Please refer to the Hepatitis Exposure Quick Guide for the recommended course of action regarding HCV, HAV, HBV exposure incidents. If the exposed person refuses the recommended Hepatitis PEP, a baseline HAV, HBV, & HCV test should be repeated in 6 months.
- Testing of the exposed person and the source person or instrument of exposure is strongly recommended when a significant blood borne exposure has occurred. Regardless of the potential risk, the exposed person has the right to request or refuse testing. All blood borne exposures involving a source person should be explained to the source person and testing requested. For exposures involving a known source person, consent for testing must be provided by the source person for testing. Please use the **Blood borne Exposure Source Testing Consent Form** to confirm or deny consent of the source person. If a significant blood borne exposure is due to a non-biological instrument (syringe, lancet, etc.), please collect the instrument and place in a sealed needle proof container for the exposed person to provide to their medical provider for further testing.
- The medical provider may request that the source person's name be checked with the North Carolina Department of Health for prior reports of blood borne pathogens. The source person's test results may be released to the medical provider to assist in the treatment of the exposed person.
- The exposed person may choose to wait to have a baseline test at the time of exposure, until the source person or instrument of exposure test results are known.

- For CHC staff members worker's compensation claims, the responsibility to report an exposure as soon as possible lies with the employee (or their representative). An injured staff member must give written notice of injury to the CHC Human Resources no later than 3 (three) days after the occurrence. For volunteer exposure, a written notice of injury must be provided to the CHC no later than 3 (three) days after occurrence.
- CHC staff members must inform their immediate supervisor of the incident and complete the Injury & Needle Stick Exposure Form. If they are unable to complete the form, their supervisor should complete it for them.

Blood borne Pathogens Testing Protocols

The following blood borne pathogen testing protocols are standard medical protocols in place at the time this document was created. A yearly review of testing protocols should be addressed with any changes reflected in this policy and procedures manual.

HIV POST EXPOSURE TESTING PROTOCOL

- Base line test performed at time of exposure or within 3 (three) days.
- Test 6 weeks after exposure
- Test 3 months after exposure
- Test 6 months after exposure
- Test 1 year after exposure

HCV POST EXPOSURE EVALUATION & TESTING

SOURCE PERSON

- Base line testing at time of exposure or within 3 (three) days for HCV antibodies (EIA)

EXPOSED PERSON

- Base line testing at time of exposure or within 3 (three) days for HCV antibodies (EIA) and Alanine Aminotransferase activity (liver enzymes)
- Test 6 months after exposure for HCV antibodies (EIA) and Alanine Aminotransferase activity (liver enzymes)

- Confirmation by supplemental anti-HCV testing of all anti-HCV results reported as repeatedly reactive by enzyme immunoassay (EIA)
- Educated the exposed person about the risks for and prevention of blood borne infections, including HCV.
- **NOT RECOMMENDED:** Any PEP for HCV with immune globulin or anti-viral agents (e.g., interferon)

HBV POST EXPOSURE EVALUATION & TESTING

- Base line testing of exposed person for HBV Surface Antigen
- Base line testing of source for HBV Surface Antigen & Surface Antibody

EXPOSED PERSON - Unvaccinated

- SOURCE HBsAg Positive: HBIG x 1 and initiate HBV vaccine series
- SOURCE HBsAG Negative: Initiate HBV vaccine series.
- SOURCE UNKNOWN: Initiate HBV vaccine series.

EXPOSED PERSON - Vaccinated

- SOURCE HBsAg Positive: No treatment
- SOURCE HBsAG Negative: No treatment
- SOURCE UNKNOWN: No treatment

C: COMMUNITY AND LAW ENFORCEMENT CONCERNS

Incidents involving CHC SEP including community objections or concerns about programs, law enforcement episodes, violence at program sites, and potential legal action against the program, must be reported, addressed, and documented by CHC SEP staff. CHC SEP staff will adhere to the following process when addressing or reporting community or law enforcement concerns.

Reporting, Addressing, and Documenting Community or Law Enforcement Concerns

Incidents related to the CHC SEP, and community or law enforcement concerns must be reported, verbally or in email, immediately to CHC's Director but no later than 24 hours from the time of the occurrence. Written forms must be forwarded to the CHC SEP Director as soon as possible but no later than within twenty-four (24) hours of occurrence. The purpose of these reports is to ensure that documentation of incidents exists in order to identify and address potential problems that may have an adverse impact on the provision of services.

- All law enforcement concerns must be reported by email to CHC. Any subsequent action taken by CHC SEP to address the community or law enforcement concern must also be reported to the specific SEP program prior to action.
- Documentation of all concerns and actions taken will be maintained and accessible at the CHC SEP office.
- CHC SEP staff members have the option of contacting the CHC Leadership to discuss possible resolutions, including target/level/type of intervention, CHC responsibilities for implementing proposed strategies and timetables for follow-up discussions and further activities. Interventions may include presentations to Community Boards, community groups, civic associations, business development organizations and law enforcement (police executive management, precinct commanders, training officers, police recruits, specialized police task forces/units, or roll calls).