

First District



Health Unit

Syringe Service Program Plan

*Implementation and Evaluation Plan
March 2018*

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www.fdu.org

The mission of public health is to make a positive impact on the health and welfare of the community through service, education, prevention, and collaborative activities.

Executive Summary

First District Health Unit (FDHU) serves a seven-county area including Bottineau, Burke, McHenry, McLean, Renville, Sheridan, and Ward. According to the 2015 Community Assessment, our service area covers 10,618 square miles, or more than 1/7 of the state. Our service area includes 65 incorporated cities and towns, as well as the Minot Air Force Base. We serve many disparate populations, including Native Americans, LGBT population, military, those living below the poverty level, pregnant women, and those with mental illness and substance abuse issues.

The core functions of FDHU are to prevent epidemics and the spread of disease, protect against environmental hazards, promote and encourage healthy behaviors, prevent injury, respond to disasters and assist communities in recovery. Programs we offer include the Immunization program, School Health, Jail Health, Family Planning and Sexual Health, Women's Health, Environmental Health, WIC, Health Promotion programs, High Priority Infant, Optimal Pregnancy Outcome Program, HIV/AIDS, Ryan White program, Sexually Transmitted Disease program, TB program, Adult Health program and Health Tracks.

Vision Statement

Healthy People in Healthy Communities

Mission Statement

Make a Positive Impact on the Health and Welfare of the Community through Service, Education, Prevention and Collaborative Activities

Keys to Success

The syringe service program (SSP) will be a community-based public health prevention program providing harm reduction services that include:

- Sterile needles, syringes and other injecting equipment
- Safe disposal containers for needles and syringes
- Education on overdose prevention and safer injection practices
- HIV and hepatitis testing and linkage to treatment
- Referral to medical, mental health and social services
- Support group for family members
- Tools to prevent HIV, STDs and hepatitis including education, condoms and vaccinations

Benefits to the Community

SSPs provide several benefits to the community. SSPs increase the number of individuals who enter treatment programs. People who inject drugs (PWID) are 5 times as likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they use a SSP. Also, SSPs reduce needle stick injuries in the community. One in three law enforcement officers may be stuck with a needle during their career. Increasing safe disposal also protects the public from needle stick injuries. SSPs do not increase local crime in the areas where they are located. SSPs can also reduce overdose deaths by teaching PWID how to prevent and respond to drug overdose. They also learn how to use naloxone, a medication used to reverse overdose. SSPs reduce new HIV and viral hepatitis infections by decreasing the sharing of syringes and other injection equipment. About 1 in 2 young PWID (aged 18-30) in the U.S. have hepatitis C. Also, SSPs save health care dollars by preventing infections.

Reference: <https://www.cdc.gov/hiv/risk/ssps.html>

First District Health Unit SSP

Location

801 11th Ave SW
Minot, ND 58702

Primary Point of Contact

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Director of Nursing
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Medical Director and Program Oversight

Dr. Casmir Nwaigwe

Program Start Date

Anticipated: December 2018

Public Support

Public Hearing

Community Meetings have been held to develop the plan. The City of Minot publicized meeting notices in the Minot Daily and their website for all committee meetings regarding the City of Minot's plan to address addiction.

Public Education

The First District Health Unit Executive Officer has met with Law Enforcement representatives that included Minot Chief of Police and Ward County Sheriff and Drug Task Force representatives. The City of Minot Chief of Police and Ward County Sheriff have offered their support to an SSP at First District Health Unit. First District Health Unit facilitated a subcommittee of the Minot Mayor's Committee on Addiction charged with the development of a Health and Safety plan to address addiction. Membership included representatives from Law Enforcement, Ward County Detention Center, Domestic Violence, Addicts, Dakota Boys and Girls Ranch, Public Health, Medical Providers, Social Services, and interested citizens. All subcommittee members supported the SSP, as well as the Mayor's Committee on Addiction.

The Minot City Council publicized a public hearing on the final Mayor's plan on addiction. There were no members of the public that indicated opposition to the SSP. Consequently, it is included in the Mayor's adopted plan to address addition.

We will continue to provide education to the public on the status of our program. Social media and our website will also be used to relay information to the public.

Partner Agencies

FDHU has partnered with Minot Chief of Police, Ward County Sheriff Department, Trinity Health, Community Medical Services and the Minot Mayor's Committee on Addiction. We look to expand to partnership with UND Family Practice Center, Northland Community Health Center (Minot) and Minot Community Ambulance Service.

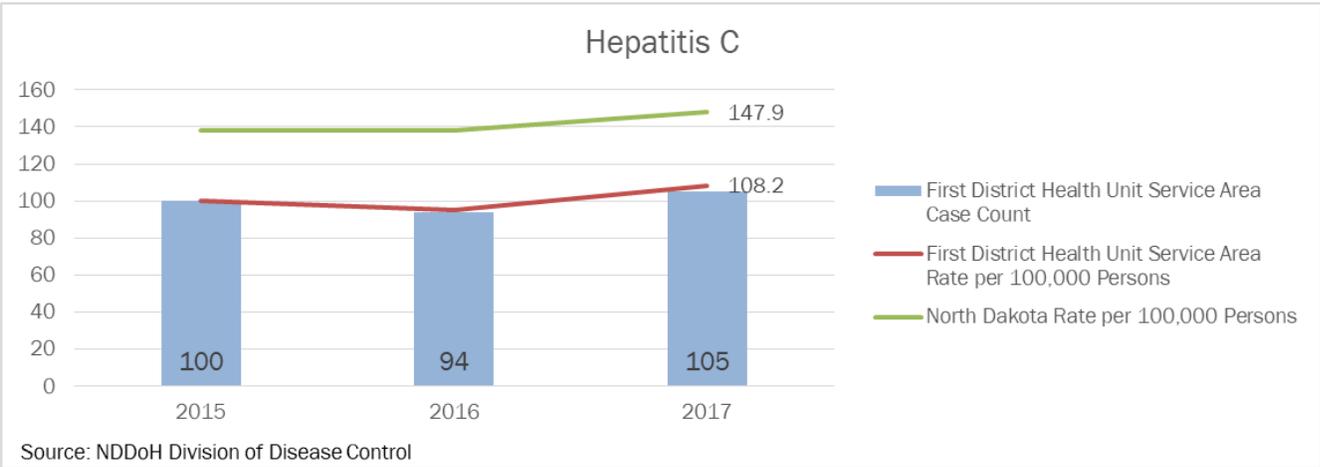
Determination of Need

Infectious Disease

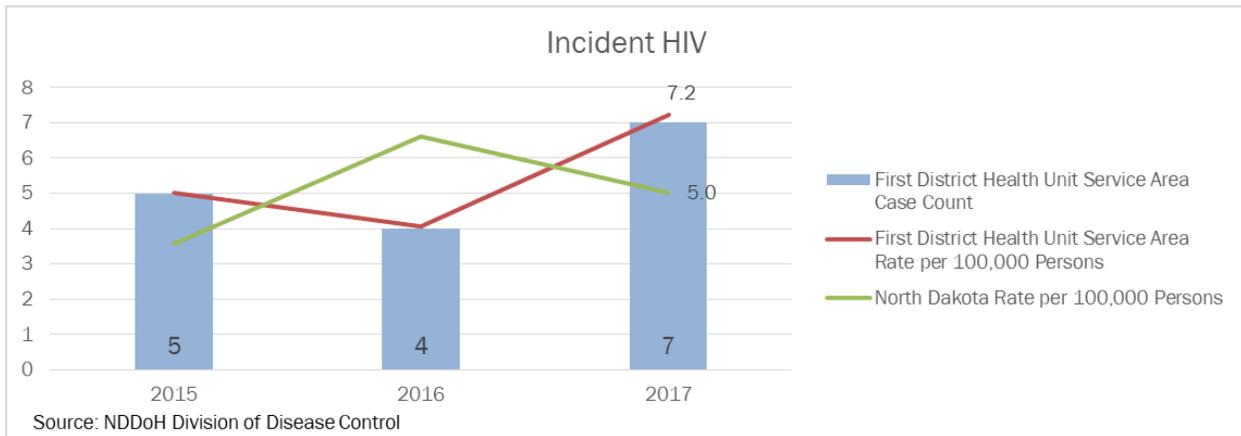
SSPs have been shown to reduce new HIV and viral hepatitis infections. In the counties served by First District Health Unit, Hepatitis C and new HIV infections have been increasing in the past several years. In addition to increases in Hepatitis C, North Dakota has also seen an increase in HIV infections. There are 390 individuals living with HIV/AIDS in North Dakota as of December 31, 2016. In 2016, 36 cases of HIV/AIDS live in First District Health Unit. In 2016, there was a report of injection drug use as a risk factor in males and females diagnosed with HIV/AIDS. This risk factor had not been reported in the previous five years.

First District Health Unit HIV and Hepatitis Data

First District Health Unit Service Area includes the following counties: Bottineau, Burke, McHenry, McLean, Renville, Sheridan and Ward.



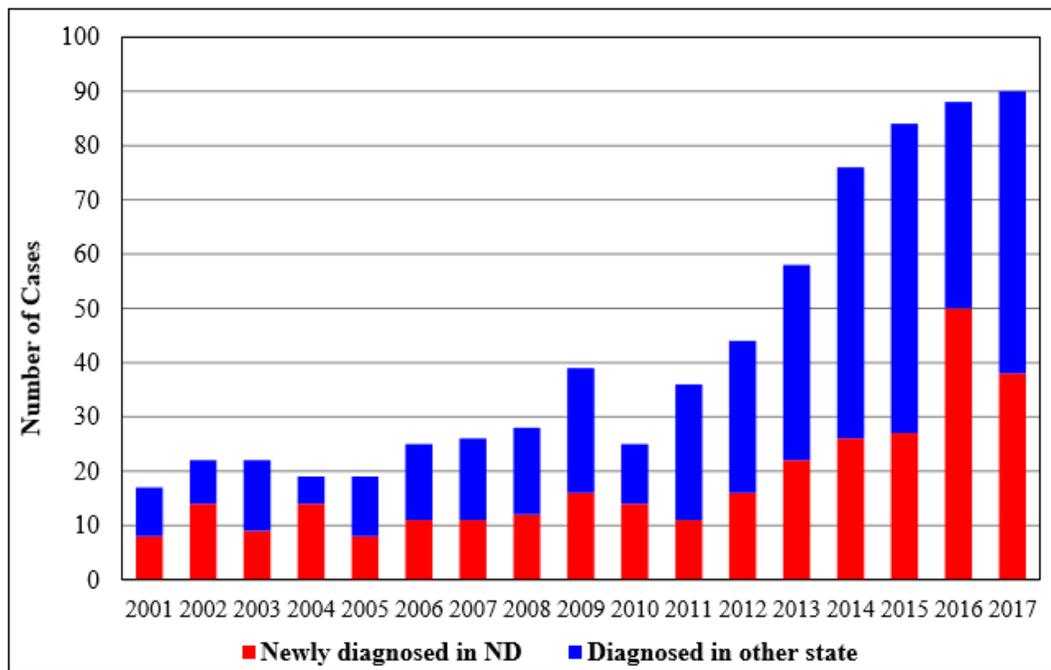
- 79% of Hepatitis C cases aged 35 and under in the First District Health Unit Service Area reported injection drug use in 2017.
- Of the 1378 clients tested through the Counseling, Testing and Referral (CTR) program in the First District Health Unit service area in 2016-2017, 11% reported injection drug use and of those, 80% reported sharing injection drug equipment.



Cumulative (2001-2017) HIV/AIDS Cases

HIV and AIDS have been reportable conditions in North Dakota since 1984. The cumulative reported infections as of December 31, 2017, stands at 981 HIV/AIDS cases.

Figure 36: HIV/AIDS Diagnosed in North Dakota and HIV/AIDS Previously Diagnosed in Other States by Year, 2001-2017



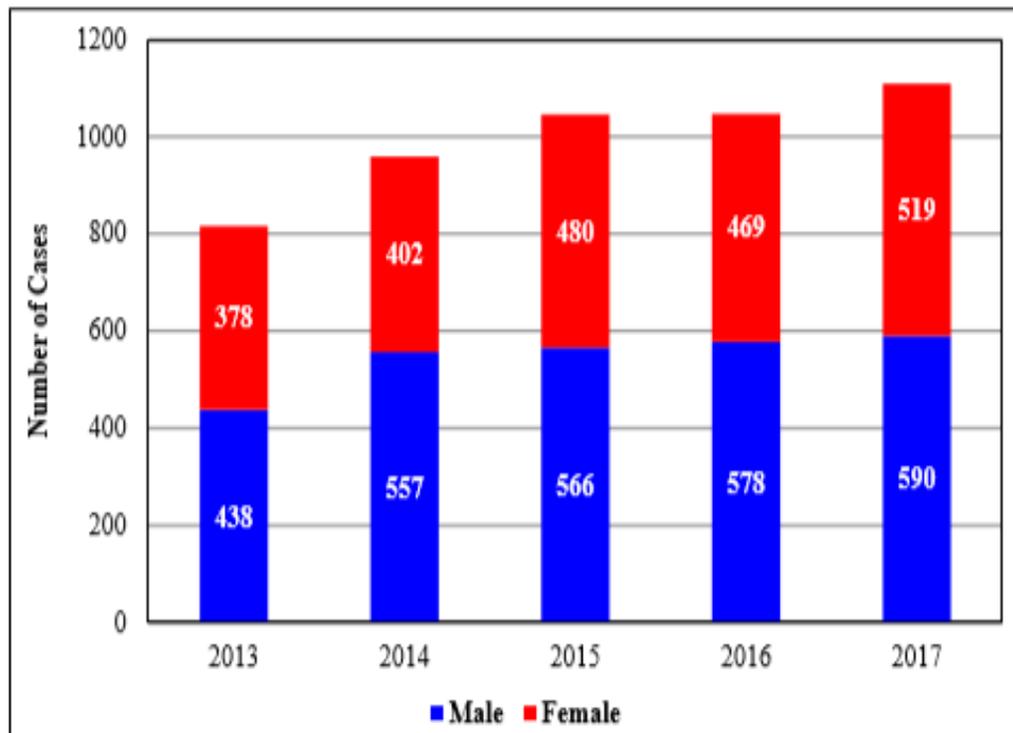
The numbers on the above graph include new diagnoses as well as individuals previously diagnosed who have moved to the state for the first time.

Source: North Dakota Department of Health 2017 Epidemiology Report

Hepatitis C Virus

In 2017, the NDDoH received 1,109 reports of newly identified cases having a positive laboratory result that indicates past or present HCV infection. This number does not distinguish between resolved versus current infections.

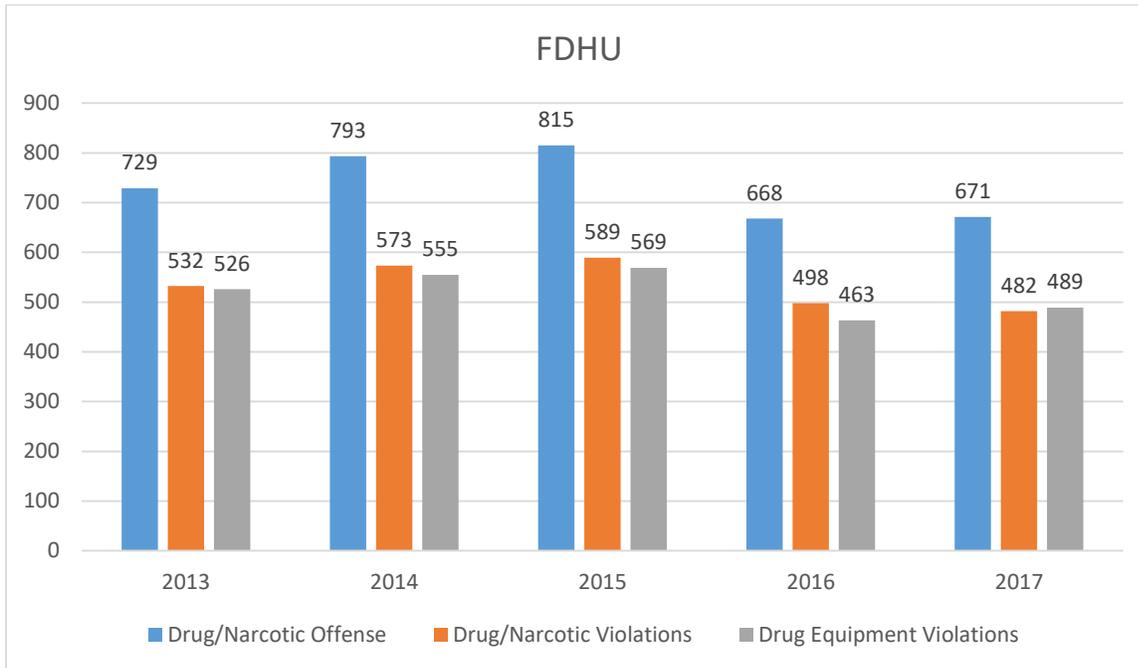
Figure 56: Reported HCV Cases by Year, North Dakota, 2013-2017



Source: North Dakota Department of Health 2017 Epidemiology Report

Drug Violations

The data below shows the drug/narcotic violations for the FDHU seven county area.



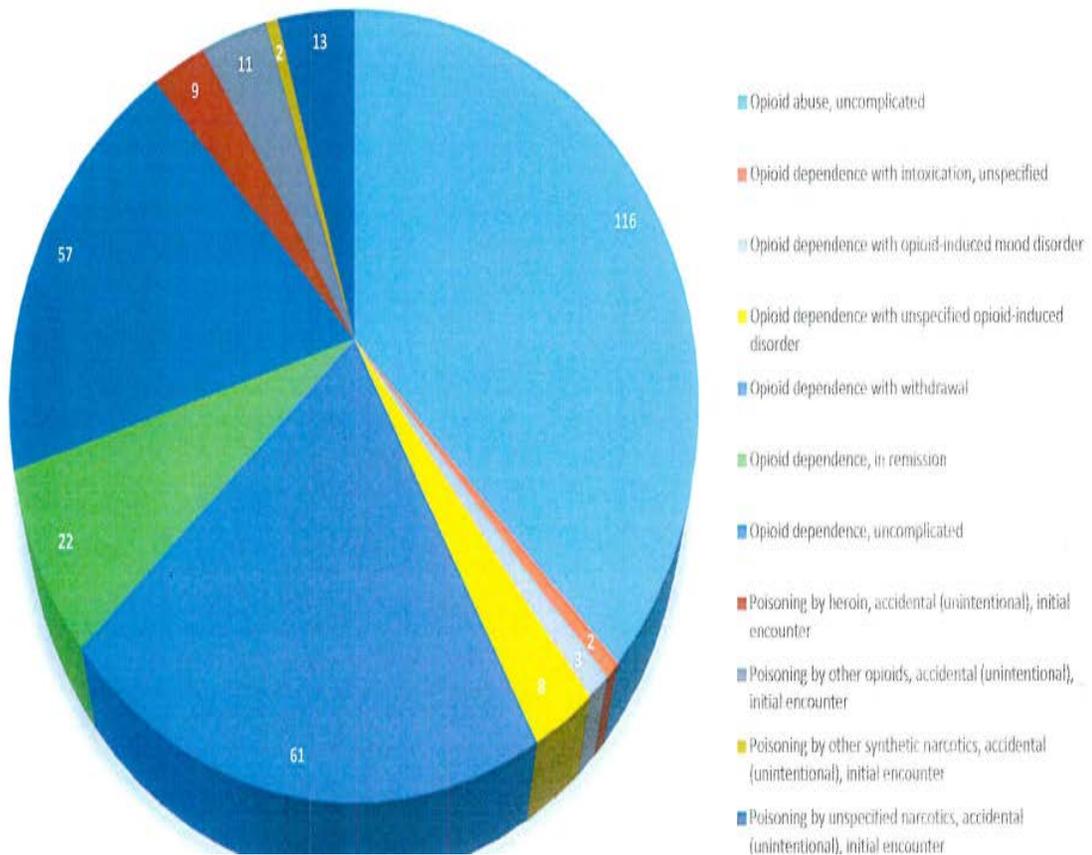
Overdose

Minot Community Ambulance reported responding to 40 drug overdose calls in 2017. In 2017, 64 doses of Narcan were administered by the Minot Police Department and Minot Community Ambulance combined. From January through June 2018, 28 doses were administered.

The following graph is information provided by Trinity Health in Minot:

Count of SOURCE_IDENTIFIER

Numbers by Source Identifiers 8/1/16 - 8/1/17



First District Health Unit

FDHU has been offering HIV, Hepatitis C and STD testing for many years. During a meeting of a sub-group of the Minot Mayor’s Committee on Addiction, the number one priority requested from the group was a syringe service program in this area. This sub-group consisted of law enforcement, addicts in recovery, family members of addicts, health care providers and many community members.

Resources

- North Dakota Department of Health, Division of Disease Control.
- Crime in North Dakota Reports (2014-2016). Bureau of Criminal Investigation. Office of Attorney General. Obtained from <https://attorneygeneral.nd.gov/public-safety/crime-data/crime-reports>.

Implementation Plan

Population Served

Any individual age eighteen or older who is a person who injects psychoactive drugs will be eligible to access SSP services. (*Appendix M*) All individuals accessing services will be provided an *Expectations and Responsibilities* document (*Appendix A*). If clients do not follow these, or are involved in one of the following, their access to the services may be restricted or terminated (*Appendix Q*):

1. Violence, threats to staff, or aggressive/disrespectful behavior
2. Using drugs on the premises and neighboring properties. This includes loitering on FDHU property
3. Drug dealing—including selling or trading exchange supplies
4. Theft or property damage
5. Racist, sexual discrimination, sexually inappropriate actions/language
6. Inappropriate behaviors/language

Funding Sources

The following are secured grant sources of funding:

1. Bush Grant
2. State Targeted Response (STR) Grant for Opioid Epidemic

The following are grant sources are being applied to for funding:

1. Regional Resource Network. Funds provided will be used for SSP education for staff, neighbors and the community. SEP ID cards will also be printed with these funds.
2. North American Syringe Exchange Network. Funds provided will be used for start-up kit including syringes, needles, tourniquets, alcohol swabs, Band-Aids and cooking supplies.

State and general funds will be utilized if available to provide services for material disposal, staff salary and fringe, disease education and testing. No state or federal funds will be utilized for the purchase of injection supplies. Additional grant opportunities will be researched to sustain the program. We also accept donations to support the program.

The SSP budget for 2018 - 2019 is included as *Appendix B*. This budget will be updated as necessary.

Location

The SSP will be located at:

First District Health Unit
801 11th Ave SW
Minot, ND

Hours:

We will start the program one day a week for 2 hours. (Day of the week and hours are subject to change prior to start of program) Hours will be added as needed.

The SSP will be a fixed site and no mobile operations will be available. Nurses will block time in their schedules to operate the SSP. One nurse will be devoted to the program for each block of time the program is operational. Business hours ensure there are multiple staff on the premises to ensure optimal safety. Client satisfaction evaluations will be conducted as needed to ensure the time and location are meeting their needs.

Expansion to a site owned by Trinity Health may be possible in the future but at this time there are no other safe disposal locations. This site would also be staffed by FDHU nurses.

Transaction Model

One-for-One Plus 5. This model will provide a greater opportunity for clients to have clean supplies and remove used syringes from the community. In this model, individuals may receive more than one sterile syringe for each used syringe returned. They may receive one sterile syringe for each used syringe returned plus an additional five syringes but not to exceed 25 clean syringes in one week.

10 syringes will be given to the client at their initial visit if no dirty syringes are brought in. At subsequent visits, individual syringe needs will be used to determine the number of syringes given at exchange time with a maximum number per week of 25 syringes. (*Appendix O*) To prevent resale of supplies on the street, keep costs manageable and provide clean supplies to clients, 25 syringes was chosen as the maximum amount clients could receive in a week. If additional funding is made available, consideration will be given to adjusting this number. In addition to syringes, kits received by client will also include a sharps container, alcohol pads, cooking kit (cooker, tourniquet, cotton filters), condoms and wound care kits. Clients will be assessed at each encounter for needed additional supplies and be provided accordingly.

Sharps and Medical Waste Disposal

Policies and procedures are in place to ensure proper disposal of biohazard waste disposal. A contracted company provides biohazard waste disposal for FDHU. As a public health agency, we dispose of biohazard waste on a regular basis.

Clients in the SSP program will be provided a biohazard waste container at each visit to be used to return used syringes. Clients returning syringes not in a biohazard waste container will be provided gloves and expected to place in a container at the SSP office. SSP staff will not assist or be in physical contact with any used syringes. (*Appendix S*) Packaging of large biohazard waste containers for pick up will be done by the Director of Nursing or designated staff.

At this time, only clients in the SSP will be able to dispose of sharps and medical waste at FDHU. We also have no current plans of installing public drop boxes as there are sharps containers located in many of our public community establishments.

Due to limited staff capacity and financial resources, community clean-up will not be a service we are able to provide.

Medical and Supportive Services

The following describes the services and frequency they are offered at the SSP:

SERVICE	SERVICE FREQUENCY	POLICY AND PROCEDURE
HIV and Hepatitis C Testing and Education	All clients will be tested as new clients and every six months thereafter.	Testing will abide by the CTR program administered by the ND Department of Health. Clients may also be tested outside the SSP hours, as these services are available during regular business hours. Testing will be confidential but names will be collected during testing. Client names will not be associated with the SSP. Routine HIV and HCV will be a requirement of participation. If this becomes an area of concern, we will re-evaluate but at this time it will be a requirement.
Safe sex kits	Offered at each visit.	Kits will be provided with 10 condoms each and lubrication with no limit on how many can be given. Education material on safe sex will be provided.
STDs, (Chlamydia, Gonorrhea, Syphilis) – Testing and Education	All clients will be assessed at a minimum on enrollment and on an as needed basis.	Testing will abide by current FDHU policies and fee schedules related to STD screening, testing and treatment that is used for all clients.
Prevention Counseling	Occurs each time a client is tested for HIV, hepatitis C, chlamydia, gonorrhea or syphilis	Nurses are trained in risk reduction counseling. For HIV and hepatitis C, harm reduction strategies will be emphasized.
Referral for HIV PrEP	All clients will be evaluated for HIV PrEP at enrollment.	FDHU will refer high-risk negatives based on CDC recommendations to HIV PrEP providers in the area. The North Dakota Department of Health maintains a list of current HIV PrEP providers. (www.ndhealth.gov/HIV/CTR).
Hepatitis A and B Vaccination	All clients will be assessed at enrollment for needed immunizations.	Immunization will abide by the existing FDHU policies we use for all clients. Clients may or may not be offered this service free of charge.
HIV – Linkage to Care	All clients who are HIV positive will be assessed for in-care status at each encounter.	FDHU will refer to primary care and the Ryan White program for newly diagnosed cases. All known HIV positive clients will be assessed for in-care status at each encounter and encouraged to achieve viral suppression and how to prevent transmission.
Hepatitis C – Linkage to Care	All clients who are HCV positive will be assessed for in-care status at each encounter	FDHU will ensure referral to primary care for all newly diagnosed HCV positive clients. All known HCV positive clients will be educated about treatment options and how to prevent transmission.

SERVICE	SERVICE FREQUENCY	POLICY AND PROCEDURE
Safe Injection Practices Education	All clients will be educated on safe injection practices at enrollment and as needed.	FDHU will provide educational materials to clients to ensure that injecting practices are done in a way to prevent wounds, infections and to minimize reuse if possible.
Drug Overdose Training and Response	All clients will be educated on drug overdose response at enrollment and as needed.	FDHU will provide educational materials to clients on overdose prevention and naloxone administration.
Provide Naloxone Kits	All clients and family members will be provided with one kit at enrollment and will be provided with additional kits as needed.	Naloxone Kits Include: Two (2) vials of naloxone, two (2) 25 gauge 3cc syringes, two (2) alcohol swabs, two (2) pairs of gloves and a step-by-step instruction guide.
Provide or Refer for Medical Care	All clients will be assessed for medical needs at each encounter.	FDHU will assess the overall health of individuals and will refer to emergency or primary care services as needed. (<i>Appendix P</i>)
Substance Use Disorder Treatment – Referral and Linkage to Care	All clients will be assessed for readiness for substance use treatment at each encounter.	FDHU will refer clients to the appropriate location as needed for treatment. (<i>Appendix P</i>)

Any outside referral services will be provided to the client via written documentation (*Appendix C*). Need for referrals will be assessed at each encounter. A list of referring agencies in the area will be available to the SSP staff (*Appendix D*). The list of referrals will be updated as needed.

All FDHU nursing staff will be provided training on overdose recognition and training to administer naloxone in the event of an overdose. Nurses will follow the standing orders for naloxone administration (*Appendix E*).

Client Assessment

All clients will be assessed at their first encounter with an enrollment form (*Appendix F, N*). A flow sheet (*Appendix G*) will also be completed to document the frequency of needed services, including immunizations, testing, etc. this will be utilized for internal documentation to track when services need to be delivered. This form will also be completed every six months. This form is a more in-depth client assessment than what will be utilized at each client visit.

At enrollment, clients will be issued an ID card identifying them as participants of the program. This ID number will be documented on all the clients' paperwork at the SSP. Subsequent encounters will be documented utilizing an encounter summary form (*Appendix H*). The information will be documented on a daily log form (*Appendix I*) for entry into a database. This will include all referrals given, tests performed and supplies given. Test results will not be documented with the SSP database; those results will be documented separately. FDHU is using the Encounter Summary Custer Health developed. This document is referenced as (*Appendix H*).

Safety Plan

Staff safety is important. There will be a minimum of two staff on site during hours of operation. All staff will be trained in appropriate security measures for FDHU. The training is based on FDHU Security Plan (*Appendix J*). Each staff member has a copy of the FDHU Security Plan.

Staff Training

The following is a list of trainings that need to be completed by staff of the SSP:

Topic	Method of Instruction	Frequency
Standing Orders	Review written documentation.	Upon hire and annually.
SSP Procedures	Review written documentation. (<i>Appendix M,N,O,P,Q,R,S</i>)	Upon hire and annually.
Harm Reduction 101	Review written documentation. Safety Manual for PWID	Upon hire and annually.
Safer Injection Techniques for Clients	Review written documentation.	Upon hire and annually.
Wound Care	Review of the Red Book on Skin and Wound Lesions.	Upon hire and annually.
Referral Procedures	Review written documentation.	Upon hire and annually.
Cultural Diversity Training	Video: Rutgers - Cultural Sensitivity Cultural Competency- Managing your Prejudices	Upon hire and annually.
Overdose Recognition	Review written documentation and view video.	Upon hire and annually.
Overdose Prevention and Reversal	Review standing orders. Review written documentation.	Upon hire and annually.
Rescue Breathing.	All staff will maintain CPR certification.	Bi-annual recertification.
Naloxone Administration	Review of a video demonstrating naloxone administration. Review written documentation.	Upon hire and annually.
Safe Handling Used Syringes	Review written documentation.	Upon hire and annually.
HIV, HCV, STD Prevention	CDC fact sheets	Upon hire and annually.
Motivational interviewing for PWID	Video	Upon hire and annually.

Initial training will be documented on an orientation checklist. Annual training will be documented on appropriate training forms.

Evaluation Plan

As with any new program, we will closely evaluate the syringe service program to ensure the program is working and to drive any changes needing to be made. Data will be shared with the North Dakota State Board of Health as well as others in the community on a semiannual basis. Items to be tracked include:

- Number of unduplicated participants with demographics such as age, ZIP code of residence, ethnicity and gender
- Estimated number of syringes brought to the exchange for proper disposal
- Number of syringes issued
- Number of tests for syphilis, HIV, hepatitis C and pregnancy, and rates of positivity

Short Term Goals

By November 30th 2018, SSP nurses will have completed the required training at FDHU. Documentation will be collected as the nurses complete the training and kept in a file.

By December 1st 2018, FDHU will have distributed 100 business cards to clients and partners to educate the public about the SSP. Documentation will be kept of where business cards are distributed- clients (number only), partners, and businesses for referral.

Long Term Goal

By December 2020, the SSP will increase the number of individuals served by 25 per year with a goal of 60 clients by 2021. Excel spread sheet will be used keep track of the number of new clients participating in the SSP program.

Evaluation & Reauthorization

The Director of Nursing will be responsible for ensuring the evaluation activities are completed. Evaluation results will be included in the plan each year.

In addition, to the goals and objectives, the FDHU SSP team will review the SSP policies and procedures at least annually to evaluate for any needed changes. The revised SSP plan will be submitted to the NDDoH for reauthorization yearly in accordance to the NDDoH provided guidance.

Reporting

Reporting to the North Dakota Department of Health

Per North Dakota Century Code, FDHU will report SSP data semi-annually to the North Dakota Department of Health.

The Director of Nursing will be responsible for ensuring this reporting occurs. The form, Syringe Exchange Semi-Annual Report (SFN xxxxx - *Appendix K*) will be submitted each year in January and July. The data due by January 15th is for previous July 1 – December 31. The data due by July 15th is for the previous January 1st – June 30th. The report form will be submitted to disease@nd.gov.

The data reported will include:

- Number of unique participants served during the time period
 - Non-identifying demographic information of participants (age, gender, race, ethnicity, county of residence, substances used, etc.) if collected
- Approximate number of syringes collected
- Number of syringes distributed
- Number of individuals offered or referred to services for:
 - HIV, STD and Viral Hepatitis Testing
 - Addiction Treatment Services
- Number of doses of naloxone distributed
- Number of condoms distributed

To calculate the data for the report, the Director of Nursing will utilize the data management system developed to document SSP information.

Appendix

Appendix A: Client's Expectations and Responsibilities

Appendix B: SSP Budget

Appendix C: Referral Form

Appendix D: Referral Resources

Appendix E: Standing Orders for Naloxone Administration

Appendix F: Enrollment/Re-Enrollment Form

Appendix G: Chart Flow Sheet

Appendix H: Encounter Summary

Appendix I: Daily Log Form and Code List

Appendix J: First District Health Unit Security Plan

Appendix K: Syringe Exchange Semi-Annual Report

Appendix L: Minot Mayor's Committee on Addiction Report

Appendix M: Program Eligibility

Appendix N: Enrollment Procedure

Appendix O: Distribution and Collection of Needles and Syringes

Appendix P: Referral to other Services

Appendix Q: Termination of Program Participants

Appendix R: Blood Born Pathogen Exposure

Appendix S: Prevention of Needle Stick Injuries

Appendix T: Letter of Support

Appendix U: State Health Officer Reply

Reference: <https://www.custerhealth.com>