

Exchange Works – Provision and Return of Supplies Policy

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Introduction

Inequities in access to health care are prevalent for people who use substances, and these inequities are heightened by structural and social determinants of health. Harm reduction emphasizes human rights and the importance of treating all people with respect, dignity, and compassion – regardless of substance use. Harm reduction is an evidence -based, client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use. It focuses on promoting safety and does not require that substance use be discontinued.

Purpose

The Needle Exchange program functions as a harm reduction strategy to prevent the spread of HIV, Hepatitis B and C and other infections that may occur through sharing or improper disposal of needles, smoking equipment and other drug related material. The provision of a reliable and accessible supply of sterile injecting and smoking equipment will assist in reducing the risk of blood borne infections.

Policy

Needle exchange sites will provide injection and inhalation supplies to clients based on the needs of the client. Staff will encourage clients to use the biohazard containers provided and dispose of equipment and needles safely. Clients will be encouraged to return full containers to Exchange Works sites; however, the receipt of new supplies is not contingent on the return of used equipment. Staff will ensure returned needles/equipment are disposed of appropriately.

Staff offering needle exchange supplies may also be asked to offer information to clients on topics and needs expressed by the client including referral for treatment. Let the client guide the interaction and allow them to indicate if they would like to discuss the information or their current circumstances with the worker during the exchange. All interactions should be done in a non-judgmental and confidential manner.

Procedures

1. Needle exchange Site Responsibilities

Provision of Supplies:

- a) All needle exchange supplies should be stored in a secure area, where possible.
- b) Clients will be provided with the number of needles and supplies they need, in order to ensure that they have a new needle and supplies to use for every injection. Large requests for supplies may be impacted by what is available on site. If supplies available are limited, aim to provide the client with enough supplies for a weeks' worth of use and encourage them to come back for more. Keep in mind that requests for supplies may be greater at the end of a week when clients are planning for the weekend. Also, for partners who are more remote, access to supplies may be impacted by travel, resulting in larger requests.
- c) Clients will be provided with the number of stem or bowl kits that they require. Clients may need to be reminded that stems can be reused by the same person multiple times until they show signs of wear or are shared with another person. Clients are encouraged to properly dispose of stem kits in an appropriate container and return to the health unit for disposal. Provision of new stem/bowl kits is not contingent upon the return of the used equipment.
- d) Staff should encourage clients to return used needles and syringes to an Exchange Works location, but this is not a requirement. Clients will be provided with the number of needles they request regardless of the number of used needles returned.
- e) Clients will be provided with individual sharps containers for storage and return of used needles, syringes, and glass stems whenever possible. Staff will promote the use of the individual Sharps containers by clients for the safety of both community and staff.
- f) Clients who do not wish to use sharps containers provided by the program will be instructed on the safe storage, transport, and disposal of used needles/syringes. Some communities have 24-hour disposal units available. Hard-sided containers such as pop bottles can also be used.
- g) Exchange Works services should be offered by staff who have received orientation and training on the program. This orientation and training can be conducted by Harm Reduction staff or previously oriented staff.
- h) Community partners will determine which staff will conduct the Needle Exchange services at their centers.

2) Receipt of Used Supplies at the Needle Exchange Site

- a) Refer to the Clinical Services Biohazardous Waste P&P for details on SMDHU waste management in accordance with the Ministry of Environment – Environmental Protection Act.
- b) Used needles/syringes will be accepted from anyone needing safe disposal, including non-clients. However, discussion will occur with those who are not drug using clients to find alternate disposal assistance through their pharmacy or local municipality.
- c) Staff will not directly touch used needles/syringes that are being returned to the

Needle Exchange sites.

- d) Individual disposal units provided by the Needle Exchange program can be safely handled and can be put directly into a cardboard box provided by Environmental Control Services (ECS).
- e) If clients return their needles and syringes in a container or package other than those recommended by the site, clients will be asked to deposit their container into a large biohazard container supplied by the health unit especially for the purpose of disposal of these needles.
- f) Staff will not open sharps containers to reduce the possibility of injury.
- g) Large sharps disposal containers must only be filled to 3/4 full. No attempt should be made to force or allow a client to force needles and syringes into a container. If in doubt, use an empty container.
- h) Staff will visually count or estimate the number of needles and syringes returned, if possible, without opening the container, and will record this amount on the Needle Exchange Contact Log.
 - 1 Litre container holds 70 needles
 - 4 Litre container holds 400 needles
 - Pocket (personal) container holds 10 needles
 - 22L holds 2100 needles
 - 68L Kiosk Liner holds 6000 needles

If the needles are not visible, the staff will rely on the self-reported number of needles returned by the client.

- i) All biohazard containers containing returned needles and supplies will be stored in a locked area at the fixed site to avoid inadvertent handling and injury by others.
- j) Staff of Exchange Works sites may return the used syringes to the health unit office for disposal ensuring containers are sealed securely and seat-belted where possible. This type of activity falls under the definition of “field operations” within the GENERAL – WASTE MANAGEMENT Regulation 374 under the Environmental Protection Act, R.S.O. 1990, c. E.19.

3) Disposal of Needles from Needle Exchange Sites

- a) Large ring-sealed biohazard disposal containers require no further packaging apart from ensuring the lid has been snapped closed prior to pick-up by Environmental Control Services (ECS)
- b) In the event an alternate unapproved container has arrived with used needles enclosed, INCLUDING OTHER WASTE, do not accept the container and refer the person dropping it off to the local landfill for disposal with other household hazardous waste in the event that an alternate unapproved container has arrived with ONLY used needles enclosed, it is to be placed in an acceptable biohazard container for disposal.
- c) Smaller biohazard containers will be placed in a labeled, medical waste cardboard box, lined with double plastic, which is specifically provided for this purpose.
- d) If the cardboard box system is used, when the cardboard box is full, the double plastic liner is tied shut, the cardboard box is closed and sealed with tape

provided for that purpose.

- e) The cardboard box and its content will be picked up by an approved disposal company.
- f) Staff will place full boxes or containers in the designated area for pick up in each local health unit office. (Midland, Barrie Clinic, Barrie, Orillia, Collingwood, Cookstown, Gravenhurst, and Huntsville currently have pick-ups)
- g) The decision to transport the container to the 15 Sperling office in Barrie is based on the quantity of waste for pick up that has been generated in a local health unit office. Staff may transport the used needles in their personal vehicle ensuring containers are sealed securely and seat- belted where possible. This type of activity falls under the definition of “field operations” within the GENERAL – WASTE MANAGEMENT Regulation 374 under the Environmental Protection Act, R.S.O. 1990, c. E.19.
- h) Where such sites have outdoor Kiosks in place with an agreement to service them as needed, staff will monitor the outdoor kiosks to determine if the interior liner needs to be replaced. Frequency of replacement depends on usage. Staff will periodically need to look inside the Kiosk to determine fullness. When the liner is $\frac{3}{4}$ full, it should be replaced. When making this change, open the Kiosk door slowly and stand well-back, as there is the potential for needles to fall if it has overfilled. When the liner is removed, snap on the lid to the container ensuring that all sides and the center opening are locked tight. Place the new liner inside and re-lock the Kiosk.
 - a. The full liner should be placed in the Sharps storage locked cupboard at the Health Unit office. For external partners, full liners should be placed in a locked cupboard and eventually returned to the Health Unit office for safe disposal.
 - b. When changing the liner for the outdoor kiosks, you must wear closed toe shoes and bring/use the following items:
 - puncture proof gloves and BBQ tongs
 - 68L container (replacement liner) and lid
 - Always use the BBQ tongs to pick up any loose materials that may have fallen on the ground or inside the Unit.
 - The gloves will protect your hands in case the Unit is very full around the edges
 - Never reach inside the open liner even with the gloves. If necessary, use the tongs to move material to allow for the lid to be snapped on
 - c. Note that various Kiosks have certain design features that alter how the unit is secured.
 - i. First Generation (color: Red) – single internal lock – [These Units need a retrofit to make them more secure. Please contact the SUIP program/Health Unit for information on this fix.
 - ii. Second Generation (color: Red) – double internal lock with optional padlock [Always use both locks plus padlock]
 - iii. Third Generation (color: Yellow) – overlapping door with padlock only [this design is secure with padlock only]

Related Policies

EW – Staff Training and Client Anonymity
EW – Key Messages and Education
EW – Media and Community Inquiry
EW – Needle Stick Injuries
EW – Documentation Policy (External Partners)
EW – Staff Safety
CS – Biomedical Waste Management

Canadian Mental Health Association (2022) Harm Reduction; retrieved from [Harm Reduction \(cmha.ca\)](https://www.cmha.ca/harm-reduction)

Final Approval Signature: _____

Review/Revision History:

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