Pharmacy Based Needle & Syringe Exchange Service
2014-2016
1. Service Description

1.1. The overall aims of the pharmacy service to drug users are to assist the service user to remain healthy, reduce drug related harm, provide service users with regular contact with a healthcare professional and help them access further advice or assistance.

1.2. Pharmacy needle and syringe exchanges aim to reduce the rate of sharing and other high risk injection behaviours by providing sterile injecting equipment and other support as well as ensuring the safe disposal of used injecting equipment.

1.3. All pharmacies should endeavour to provide to Injecting Drug Users (IDU’s) a non-stigmatising environment, offer health advice, over the counter sales and signposting as essential services under the NHS pharmacy contract.

1.4. Pharmacies will provide access to sterile needles and syringes, and sharps containers for the return of used equipment.

1.5. Used equipment is normally returned by the service user for safe disposal.

1.6. The service user will be provided with appropriate health promotion materials.

1.7. The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

1.8. The pharmacy will regularly promote safe practice to all users, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

2. Intended service outcomes

2.1. To assist the service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support.

2.2. To protect health and reduce the rate of blood-borne infections and drug related deaths among service users:

2.2.1. By reducing the rate of sharing and other high risk injecting behaviours

2.2.2. By providing sterile injecting equipment and other support

2.2.3. By promoting safer injecting practices

2.2.4. By providing and reinforcing harm reduction messages including safe sex advice and

2.2.5. Advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)

2.3. To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment

2.4. To help users to access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.

2.5. To aim to maximise the access and retention of all injectors, especially the highly socially excluded

2.6. To help service users access other health and social care and to act as a gateway to other services (e.g. recovery working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc)
### 3. Service outline

3.1. The pharmacy should clearly display the national scheme logo or a local logo indicating participation in the service.

3.2. The pharmacy should ensure that all users of the scheme are treated, as any customers are, in a non-stigmatising and respectful way.

3.3. Where users become disruptive an exchange can be refused. It may be appropriate in some circumstances to advise clients not to attend the pharmacy in future. In these cases information on alternative needle exchange schemes should be given.

3.4. The pharmacy contractor must ensure that the part of the pharmacy used for the provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.

3.5. Pharmacy staff should regularly offer the IDU health promotion advice and advice on the availability of specialist services. Pharmacists should be prepared and able to answer simple harm reduction questions from users e.g. injection technique and sites.

3.6. When requested for more than one pack, staff may, at their discretion, give out up to three packs, as an exception, in one exchange. This may be to help users with access problems or to cover holiday. Bulk packs should not be given routinely; this may prevent other users accessing the pharmacy, which is an important part of the service.

3.7. The pharmacy will provide a standard Wiltshire Council provided pack including sterile needles, syringes and sharps containers for the return of used equipment. Other pack contents may vary over time and could also include other associated materials, for example condoms, citric acid, sterile water and swabs. Lead Pharmacists should ensure they, and all staff involved in running the service, including locums, are aware of pack contents.

3.8. Used equipment should be returned by the service user for safe disposal. This should be encouraged at all opportunities but a lack of return should not prevent access to clean equipment.

3.9. Users attending with needles that are not in the correct container should be given a personal sharps container to use from a pack. Loose needles should not be accepted.

3.10. The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the Council commissioned clinical waste disposal service will be used to store used equipment.

3.11. The pharmacy contractor should ensure that their staff (including locums) are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. A needle stick injury procedure should be in place (see appendix A for sample of needle stick procedure). Advice is available from the Public Protection Agency (part of Public Health England). Advice and contact details are available from their website: http://www.hpa.org.uk

3.12. Appropriate protective equipment, including gloves, overalls and materials to deal with spillage, should be readily available close to the storage site.

3.13. Staff involved in the delivery of this service are strongly advised to be vaccinated against Hepatitis B as outlined in appendix B. In most cases this should be available through the employers Occupational Health service. Staff who’s
employers do not provide an Occupational Health service should contact the Shared Care Coordinator (see appendix D) to discuss their requirements and agree a third party provider. In this case the provision of Hepatitis B vaccination will be funded by Wiltshire Council on a case by case basis.

3.14. Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

3.15. Wiltshire Council will provide the exchange packs and associated materials and will commission a clinical waste disposal service for each participating pharmacy. The frequency of collections will ensure there is not an unacceptable build up of clinical waste on the pharmacy premises. The contact details for this service are attached.

3.16. Wiltshire Council will provide a framework for the recording of relevant service information for the purposes of audit and claiming of payments.

3.17. Wiltshire Council will need to provide details of relevant information which pharmacy staff can use to signpost service users who require further assistance.

3.18. Wiltshire Council will make available health promotional materials relevant to the service users and making this available in the exchange packs.

3.19. The pharmacy contractor has a duty to ensure that the Pharmacists and staff involved in the provision of the service (including locums) have relevant knowledge and are appropriately trained in the operation of the service.

3.20. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service (including locums) are aware of and operate within local protocols.

3.21. Wiltshire Council intends to provide the PharmOutcomes system which pharmacies will be required to use for the recording of relevant service information for the purposes of audit and the claiming of payment. Once the PharmOutcomes system becomes available only PharmOutcomes documentation will be accepted for the purposes of payment and audit.

4. **Quality Indicators**

4.1. The pharmacy will have appropriate health promotional material available for the user group and promotes its uptake.

4.2. The pharmacy has available a Standard Operating Procedure (SOP) for this service in line with RPSGS guidelines and this SOP is reviewed annually.

4.3. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service e.g. CPPE Opiate Treatment: supporting pharmacists for improved patient care open learning, Public Health – drug users, harm reduction workshop.

4.4. Attendance at Council arranged contractor meetings to promote service development and update the knowledge of pharmacy staff.

4.5. The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit.

4.6. The pharmacy can demonstrate the rate of return of used equipment.

4.7. The pharmacy participates in any annual audit of service provision.

4.8. The pharmacy co-operates with local assessments of service user experience.
### 5. Finance Details

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.</td>
<td>In the first year of providing this service the pharmacy will receive .......... to cover training and set up costs. This will be paid quarterly at the end of each quarter.</td>
</tr>
<tr>
<td>5.2.</td>
<td>The payment for each client offered an exchange will be ..........</td>
</tr>
<tr>
<td>5.3.</td>
<td>Payments will be made on a quarterly basis.</td>
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<tr>
<td>5.4.</td>
<td>The Pharmacy should maintain contemporaneous records of exchanges in PharmOutcomes.</td>
</tr>
<tr>
<td>5.5.</td>
<td>Once the PharmOutcomes system becomes available the quarterly payments will be based on activity recorded on 10th of July, October, January and April.</td>
</tr>
<tr>
<td>5.6.</td>
<td>Activity not recorded within 3 months will be paid at the discretion of Wiltshire Council.</td>
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### 6. Termination of contract

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>6.1.</td>
<td>This Agreement can be terminated prior to the expiry date of the contract by three months notice on either side.</td>
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</table>
Needlestick Injury and Blood Spillage Guidance

The procedures in the Needle and Syringe Exchange scheme have been designed so there should be no health risk to the staff involved in the scheme. The operation of the scheme should ensure that staff do not have contact with contaminated needles and syringes, however all staff should be instructed about the risk of needlestick injuries, infection and surface contamination.

Infection Control Guidelines for Community Settings, are available from Public Health England (tel: 0845 504 8668). A full copy of the guidelines can be obtained from them on request, there may be a charge for a full copy. The guidelines can also be found on their website. Go to https://www.gov.uk/government/organisations/public-health-england then search for Infection Control Guidelines.

Your pharmacy should have a policy for needlestick injuries and blood spillages. If your pharmacy does not have a policy the following guidelines may be of use.

The blood born viruses hepatitis B, hepatitis C and HIV can pose a significant risk to staff. The risk is negligible when exposure involves intact skin, minimal with exposure to mucous membranes but significant in the case of penetration of the skin or in the case of exposure through cuts or breaks in the skin.

**Hepatitis B**

Hepatitis B (HBV) is a cause of liver disease. The risk of acquiring HBV following sharps injury is around 1 in 3 when the source is a known hepatitis patient. However there is a vaccine to protect against hepatitis B for all staff who are exposed to blood or body fluids or who deal with sharps in their work. For your protection we strongly advise you are vaccinated against hepatitis B. Provided you develop antibodies to the vaccine (which is determined by a blood test at the end of the course of treatment) the vaccination will protect you from hepatitis B.

**Hepatitis C**

Hepatitis C (HCV) is a blood born virus capable of causing liver disease and at present there is no vaccine for protection. The risk of acquiring HCV infection following a needlestick injury is around 1 in 30.

**HIV**

HIV is a blood-borne virus which affects the immune system and can cause AIDS. The risk of acquiring HIV infection following a needlestick injury is around 1 in 300. There are effective drugs available which can control the HIV infection. Post exposure prophylaxis (PEP), if commenced within the first hours after exposure, reduces the risk of HIV infection by 80%.
Action to be taken in case of needlestick injury

Encourage wound to gently bleed freely, do not suck the wound. Ideally hold it under running water. Wash thoroughly with soap and cold water. Do not scrub the wound. Use plenty of water to wash splashes of blood or body fluids from the eyes or mouth.

Apply a waterproof plaster or dressing. Use an appropriate alternative if there is an allergy to elastoplast. Inform the pharmacist.

Report to the Accident and Emergency Department of nearest hospital within 60 minutes, take the sharp with you. Record in the incident book at first opportunity after receiving treatment.

Action to be taken in case of blood, used needle and body fluid spillages

Deal with spillages quickly and effectively. For spillages of high risk body fluids such as blood, method one below is recommended. For spillages of lower risk spillages such as vomit use method two.

1 Hypochlorite method
   • Wear protective clothing and soak up excess fluid using disposable paper towels
   • Cover area with towels soaked in 10,000 parts per million of available chlorine e.g. Milton, leave for a least 2 minutes.
   • Remove organic matter using paper towels and discard as clinical waste
   • Clean area with detergent and hot water dry thoroughly
   • Clean the bucket/bowel in fresh supply of hot soapy water and dry
   • Discard protective clothing as clinical waste
   • Wash hands

NOTE: This method may remove colour from soft furnishings.

2 Detergent and water method
   • Wear protective clothing and mop up organic matter with paper towels
   • Clean surfaces thoroughly with detergent, hot water and paper towels or disposable cloths
   • Rinse the surface and dry thoroughly
   • Dispose of all waste materials as clinical waste
   • Clean the bucket/bowel in fresh hot soapy water and dry
   • Discard protective clothing as clinical waste
   • Wash hands

References:
HSE(2011) OCE23 Cleaning up body fluids
Health Protection Agency South West: Infection Control Guidelines for Community Settings

Appendix B
IMPORTANT MESSAGE FOR ALL STAFF

Take care to avoid needlestick injuries
Do not handle loose needles
Use Gloves/forceps in kit provided

ACTION TO BE TAKEN IN CASES OF ACCIDENTS WITH USED NEEDLES

Encourage wound to bleed freely – do not suck.
Wash thoroughly with soap and cold water, use lots of water to wash away splashes or blood or body fluids in the eyes or mouth
Apply waterproof dressing
Inform the pharmacist
Report to the nearest A & E Hospital within 60 minutes or as soon as possible.
Take sharp with you

Great Western Hospital 01793 604020 ask for A & E
Salisbury District Hospital 01722 429156
Royal United Hospital, Bath 01225 824000

Record in the incident book
**Wiltshire PCT**  
**Needle and Syringe Exchange Scheme Contact Information**

**Contractual & Shared Care issues:**  
David Thwaites  
Shared Care Coordinator  
Substance Misuse Commissioning Team  
Department of Community Services  
Wiltshire Council  
County Hall  
Bythesea Road  
Trowbridge  
Wiltshire  
BA14 8LE  
Tel: 01225 713784

**Clinical Waste Collection Contract Issues:**  
Tbc

**Prescribing / Medicines Management:**  
tbc

**Clinical Waste Collection**  
PHS Group PLC  
Western Industrial Estate  
Caerphilly  
CF83 1XH  
Tel: 029 2085 1000  
Fax: 029 2086 328

**DAAT Lead:**  
Eleanor Stirling  
Joint Commissioning Manager for Substance Misuse (NHS & WCC)  
Commissioning Dept  
Department of Community Services  
Wiltshire Council  
County Hall  
Bythesea Road  
Trowbridge  
Wiltshire  
BA14 8LE  
Tel: 01225 713503

**Wiltshire Single Point of Entry for Drug and Alcohol Services**  
Tel: 0345 6036993  
Single point of entry, referral route for drugs and alcohol treatment.

For Specialist Drug and Alcohol contacts and User Networks etc. see the “Wiltshire Directory of Drug and Alcohol Services” available at:

## Service Specification

<table>
<thead>
<tr>
<th>Quality Indicators</th>
<th>Pharmacy response</th>
<th>Notes/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The pharmacy displays a logo indicating participation in the service (5.1)</td>
<td>□Yes □No</td>
<td>Logo obtained from the Needle Exchange pack supplier.</td>
</tr>
<tr>
<td>The pharmacy has an area which offers a suitable level of privacy (5.4)</td>
<td>□Yes □No</td>
<td>Is there a current SOP signed by all relevant staff including locum staff to say they have read it, understand it, and will follow it, and is it being followed?</td>
</tr>
<tr>
<td>The pharmacy has a written SOP in place for the service which is reviewed annually (6.2)</td>
<td>□Yes □No</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date of last review of SOP (6.2)</th>
<th>(Date)</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Pharmacists/pharmacy technicians have completed a CPPE distance learning course on Substance Misuse within the last three years (6.3)</td>
<td>□Yes □No</td>
<td>The pharmacy should keep copies of the certificates of relevant courses undertaken by the staff.</td>
</tr>
<tr>
<td>I have activated the CPPE viewer for relevant CPPE courses * see Appendix F below (Optional but preferred)</td>
<td>□Yes □No</td>
<td>My GPhC number is:</td>
</tr>
<tr>
<td>Staff involved in the service have relevant training and they undertake CPD. (6.3)</td>
<td>□Yes □No</td>
<td></td>
</tr>
<tr>
<td>The pharmacy has appropriate health promotional material available.</td>
<td>□Yes □No</td>
<td></td>
</tr>
</tbody>
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Pharmacy Name………………………………..Pharmacy Address……………………………………………………………………………
………………………………………………………………………………
Pharmacy Manager
Name………………………………………..Signature………………………………….Date……
The CPPE viewer facility enables you as a pharmacist or registered pharmacy technician to allow others to access/view your learning and assessment record. If you tick the box next to the items in your *My CPPE record*, these will become viewable on the CPPE viewer results page.

Anybody can access your details through the search facility below by using your GPhC number or surname, provided you have given consent by ticking the boxes in your *My CPPE record*.

You have personal control over what is displayed. You can choose specific learning activities to be shown or show them all. CPPE will never alter your settings about what learning or assessments can be viewed.

It would be good, as commissioners, to locate your record of this learning using the CPPE viewer, therefore, we would be grateful if you can tick those items that are required as part of this service. We would also be grateful if you can provide us with your GPhC number which will make finding this information as easy as possible. If you are not to do this, we will require copies of any certificates.