



POLICY AND PROCEDURE	
SUBJECT/TITLE:	SWAP (Stark Wide Approach to Prevention)
APPLICABILITY:	Nursing Department
CONTACT PERSON & DIVISION:	Diane Thompson, RN, MSN,
ORIGINAL DATE ADOPTED:	06/22/2017
LATEST EFFECTIVE DATE:	06/22/2017
REVIEW FREQUENCY:	Every three (3) years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	200-003-P

A. PURPOSE

The intent of this document is to detail the policy and procedure for SWAP (Stark Wide Approach to Prevention), a syringe access program implemented at the Canton City Health Department (CCHD). The intent is to promote healthy behavior and decrease the short- and long-term adverse consequences of high-risk drug use behaviors in individuals.

B. POLICY

New syringes are distributed to help prevent the spread of bloodborne pathogens. Staff members and community partners will function in roles relevant to the provision of services. “Staff members” refer to all individuals supporting SWAP (i.e. both paid employees, community partners, and volunteers).

Staff Members:

At a minimum, the following positions should attend all SWAP:

1. Nurse Navigator or representative to distribute Narcan and refer to treatment options
2. CCHD representative to distribute new needles
3. CCHD tester – HIV and Hepatitis C
4. Peer Support
5. Data Collector to distribute client identification and collect data

Harm reduction services provides for the following:

1. Attempt to reach participants “where they are” to assist them in making healthy choices;
2. Be attentive to the health and well-being of the entire person in considering when to use harm reduction options;
3. Tailor harm reduction options to the needs of the population, taking into consideration the population’s norms and behaviors;
4. Provide referrals to appropriate health and social services, including primary care, mental health, substance use/abuse, STI testing and treatment, Hepatitis C testing and other HIV prevention services;

SWAP services will include the following:

1. Provide sterile syringes, sharps containers (Fitpack DISPOSABLE-SAFE), sterile injection equipment, and safer sex supplies to people who inject drugs (PWID).



- a. Access participants and establish rapport
 - b. Distribute supplies to meet the needs of participants
 - c. Promote services available to participants
 - d. Maintain anonymity of collected participant information
 - e. Appraise physical, pharmacological, legal and psychological situation when providing equipment
 - f. Respond to crisis situations when required in line with agency protocols
 - g. Stock outlet(s) with appropriate equipment
 - h. Maintain records/statistical data
2. Manage Disposal of used equipment
 - a. Needleshark grinder will be used to dispose of needles at the access site
 - b. Supply safe disposal containers to PWID for transport of used needles
 - c. Provide information on safe disposal to PWID and community groups
 3. Provide education and information on safer injection strategies and safer sex strategies to PWID
 - a. Assess current concerns of PWID
 - b. Provide written educational materials on safe practices, disposal of equipment and safe sex practices
 - c. If appropriate, organize and/or conduct groups/workshops for PWID
 - d. Relate to participants in a way that empowers them to assess their own risks and make informed choices
 - e. Evaluate interventions
 4. Conduct brief assessments and provide appropriate referrals to services
 - a. Develop and maintain a referral network of available health services and resources
 - b. Provide, upon the participant's request, appropriate assessment and referral to other health, welfare and community agencies
 - c. Conduct brief crisis intervention as required
 5. Provide participant support and assistance when appropriate
 - a. Provide appropriate support or action to participants at risk of abuse, exploitation or discrimination
 - b. Assist such participants to access health and/or legal support when requested
 - c. Be familiar with CCHD complaint procedures
 6. Promote SWAP within the community
 - a. Develop and maintain links and liaison with other health and community agencies
 - b. Promote the SWAP service to other relevant agencies, services and community groups
 - c. Promote the availability of training and community education to such agencies and services
 - d. Support other agency staff as appropriate.

C. BACKGROUND

The evidence collected about bloodborne pathogen prevention (specifically, Hepatitis C and HIV) programs such as harm reduction outreach with syringe access shows the following:

1. Most injection drug users are not in substance abuse treatment;
2. Outreach to PWID is crucial to reducing the sexual and injection risks Hepatitis C and HIV poses for them, their partners, and their children;
3. Operating a harm reduction outreach program with syringe access attracts injecting drug users to risk reduction, increases referral to treatment, and results in less Hepatitis C and HIV transmission;
4. Syringe access programs significantly decrease the amount of discarded syringes in a community; and

5. Syringe access programs do not increase drug use or cause other harm.

D. GLOSSARY OF TERMS

People Who Inject Drugs (PWID) – individuals who inject recreational drugs

Harm Reduction – an approach to drug use that places the overall well-being of the drug user and society, above the narrow goal of abstinence. Directed toward reducing negative, social, and economic consequences associated with drug use.

E. PROCEDURES & STANDARD OPERATING GUIDELINES

Set Up

1. The nursing waiting room will be used for SWAP access – this is a walk-in process
2. Ceiling cameras in lobby will be covered during SWAP
3. Chairs will be removed from nursing waiting room (random chairs can be left around the periphery of the room)
4. Table set-up for data collection
5. Table set-up for needle grinder
6. Table set-up for new needle and harm reduction/safe sex kit distribution
7. Mobile Easel will be placed in the general area – this will include educational information and expectations of the SWAP
8. Medical Director’s office will be used for private consultation with Nurse Navigator
9. SWAP logo sign will be placed in the WIC department window the afternoon of the SWAP
10. An inventory of harm reduction and safe sex kits is taken at the start of the SWAP

Greeting Participant

1. Participants will enter through the main entrance and be directed into the nursing waiting room with arrow signage displaying SWAP
2. Participants will be greeted at front table by data collection person who will assess participant needs (what services he/she is accessing) and complete SWAP Intake Form (appendix A)
 - i. Explanation that services are anonymous and some general demographics are required
 - ii. Explanation of the program and how it works
 - iii. Ask participant, what his/her needs are
 - iv. How many used needles are you disposing?
 - v. How many new needles do you need?
 - vi. Provide
3. Participants may be greeted by peer supporter to assist with steps of process
4. Participant will be reassured the process is anonymous. The following will be used to create a Client ID number for a SWAP participant card: First of first name, First of last name, Second of last name, month of birth, year of birth, Gender: Male=1, Female=2, Transgender=3. (i.e., Larry **PA**sc0 June 1989 Male = **LPA0619891**)
5. Client ID will be marked on participant card and card will be laminated
6. Card will be given to participant along with a black sharps container with a *silicone smart wallet* to hold the participant card
7. Participant is told to return used syringes in the sharps container when they return to the SWAP.
8. Additional data collected includes date, client # (for anonymity), race, ethnicity, age, zip code (place they stay most frequently), syringes returned, and syringes given.
9. Participant is given “*What services are you here for?*” paperwork and instructed to complete for additional needs. Additional services include: Narcan kit, HIV and Hepatitis C testing, Hepatitis A/B vaccination when available, and substance abuse or mental health treatment resources



10. Participant is directed to discard needles in either needle grinder (if presents with manageable number) or large biohazard container (if presents with larger number). No staff member will assist with disposal of needles except to give instruction on proper method of disposal.
11. Participant will pick up new needles from appropriate table and will then be assessed for any additional services that are requested (refer to specific clinical policies for hepatitis C and HIV testing and vaccination).
12. Narcan distribution/instruction will be provided at each SWAP by the nurse navigator or designee.
13. Peer support will provide what services deemed appropriate by individual and participant.

F. CITATIONS & REFERENCES

San Francisco Department of Public Health (2011, March 1). Syringe Access and Disposal Program Policies and Guidelines. Retrieved March 27, 2017 from <http://harmreduction.org/wp-content/uploads/2012/01/SPPPGVersion2-3-1-2011.pdf>

The Indiana Recovery Alliance (2015, December). Individuals Working on Recovery – Any Positive Changes Harm Reduction Outreach with Syringe Exchange Guidelines and Operating Procedures. Retrieved March 21, 2017 from <http://indianarecoveryalliance.org/services/resources/>

G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Diane Thompson, RN, MSN, Director of Nursing
2. Amanda Archer, MPH, Epidemiologist

H. APPENDICIES & ATTACHMENTS

N/A

I. REFERENCE FORMS

N/A

J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes

K. APPROVAL

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.