

**New Mexico Department of Health (NMDOH)
Public Health Division (PHD)
Protocol**

**Harm Reduction Protocols
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TABLE OF CONTENTS

INTRODUCTION.....	2
1) SYRINGE EXCHANGE SERVICES.....	3
Background	3
Service Population.....	4
Methodology	4
1. Implementation and General Provisions	4
2. Program Operation.....	6
3. Staff Safety	7
4. Required Documentation.....	9
5. Other Service Provisions.....	10
6. Client Eligibility	11
7. Enrollment	12
8. Syringe Exchange Visits.....	13
9. Re-Enrollment.....	15
References/Companion Manual	15
Attachments.....	15
2) OVERDOSE PREVENTION TRAINING PROGRAM	16
Background	16
Service Population.....	16
Methodology	16
1. Implementation and General Provisions	17
2. Program Operation.....	18
3. Required Documentation.....	19
4. Enrollment	19
5. Naloxone Dispensing Visits.....	21
References	22
Attachments.....	22
Additional Resources.....	22
NALOXONE STANDING ORDERS	23
3) DEFINITIONS	25
4) ATTACHMENTS	27

INTRODUCTION

This protocol updates and consolidates the guidance for operations of several Public Health Division efforts. Although somewhat controversial, these efforts have demonstrated effectiveness in reducing the risk of injury, infectious disease transmission, and death in communities from injection drug use and overdose. Continued operations of these efforts is dependent on limited and vulnerable resources – efficient and appropriate use of the available resources is critical for the continued operations of these efforts.

This protocol addresses two services: 1) Syringe Exchange, and 2) Overdose Prevention Training/Naloxone.

1) SYRINGE EXCHANGE SERVICES

Background

Syringe exchange provides significant cost savings to the State by preventing the spread of infectious diseases. Research has shown that syringe exchange programs (SEP) have positively impacted communities in many ways, including a reduction in the number of improperly discarded needles on streets and in parks, a reduction in costly emergency room visits by individuals suffering from injection related complications (e.g., abscesses), and other quality of life indicators. SEP's are often the first "point of contact" for many IDU's, who may become re-integrated into their communities by participating in services such as testing, immunizations, family planning and prenatal care, and referrals for various social services and available substance abuse treatment services.

This clinical protocol provides direction for the provision of syringe exchange and related interventions to adult injection drug users as mandated by the New Mexico State Legislature in the 1997 HARM REDUCTION ACT (24-2C-1 to 24-2C-6 NMSA 1978). The objective is to eliminate the re-use and sharing of syringes and other injection equipment by injection drug users (IDU) in order to prevent the transmission of the human immunodeficiency virus (HIV), hepatitis B and C viruses (hepatitis B and C), and other bloodborne diseases. A secondary objective is to reduce the uncontrolled disposal of potentially contaminated sharps, thereby reducing the risk of injury and bloodborne pathogen transmission in community settings. Participants in the program can also access immunizations, individual counseling and education to decrease the risk of transmission of bloodborne diseases and other injection related complications (e.g., abscesses), and assistance in accessing substance abuse treatment services.

Under the Harm Reduction Act (specifically, NMSA 24-2C-4) the New Mexico Department of Health (NMDOH) is charged with establishing and administering a harm reduction program for the purpose of sterile hypodermic syringe and needle exchange, and compiling data to assist in planning and evaluating efforts to combat the spread of bloodborne diseases. NMSA 24-2C-5 states that the harm reduction program shall provide sterile hypodermic syringes and needles in exchange for used hypodermic syringes, needles, or other objects used to inject controlled substances or controlled substance analogs into the human body; provide education to participants on the transmission of HIV, hepatitis B, and hepatitis C; and provide referral to substance abuse treatment services for participants.

This protocol will increase syringe access in New Mexico by supporting Regional Health Office staff and other providers in implementing and incorporating syringe exchange for injection drug users into the spectrum of prevention health services offered by the NMDOH. Due to the high prevalence of substance abuse and related factors (such as hepatitis C and drug overdose), a low rate of HIV, and the largely rural nature of New Mexico, the Regional Public Health Offices play a key role in communities not served by community-based organizations offering more comprehensive disease prevention and outreach services.

Service Population

The populations that fall under the harm reduction/SEP protocol are active or former users of illicit intravenous drugs, 18 years of age and older. In some cases, uninsured or indigent people with diabetes may qualify for services.

Clinical populations that may receive services under this protocol include, but are not limited to, those served by:

- NMDOH Public Health Offices
- NMDOH Sexually Transmitted Disease Clinics
- NMDOH HIV/AIDS Prevention and/or community-based HIV/hepatitis Counseling and Testing agencies
- NMDOH and/or community based Substance Abuse Treatment providers
- Social Service agencies
- Diabetes Prevention and Control providers
- Diabetes Educators

Methodology

Syringe exchange must be included as a component of public and community health services. Providers should have some relevant experience in providing disease prevention services, health care, social services, or substance use treatment services to IDU's. Training is available if they do not have experience.

1. Implementation and General Provisions

Personnel

A program or office planning to provide syringe exchange/harm reduction services must identify one qualified individual within their organization to serve as the Harm Reduction Program Coordinator who is responsible for the performance of all harm reduction activities.

The program or office must identify all proposed harm reduction program staff and volunteers. SEP staff and volunteers may not be active users of illicit drugs. It is recommended that former users of illicit drugs have not used drugs for at least two years before providing syringe exchange services to active users.

A minimum of two staff, including the Coordinator, is recommended. Proposed staff should possess some education and/or work experience, qualifications, and skills in providing services to IDUs. In addition, participating staff must also be trained and certified by the Infectious Disease Bureau Harm Reduction Program in order to provide syringe exchange services. This certification must be renewed every two years.

The program or office must inform any other program entities with which they share a facility or location of the implementation of syringe exchange. Reasonable efforts should be made to prevent and/or to overcome concerns or objections raised by other staff or programs, or local governments. As a legislative mandate for NMDOH to provide syringe exchange to IDUs in New Mexico exists, explicit permission need not be requested or granted by other programs or local governments. Assistance in implementing a SEP in any Public Health office will be provided by the Regional

Disease Prevention Team, the Harm Reduction Program Manager, and the Infectious Disease Bureau.

The program or office should engage residents, business owners, law enforcement officials, criminal justice officials, local health councils, and IDU's in the design and implementation of any proposed SEP. Any efforts to engage and/or educate the larger community must be planned and coordinated with, and use the resources of, the Harm Reduction Program. Periodic re-education may also be necessary due to administrative or staff changes.

The program or office must demonstrate that they will respond to and make reasonable efforts to resolve all practical concerns raised by citizens of the neighborhoods in which the harm reduction activities are performed, community groups, community business owners, law enforcement agencies, program participants, and the NMDOH. A local SEP must notify the Harm Reduction Program in writing within 72 hours of any concerns or complaints received by the program, its staff or volunteers. The Harm Reduction Program and Infectious Disease Bureau may provide resources and assist in the resolution of such complaints.

Site

The program or office must identify a proposed schedule and site, room, or area for syringe exchange sessions.

The program or office must provide a description of security precautions for ensuring the confidentiality of syringe exchange and harm reduction program records. This includes maintaining client confidentiality with regards to harm reduction program participation when transitioning a participant to other "in-house" services, such as family planning, WIC, and testing/immunizations.

Documentation

Syringe exchange activities do not require the use of a medical record, although participants should be notified when being transitioned into other services that a medical chart, including their name, may be generated. It is the responsibility of the participant to decide whether or not to divulge SEP participation and issues related to injection or other drug use to staff providing other services. This information should not be explicitly included in a referral originating from a syringe exchange provider.

Other Issues

The program or office must provide SEP participants with referrals to other services and agencies, both local and state.

The program or office must abide by accepted NMDOH infection control practices and needle-stick injury protocols. Proper bio-waste storage and disposal must also be available for the storage and removal of the collected used syringes and injection equipment. Procedures for the management of needle-stick injuries should be available and readily accessible to staff.

The program or office must comply with all regulations, policies, and procedures issued by the NMDOH. Failure to do so is grounds for revocation of the department's

authorization to perform harm reduction activities including the SEP. Authorization to perform harm reduction activities is also subject to the availability of funds as determined by the NMDOH.

Syringes, sharps disposal containers, and related injection and safety equipment is provided by the Harm Reduction Program and distributed to participating programs or offices through an identified warehouse serving each Public Health Region.

2. Program Operation

The SEP must maintain a regular and predictable schedule for syringe exchange sessions that promotes participation by program participants, staff, and volunteers. The program should seek the advice of participants in determining the locations and schedule of syringe exchange sessions. It is suggested that any necessary schedule modifications occur at least six or more months ahead of time. The SEP must notify the Harm Reduction Program of any modifications to the schedule.

The SEP must provide information to participants about the scheduled hours, dates, and locations for syringe exchange sessions. If a holiday falls on a regularly scheduled session, sufficient notice should be provided to program participants. If possible, an alternate date may be provided.

There must be at least two program or office personnel on premises at all times at the exchange site during syringe exchange sessions. In addition, there must be a telephone available to program staff or volunteers during syringe exchange sessions. SEP staff and volunteers may not, under any circumstances, trade, exchange or otherwise provide money or drugs, or engage in sexual relations, with program participants. Buying or selling items of any nature during a syringe exchange session, or at the program or outreach location, is prohibited - violation of this rule by an individual will result in the revocation of provider certification for a minimum of one year, as well as additional disciplinary action. Failure by a program to enforce this rule will result in the revocation of NMDOH authorization to perform syringe exchange activities through the end of the funding cycle.

The largely rural nature of New Mexico increases the likelihood that a provider may be related or otherwise personally involved with a program participant outside of the work environment. It is appropriate, although not always possible, for an individual in this situation to request that another staff member or volunteer provide the syringe exchange or related service to the participant. When it is not possible, the staff member must take care to not engage in any of the aforementioned activities with the participant during the syringe exchange session, or at any other time at the program or office location. Violation of this rule will result in disciplinary action.

SEP staff and volunteers must treat SEP participants respectfully and in a manner that promotes participant enrollment, participation and retention. Inappropriate behavior by staff that is reported by a participant will be investigated by the program's supervisor or Regional leadership and the NMDOH Infectious Disease Bureau, and may result in disciplinary action.

Conversely, participants are required to observe the same standards of behavior expected of other clients and consumers of available services. Failure to do so should be addressed with disciplinary action consistent with existing program or office policy and may include exercising the right to refuse service to an uncooperative or hostile participant.

The right of a provider to refuse service for an extended length of time to a “problem” participant should be carefully considered, and it is recommended that such a decision be made jointly by all program or office staff. Substance use/abuse often co-occurs with other mental or emotional conditions, and participants who present as unwilling or unable to comply or function within a program or office, or socially acceptable norms, are often the most “at risk” individuals. Suggestions for working with a consistently difficult participant include:

- Calmly asking an agitated or hostile participant to step outside and return when they have calmed down
- Asking the participant if they would be willing to meet privately with program staff to discuss the situation and participate in resolving issues, such as developing a “behavior contract” or similar effort to engage an individual’s sense of self and mutual respect
- Refusing service for a limited time, such as a few days or few weeks, may be appropriate. In this event, provide the participant with information about alternative sources where they might be able to access syringe exchange services
- Regardless of the imposed length of time the participant has been asked not to return, program or office staff should remain flexible, and are encouraged to meet with the participant if they are ready to cooperate

Selling, buying, and using drugs on or near a SEP, office, or outreach location or vehicle is not allowed. A participant involved in these activities should be respectfully confronted immediately and the activity stopped. Refusal of service for up to one year may be appropriate for a participant who repeatedly disregards this rule.

3. Staff Safety

Violent acts, or any threat of violence by a program participant towards other participants or program staff and volunteers will not be tolerated. Participants are not allowed to carry weapons on or near the program or office property, or outreach vehicle or location. Weapons may include, but are not limited to, large or sharp sticks, knives, guns, or any device or object presented in a threatening manner. Should a participant be seen to carry a weapon, they should be respectfully asked to leave immediately and not return with the weapon. If it is discovered and confirmed that a participant has used services while carrying a concealed firearm during a syringe exchange session, it is appropriate to refuse services to that participant for a minimum of one year.

A hostile or agitated participant bearing a weapon should not be directly confronted. The site should be shut down immediately, with all other clients and staff made to exit or leave the premises or site. The participant should be notified that law enforcement will be summoned if they do not leave, and that they are expelled from the particular

program for a minimum of one year following the incident, and may be permanent. It is recommended that one or more staff receive training on conflict resolution and de-escalation techniques.

SEP staff have the prerogative to cancel a syringe exchange session in the event of any occurrence that affects the safety, security, confidentiality, or effectiveness of a session. Program staff must shut down a syringe exchange session in the event of any violent act or threat of violence. Staff have the option to summon the police in the event of an occurrence that raises security concerns.

Involving, or the threat of involving, the police should only be used as a last resort, or for responding to an emergency. Use, or over-use, of this response towards participants directly compromises the element of trust necessary for the success of any SEP. "Word of mouth" travels through the IDU community quickly and may not only diminish participation, but may put outreach personnel in danger of retaliation while out in the field, or in staff members' personal lives.

Program staff and volunteers must not interfere or obstruct law enforcement personnel who may be involved in a situation with a program participant while performing their duties. SEP staff must immediately report to the NMDOH all violent acts, incidents involving law enforcement agents, and arrests of SEP participants, staff, or volunteers during a syringe exchange session.

Standard Precautions

In compliance with Occupational Safety and Health Administration regulations, the NMDOH requires that all clinical staff who provide direct client care in the course of their work complete annual bloodborne pathogen training. To this end, the PHD Health and Safety Committee program maintains an online Bloodborne Pathogen Course available through the NMDOH Online Learning Center (<http://training>). This course is intended to be used in conjunction with supervisor or classroom bloodborne pathogen "face-to-face" training. Upon successful completion of the course, staff should print a copy of their BBP Course Certificate and provide it to their supervisor.

All SEP staff must be vaccinated against the hepatitis B virus if they are not immune to the hepatitis B virus, unless they have a specific contraindication for receiving the hepatitis B vaccine. The NMDOH will administer the hepatitis B vaccine to SEP staff at no cost.

Sharps Management

Participants must transport used syringes in a recommended or approved sharps container. Any puncture resistant container as recommended by the Environmental Protection Agency is sufficient. Current EPA guidelines include using a thick plastic shampoo or laundry detergent bottle with a secure lid. However, participants are strongly encouraged to use sharps containers for their used syringes: the Harm Reduction Program makes a variety of sizes available for program participants to choose from. Glass bottles, aluminum cans, plastic soda bottles, or metal coffee cans are strongly discouraged. Syringes in non-puncture proof containers, such as cardboard boxes or bags, jeopardizes the immunity granted to program participants should they encounter a law enforcement official while transporting used syringes.

The syringe exchange staff must ask the SEP participant to drop the used syringes into a sharps container. SEP staff must never directly touch a used syringe, even with gloved hands: SEP staff must use tongs to handle used syringes. Participants should not be made to empty used syringes from a container for the purpose of verifying the requested exchange amount. If the provider is not convinced of the reported amount, it is reasonable to bargain with the participant for an acceptable exchange.

The SEP is considered the “waste generator”. By law, the waste generator must assure, and is responsible for, the safety of regulated medical waste from the time it is collected until it is destroyed or otherwise neutralized (a ‘certificate of destruction’ is provided by the program to document this). This assurance includes the time that syringes are in the possession of the waste management transportation service.

- NOTE: All contaminated sharps must be in an approved sharps container before being placed in a red bio-hazard disposal bag, even if that bag is in a larger bio waste storage container. Any non-approved container, such as a shampoo or laundry detergent bottle, must also be placed inside of an approved container before being “red bagged.” The red bag must be tied with a single slip knot before transport. Failure to comply with these procedures places waste transportation and disposal personnel at risk for injury and is a violation of state and federal environmental law, and may result in fines.
- If using a “PG II” container (approved by DOT for transport), items and non-approved containers may be placed directly into that container and no red bag is required. These containers will have locking lids with a leak proof gasket. These containers are made available to providers by the Harm Reduction Program.

SEP staff must immediately report to the NMDOH all needle-stick injuries involving SEP participants, staff, or volunteers during a syringe exchange session. The NMDOH recommends, and will provide, post exposure prophylaxis for possible HIV infection in the event of a needle-stick exposure by a program provider.

4. Required Documentation

Required documents for program operation include:

- First Interview forms
- Re-interview forms
- SEP Daily Exchange Log Form (Log Forms)

SEPs will provide copies of these forms for each calendar month to the Infectious Disease Bureau of the NMDOH no later than the tenth day of the following month. It is recommended that a program or office maintain the original documents on file for at least five years. These documents should be kept in accordance with security precautions for ensuring the confidentiality of syringe exchange and harm reduction program participants and records.

A SEP shall keep a log of the ID codes of all participants enrolled by that program. In the event that a participant needs a replacement ID card before the one year expiration

date, the program can provide it without having to re-interview the participant while maintaining the correct expiration date.

SEP staff shall maintain logs of syringe exchange session events that include:

- the card number of SEP clients who exchanged syringes;
- whether the recorded visit was a new enrollee, or the participant was re-enrolled into the program based upon the annual expiration;
- the number of used syringes that were brought in by each participant for exchange;
- the number of program syringes that were issued to each participant;
- the number of people, including the participant, who will receive needles from the exchange (“secondary exchange”);
- whether HIV/hepatitis screening, results, or vaccines have been provided (do not record the actual test result);
- referrals provided to the participant;
- written reports of any participant complaints about the SEP;
- written reports of any complaints about the SEP made by members of the community;
- written reports of any interactions between law enforcement agents and participants in the syringe exchange session; and,
- if syringes are provided to a previously enrolled participant who did not bring any to exchange, the reason for the provision should be written in the “comments” box.

5. Other Service Provisions

SEPs should provide, or have available, risk-reduction materials and condoms for syringe program participants to increase the safety of sexual activity. Staff should be available to answer questions concerning sex and the risks associated with sex and substance use/abuse.

SEPs should provide, or have available, educational resources for program participants about safer injection practices, vein care, and related health issues to assist participants in reducing injection related complications. This includes abscess care and reducing the long term health consequences of the drugs themselves. Program staff should be aware of local healthcare resources (e.g., Federally-Qualified Health Care facilities, local health office, urgent care, etc.) in case the participant needs to be referred for services (e.g., cellulitis/abscess management, STI testing).

SEP’s should provide injection related equipment made available by the Harm Reduction Program including: two sizes of syringes (28g 1/2 cc or 1 cc insulin syringes), personal SHARPS containers and other ‘works’ as they are available through the Harm Reduction Program.

It is suggested, though not required, that programs have items such as bottled water, snacks, and personal hygiene supplies for participants.

6. Client Eligibility

The criteria for enrollment into the Harm Reduction Program are:

- A. Individual must be 18 years of age or older.
1. It is up to the provider to determine if an individual meets the minimum age requirement.
 2. The provider may require a driver's license or state ID to verify an individual's age. If that individual is not able to confirm their age, the provider may refuse enrollment at that time. A driver's license or other form of ID is not required if an individual's age is not in question.
 3. The Controlled Substances Act (30-31-1 NMSA 1978) states that a person eighteen years of age or over who violates the provisions of Subsection B of Section 30-31-25.1 NMSA 1978 by delivering drug paraphernalia to a person under eighteen years of age and who is at least three years his junior is guilty of a fourth degree felony and shall be sentenced pursuant to the provisions of Section 31-18-15 NMSA 1978.
- B. Individual must use, or have used, syringes for injection drug administration.
1. A person seeking enrollment must be a current injection drug user.
 - "Current injection drug user" is generally defined as someone who has self-administered a controlled substance by injection at least once in the 30 days prior to seeking enrollment with a syringe exchange provider.
 - As an example, at, or near the beginning of the enrollment process, the syringe exchange provider may casually ask the person seeking enrollment: "*Where do you fix (inject)?*" The individual should be able to answer the question without hesitation and/or show the provider "tracks" (marks such as scars or scabs clustered together on the skin where veins are closest to the surface, like the inside of the arms, hands, ankles, and even the neck).
- OR,
2. An individual who injected in the past (former user), but who has not engaged in that activity for an extended period of time (longer than 30 days prior to seeking enrollment) either by choice, such as participating in substance abuse treatment, or by force, such as jail or prison, is eligible for enrollment with the SEP.
 - Former users seeking enrollment should be able to display "tracks," or be able to accurately and lucidly discuss drug use and injection practices.
 - The syringe exchange provider should attempt to respectfully engage a former user seeking enrollment in a discussion about possible alternatives to re-initiating injection practices.
- OR,
3. (In select case) a person who requires the use of syringes for legitimate medication administrations (e.g., insulin for diabetes, Coumadin/warfarin, etc.).

- The clients should have a compelling financial reason for participation in the program. However, a verification of financial eligibility is not required for participation.
- C. Individual should be a resident of New Mexico.
1. A non-resident of New Mexico may enroll and receive services in the program; however,
 2. The Harm Reduction Act is a New Mexico State law, and as such, only provides an exemption to the state's paraphernalia statute to residents of New Mexico who are enrolled in the SEP.

The syringe exchange provider must inform both resident and non-resident participants that enrollment in the program does not afford them any protection for possessing paraphernalia once outside of the State of New Mexico, or on Federal or Tribal lands.

7. Enrollment

Individuals seeking NMDOH authorized SEP enrollment must complete a program intake survey using the "SEP Interview" form.

- A. SEP staff must administer the intake survey rather than have the client fill it out. All information provided to the SEP by individuals seeking enrollment is confidential pursuant to New Mexico law (Section 24-1-20 NMSA 1978) and federal law.
 1. The survey is designed in part to collect demographic, risk behavior, drug use, knowledge of disease status, and other data.
 2. It also serves as a motivational interviewing tool to help facilitate discussion and provide counseling opportunities.
 3. The top of the survey has a key to help generate the participant code that will go on the yellow "sharps" program ID card. This code is used primarily for data tracking, but can be used to identify the individual as a Harm Reduction Program participant should the individual have an encounter with law enforcement where possession of paraphernalia may be in question (see B., below).
- B. After the enrollment survey is completed and the exchange has been logged, participants must receive the yellow SHARPS Card with their personalized ID code. It is highly recommended, though not always possible, to laminate the card before giving it to the participant. The card should contain an expiration date one year, to the month, from the time the participant is enrolled.
 1. The syringe exchange provider should inform all participants that the SHARPS Card can positively identify the individual as a member of the program, but it will not serve as, nor be accepted as, an ID card by law enforcement or in any other context.
 2. Participants must always have a SHARPS Card when they leave an exchange site with syringes and/or supplies. Both the participant and the provider may be liable for possession/distribution of paraphernalia if a participant is stopped by police after leaving the site if they cannot demonstrate their participation in the program.
 3. Participants should be made aware of the description of the law, and of the NMDOH phone number on the back of the card. They may direct law

enforcement or others seeking information on participant enrollment status to call this number.

4. The syringe exchange provider should inform all participants that enrollment in the program does not supersede other legal conditions, rules, or restrictions such as probation and parole.
 5. Participants must be instructed to identify themselves to law enforcement personnel as program participants in the event they have an encounter that results in a search of either themselves or their property. They should then disclose the location of the syringes so an officer is not injured. This often results in a more positive interaction between the participant and the officer(s).
 6. Participants should be warned that program participation does not protect against testing of used syringes for residue – therefore, participants should be warned to rinse all syringes after use.
 7. A participant requiring documentation of their participation in the program should contact the provider that enrolled them. That provider should contact the Harm Reduction Program who will then provide such documentation to the participant once enrollment is verified. Questions by authorities and/or legal counsel may be directed to the Harm Reduction Program.
- C. Participants should be offered up to 30 new syringes upon enrollment, as well as other available supplies. In most cases, a provider should let the participant take as many of the additional supplies they feel is necessary to prevent any sharing of injection equipment, or other risky behavior, *within reason*. A participant who is identified as having a problem with limits should have a provider ask them what they need, and the provider should get the items together for the individual.
- If upon initial enrollment a participant has syringes to exchange, those should be added to the 30 offered upon enrollment.
- D. The encounter must be documented on the SEP Daily Exchange Log Form (referred to as the Log Form). The SEP Interview Form does not document the exchange itself. Enrollment in the program is noted on the Log Form in the “1st Visit” box.
 - E. Appropriate referrals and services, if any, should then be initiated for the client.
 - F. File the intake survey in a secure location – this may be used in future visits to confirm the enrollment of an individual should they not have their SHARPS Card available.

8. Syringe Exchange Visits

Following their initial enrollment, SEP participants may present as needed (within the program’s scheduled times) for harm reduction services. A visit shall include the following components:

- A. Promptly greeting and serving the client. If a delay is expected, this should be explained to the client.
- B. Provide the appropriate harm reduction services in an environment that protects client confidentiality while maintaining provider safety.

- C. Use the client's yellow SHARPS Card to confirm the client's prior enrollment and their participant code. In the event that a participant needs a replacement SHARPS Card before the one year expiration date, the program can use the client interview form on file to provide it without having to re-interview the participant while maintaining the correct expiration date.
- D. Obtain a count of the number of syringes being exchanged. This may be reported by the participant or an estimate based on the size of the container (however, do not remove syringes from a container to count). Do NOT handle sharps that are not in an appropriate container. If the client has no or few syringes to exchange, then a limited number may be provided (e.g., 10) – the client should be encouraged to bring back used syringes to exchange.
- E. Have the client place the used syringes in the approved local sharps container.
- F. A provider should let the participant take as many of the additional supplies (e.g., cookers, twist ties, sterile cottons, sterile water and saline, alcohol pads, tourniquets, various sharps containers) that is necessary to prevent any sharing of injection equipment, or other risky behavior, *within reason*. A participant who is identified as having a problem with limits should have a provider ask them what they need, and the provider should get the items together for the individual.
- G. The encounter must be documented on the Log Form. Information that must be recorded includes:
- the SHARPS Card ID of SEP client;
 - whether the visit is for a new enrollee, or the participant was re-enrolled into the program based upon the annual expiration;
 - the number of used syringes brought in for exchange;
 - the number of program syringes issued to the participant;
 - the number of people, including the participant, who will receive needles from the exchange (“secondary exchange”);
 - whether HIV/hepatitis screening, results, or vaccines are provided (do not record the actual test result);
 - referrals provided;
 - written participant complaints about a syringe exchange; and,
 - if syringes are provided to a participant who did not bring any to exchange, the reason for the provision should be written in the “comments” box.
- H. Appropriate referrals and services, if any, should then be initiated for the client.
- I. Have available and provide risk-reduction materials and condoms for syringe program participants to increase the safety of sexual activity. Staff should be available to answer questions concerning sex and the risks associated with sex and substance use/abuse.
- J. Provide, or have available, educational resources for program participants about safer injection practices, vein care, and related health issues to assist participants in reducing injection related complications. This includes abscess care and reducing the long term health consequences of the drugs themselves.

- K. Ensure that the client has their SHARPS Card when they leave an exchange site with syringes and/or supplies. Both the participant and the provider may be liable for possession/distribution of paraphernalia if a participant is stopped by law enforcement after leaving the site if they cannot demonstrate their participation in the program. Participants must be instructed to identify themselves to law enforcement personnel as program participants in the event they have an encounter that results in a search of either themselves or their property. They should then disclose the location of the syringes so an officer is not injured. This often results in a more positive interaction between the participant and the officer(s).

9. Re-Enrollment

When a participant's card is expired, or they have not participated with the program for an extended period of time (over one year), the individual should be re-surveyed using the SEP Interview Form. The questions are identical, except for question 9 (which asks about other services being accessed through the SEP).

Providers should keep a log of these SHARPS Card ID codes with their other enrollments so a replacement card may be issued based on the original expiration date. These surveys are noted on the Log Form as the "Re-Survey" box.

References/Companion Manual

- *HIV Prevention Protocol*
- *Adult Viral Hepatitis Protocol*
- *Statewide Comprehensive Strategic Health Plan*
- *"Getting Off Right" – The Harm Reduction Coalition*
- *"Safe Injection, Better Vein Care" video – Albuquerque Health Care for the Homeless*

Attachments

- *The Harm Reduction Act*
- *SEP Regulations*
- *SEP Interview Form*
- *Log Form*
- *SHARPS Card template*
- *Provider Certification Training hand out*
- *Provider Certification and ID Card*
- *SEP Waste Management Protocol*
- *State Environment Dept. Solid Waste Management - Infectious Waste Regulations 706 through 712 (pages 88 – 100)*
- *Law Enforcement Needle Stick Protocol Card template*
- *Law Enforcement Education training hand out*

2) OVERDOSE PREVENTION TRAINING PROGRAM

Background

Respiratory depression and arrest is the primary cause of death due to an opioid overdose. Naloxone is a specific opioid antagonist drug that rapidly reverses the effects of opiate drugs, including heroin. Naloxone may be effective in reversing an opioid/heroin overdose death if administered no more than three to five minutes after the person who has overdosed has stopped breathing. Naloxone should be viewed as one of several tools and skills that can be taught and employed to prevent an opioid/heroin overdose death.

New Mexico Department of Health (NMDOH) establishes guidelines for the dispensing of naloxone through NMDOH Public Health Offices (PHO) and Contractors in order to reduce fatal opioid overdose as established in Chapter 24, Article 23, Sections 24-23-1 and 24-23-2, NMSA 1978, and 7.32.7.1 through 7.32.13 NMAC, 9/13/2001.

NMDOH provides naloxone through the Opioid Antagonist Administration Program (OAAP), which is a component of an Overdose Prevention Training Program (OPTP) model developed in each Region under Central Office (Infectious Disease Bureau) guidance to prepare participants or Trained Targeted Responders. The OPTP was established to improve the response to drug overdoses, in order to prevent unnecessary loss of life. The program provides overdose education, including training on the administration of naloxone. While opioid antagonist administration does not automatically guarantee a reversal of the effects of opioid overdose, it is the only definitive care currently available. In addition, the training of injection drug users and their peers to prevent, and/or properly respond, to an overdose leads these peer educators within drug using communities to decrease overdose deaths by spreading prevention education.

Service Population

New Mexico State Law authorizes persons other than licensed health care professionals to administer the opioid antagonist naloxone to another person if: (1) he/she, in good faith, believes the other person is experiencing an opioid drug overdose; and (2) he/she acts with reasonable care in administering the drug to the other person. Individuals who have participated in a NMDOH-sanctioned OPTP are eligible to receive naloxone from a local Public Health Office – these individuals will hereafter be referred to as “participants”.

This Protocol addresses the content and operations of an OPTP, including the provision of naloxone by employees and contractors of NMDOH to non-medical lay persons. A separate protocol has been developed for external entities contracted to provide OPTP services and should be consulted as needed.

Methodology

Overdose Prevention Training teaches strategies for reducing the likelihood of overdose, the importance of providing rescue breathing to a person who is overdosing, the importance of quickly contacting professional medical help in the event of an

overdose, and the appropriate use of naloxone to reverse the effects of opiate overdose. One component of OPTP may include the provision of naloxone (through an OAAP) to participants.

This protocol incorporates a Standing Order for NMDOH nursing staff (including contractors) to dispense naloxone to enrolled clients without the need of an individual prescription (or verbal order) from a provider – see below.

1. Implementation and General Provisions

Personnel

A Program Director shall be identified in each Region who manages the OPTP. The Program Director shall:

1. Provide evidence of coordination of the OAAP with local Emergency Medical Services and emergency dispatch agencies, including 911 dispatch agencies;
2. Develop processes to ensure that the naloxone is maintained and stored by NMDOH prior to distribution in accordance with the manufacturer's guidelines and NMDOH policy/procedures.
3. Provide direction in the selection of program participants;
4. Develop processes to ensure that all program participants have been trained by an NMDOH–Harm Reduction Program-approved OPTP;
5. Maintain naloxone administration training records for all program participants while they are active in the program, and for a least three (3) years thereafter;
6. Maintain OAAP records including naloxone inventory records, program participant training records, and OPTP usage records;
7. Ensure that all administrations of naloxone are reported to the Harm Reduction Program using the required format; and,
8. Assist the Physician Medical Director with quality assurance review of all naloxone administrations.

The Regional Health Officer (RHO), or other designated NMDOH physician shall be the **Physician Medical Director** for the regional OAAP (note: this may include physicians who are not located within the Region, such as RHO's in other Regions). The Physician Medical Director provides oversight of the program in accordance with the requirements of the New Mexico Board of Pharmacy (NMBOP). The selected physician shall:

1. Provide medical leadership, expertise, and oversight of the program;
2. Serve as an advocate and spokesperson for the OAAP;
3. Serve as the prescribing clinician for the dispensing of naloxone, or identify another NMDOH clinician to serve in this role;
4. Ensure that all program participants are properly trained and their skills are maintained;
5. Ensure quality assurance review for all administrations of naloxone;
6. Assume overall responsibility for how the OAAP is planned and conducted; and,
7. Ensure compliance with the NMBOP requirements for the issuance, control, and storage of medications.

As the Public Health Division of the Department of Health has a centralized **State Pharmacy** and **Pharmacy Director** who provides oversight and maintains the ordering, inventory, and shipping of supplies and medications, including naloxone, to Public Health Offices and the programs they support, for the purposes of the OAAP the NMDOH Pharmacy Director will serve as the **Consulting Pharmacist**.

Each PHO usually assigns one **Nurse** to be responsible for the duties of the Pharmacy Director for that location and who is responsible for the naloxone provided through the State Pharmacy. Both the Program Director and the Physician Medical Director shall work with the Nurse who represents the PHO State Pharmacy representative to ensure program functions.

Applicability

This protocol applies to all NMDOH employees and contract providers who are certified to provide overdose prevention training with naloxone prescription to both current and former injection drug users, their family members and friends, treatment providers, and other non-medical first responders, such as law enforcement personnel, who may encounter an overdose situation while performing their duties.

A separate protocol has been developed for external entities (i.e., non-NMDOH staff) contracted to provide these services and should be consulted as needed.

Responsibility

NMDOH leadership has the ultimate responsibility for assuring this policy is enforced and has the ultimate authority to accept or reject the recommendations of the Harm Reduction Program. The Harm Reduction Program is responsible for monitoring, reviewing and certifying both local public health OTP and contracted providers and the quality of the training being provided.

2. Program Operation

Registration of an Overdose Prevention Program

All Local Health Offices are registered as Overdose Prevention Program sites.

EMS Notification

Local EMS agencies shall be notified of the activation and existence of the OTP. The notification shall include the name of the OTP Program Director, Physician Medical Director, location of the program, telephone number, and a copy of medical director approved protocols. The local EMS agencies shall also be notified if an existing OTP stops or is cancelled.

Opioid Antagonist Selection

OAAP shall use naloxone as the opioid antagonist. The administration device to be used is the 2 ml prefilled dose with an atomizer for intranasal delivery.

Response Supplies

OTP shall provide and maintain at least the following minimum response equipment as selected by the Physician Medical Director:

1. Medical exam gloves.
2. Container approved for sharp medical waste.
3. Mask or other barrier for use during rescue breathing.

Medication Storage and Control

Medication storage and control shall be in accordance with manufacturer's recommendations, the NMBOP, and the Federal Food and Drug Administration (FDA) rules and regulations.

3. Required Documentation

The OPTP shall establish and maintain a record keeping system that is available for audit. It shall include the following information:

1. List of program participants;
2. Dates of training for program participants;
3. Copy of Physician Medical Director approved medical protocols;
4. Copy of registration and EMS service notification forms;
5. Naloxone Administration usage reports/Data collection forms;
6. Quality assurance review documentation; and,
7. Naloxone order and maintenance records.

"Narcan Enrollment/Record of Use Forms" should be sent by the OPTP staff to the Harm Reduction Program in Santa Fe.

4. Enrollment

Overdose Prevention Training

To enroll in the program, participants must have been trained in overdose prevention (+/- naloxone administration) by an individual approved by the NMDOH Harm Reduction Program to provide such training. The overdose prevention training for participants includes what is and what causes an overdose, how overdoses can be avoided, how to identify and properly respond to an opioid overdose, universal safety precautions, rescue breathing, activating EMS, and the administration of naloxone. While opioid antagonist administration does not automatically guarantee a reversal of the effects of opioid overdose, it is the only definitive care currently available. In addition, the training of injection drug users and their peers to prevent, and/or properly respond, to an overdose leads these peer educators within drug using communities to decrease overdose deaths by spreading prevention education.

Training of a participant for the use of naloxone includes:

1. A discussion of the indications, contraindications, potential adverse reactions, and administration of the medication.
2. A discussion of logistic considerations, such as storage in a relatively stable environment, avoiding direct sunlight or excessive freezing or heat.
3. Information regarding the expiration date of the medication and instruction to the participant to discard the prescribed medication and return for a new supply before the currently prescribed syringes expires, and not to use the drug if the solution is cloudy.

Every person who receives overdose prevention training and/or is prescribed and provided with naloxone will have a Narcan Enrollment/Record of Use Form completed and signed by the trainer that will be sent to the Harm Reduction Program in Santa Fe by the 10th of every month. Only forms for participants who have actually received naloxone or reported an overdose reversal should be submitted. The report form shall be designated by the NMDOH Harm Reduction Program, and shall include at a minimum:

1. Name of the OAAP;
2. Name of the trainer submitting the report;
3. Unique participant code of the participant;
4. If reporting the use of naloxone:
5. Approximate date of naloxone use;
6. Amount of naloxone administered;
7. Amount of naloxone replaced to the participant at the time of the report;
8. If known, list the type of drugs (other than opioids) taken by the person to whom the naloxone was administered; and,
9. Circumstances relating to overdose (if known):
10. Was EMS called, and if not, why;
11. Was the person transported to a clinical facility;
12. Was rescue breathing performed on the person who overdosed;
13. Distance from nearest emergency department (in road miles);
14. Clinical disposition of the incident (if known).

During enrollment, a chart will also be created in the NMDOH electronic medical record (BEHR) that includes (at least) the minimum elements of a medical record: the name and date of birth of the participant; participant allergies (or no known allergies); the medical indication for the prescription of naloxone; and documentation that the participant has completed overdose prevention training that is approved by the Harm Reduction Program, and been informed and understands the indications, contraindications, potential adverse reactions, and proper administration of the drug. The Narcan Enrollment/Record of Use form may be scanned into the medical record.

The participant will then receive a “Narcan Card” and supply of medication.

Enrollment Cards

It is preferred to avoid having a trained participant obtain their naloxone by referral. In certain cases, such as a training provided in a detention facility, or in rural areas, where it is not possible to provide the naloxone to a participant at the time of the training, an enrollment card should be given to the participant, along with information on suggested locations where the participant may redeem the card for their naloxone and related equipment. When the card is redeemed, the original trainer should then send in the participant’s enrollment form. This card should have:

1. The individual’s unique participant code;
2. The date and location of the training; and
3. The name and telephone number of the trainer (or the OAAP).

Naloxone Prescription and Dispensing

Naloxone (trade name: Narcan) is a prescription medication, not a DEA-scheduled drug. Naloxone is on the PHD Pharmacy dispensing formulary. NMDOH personnel with independent prescribing authority as defined by the NMBOP (e.g., physicians, Nurse Practitioners, Physician Assistants) are authorized to prescribe naloxone to opiate users in the context of NMDOH-sanctioned overdose prevention and treatment education programs. A naloxone prescription (or the medication itself) may be provided directly to the opiate user, family members, friends, or domestic partners of the active opiate user for the purpose of ensuring greater community access and decreasing opiate overdose fatalities statewide. The New Mexico Board of Pharmacy (NMBOP) requires that a naloxone prescription specify:

1. The name of the individual to whom the medication is prescribed;
2. The name of the clinician with the authority to prescribe the medication;
3. An entry into the medical record that defines the prescribing event and the medical indications for the prescription.

Of note, an NMDOH clinician with independent prescribing authority could, theoretically, provide a prescription to obtain naloxone from an external pharmacy to anyone (whether enrolled in the program or not). However, only participants in the program may be prescribed and provided with naloxone from NMDOH dispensing site supplies.

Each NMDOH OPTP will have an NMDOH clinician authorized to prescribe naloxone, referred to as the “**prescribing clinician**”. The prescribing clinician’s function for the program is to serve as the clinician of record for standing orders.

Both medical (e.g., nurses, nurse practitioners, physician assistants, physicians) and non-medical staff (e.g., Disease Prevention Specialists, Health Educators) may be trained and approved to provide education on overdose and naloxone administration to participants using NMDOH Harm Reduction Program guidelines and best practices. However, only those individuals who have authority to dispense medications may provide naloxone to participants under the authority of the prescribing clinician. As a result, staff providing services within an NMDOH-sanctioned OPTP may be able to a) only provide the overdose prevention education/visit component (e.g., ‘trained’ DPS), b) only be able to dispense medication (e.g., ‘untrained’ nurse or physician), or c) may be able to do both (e.g., ‘trained’ nurse).

5. Naloxone Dispensing Visits

The process for clients receiving naloxone includes:

1. The participant can present to a local health office that provides naloxone and present their “Narcan Card”. If the client does not have a “Narcan Card,” their unique identifier number can be found by calling the Harm Reduction Program in Santa Fe to confirm training if necessary. The unique identifier number consists of the first letter of the first name, first two letters of the last name, and their date of birth using six digits (first two for month, second two for day, and last two digits of year) Note: this step has already been completed if the dispensing occurs immediately following participation in training.

2. A Narcan Enrollment/Record of Use Form will be completed for the client.
3. Document the participant contact in BEHR. Should BEHR be unavailable at the time of the provision of service (e.g., power outage, outreach) or the staff person does not have BEHR access, then use BEHR-down processes – see <http://intranet/PHD/beh.html> and <http://intranet/PHD/clinicalForms.html>. Record the encounter in BEHR as soon as possible - these forms may be destroyed once entry into BEHR has been completed.
4. Under the Naloxone Standing Order (see below), an individual with dispensing authority will provide two (2) pre-filled syringes of naloxone for intranasal use (2 mg in 2cc) and a Mucosal Atomization Device (MAD) using DOH pharmacy sign-out procedure. Each box containing naloxone must be labeled with an NMDOH Pharmacy label indicating the name of the participant, the name of the prescribing clinician, the date, and instructions for the use of the medication.

More doses may be provided depending on the conditions indicated by the participant, such as lengthy travel or limited hours of availability.

The nurse or clinician dispensing the medication should remind the client about the expiration date of the medication and instruct the client to return for a new prescription before the currently prescribed Naloxone expires, and not to use the drug if the solution is cloudy. Naloxone should be stored in a relatively stable environment, avoiding direct sunlight or excessive freezing or heat.

References

None

Attachments

- *Narcan Enrollment/Record of Use Form*
- *Enrollment Card (sample)*
- *Naloxone Orders (ordering form)*
- *Naloxone/Narcan Instructions*
- *Naloxone Drug Information Sheet (DIS) – English and Spanish – available at <http://intranet/PHD/PharmacyDIS.html>*
- *BEHR Down Forms – available at <http://intranet/PHD/clinicalForms.html>*

Additional Resources

- *NC Project Lazarus - <http://projectlazarus.org/patients-families/videos>*
- *Southwest Pathways - <http://www.health.state.nm.us/phd/dist3/pathways.htm>*

NALOXONE STANDING ORDERS

Introduction

Public Health Offices where Overdose Prevention Training Program (OPTP) services are provided should be able to dispense naloxone even if a clinician is not available. This standing order enables NMDOH nursing staff to dispense naloxone to OPTP clients.

A client is an individual who is enrolled in the OPTP program, which includes formal training in naloxone use from an NMDOH Harm Reduction Program-approved trainer.

Order:

1. The client must either possess an NMDOH “Narcan card” with their name on it or their name can be found in the files or data base used by the OPTP. Call the Harm Reduction Program Manager in Santa Fe to confirm training if necessary.
2. Using BEHR HR (Narcan) template, update the record, including the Reason for Visit, HPI (History of Present Illness), PMH (Past Medical History), Family Hx (Family History), and Personal Hx (Personal History). This includes:
 - If one or more doses of naloxone have been previously dispensed to the client, and if so, the status of the medication (e.g., expired, lost, administered).
 - If one or more doses have been administered by or to the client, document this in the BEHR note and complete a “Narcan Enrollment/Record of Use” form with the client for each use – this form is faxed by to the Harm Reduction Program Manager in Santa Fe (the fax number is on the bottom of the form).
 - Document any problems with administration (e.g., allergic reaction, pulmonary edema).

If BEHR is not available (e.g., during an outreach) use the then use BEHR-down processes – see <http://intranet/PHD/beh.html> and <http://intranet/PHD/clinicalForms.html>. Record the encounter in BEHR as soon as possible - these forms may be destroyed once entry into BEHR has been completed.

3. If there are no new medical contraindications or prior problems with use of naloxone, and the client requests additional doses, dispense two (2) pre-filled syringes of naloxone (2mg in 2cc) for intranasal use and a Mucosal Atomization Device (MAD) using DOH pharmacy sign-out procedures (i.e., each box must be labeled with a NMDOH Pharmacy label indicating the name of the participant, the name of the prescribing clinician, the date, and the instruction for the use of the medication). Note that more doses may be provided depending on the conditions indicated by the participant, such as lengthy travel or limited hours of availability.
4. Provide a drug information sheet with the medication (<http://intranet/PHD/PharmacyDIS.html>).

PLEASE see the NMDOH Harm Reduction Protocol at http://intranet/PHD/clinical_protocols.html for further recommendations and requirements regarding medication administration including enrollment procedures.

For any issues not covered by this order, please contact the Regional Health Officer or other designated prescribing clinician for further guidance.

Please place this standing order with your Harm Reduction AND your Standing Orders Notebook.

Prescribing Clinician Name: _____

Signature: _____

Date: _____

3) DEFINITIONS

1. **“Administration of Opioid Antagonist”** means the administration of an opioid antagonist by a person authorized pursuant to Regulation.
2. **“Emergency Medical Service (EMS)”** means the services rendered by licensed Emergency Medical Technicians, certified Emergency Medical Services First Responders or Emergency Medical Dispatchers in response to a person’s need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.
3. **“Medical Direction”** means guidance or supervision for trained targeted responders provided by a physician for the administration of opioid antagonists. This includes overseeing training, emergency medical services coordination, protocol approval, quality assurance, and reporting.
4. **“Opioid”** means containing or derived from opium, including but not limited to morphine, heroin, or pharmaceutical medications containing opiates, such as methadone, codeine, hydrocodone, and oxycontin.
5. **“Opioid antagonist”** means a drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist is limited to naloxone or other medications approved by the NMDOH, unless otherwise stated in this regulation. The administered dose for suspected overdose in an adult is initially 0.4mg-2.0mg IV initially (0.01mg/kg body weight for children), and may be repeated at 2-3 minute intervals to a maximum of 10mg (a single dose of 0.1 mg/kg body weight for children). If an I.V. route of administration is not available, naloxone may be administered I.M. or S.C. in divided doses. For intranasal administration, the dose is 2mg IN (1mg/ml per nostril using an mucosal atomization device).
6. **“Opioid Antagonist Administration Program (OAAP)”** means an organized program to administer naloxone in accordance with these regulations.
7. **“Overdose Prevention Training Program”** means a training program which teaches overdose prevention information and practices, and prepares a person to administer an opioid antagonist as recommended by the Department of Health for an OAAP.
8. **“Participant”** is any qualified individual who has been trained and enrolled in the program.
9. **“Physician”** means a doctor of medicine or doctor of osteopathy who is licensed or otherwise authorized to practice medicine or osteopathic medicine in New Mexico.
10. **“Physician Medical Director”** means a physician who is responsible for oversight of an Opioid Antagonist Administration Program, including providing for or ensuring the medical control of trained targeted responders; the development, implementation, and evaluation of medical protocols; oversight of quality assurance activities, and compliance with the NMBOP requirements.
11. **“Protocols”** means predetermined, written medical care plans and includes standing orders.
12. **“Provider”** means a person or entity contracted to deliver services.

13. **“Trained Targeted Responder (TTR)”** means a person who has completed an authorized opioid antagonist training program and who administers opioid antagonists as defined in Harm Reduction Protocols.

4) ATTACHMENTS

Attachment A: Clinical Protocol/Manual Approval Sheet

Attachment B: Acknowledgement and Receipt of New/Revised Clinical Protocol

**PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET**

PROGRAM: Public Health Division – Harm Reduction

CLINICAL PROTOCOL/MANUAL TITLE: Harm Reduction Services

Reviewed by:

Name: *Elizabeth Anderson* Date: 1-30-12
Name: _____ Date: _____
Name: _____ Date: _____
Name: _____ Date: _____
Name: _____ Date: _____

Program Manager: *[Signature]* Date: 1/30/12
Bureau Chief: Gayle Kenny *Gayle M. Kenny* Date: 1/30/12
Bureau Medical Director: Linda Gorgos, MD *[Signature]* Date: 1/27/12
PHD Medical Director: Maggi Gallaher, MD *Maggi Gallaher* Date: 1/27/12
Regional Health Officer: *[Signature]* Date: 1/27/12
PHD Chief Nurse: _____ Date: _____

**PUBLIC HEALTH DIVISION
ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL
PROTOCOL**

PROGRAM: _____

CLINICAL PROTOCOL/MANUAL TITLE: Harm Reduction Services

I have reviewed the document listed above and I approve it for practice in Region 2.

Regional Director Date

Regional Health Officer Date

Director of Nursing Service Date

Director of Nursing Service Date

I have received, reviewed and will follow this Clinical Protocol and its Standing Orders.

Staff (Clinicians, PHNs, DPSs, etc.):

_____ Name	_____ Date	_____ Name	_____ Date
_____ Name	_____ Date	_____ Name	_____ Date
_____ Name	_____ Date	_____ Name	_____ Date
_____ Name	_____ Date	_____ Name	_____ Date
_____ Name	_____ Date	_____ Name	_____ Date
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