

SOMERSET PHARMACY NEEDLE EXCHANGE SCHEME:

POLICY AND GUIDELINES



JUNE 2010

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ORGANISATIONS IN SUPPORT

This policy is supported, endorsed & ratified by the following groups, agencies and organisations:

Organisation	Endorsed by	Position
Somerset DAAT	Carole Lennox	Primary care Substance Misuse Co-ordinator
Shared Care Monitoring Group	Wayne Lewis	Chair
Shared Care Clinical Governance Committee	Dr Andrew Allen	Chair
Somerset Local Pharmaceutical Committee	Andrew Harker	LPC member (NMP Substance misuse)
	Mark Goodwin	LPC Development Manager
Turning Point	Dr Gordon Morse	Clinical Lead
	Janet Hucker	Needle Exchange Lead
Somerset PCT	Steve Dubois	Controlled Drugs Officer
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National Context

NICE public health guidance “Needle & Syringe programmes – providing people who inject drugs with injecting equipment” was published in 2009¹. The guidance requires needle exchange facilities to be widely available in the UK.

This document is designed to provide you with all the tools necessary to enable you and your staff to safely implement the Somerset Needle Exchange policy & guidelines for Pharmacies. At the back of this document you will find all the relevant forms and useful contacts you may need in the safe and effective delivery of this service.

Aims

The main aim of Pharmacy Needle Exchange is to reduce transmission of HIV, Hepatitis and other blood borne viruses (BBV) from drug users sharing injecting equipment or from needle stick injuries.

Objectives

Pharmacies contribute to this aim by:

- Providing sterile injecting equipment
- Offering safe disposal of injecting equipment
- Encouraging drug users to make contact with specialist services like Turning Point
- Providing accurate, up to date and non-judgmental health promotion and advice relevant to the client group.

Purpose of this policy

This policy has been written to encourage consistency, safety, efficient use of resources and productive partnership working in relation to the scheme.

Client group served

The target client group for Pharmacy Needle Exchange is adult injecting drug users.

Some aspects may be relevant to their family members, friends or carers however the service is not available to Young people aged under 18 years.

¹ National Institute of Health and Clinical Evidence. Needle and syringe programmes: providing people who inject drugs with injecting equipment. NICE public health guidance 18. February 2009.

Local context

Somerset is a large rural county covering 1,356 square miles and has a population of 535,031 people. About half the population live in or around one of the 15 towns, the other half live in rural areas. Injecting drug use can occur in any part of the county.

Unique value of pharmacy needle exchange

There is insufficient demand and resources available to provide a specialist needle exchange service in every part of the county and Pharmacy Needle Exchange schemes greatly increase the availability of sterile injecting equipment. Injecting drug users may not be in touch with another service about their drug use and their experience of the pharmacy, if a positive one, could increase the likelihood of them using the pharmacy again or considering engaging with another service. The pharmacy schemes are a very important aspect of the drug treatment and harm reduction services available in Somerset.

Provision of Pharmacy Needle Exchange

Needle exchange in Somerset should only be provided from accredited pharmacies and Turning Point offices listed in Appendix A.

Partnership working

The success of the scheme is dependant on the collaborative efforts of the following agencies:

- Pharmacy staff
- Turning Point Services
- The Local Pharmaceutical Committee (LPC)
- Somerset DAAT partnership agencies
- Frontier Medical Supplies.
- NHS Somerset

The role of each agency in relation to Pharmacy Needle Exchange is detailed in this policy.

Injecting

Injecting equipment and the Law

It is now legal under amendments made in 2003 to Section 9A of the Misuse of Drugs Act 1971, to supply the above items as part of a registered needle exchange scheme. Somerset DAAT will review the contents of the packs in consultation with stakeholders.

Injecting Equipment currently available in pharmacy packs:

Needle Exchange Packs contain the following equipment:

- 20 x 1ml complete needle and syringes,
- 20 x sachets of citric acid
- 1 Sharpsafe box
- 1 peak-proof bag

Other equipment

2ml barrels and separate needles

Injecting equipment available from Turning Point

Turning Point are able to offer users a wider range of injecting equipment e.g. ampoules of sterile water, foil, spoons and stericups, than is available from pharmacies alongside appropriate advice.

Philosophy and principles

The scheme will operate according to the following principles:

- People using needle exchange have a right to remain anonymous except in the circumstances shown under 'Breaking Confidentiality'.
- Needle exchange will be conducted in a friendly, open and non-judgemental manner.
- Needle exchange will be made available to adult injecting drug users irrespective of their: gender, age, race, cultural background, religious beliefs, sexual orientation, occupation or any other personal choice, quality or attribute.
- The health and safety of everyone involved in the scheme is paramount

Dealing with young people

Pharmacy staff should **not** provide injecting equipment to young people who are under the age of 18 years. There are legal and other reasons for this. In Somerset, On the Level, a specialist drug and alcohol service for young people, follow a joint working policy with Turning Point when supporting younger injectors who require injecting equipment. If pharmacy staff believe the person requesting injecting equipment is under 18 years they should:

- explain to the young person that the pharmacy is not permitted to give them injecting equipment

- explain that On The Level is a specialist service for young people and they are equipped to support and advice them around injecting issues
- provide the young person with the contact details for On The Level.

Dealing with challenging behaviour

The majority of drug users behave decently and respectfully whilst involved in a needle exchange and there have been very few accounts of inappropriate behaviour.

On rare occasions where pharmacy staff feel the behaviour of an individual is inappropriate the pharmacy should ask the person to leave the pharmacy and decline offering a service. This is particularly appropriate if:

- they exhibit violent, aggressive or threatening behaviour or language
- they are intoxicated or already under the influence of drugs
- pharmacy staff have witnessed them stealing from the pharmacy

If pharmacy staff decide to ban the individual from using the exchange they are asked where possible to:

- decide on the length of ban and inform the client
- provide the client with details of the nearest Turning Point Office

For effective security measures, prevention is better than cure, we suggest that regular risk assessments are conducted to identify the threats you face and then we can work together in finding suitable solutions.

However, there are cases when the unexpected happens, when staff are verbally abused, threatened and in extreme cases attacked. NHS Security Management is there to help liaise with the police, conduct investigations, and ensure the welfare of staff. We believe that staff have a right to work in a safe and secure environment_NHS Security Management can conduct security surveys and make recommendations. Our contact details are at the back of this document.

Publicity

Somerset DAAT reserves the right to promote & advertise local services to other helping agencies.

Confidentiality and information sharing

Keeping Confidentiality

The Somerset Needle Exchange scheme will operate within the Royal Pharmaceutical Society's 'Code of Ethics and Standards'. This means that staff involved in this scheme will respect and protect confidential information about a person receiving Needle Exchange by:

Not disclosing confidential information (information which could identify an individual) except in circumstance shown in 'Breaking Confidentiality'.

Ensuring computer and manual systems that hold service user specific information is accessible only to appropriate staff.

Ensuring records are stored securely.

Not disclosing information about a client who uses the needle exchange and is also receiving supervised consumption or any other form of treatment or support. Clients can be encouraged to discuss this with prescribers to enhance dose optimisation & effectiveness.

Sharing information with the drug treatment provider

The pharmacist will be expected to communicate with the treatment provider if they know the client is receiving treatment and feel the information to be shared is in the interest of the service user or the ongoing provision of the service by the pharmacy. This might include:

- unacceptable behaviour,
- improper use of street drugs and or prescribed medication,
- Safeguarding children issues
- Vulnerable adults
- feedback about improvements or progress

Conversely the treatment provider may well wish to contact the pharmacy to aid the review of the client

Breaking confidentiality

If a decision has been taken to break confidentiality it is paramount that the reason for this breach is recorded and kept. Please see Royal Pharmaceutical Society of Great Britain Medicines, Ethics and Practice policy for more information.

<http://www.rpsgb.org.uk/informationresources/downloadsocietypublications>

Staff involved in providing Needle Exchange can break confidentiality where in their judgement:

- it is necessary to prevent serious injury or damage to the health of the service user, a third party or to public health
- it is necessary to prevent harm or neglect to a child or children

Staff could be required by law to break confidentiality where disclosure is directed by a coroner, judge or other presiding officer of a court, Crown Prosecution Office in England and Wales and Procurator Fiscal in Scotland. Or to a police officer or NHS Fraud Investigation Officer who provides in writing confirmation that disclosure is necessary to assist in the prevention, detection or prosecution of serious crime.

Roles of participating agencies and organisations

Pharmacies

The main role of pharmacies is to:

- Place an official needle exchange logo in the shop window, both inside & out
- Store adequate stock delivered by the DAAT nominated supplier
- Carry out the Needle Exchange Procedure
- Receive and store returned sharpsafe boxes until collected by a nominated service.
- Provide service users with relevant information
- Encourage service users to attend Turning Point
- Maintain the Client Record Cards and complete and return the DAAT Monthly Monitoring Form
- Ensure all staff and locums are aware that the pharmacy operates a needle exchange policy and that they have read and understood this policy
- Liaise with Turning Point, NHS Somerset and DAAT representatives as required

Procedure for undertaking pharmacy needle exchange

The full procedures for undertaking pharmacy needle exchange are described at Appendix B.

Supervised Consumption and Needle Exchange

Pharmacies providing both supervised consumption and needle exchange within the Somerset schemes are likely to deal with service users receiving supervised consumption and who also request sterile injecting equipment. In these circumstances pharmacy staff are generally expected to provide both services to the same individual at the same time if required. Pharmacists are required to encourage clients to share that information with their prescriber or key worker.

Success in terms of drug treatment is not necessarily determined by abstinence from drug taking whereas the continued engagement of service users with treatment services and pharmacies is of prime importance. Some service users will be unable to stop injecting completely, particularly at the start of treatment. It is therefore essential for these people that sterile equipment continues to be made available.

Turning Point Needle Exchange Service

Turning Point offer wider Harm Reduction & Health Promotion advice than is generally available through a pharmacy, which includes:

- Assessment of injecting technique and inspection of injecting sites
- Advice and information about safer injecting techniques
- Advice and information about blood borne viruses and ways to reduce the risk of their transmission
- BBV testing for Hepatitis B C & HIV & vaccination for Hepatitis A&B
- Advice and information about alternatives to injecting
- Comprehensive assessment and treatment around a person's drug and alcohol use
- Referral and joint working with other services.

Turning Point's role in support of The Pharmacy Needle Exchange Scheme is to:

Offer advice if requested to new pharmacy staff on how to conduct needle exchange prior to them attending the training. Visit the pharmacy to do this in person if required.

Offer telephone advice and support to pharmacies on a wide range of drug and alcohol related issues, safer injecting practices, other harm reduction issues as well as where to find good sources of information.

Preferred Equipment Supplier role within this scheme is to:

- Supply accredited pharmacies with needle exchange equipment
- Sub contract the collection and disposal of needle exchange waste and transport this waste to a licensed incineration plant.
- Distribute any relevant written material and window stickers to pharmacies where necessary
- Make retainer and pack fee payments to the pharmacies on behalf of Somerset DAAT

Local Pharmaceutical Committee

The LPC role within the scheme is to:

- Discuss with DAAT representatives issues arising from pharmacies about the scheme
- Jointly review and update this policy with DAAT representatives on an annual basis

Somerset DAAT

Somerset DAAT on behalf of its partner agencies will take overall responsibility for funding, managing and monitoring the scheme and will:

- Regularly review the fees paid to pharmacies in consultation with the LPC.
- The LPC would then make recommendations to their members about participation in the scheme and the fee level on offer.
- Attend meetings with NHS Somerset and Clinical Governance Pharmacists to discuss the scheme when required.
- In the event that the uptake of needle exchange is likely to exceed the available funding, The DAAT will call a multi-stakeholder meeting to discuss, agree, and co-ordinate actions.
- Arrange and facilitate the canvassing of service user views about the scheme
- Commission take up of additional pharmacies into the scheme based on geographical location and identified need
- Hold a record of the Signed Memorandum of Agreements with pharmacies on behalf of the DAAT partner agencies.
- Collect & collate the monthly monitoring return forms received from pharmacies
- In partnership With Turning Point, facilitate, fund & deliver two needle exchange training events for pharmacy staff annually.
- Keep a record of attendees and provide a certificate of attendance to each.
- Inform all pharmacies in the scheme at least 3 months in advance of each training session.
- Distribute replacement cards and any other identified written material for service users where necessary
- Liaise with preferred supplier on a quarterly basis to ensure best practice, contract monitor deliveries and ensure appropriate funding is provided to deliver the service

Induction, training and support

Training

Pharmacists and relevant pharmacy staff should attend the DAAT Pharmacy Needle Exchange training within 6 months of commencing work in the pharmacy. Pharmacists should book a place for new staff on the next available course.

The course will cover the following issues:

- History of needle exchange
- The Pharmacy Needle Exchange Policy and Guidelines
- Needle exchange and the Law
- Confidentiality
- Turning Point services
- Procedure in undertaking the exchange
- Special Groups: women, people from black and ethnic minorities and young people
- Health and Safety
- Question and answer session

Induction

A DAAT representative will attend newly awarded contract pharmacies and induct new pharmacy members of staff through the Policy if requested and at a mutually convenient time. Pharmacies will still be required to send staff on the DAAT funded needle exchange training course within six months of commencement of the contract.

Payment process

Preferred Equipment Supplier (PES) administer the payments on behalf of Somerset DAAT as follows:

- During the first month The PES will agree with each pharmacy the level of stock
- At the end of each month PES will replenish the stock and pay the pharmacy for the number of packs replenished.
- At the end of each quarter the PES will:
- Take a copy of the quarterly claim form and send this to the DAAT.
- Calculate the quarterly fee and pay this to the Pharmacy.

Notice period

Pharmacies will provide The DAAT 3 months notice if they intend to discontinue offering needle exchange. The DAAT will provide the Pharmacy 3 months notice if the service is no longer required or there is a re-negotiation of the contract agreed through the LPC.

Audits of Pharmacies

As part of the Service Level Agreement Annual Visit will initially take place to Pharmacies, pharmacists, & pharmacy staff will be asked to complete a pharmacy audit written questionnaire which will look at what is working well with the scheme and any aspects that may need improvement. (See Appendix 3 for Pharmacy Visit record sheet)

In addition to the above, Somerset DAAT fund external annual audits of the Adult Treatment System, part of which, are pharmacies, which play an important role within this system and will therefore periodically be asked to take part in these audits. These external audits are important in scoping future service developments in Somerset.

Complaints and Concerns by Service Users

All organisations involved in providing the scheme welcome complaints, concerns and compliments as these can help to improve this service.

In the first instance concerns from service users should be raised with the member of staff or organisation providing the service. Pharmacies do have their own system for dealing with complaints.

If the service user feels unable to do this or that the issue remains unresolved they should be advised to contact the Patient Advice and Liaison Service using the contact details on page 21. This provides a confidential, impartial and free service to help resolve service users' concerns quickly.

If the service user remains unhappy with the outcome or the complaint is of a serious nature, he or she can write and complain to NHS Somerset Patient Advice and Liaison Service (PALS).

Feedback, complaints, concerns, and suggestions by Healthcare Professionals

The DAAT welcomes feedback from healthcare professionals on any aspect of the scheme. This often provides useful information about ways to improve and develop the scheme.

Feedback about the scheme should be directed to the DAAT's Adult Treatment Commissioning Manager

Concerns or complaints however should be raised in the first instance with the member of staff or organisation providing the service

Any incidents or concerns involving controlled drugs and healthcare professionals or any other person who deals with controlled drugs as part of paid or voluntary employment must (legal requirement under 2006 CD regulations) be reported to the PCT Accountable Officer.

If the concern or complaint remains unresolved it should be directed to the DAAT's Adult Treatment Commissioning Manager. This will be investigated and relevant parties and or other professionals brought together to bring the issue to a satisfactory conclusion.

after this the issue is considered not to have been resolved satisfactorily the professional concerned can write to the Chief Executive of NHS Somerset Primary Care Trust after which a formal complaints or other relevant policy will be followed.

APPENDICES

Appendix A - Memorandum of Agreement



SOMERSET PHARMACY NEEDLE EXCHANGE REGISTERED OUTLET

Pharmacy signing

This pharmacy is a registered needle exchange outlet in Somerset and part of the Somerset Needle Exchange Scheme. This means that the pharmacy has agreed to provide sterile injecting equipment to injecting drug users and receive used injecting equipment. In doing so the Pharmacy has agreed to follow the Somerset Pharmacy Needle Exchange Policy and Guidelines, June 2010.

Name and location of Pharmacy _____
Position of person signing on behalf of pharmacy _____
Signature of person signing on behalf of pharmacy _____
Date of signing _____

PCT Signing

The Somerset Needle Exchange Scheme depends on the collaborative work of a number of agencies. The DAAT will ensure aspects of the scheme that are dependent on other agencies are also carried out according to this Policy.

Name of person signing on behalf of Somerset PCT _____
Position of person signing _____
Signature of person signing _____
Date of signing _____

Duration of this agreement

This agreement runs from: _____ to: _____

Please return 2 signed copies of this MoA to: Somerset DAAT, c/o Somerset County Council (A2), County Hall, Taunton, Somerset, TA1 4DY

Appendix B - Procedure for undertaking pharmacy needle exchange



The following procedure should be followed whenever possible, however some stages may not be possible during busy periods or where an individual is anxious to leave the pharmacy. In these circumstances the priority is for the individual to leave with sterile injecting equipment. Pharmacy staff should:

Tick box for self-

Stage 1 – Style

Conduct the needle exchange in an ordinary manner as if dealing with a member of the public requiring personal or sensitive items.

As far as is reasonably possible carry out the process in a discrete and sensitive manner without bringing unnecessary attention to the person using the service.

Refrain from making comments of a judgemental nature to the service user, other customers or staff about the needle exchange service.

Stage 2 - Registration

If the service user is not recognised ask if he or she has registered with the pharmacy before. If they have go to Stage 4, if not go to Stage 3.

Stage 3 - New clients

Inform the client that the scheme is free and confidential and that you need just enough information to identify them again.

Show the person the Record Card and point out the information required. Ensure another customer does not overlook this.

Ask for the information and record this on the card

If the individual is not willing to share the information, agree a word or nickname to be used instead.

Issue the individual new ID number. Write the ID number or nickname at the top of the leaflet 'Pharmacy Needle Exchange' and give the person the leaflet.

Bring to their attention the additional services provided by Turning Point and give the client a copy of Turning Point's information leaflet.

Stage 4 - All clients

Ask the client for their ID number. If they cannot remember ask for other details on the card that could identify the person. Find the record card.

Ask the client about the type and quantity of equipment they require. Generally 1 pack or an equivalent number of larger needles and syringes should be given. However this may be increased at the discretion of pharmacy staff to cover client holidays, bank holidays or other circumstances particularly if the person is known to the pharmacy and regularly returns used equipment.

Hand the client the agreed amount of equipment.

Stage 5 - Return of used equipment

Ask the client if they have any returns however only accept sharp boxes with a closed lid. If not remind and encourage the client to bring back returns at their next visit

Take the sharps box from the client and place in the cardboard collection container.

NEVER accept loose injecting equipment even if it is wrapped or sheathed or within an alternative container. If you are presented with equipment not contained in a sharps box follow advice at Appendix E

Stage 6 - Record keeping

Complete the Client Record Card.
Complete the DAAT monitoring Form & return to DAAT office at the end of every month



Appendix C - Pharmacy Staff induction checklist

This checklist can be used during induction of pharmacy staff new to needle exchange before the member staff has attended the Turning Point training. It offers a reminder of the essential aspects.

	Tick when topic covered
Part 1 – The Policy	
The member of staff has been informed that the pharmacy operates a needle exchange	<input type="checkbox"/>
The member of staff has read the policy	<input type="checkbox"/>
The member of staff has been given an opportunity to discuss issues/concerns about the scheme	<input type="checkbox"/>
The staff member and pharmacist have discussed the purpose and importance of needle exchange	<input type="checkbox"/>
Part 2 - Training	
The staff member has been informed of the next Turning Point Pharmacy Needle Exchange Training Session	<input type="checkbox"/>
Date attended training	<input style="width: 100px; height: 20px;" type="text"/>
Part 3 – Health and Safety	
The member of staff understands how to deal with discarded injecting equipment	<input type="checkbox"/>
The member of staff understands how to deal with spillages of blood or bodily fluids	<input type="checkbox"/>
The member of staff understands how to deal with a needle stick injury	<input type="checkbox"/>
Part 4 – Conducting the exchange	
The member of staff understands the exchange procedure	<input type="checkbox"/>
The member of staff agrees to conduct the exchange in a friendly, open and non-judgemental manner.	<input type="checkbox"/>
Stage 5 – Contact with other agencies	
The member of staff is aware of the services provided by Turning Point	<input type="checkbox"/>
The member of staff is aware of role of other agencies including Somerset DAT, PCTs	<input type="checkbox"/>
The member of staff is aware of how to comment and complain about any aspect of the policy	<input type="checkbox"/>

Name of pharmacist conducting the induction:

Date of induction:

Name of person receiving the induction:

Position of person receiving the induction:

Appendix D - Annual Support Visit Record Sheet



Needle Exchange

This record sheet details the key issues arising from the Annual Visit of the pharmacy named below which is involved in the Somerset Needle Exchange Scheme for Pharmacies.

Pharmacy visited

Name of Pharmacy	
Address	
Name of pharmacist (on day of visit)	
Date of visit	

Staff and training

Number of staff providing Needle Exchange	
Number of staff who have been on the following training LOCAL CPPE RCGP Level 1	
Number of staff to be booked on training	

Evidence of adherence to policy

Aspect of Policy	Evidence found
The pharmacy is completing and retaining its copies of the monthly monitoring form	
A copy of Somerset Needle Exchange Policy for Pharmacies is kept and is accessible to pharmacy staff	
Needle Exchange Checklists are being followed	

Pharmacy Visit Record Sheet

Needle Exchange

[

Feedback from pharmacy staff

Questions	Key issues fed back from pharmacy
Aspects of the scheme working well	
Aspects of the scheme need reviewing	
Comments about number of service users, communication with treatment provider and capacity of pharmacy	
Any other issues pharmacy staff would like to raise with the DAAT	

Person conducting visit

Name of person carrying out visit	
Position	
Signing	
Date	

Copy of Record Sheet will be sent to pharmacy within 1 month of visit.

Somerset DAAT, c/o Somerset County Council, A2, County Hall, Taunton, Somerset,
TA1 4DY

Appendix E - Health & Safety In Pharmacy

Pharmacies should have a policy for needlestick injuries and blood spillages however if they do not, procedures shown in Appendix F should be followed.

Pharmacies should consider making available to staff engaged in delivering Needle Exchange Services, Hepatitis B vaccination.

Disposal of loose injecting equipment by a service user

If a service user wants to dispose of loose injecting equipment do the following:

- Explain that the pharmacy can not accept the equipment
- Give the service user new sharps box and ask them to leave the premises, place the equipment inside the box, close the lid and bring it back into the pharmacy.

Injecting equipment left in the pharmacy

If a syringe, needle or any injecting equipment is accidentally dropped or left in the pharmacy do the following:

- Treat it as contaminated.
- Calmly and quietly move any customers away from the area
- Put on a pair of gloves
- Collect a new sharps box
- Pick up the syringe and or needle away from the needle end
- Place in the sharps box
- Place the sharps box in the clinical waste container
- Pick up small solid objects like tissues, swabs or place them in the sharps box
- Pick up larger items and place them inside 2 plastic bags
- Place the plastic bags in the sharps bin collecting container
- Follow the cleaning procedure

Dealing with spillages or bodily fluid in the pharmacy

If blood or bodily fluid is found in the pharmacy do the following:

- Deal with spillages immediately
- Calmly and quietly move any customers away from the area
- Wear gloves and goggles
- Remove organic matter using the paper towels and discard these as clinical waste.
- Place towels and matter inside 2 plastic bags
- Soak up excess fluid using disposable paper towels
- Cover area with paper towels soaked in 10,000 parts per million of available chlorine e.g. Milton, leave for at least two minutes.
- Remove papers towels and place within 2 plastic bags
- Clean area with detergent and hot water and dry thoroughly
- Clean the bucket/bowl in fresh soapy water and dry
- Discard protective clothing as clinical waste
- Wash hands

Appendix F - Needle stick injury, what to do

- Encourage wound to bleed freely – squeeze the wound and make the blood come out.
- Place wounded area under cold running water for as long as possible. Wash thoroughly with soap and cold water.
- Apply a waterproof dressing
- Inform the pharmacist
- Report to the nearest Accident and Emergency Hospital
- Do not take the needle with you. This will not be tested at A&E.
- Record this in the pharmacy incident/accident book on your return.

Appendix G - Information on blood borne viruses

Hepatitis means inflammation of the liver. There are several viruses which attack the liver and cause hepatitis. The most common ones are Hepatitis A B & C. The main differences between the viruses are how they are spread and the effects they can have on a person's health. Both Hepatitis B & C can cause long term liver damage and liver cancer in some people.

Hepatitis A & B can be prevented by vaccination and hepatitis C by Lifestyle changes. **British Liver Trust**

The blood borne viruses hepatitis B, hepatitis C and the human immunodeficiency virus (HIV) can pose a significant risk to staff. The risk is negligible when the 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 serious liver disease. The risk of acquiring HBV following a sharps injury is around **1 in 3** when the source is a known hepatitis B carrier.

Hepatitis C

Hepatitis C (HCV) is a blood-borne 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**. About 1/5th of people who become infected will clear the virus of their own accord however for the rest serious liver disease could develop.

HIV

HIV is a blood-borne virus which affects the immune system and can cause AIDS. The risk of acquiring HIV infection following a needle stick 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%.

Appendix H - List of Pharmacies & Turning Point sites participating in the Somerset Needle Exchange Scheme



PHARMACY	ADDRESS	TOWN	POSTCODE
Boots UK Ltd	34-38 Fore Street	Bridgwater	TA6 3NG
Bruton Pharmacy	3 High Street	Bruton	BA10 0AB
Day Lewis Ltd	1 Regent Street	Burnham-on-Sea	TA8 1AX
Lloyds Pharmacy	1 Stringfellow Galleries	Chard	TA20 2AH
Lloyds Pharmacy	The Cross	Cheddar	BS27 3RA
Boots UK Ltd	8-10 Market Street	Crewkerne	TA18 7JY
Dulverton Pharmacy	21 High Street	Dulverton	TA22 9HA
Acorn Pharmacy	Locks Hill Surgery	Frome	BA11 1LU
Boots UK Ltd	Health Centre Pharmacy	Frome	BA11 1EU
Boots UK Ltd	2 High Street	Glastonbury	BA6 9DU
Lloyds Pharmacy	Highbridge Medical Centre	Highbridge	TA9 3BT
National Co-operative Chemists Ltd	The Chantry	Martock	TA12 6JL
Boots UK Ltd	14-16 The Parade	Minehead	TA24 5UG
John Ware Ltd	65 Alcombe Road	Minehead	TA24 6BD
Lloyds Pharmacy	105 Fore Street	North Petherton	TA6 6RY
John Ware Ltd	Porlock Pharmacy	Porlock	TA24 8PT
Boots UK Ltd	The Park Medical Practice	Shepton Mallet	BA4 5RT
Boots UK Ltd	87-89 High Street	Street	BA16 0EZ
Boots UK Ltd	St.James Medical Centre	Taunton	TA1 1JP
Boots UK Ltd	Upper Holway Road	Taunton	TA1 2QA
Boots UK Ltd	6 High Street	Wellington	TA21 8RA
Boots UK Ltd	19-21 High Street	Wells	BA5 2AA
Boots UK Ltd	Priory Health Park	Wells	BA5 1XJ
Boots UK Ltd	13 Market Place	Wincanton	BA9 9LA
Day Lewis Ltd	The Pharmacy	Wiveliscombe	TA4 2JT
Day Lewis Ltd	Abbey Pharmacy	Yeovil	BA21 3TL
Lloyds Pharmacy	72 Hendford	Yeovil	BA20 1UY
Turning Point	Bridge House, Taunton Road	Bridgwater	TA6 3LS
Turning Point	10 Cannon Street	Taunton	TA1 1SN
Turning Point	Priory House	Wells	BA5 1TH
Turning Point	Maltravers House	Yeovil	BA20 1SP

Appendix I - Further Reading

NICE guidance Needle & Syringe programmes: Providing people who inject drugs with injecting equipment Feb 2009

NTA for Substance Misuse 2002 DoH

NHS NTA Best practice guidance for commissioners and providers of Pharmaceutical services for drug users Feb 2006

Hep C Essential info for professional and guidance on testing. July 2004

Appendix J - Main Contacts

Service	Position	Name	E Mail Address	Telephone	Fax
Turning Point	Clinical Lead	Gordon Morse	gordon.morse@turning-point.co.uk	01935 383360	
	Operational Manager	Galena Thackaberry	galena.thackaberry@turning-point.co.uk	01278 456561	
	Needle Exchange Lead	Janet Hucker	janet.hucker@turning-point.co.uk	01278 456561	
NHS Somerset	Accountable Officer Controlled Drugs Officer	Shaun Green Steve Dubois	shaun.green@somerset.nhs.uk steve.dubois@somerset.nhs.uk	01935 384043 01935 384123	
DAAT	Shared Care Co-ordinator	Carole Lennox	carole.lennox@somerset.nhs.uk	07867 827138	
DAAT	Administrator	Claire Richter	claire.richter@somerset.nhs.uk	01823 357111	
LPC	Development Manager	Mark Goodwin	mark@springfieldprojects.co.uk	07786 078232	
LPC	Substance Misuse Pharmacy Lead	Andrew Harker	andrewjsharker@tiscali.co.uk	07939 200186	
Patient Advice and Liaison Service PALS	NHS Somerset, FREEPOST SWB11195 Chard TA20 1BR		pals@somerset.nhs.uk	0800 0851 067	
Frontier Medical	Needle Exchange Co-ordinator	Jane Joseph	jjoseph@frontier-group.co.uk	01495 235838	
Somerset Direct				0845 3459122	

Somerset Safeguarding Children's Board	Designated Doctor Designated Nurse	Tamsyn Nicole Gill Munro	www.safeguardingchildrensboard.org.uk YDH Switchboard www.swcpp.org.uk	01935 475122 or 07825 976730 or 01935 385266	
Dorset & Somerset Counter Freud and Security Management	Accredited Security Management Specialist	Tracey Edwards	tracey.edwards@somerset.nhs.uk	01460 260204 M 07769 881562	01460 260209
	Counter Freud Specialist	Andy Knight	andy.knight@somerset.nhs.uk	Tel: 01460 238633 Mob: 07920 295097	01460 260209