



2017 Hepatitis and Harm Reduction Certification

Specialist Manual



TABLE OF CONTENTS

HEPATITIS AND HARM REDUCTION CERTIFICATION¹

SYRINGE SERVICES

AGENDA	1
SYRINGE PANCAKE	2
SYRINGE SERVICES POWERPOINT	3

SYRINGE SERVICES EDUCATIONAL MATERIALS AND PROGRAM FORMS

NMHIVGUIDE.ORG EXAMPLE	22
MONTHLY REPORT CHECKLIST AND INVENTORY	23
SITE VISIT TOOL	25
HARM REDUCTION EDUCATIONAL CARDS	27
ITEMS DISTRIBUTED BY THE HHRP, WHEN AVAILABLE	29
STUFF BROCHURE	33
REGULATED MEDICAL WASTE SEGREGATION POSTER	35
SHARPS PACKAGING PROCEDURES	36
DROP BOX GUIDELINES	37
DROP BOX MAINTENANCE LOG	39
SHARPS CONTAINER AMOUNTS	40
WHAT WORKS BROCHURE	41

OVERDOSE PREVENTION AND NALOXONE

OVERDOSE PREVENTION AND NALOXONE POWERPOINT	43
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OVERDOSE PREVENTION EDUCATIONAL MATERIALS AND PROGRAM FORMS

OVERDOSE PREVENTION 20 MINUTES	57
NALOXONE ENROLLMENT AND RECORD OF USE	58
NALOXONE MEDICATION LOG	59
SAMPLE NALOXONE MEDICATION LOG	60
NALOXONE ORDER FORM	61
NALOXONE ATOMIZER USE AND RESCUE BREATHING INSTRUCTIONS	63

CHECKLISTS AND PRACTICE TOOLS

CHECKLIST FOR RESCUE BREATHING AND NALOXONE ADMINISTRATION	65
TEST	67
LIST OF LINKS	68
CHECKLIST FOR SAFER INJECTION	69
SYRINGE SERVICES PROGRAM INTERVIEW FORM	71
RELEASE OF INFORMATION FORM	72
HIPAA FORM	73
FEEDBACK FORM	74
PRACTICE SYRINGE SERVICES PROGRAM INTERVIEW FORM AND DAILY LOG FORM	75
PRACTICE NALOXONE ENROLLMENT AND RECORD OF USE	76

INFOGRAPHICS²

DRUG OVERDOSE IN NEW MEXICO PART 1	28
DRUG OVERDOSE IN NEW MEXICO PART 2	56
NALOXONE IN NEW MEXICO PART 1	62
NALOXONE IN NEW MEXICO PART 2	70

¹ The materials in this training may be found on the NMDOH HHRP website unless otherwise noted <https://nmhealth.org/about/phd/idb/hrp/>

² Infographics are from NMDOH ERD as of 3-1-2017 for these and other data please see <https://nmhealth.org/about/erd/ibeb/sap/>

Hepatitis and Harm Reduction Specialist Certification

AGENDA

- 8:00 am - 8:30 am Introductions and Ice Breaker
- 8:30 am - 9:00 am Stigma, Addiction, IIS and IUSs
- 9:00 am - 9:30 am NM Harm Reduction Background
- 9:30 am - 9:40 am Break
- 9:40 am - 10:10 am Syringe Services Program (SSP) enrollment process
- 10:10 am - 10:20 am Log Forms
- 10:20 am - 10:35 am SSP Interview and Enrollment Demonstration
- 10:35 am - 11:00 am SSP Interview and Enrollment teach back and evaluation
- 11:00 am - 11:10 am Break
- 11:10 am - 11:25 am Participant Arrests and Community Complaints
- 11:25 am - 11:50 pm SSP Safety and Dropboxes
- 11:50 am - 12:50 pm Lunch
- 12:50 pm - 1:20 pm Safer Injection and Smoking Demonstration
- 1:20 pm - 1:50 pm Safer Injection teach back and evaluation
- 1:50 pm - 2:20 pm NMHRSR test and review
- 2:20 pm - 2:30 pm Break
- 2:30 pm - 3:00 pm Overdose/Naloxone presentation
- 3:00 pm - 3:25 pm Rescue Breathing Demonstration
- 3:25 pm - 3:50 pm Rescue Breathing teach back and evaluation
- 3:50 pm - 4:00 pm Break
- 4:00 pm - 4:25 pm Administering Naloxone presentation
- 4:25 pm - 4:45 pm OD/Naloxone teach back and evaluation
- 4:45 pm - 5:00 pm Feedback/Evaluation and Adjourn

This certification is not a comprehensive education program for HIV, Hepatitis B or C, blood-borne pathogens, addictions, or other medical related issues. There are many other trainings and educational opportunities for these subjects – please ask your supervisor for referrals to them.

Ever wanted to make pancakes using your rigs and works? Well NOW you can!

1.) Gather your works



2.) Cut up your pancake mix



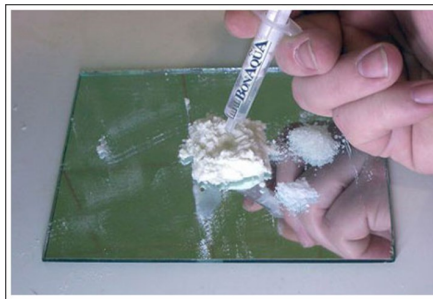
3.) Pile up your pancake mix



4.) Add 1 bump salt and 1 bump baking powder to mirror.



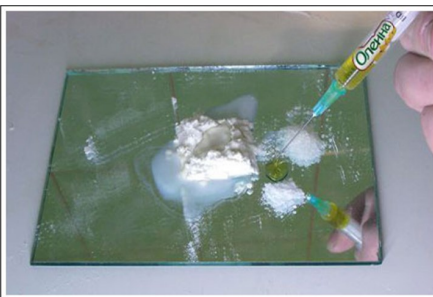
5.) Next add your water



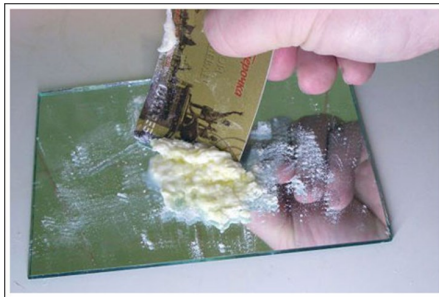
6.) After the water put a shot of milk.



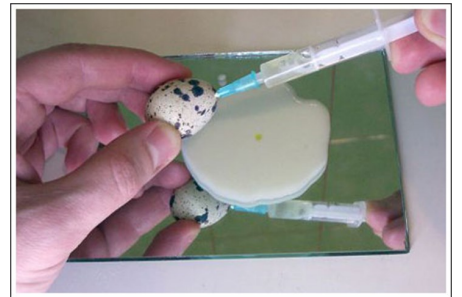
7.) The last liquid added is oil. This is optional but if you truly want to make pancakes, put a double shot.



8.) Now cut everything together. Mix until liquid



9.) Now for the egg. Take you syringe and poke THROUGH the egg shell. Extract your Egg.



10.) Add the raw egg



11.) After mixed add your pancake mix to your cooker. Hold cooker to open flame.



12.) Cook both sides! This is raw egg, you don't want to risk your health. Done! Breakfast is served and your pancake is now complete.





Harm Reduction Specialist Certification Training

If the material about substance use is a trigger for you, please feel free to step out of the room. The trainers are available to help or discuss issues as needed.

Portions of this presentation were originally created for the Harm Reduction Program by Philip Fluty (2002), Roz Murphy, M.S. (2004), and Bernie Liewing, LMSW (2006). It was then added to and adapted by Dominick V. Zurlo (2007). Updated graphics by John Murphy (2-22-10), editorial review by Vivian Hays (11-7-13), and most recently revised and updated 06-14-17 (DVZ, JJM, JS)

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People who use substances are not defined by their substance use

Harm Reductionists:

- Why do we choose to work with people who use substances; and, why do we choose to work with communities? Why are you here?
- Licit and illicit substance use happens – why is this important to understand and accept?
- Use is complex and can range from chaotic to abstinence
- Acknowledge some ways of using substances are safer than others. What does this mean?
- Why is learning how to openly discuss problems and potential harm associated with substance use beneficial?
- Learn how to minimize substance-related harm
- Health improvements can occur, even without the total elimination of harmful activities – what are some examples?

Harm Reduction Philosophy

Acknowledgement:
Harm Reduction Coalition

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People who use substances are not defined by their substance use

Harm Reductionists:

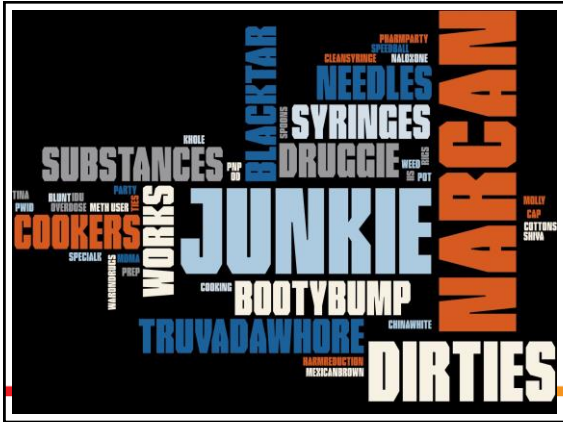
- Are non-judgmental and non-coercive – what does this mean in practice?
- Educate so individuals can make their own choices
- How can we affirm the people who use substances are the primary agents for their own decisions or changes?
- Include people who use substances in the ongoing creation and implementing of programs – Why is involvement like this important?
- Establish quality of life and well-being as the criteria for successful interventions – how do you interpret this?

Syringe service programs are a part of the treatment continuum

Harm Reduction Philosophy

Acknowledgement:
Harm Reduction Coalition

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How Do These Structural Issues Impact Substance Use Behavior?

- Unemployment, experiencing homelessness, or "too much money"? (Socio-Economic-Status Issues)
- Racism, Sexism, Homophobia, Transphobia, Marginalization, Oppression (Real or Perceived)
- It feels good – Why? Why wouldn't someone want to feel better?
 - "Party-lifestyles" – what is a "Party-lifestyle"?
 - Boredom: "There's nothing to do in this town"
 - Stress Relief: "I've had a hard day – I want a drink/shoot-up"
 - Self Medication: Chronic Pain/Behavioral Health
- Helps to forget/Helps me feel better – Why? Why not?
 - Trauma/Violence (on the street and in the home)
 - Alienation, Existential Dilemma, Human Suffering
- Intergenerational: "I was given a shot for my 13th Birthday"

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Discuss the Importance of Harm Reduction Specialists:

- ▶ Including participants in conversations?
- ▶ Being respectful of participants while establishing boundaries. How can this be done without confrontation?
- ▶ Using appropriate, non-stigmatizing language and not stereotype people?
- ▶ Providing feedback in a concerned and caring manner?
- ▶ Accepting feedback and reflecting upon it?
- ▶ Not actively using substances at the time of service?
- ▶ Remembering it is the participants' time?

It is not ok to exchange money or substances, or engage in sex with participants!

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History of Harm Reduction: the 70's and 80's

- ❖ Early 1970's – first known professionally staffed Safer Injection Facility - St. Paul's Church in Rotterdam, Netherland
 - ❖ First known instances of syringe exchange
 - ❖ But, this location was not made legal until 1996.
 - ♦ Dixon, K. et al. 2009. *Drug consumption facilities in Europe and the establishment of supervised injection centres in Australia*. *Drug and Alcohol Review* (online), 34, 337-346. Available from: http://www.druginfo.org/docstore/harm_reduction_papers_presentation_centers.pdf
- ❖ 1984 – First legal exchange site – also in the Netherlands
 - ♦ Gay Men's Health Crisis. 2009. *Syringe exchange programs around the world: The global context*, 3. Available from: www.gmh.org/files/editor/files/gmhbc_intl_sxeps.pdf
- ❖ 1988 - First known US syringe exchange program - Tacoma, WA by Dave Purchase
 - ❖ "You give me an old one, I give you a sterile one, and it keeps your butt alive." - Dave Purchase (New York Times, January, 23 1989)

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New Mexico Sero-prevalence Study 1994 – 1997

1003 Individuals Injecting
Substances (IIS) participated:

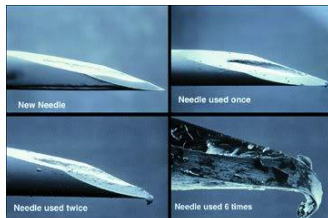
- 0.5% HIV positive
- 61% hepatitis B positive
- 82% hepatitis C positive

Samuel, M.C., Doherty, P.M., et. al. 2001. Association between heroin use, needle sharing and tattoos received in prison with hepatitis B and C positivity among street-recruited injecting drug users in New Mexico, USA. *Epidemiological Infectors*, 127, 475-484.

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Used Syringes – Disease Transmission

A picture is
worth
1,000 Words
(approximately 2 ¾ pages of text
single spaced)



- The "pits" can hold blood, tissue, and micro-organisms. This increases the risk for infections and the transmission of blood-borne pathogens.
- Pieces of the metal can flake off in the injection site – in the vein or under the skin.
- The bent tip creates a jagged puncture point, resulting in more tissue damage and longer healing times.
- Why is it important NOT to hang this picture in a syringe service location? What was your first thought seeing it?
- How can this image be used so it is not a "scare-tactic"? Why is this important?

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History of Harm Reduction New Mexico and Beyond...

- 1997 – NM State Legislature passes the Harm Reduction Act
 - 1998 – New Mexico implements syringe services
- 2003 – InSite, Vancouver, BC
 - First legal Safer Injection Facility in North America.
- 2017 – First legal Safer Consumption Facility in Seattle, WA.
- National Survey by Dr. DesJarlais (Beth Israel)

*NY Times 1/27/13 and DesJarlais, D. 2014. <https://naaen.org/news/2014-04/08/2012-beth-israel-survey-results/>

Dave Purchase Memorial Survey	2011*	2012	2013
Known SSPs	197	199	204
SSPs participating in the survey	144 (73%)	142 (71%)	153 (75%)
# states with participating SSPs (not all are legal)	32	30	33
# syringes distributed (in millions)	36.9	39.2	45.9
Total SSP budgets (millions of \$)	19.3	19.4	21.9

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Why Harm Reduction is important in NM

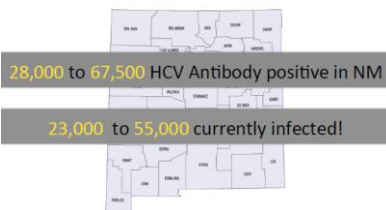
- ▶ Incarceration in NM:
 - ▶ 43% HCV positive (NMDOH 2013)
 - ▶ 85% of incarcerated women have a substance use history
 - ▶ 40% of these women injected (NMDOH 2004)
- ▶ 2001-2011: highest rate of overdose deaths (unintentional) in the US (CDC, MMWR 2002-2012)
 - ▶ 2015: NM ranked 8th in the US (CDC, 2017). What does this mean?
 - ▶ Prescription medication and heroin are increased factors
 - ▶ 1994-2003: 73% Increase in alcohol/illicit substance co-intoxication deaths (NMDOH 2004)
- ▶ The fastest increase in HCV is among individuals injecting who are under 30. (NMDOH 2016)

Harm Reduction and HCV

- "...we estimate that use of the syringe exchange would have led to a 61% reduction in hepatitis B and a 65% reduction in hepatitis C among local injection drug users."

Hagen, H., Des Jarlais, D.C. et al. Reduced Risk of Hepatitis B and Hepatitis C among Injection Drug Users in the Topona Syringe Exchange Program American Journal of Public Health, November 1999, vol 89, No 11, p. 1536

Prevalence of HCV in New Mexico

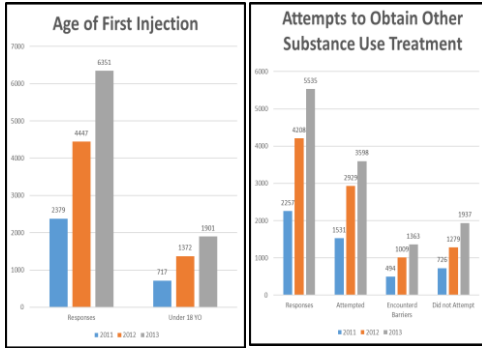


Source: Dr. Kimberly Paga, UNM. Hepatitis C Virus (HCV) in New Mexico: Statewide Comprehensive Plan and Profile of the Epidemic 2016, New Mexico Hepatitis C Coalition, 2016, p. 8

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Information – from enrollments/re-enrollments

Calendar Year	2013	2016 (est)
Syringes Distributed	3,485,263	6,786,408
Syringes Collected	3,368,894	6,627,980
Collection Rate (not including drop-boxes)	96.66%	97.67%
New participants	2,690 (unduplicated)	4,019 (may have duplication)
Participants re-enrolled	4,066 (unduplicated)	4,988 (may have duplication)
Proportion not sharing (self-report)	86.4%	Not collected



Data from NMDOH HHRP enrollments/re-enrollments as of 03-01-2017

The New Mexico Harm Reduction Act (1997)

The NM Department of Health shall:

- ▶ Establish and administer a harm reduction program for the purpose of sterile hypodermic syringe and needle exchange.
- ▶ Compile data to assist in planning and evaluation efforts to combat the spread of blood-borne diseases.

This statute makes access to sterile injection equipment a right rather than a privilege in New Mexico.

Goals

- Provide a supportive environment to educate participants in learning how to reduce harm associated with substance use, such as:
 - The transmission of bloodborne pathogens
 - HIV
 - HCV
 - Abscesses
 - Vein damage
- Minimize other diseases:
 - Endocarditis – infection/swelling of the heart
 - Septicemia – infection of the blood/blood poisoning
 - Wound Botulism – caused by the bacteria Clostridium botulinum – and can result in muscle weakness or paralysis

MORE GOALS

- Provide support, resources, referrals, and facilitated navigation (linkage to care) to related services:
 - Counseling, Testing, and Referral Services for HIV, HCV, and STDs
 - Preventative and primary medical care
 - Behavioral health
 - Benefits
 - Housing
 - Alternative healthcare
 - Food/nutrition
- Help improve overall individual, family, and community wellness.

BREAK

N.M. Harm reduction act – 24.2c.6

“Immunity from criminal liability. Exchange or possession of hypodermic syringes and needles in compliance with the procedures of the program shall not constitute a violation of the Controlled Substances Act [30-31-1 NMSA 1978] for a participant in the program, an employee of the department administering the program or a private provider whom the department contracts with to operate the program.”

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Syringe Services ID Card

SHARPS Card · SSP ID Card · “Yellow Card”

- Protects participants for unused or non-residue containing syringes in New Mexico (sample on page 27 in the training packet).
- Participants must have a SHARPS Card when they leave every exchange.
 - Write the participant individual identification code and an expiration date of 1 year after enrollment on the card. At the end of the year, renew the card for 1 year.
 - Laminate the card.
 - *It is acceptable to issue a card to the same person repeatedly if they lose their card before the 1 year expiration date.*
 - *Each location/program must maintain their own log of participant codes – so, if someone loses their card they do not need to be re-interviewed multiple times.*

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SHARPS Card What it Does Not Do

- It does not protect:
 - For substances, residue, or used paraphernalia.
 - If the participant goes out of the state (NM).
 - Someone who is on probation or parole.
 - **On federal property (military bases/VA, national parks, federal courthouses, border patrol, etc.).**
 - **On Sovereign Land such as tribal or pueblo.**
- If a participant does not have a card with them, there is no way for a law enforcement officer to know they are enrolled in the program.
- The participant is **only** protected on their way to or from Harm Reduction Activities!
- School zones may have additional restrictions.

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Who Can enroll

- Eligibility is open to anyone in New Mexican who is 18 years old and older.
 - IDs are not usually required. However, if you think a person requesting syringe services is younger than 18 years old, you may request ID.
 - If someone **knowingly** conducts syringe exchange with someone under the age of 18, it is considered a 4th degree felony.
- An individual on probation or parole may enroll, however:
 - They do not receive any protection with regard to probation or parole requirements, which usually include the individual not being able to use substances or associate with people who are using substances.
 - **This means they can get charged with paraphernalia possession if stopped by law enforcement.**

SSP Enrollment and Daily Log Form

(On page 71 in the training packet)

Syringe Service Enrollment and Daily Log Form				
Name of Agency or Public Health Office: _____				
City: _____				
Visit Type	Participant Code	Syringes (checked & checked)	Navigation Codes: (Check page 71 (and) when applicable to services provided, not when not used for services provided, or the use provided)	Staff & Agency Information:
			01. No syringe exchange 02. Syringe exchange 03. Syringe exchange with sterile syringes 04. Syringe exchange with sterile syringes and needles 05. Syringe exchange with sterile syringes, needles, and filters 06. Syringe exchange with sterile syringes, needles, filters, and filters 07. Syringe exchange with sterile syringes, needles, filters, and filters and filters 08. Syringe exchange with sterile syringes, needles, filters, and filters and filters and filters	
Date	Participant Code	Syringes	Navigation Codes	Staff Name

Updated forms can be found at: <http://nmhealth.org/about/phd/idb/hrp/>

Enrollment Procedures

- ❑ Use the Electronic (Excel) Combined Syringe Services Enrollment & Daily Log Form (page 71 in the training packet).
- ❑ Staff members complete this, not the participant.
- ❑ Engage participants in a friendly conversational manner.
 - ❑ Help them feel relaxed.
 - ❑ Ask open-ended questions like:
 - ❑ "How are you?" or
 - ❑ "How can we help you?"
- ❑ Point-in-Time (PIT) surveys may be required each quarter.

All updated forms can be found on: <http://nmhealth.org/about/phd/idb/hrp/>

When Someone Receives Services

- New participants are entitled to:
 - 30 syringes **plus** the number of used syringes they bring.
 - During future visits, new syringes are given for the used syringes collected (round up for packaging).
 - Staff may make exceptions based on issues such as lack of access or transportation to exchange, recent release from prison/jail, or any other reason why an individual may need additional syringes.
 - Ensure participants leave with the amount of syringes they need whenever possible.
 - Works (supplies) should be made available when possible, such as:
 - Cookers
 - Cotton
 - Twist-ties
 - Tourniquets
 - SHARPS containers
 - Ascorbic acid
- Sterile water and saline are not currently available from the program due to the unavailability of small non-reusable, non-prescription packaging.
- Information on supplies distributed is on pages 29-34 in the training packet.

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When Someone Receives Services (cont.)

- Provide contact information and hours of operation:
 - Program information statewide can be found on the webpage: www.nmhivguide.org (sample on page 22 in the training packet)
- Please remind participants if there is residue in their syringes, they can still be charged with drug possession. So, we recommend they:
 - Rinse and recap (*their own!*) syringes
 - Put syringes in a SHARPS container
 - Return the syringes to the SSP

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Confidentiality

- Let participants know all information is kept confidential
- Questions should be asked individually and privately
 - Even though Personal Health Information (PHI) is not required for syringe services, treat information as though it were under HIPAA
- Identifying information may need to be collected for:
 - A paraphernalia letter
 - Other services, such as:
 - Naloxone distribution;
 - Vaccinations; or,
 - Wound care

All updated forms can be found on: <http://nmhealth.org/about/phd/idb/hrp/>

Enrollment and Daily Log Form

(page 74 of the training packet)

- ▶ If a First Enrollment, check the box
- ▶ If not – do not check this box
- ▶ Record the SSP ID codes from the SHARPS Card
 - ▶ Check expiration date: if expired provide a new card
 - ▶ If no card, and the person has already enrolled, look up their previous enrollment and re-create the card
- ▶ Number of syringes collected from the participant
- ▶ Number of syringes distributed to the participant
- ▶ Navigation/Linkage to Care and any comments (no PHI)
- ▶ Each location sends the electronic forms from the previous month to the NMDOH Hepatitis and Harm Reduction Program in Santa Fe by the 10th of every month*, including:
 - ▶ Monthly Report Cover Sheet and Inventory (on pages 23-24 in the training packet)
 - ▶ SSP Enrollment and Daily Log Form

*Note: you may have to send forms to your regional DPS (Disease Prevention Specialist) earlier than the 10th. Please check with them directly

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For each encounter

- ▶ Record all activities on the Enrollment and Daily Log Form
- ▶ Engage participants about their health questions and concerns
- ▶ Facilitate navigation/linkage to care to other services/resources
 - ▶ This is not giving someone phone numbers/resource list
 - ▶ It is a significant interaction helping the participant access other services/resources
- ▶ When requested, provide education about reducing risks when using substances
- ▶ If you cannot be of assistance, find a colleague who can be of assistance

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Demonstration

Enrollment and Daily Log Form: Having a Conversation

(See page 76 in the training packet)

If the material about substance use is a trigger for you, please feel free to step out of the room. The trainers are available to help or discuss issues as needed.

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Enrollment and Daily Log Form: Teach-Back

- Get into pairs.
- Using the Enrollment and Daily Log Form, practice engaging with a new participant to syringe services. *Fill out* the form in your packet (page 76 in the training packet)
- Switch back and forth to make sure both people practice.
- Five minutes each.*

BREAK

Participant Arrest/Citation

- If a participant is arrested or cited for syringe possession/paraphernalia, encourage them to plead **not** guilty.
- HHRP can provide a paraphernalia letter verifying participation in the program
 - Please request this at least two weeks prior to the court date (not arraignment date)
 - If it is less than two weeks, the program staff will attempt to fulfill the request but can not guarantee it
- The paraphernalia letter addresses:
 - Enrollment status (i.e. good standing); and,
 - Possession of unused/no-residue syringes and works.
- Please remember - only send Personal Health Information through:
 - NMDOH [secure] email protocols; or,
 - Community Partners can send PHI through the HIPAA secure FTP server.



Paraphernalia Letter: What is needed?

- The participant SSP ID code (SHARPS Card)
- If possible – the participant’s enrollment date or last date of service *prior* to their citation/arrest
- Authorization to Disclose Health Information Form signed by the participant (to release information to the court)
- If the participant will hand-carry the letter to the judge or attorney, the program needs a name and a mailing address
- If the letter is to be sent directly to a judge or attorney the program needs:
 - Case number/citation number
 - Participant name as it appears on the court/citation documents
 - The name of the judge and the court address



NMDOH Authorization to Disclose Health Information Form

(sample - other agencies may have their own - pg. 72 of packet)

Community Complaints

- Ask the person to document their concern or complaint in writing.
- If the individual does not want to give a written statement, document their concerns as soon as possible after the complaint has been expressed.
- Report the incident to the NMDOH – Hepatitis and Harm Reduction Program as soon as possible and no later than 72 hours.
- Be respectful – everyone’s concerns are important to them.



SSP Safety



- No alcohol, other substances, or weapons may be visible, exchanged, or used near a syringe service location.
- No loitering around the SSP.
- At least two staff/volunteers –must be present at every syringe service site.
- A telephone must be available to staff:
 - Do not assume staff have cell phones; and,
 - A cell phone with video capabilities is recommended.
- Staff have the discretion to temporarily close a site to ensure safety (of staff and participants) in the event of:
 - Threats or violent behavior;
 - Weather; or,
 - Any other unsafe condition.

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Syringe Collection Safety

DO NOT handle used syringes or SHARPS containers with your hands!

- Encourage participants to return used syringes in a sealed SHARPS container. (sample pictures of SHARPS containers are on page 40 in the training packet)
- Have participants put sealed/unbroken SHARPS container directly into a container lined with a red biohazard bag.
- If the syringes are not in a SHARPS container, or if the container is broken, have the participant drop them into the large SHARPS containers.



Please remind participants:
Do not shake a container to empty syringes; and,
Do not put hands into a SHARPS container.

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Syringe Collection Safety (cont.)



Wear medical gloves when moving the large SHARPS containers after they are sealed

- Use “grabbers,” tongs, or forceps to pick up used syringes or SHARPS containers.
- Stand several feet from the large SHARPS container when syringes are being collected.
- Wear appropriate clothing, including closed-toe shoes when conducting syringe services.
- Follow your agency procedures for disposal of SHARPS containers.

See biohazard packaging and disposal flyers on pages 35-36 in the training packet for specifics.

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SHARPS or Syringes on the Ground

Do not pick up syringes with your hands – even if you are wearing medical gloves.



- ▶ Use “grabbers”, tongs, or forceps to pick up used syringes or SHARPS containers.
- ▶ Any material which might have blood or be contaminated should be treated in the same way.
- ▶ Do not take (with your hands) bags, containers, or other objects from people since they may contain SHARPS or contaminated materials.
- ▶ SHARPS containers are puncture resistant, not puncture proof.

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Drop-boxes - Syringe Collection Box Safety Measures*

- ▶ Wear appropriate clothing, such as: closed-toe shoes and medical gloves (latex/non-latex).
- ▶ Beware of “puncture resistant” gloves as they lend a false-sense of security:
 - ▶ They are resistant, not “puncture proof”
 - ▶ Manufacturers can not determine when they wear out.
- ▶ Always look first:
 - ▶ Check the outside of the drop-box for syringes, containers, or other contaminated material.
 - ▶ Pick up used syringes, containers, or other potentially contaminated material with “grabbers,” tongs, or forceps.
 - ▶ Visually check to ensure the pull-down chute is clear of clogs or barriers – never reach inside – only look.



* Full guidelines located on pages 37-39 in the training packet.

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Drop-boxes - Syringe Collection Box Safety Measures(cont.)

- ▶ Open the top lid of the drop-box and visually check to ensure there are no clogs
 - ▶ If there is a clog above the SHARPS container, use long grippers (reserved for biohazards) to remove items from the top – not pushing down. Place the removed items into a SHARPS container.
- ▶ Unlock and open the lower drop-box door
 - ▶ If syringes have fallen outside the SHARPS container, use “grabbers”, tongs or forceps to pick them up and place them into a SHARPS container
 - ▶ Remove the SHARPS container carefully
 - ▶ Place it on the ground and snap the lid securely closed along the edges – do not push down in the middle of the lid
- ▶ Transport the closed SHARPS container to the designated biohazard collection/storage area
- ▶ If the drop-box is full – increase the frequency of checking and removing items from it
- ▶ Record inspections on the Drop-Box Maintenance Log (page 39 in the training packet)



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Accidental Needle Sticks

- ▶ Do not panic.
- ▶ Wash the stick site with soap and water.
- ▶ Immediately contact your supervisor (who is required to report the incident to the NMDOH Hepatitis and Harm Reduction Program – *no name, just the incident*).
- ▶ Go to your agency’s medical provider for workplace accidents. Close the exchange for the shift if there are no others to cover it – **do not wait**.



Rates of transmission from accidental needle sticks:

- ▶ HIV - 0.3%
- ▶ HCV - 1.8%
- ▶ HBV - 6-30%

Syringe Inventory and Supply Order Form

Quantity	Brand	Amount Requested	Amount Distributed
1000	1.5 cc syringe 10/16		
1000	1.5 cc syringe 21g		
1000	1.5 cc syringe 25g		
1000	1.5 cc syringe 27g		
1000	1.5 cc syringe 30g		
1000	3 cc syringe 27g		
1000	3 cc syringe 30g		
1000	3 cc syringe 33g		
1000	3 cc syringe 35g		
1000	3 cc syringe 38g		
1000	3 cc syringe 40g		
1000	3 cc syringe 42g		
1000	3 cc syringe 45g		
1000	3 cc syringe 47g		
1000	3 cc syringe 50g		
1000	3 cc syringe 55g		
1000	3 cc syringe 60g		
1000	3 cc syringe 65g		
1000	3 cc syringe 70g		
1000	3 cc syringe 75g		
1000	3 cc syringe 80g		
1000	3 cc syringe 85g		
1000	3 cc syringe 90g		
1000	3 cc syringe 95g		
1000	3 cc syringe 100g		

Supplies must be ordered **TWO** weeks in advance

Sample form on page 24.

Information on supplies distributed is on pages 29-34 in the training packet

Lunch

Substances (a few of them)



Drug substance means “an active ingredient that is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease or to affect the structure or any function of the human body, but does not include intermediates use in the synthesis of such ingredient.”

[21 CFR 314.3; Title 21-Food And Drugs; Chapter I-Food And Drug Administration, Department Of Health And Human Services; Subchapter D-Drugs For Human Use; Part 314-Applications For FDA Approval To Market A New Drug; Subpart A-General Provisions]

If the material about substance use is a trigger for you, please feel free to step out of the room. The trainers are available to help or discuss issues as needed.

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HEROIN (DEPRESSANT):



BLACK TAR



China White

METHAMPHETAMINE (STIMULANT):



ICE



STRAWBERRY

COCAINE (STIMULANT):



CRACK



COCAINE

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PRESCRIPTION OPIATES:



OXYCONTIN



Hydrocodone

BENZODIAZEPINES:



ATIVAN, VALIUM



XANEX (PILLS/BARS)

OPIATE REPLACEMENT MEDICATIONS:



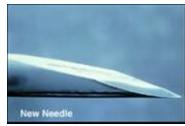
METHADONE



SUBOXONE

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Safer Injection Demonstration



If the material about substance use is a trigger for you, please feel free to step out of the room. The trainers are available to help or discuss issues as needed.

See the Checklist for Safer Injection on page 69 and the What Works Brochure on pages 41-42 in the training packet.

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Scrubby Pads for Pipes

- Small pieces of the scrubby pad are cut off, wadded-up, and used as a filter in the pipes (meth, crack, etc)
 - Copper is better - it does not flake as easily as other metals
 - Use scrubbies without soap - soap does not burn well
 - Why use a scrubby filter? Without it:
 - When a "rock" is heated, pieces may flake off - "flaming crack rocks"
 - So, when inhaling, they can be sucked into the mouth or throat
 - This can cause burns and blistering in the mouth and throat



Pictures from: <http://anneherietzel.gishopes.com/dorobay/>, and <http://www.ar15.com/archive/topic.html?i=141&u=541-1263915>

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Pipes and Mouthpieces



Mouthpieces are put on the end of the pipe.

- Pipes are often made of metal or glass which conducts heat.
- Heat from smoking (and the substances smoked) can cause lips and oral membranes to dry.
- This may result in splits, blisters, and oral bleeding.
- These create easier pathways for the transmission of Hepatitis C and other bloodborne pathogens.

Pictures from: <http://www.flickr.com/photos/ymelouria/2096318652/>, and http://www.uniconcountysheriff.net/forum/viewthread.php?thread_id=54, <http://towardtheheart.com/product/crack-pipe-mouthpiece>, and Dominick V. Zurlo

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Safer Injection Teach-Back

- ❑ Get into pairs.
- ❑ Using the material supplied, practice the steps on the provided checklist (page 69 in the training packet).
- ❑ Switch back and forth and make sure both people practice as the injector.
- ❑ You do not need to uncap syringes during this teach-back; it is about understanding the process in order to help people reduce potential contaminants.

Were you Listening?

- ❑ NMHR SR Test - New Mexico Harm Reduction Statute and Regulation Test. Page 67 in the training packet.

NM-Harm-Reduction ListServe

- ❑ To Subscribe, send an email to:
nm-harm-reduction-subscribe@yahoogroups.com
- ❑ To Unsubscribe, send an email to:
nm-harm-reduction-unsubscribe@yahoogroups.com
- ❑ To Post a message to the listserv, send an email to:
nm-harm-reduction@yahoogroups.com
- ❑ For the CPAG listserv, replace nm-harm-reduction in each of the email addresses with: nm-cpag
(i.e. nm-cpag-subscribe@yahoogroups.com)

References:

CDC. Morbidity and Mortality Weekly Reports. Available through: www.cdc.gov/mmwr

DeLarkias, D. et al., 2014. *The Dave Purchase Memorial 2012 National Survey of Syringe Exchange Programs: Summary of Results*. Direct correspondence. <https://nasen.org/news/2014/aug/08/2012-beth-israel-survey-results/>

Dolan, K. et al., 2000. *Drug consumption facilities in Europe and the establishment of supervised injection centres in Australia*. Drug and Alcohol Review [online], 19, 337-346. Available from: http://www.drugpolicy.org/doc/uploads/harm_reduction_digest_injecting_centres.pdf

Gay Men's Health Crisis, 2009. *Syringe exchange programs around the world: The global context*, 3. Available from: www.gmhcr.org/files/editer/files/gmhcr_intl_sep.pdf

Hegen, H., Des Jarlais, D.C. et al. *reduced Risk of Hepatitis B and Hepatitis C among Injection Drug Users in the Tacoma Syringe Exchange Program* American Journal of Public Health, November 1995, vol. 85 No 11, p. 1536 Available from: <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.85.11.1531>

Hepatitis C Virus (HCV) in New Mexico: *Statewide Comprehensive Plan and Profile of the Epidemic* 2016. New Mexico Hepatitis C Coalition, 2016. Available from: <https://nmhealth.org/about/pdfs/hcv/>

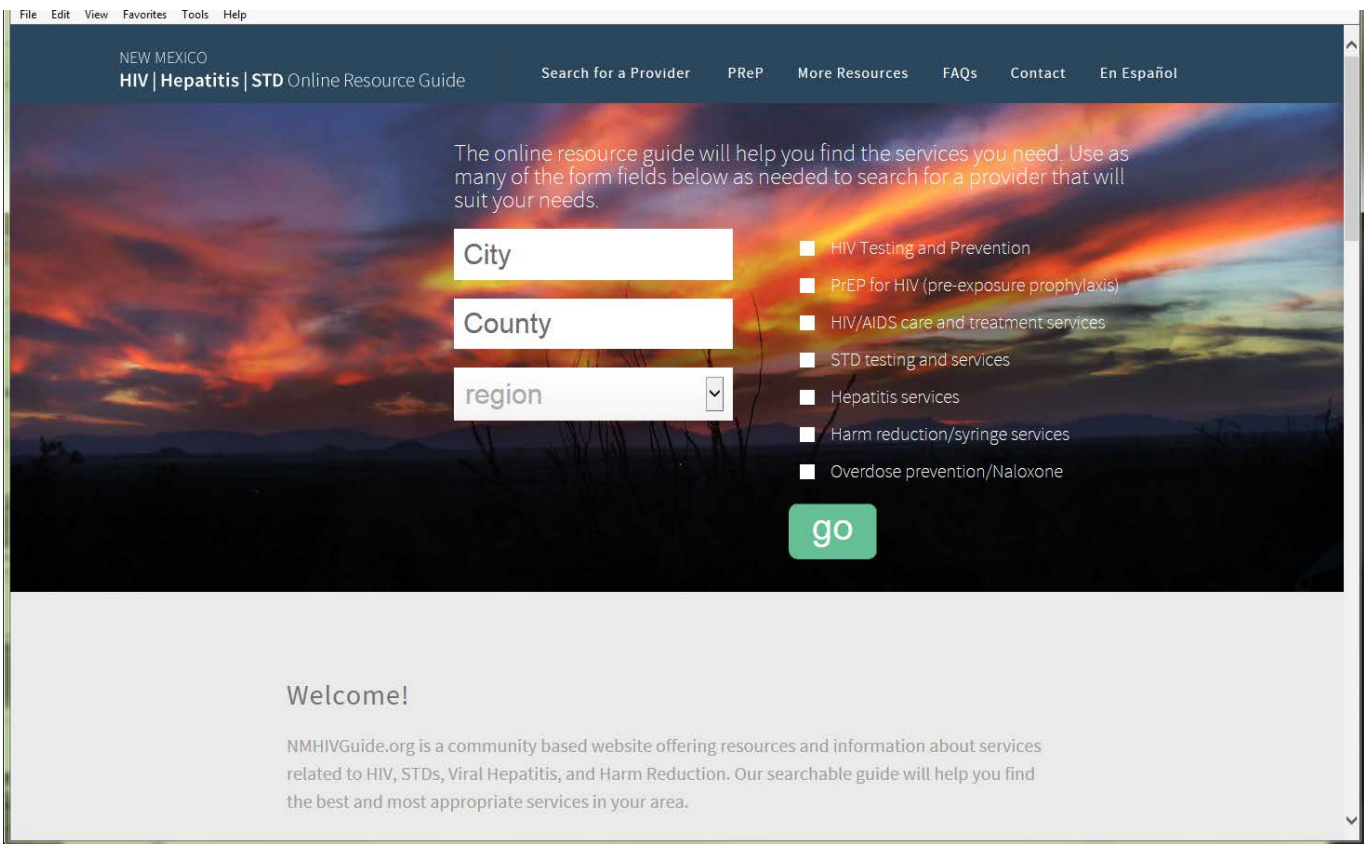
New Mexico Harm Reduction Act (Section 24-26-1 et seq, NMSA 1978), the Public Health Act (Section 24-1-3 NMSA 1978) and the Controlled Substances Act (Section 30-31-25.1A NMSA 1978). Available from: www.statutes.laws.com/new-mexico

New Mexico Harm Reduction Rules and Regulations 7.4.6 NMAC [12/30/2016]. Available from: <http://nmhealth.org/about/pdfs/hdr/>

New York Times, January, 23 1980. Available from: www.nytimes.com/1980/01/23/us/needle-exchange-for-addicts-wins-foothold-against-aids-in-tacoma.html

New York Times, January, 27 2013. Available from: www.nytimes.com/2013/01/28/us/dave-purchase-who-led-needle-exchange-movement-dies-at-73.html

Samuel, M.C., Doherty, P.M., et al., 2001. *Association between heroin use, needle sharing and tattoos received in prison with hepatitis B and C positivity among street-recruited injecting drug users in New Mexico, USA*. Epidemiological Infections, 127, 475-484.



The above picture is the home screen for www.NMHIVGuide.org. When the Harm Reduction box is checked it provides a listing of all current locations and hours as the sample below shows.

PRINT THESE RESULTS

PROVIDER	ADDRESS	PHONE	REGION	THIS PROVIDER OFFERS:	WANT MORE INFO?
Albuquerque Healthcare for the Homeless	1217 1st St. NW, Albuquerque, NM 87102	505-266-4188	3 - Albuquerque Metro	<ul style="list-style-type: none"> HIV Testing & Prevention STD Testing & Services Hepatitis Services Harm reduction/syringe services Overdose prevention/Naloxone 	GET MORE INFO >
Alianza of New Mexico - Las Cruces	1615A North Solano, Las Cruces, NM 88001	575-915-1770	5 - Southwest	<ul style="list-style-type: none"> HIV Testing & Prevention HIV/AIDS Care & Services STD Testing & Services Harm reduction/syringe services 	GET MORE INFO >
Alianza of New Mexico - Roswell	1200 S. Richardson Ave, Roswell, NM 88203-5577	575-623-1995	4 - Southeast	<ul style="list-style-type: none"> HIV Testing & Prevention PrEP for HIV HIV/AIDS Care & Services STD Testing & Services Hepatitis Services Harm reduction/syringe services 	GET MORE INFO >
Anthony Public Health Office	865 N. Main, Anthony, NM 88021	575-882-5858	5 - Southwest	<ul style="list-style-type: none"> HIV Testing & Prevention STD Testing & Services Hepatitis Services Harm reduction/syringe services Overdose prevention/Naloxone 	GET MORE INFO >
Carlsbad Public Health Office	1306 W. Stevens, Carlsbad, NM 88220	575-885-4191	4 - Southeast	<ul style="list-style-type: none"> HIV Testing & Prevention STD Testing & Services Hepatitis Services Harm reduction/syringe services Overdose prevention/Naloxone 	GET MORE INFO >
Casa De Salud (Just Healthcare)	1608 Isleta Blvd NW, Albuquerque, NM 87501	505-907-8311	3 - Albuquerque Metro	<ul style="list-style-type: none"> Harm reduction/syringe services Overdose prevention/Naloxone 	GET MORE INFO >
Chaparral Public Health Office	317 McCombs, Chaparral, NM 88081	575-824-4734	5 - Southwest	<ul style="list-style-type: none"> HIV Testing & Prevention STD Testing & Services Hepatitis Services Harm reduction/syringe services Overdose prevention/Naloxone 	GET MORE INFO >

Hepatitis and Harm Reduction Program Monthly Report Cover Sheet

This Monthly Report Cover Sheet and supporting documents must be submitted to the NMDOH Hepatitis and Harm Reduction Program (HHRP) by the 10th of each month following services*.

- Forms must be submitted electronically (email is listed on the inventory form) – except invoices:
 - PHOs should use the [secure] email system or FTP (if the office has access to it):* and,
 - Community Partners/non NMDOH offices should submit through the FTP server system.
 - Community Partners should still submit a hard-copy with original signature of the invoice
- **Reminder: please DO NOT SEND** anything which may have Personal Health Information (PHI) through email, **unless** it is sent through the [secure] NMDOH email, or through the HIPAA secure FTP server.

***Note:** local PHOs may need to send forms/paperwork electronically to the Health Educator in the region by the 5th of each month in order for them to submit to the program by the 10th. Please check with them directly.

Include these items with the monthly report. Please separate by type of form and scan them in the following order - items are required if those services were conducted at the location. The Excel files should be attached separately. Remember to check for accuracy, legibility, and ability to see all information - before sending to the program):

- Monthly Report Cover Sheet (this form)
- Current Inventory
- Dropbox Maintenance Log (if a dropbox is utilized at the location)
- Biohazard pick-up receipt for Harm Reduction – keep original on file
- Any new signs or educational material (must be approved before use) – name of item: _____
- Rapid HCV Test Result Log Forms (these are HIPAA – send secure!)

Excel Files:

- Syringe Services Electronic Combined Enrollment and Daily Log Form
- Naloxone Electronic Enrollment and Record of Use Form

Contractors only:

- Invoice – checking this box indicates a paper copy has been sent to the program:
 NMDOH Hepatitis and Harm Reduction Program
 1190 St. Francis Drive - Suite South 1300
 Santa Fe, NM 87502

Total number of HCV Tests administered	
Syringe Service:	
Total number of syringes collected (Daily Logs)	
Total number of syringes dispersed	
Number of syringes estimated from dropbox	
Total number of syringe service enrollments	
Total number of syringe service exchanges	
Overdose Prevention/Naloxone Distribution:	
Number of naloxone enrollments	
Number of naloxone records of use	
Total number of naloxone doses dispensed	

Use this space (or attach a separate page) for additional comments, notes, information on collaborative outreach, or program and staffing updates. ***Note:** any program schedule changes must be approved by the HHRP in advance of implementation:

Name of Individual Submitting report (please print): _____ Date: _____

Agency or Office Name (no acronyms, please): _____

Syringe Service Inventory and Supply Orders

E-mail all supply orders to the HHRP: Dominick.Zurlo@state.nm.us

In addition, email the appropriate individual(s) as listed here based on where you obtain your supplies:

Santa Fe: Dominick.Zurlo@state.nm.us (as listed above)

Albuquerque: AHCH Harm Reduction Program at abqhch@gmail.com

Roswell PHO: Chris.Morehkaash@state.nm.us

Las Cruces PHO: Roxanne.Grajeda@state.nm.us

Requested By (Print Name):				
Agency/PHO Name:				
Contact Telephone:				
Contact Email address:				
Current Inventory	Units	Item	Amount Requested	Amount Distributed
	500/cs	½ cc syringes 28 g		
	500/cs	1 cc syringes 28 g		
	100/cs	Fit Pack		
	20/cs	1.5 qt SHARPS Cont.		
	6/cs	7.5 gal SHARPS Cont. (only if location has a drop-box)		
	5/cs	18/19 gal DOT SHARPS Cont.		
	250/bx	Tourniquet		
	36/bx	Chore Boy (copper scrubbies)		
	100/bx	Medical gloves - Medium		
	100/bx	Medical gloves - Large		
	1,000/bx	Mouthpieces		
	1,000/bx	Cookers		
	2,000/bx	Twist ties (sandwich bag ties)		
	1lb/bag	Cotton (please order as ¼#, ½#, ¾#, or 1# bag)		
	200/bx	Alcohol Preps		
	144/bx	Antibiotic Ointment		
	100/bx	Laminating pouches		
	1000/bx	2"x2" zip bags		
	2lb/bx	Ascorbic Acid (please order as ¼, ½, ¾ or 1 bx)		
	10/bx	Rescue breathing facemask		
	100/bx	Lungs (for rescue breathing mannequins)		
	1/bx	"Grippers"		
	1/bx	Laminator		
		Other (be specific with units being requested):		

Please visit our Website: <http://nmhealth.org/about/phd/idb/hrp/>

For office use only:
Approval by Hepatitis and Harm Reduction Program Manager or Designee: _____ Date: _____
Received by: _____ Date: _____

SSP and Naloxone Site Visit Tool

Date:	Agency or PHO:
SSP: <input type="checkbox"/>	Naloxone: <input type="checkbox"/>
Evaluator:	Evaluator:

SSP	Staff	Expiration
List certified staff (and volunteers) and certification expiration (it may be attached separately if it exceeds space provided):		
SSP Room		
Clean and organized (circle):	Needs cleaning 1 2 3 4 5 6 7 8 9 10 Clean	
Locked:	Yes	No
Stocked and supplies organized:	Needs stocking 1 2 3 4 5 6 7 8 9 10 Stocked	
Is the room welcoming & professional?	No 1 2 3 4 5 6 7 8 9 10 Yes	
Additional Comments (such as what needs to be cleaned/stocked/adjusted):		
Biohazard Safety and Biohazard Room		
Biohazard Room clean and organized:	Needs cleaning 1 2 3 4 5 6 7 8 9 10 Clean	
Locked:	Yes	No
Room ventilated to the outside:	Yes	Partially No
PPE and Biohazard safety items present and in good working order:	SSP Room	Biohazard Room
Grippers:	Yes No	Yes No
Medical Gloves:	Yes No	Yes No
Biohazard containers properly positioned in an easily accessible and safe manner	Yes No	Yes No
Biohazard container lid properly attached	Yes No	Yes No
Additional Comments:		
Drop Box		
Area outside dropbox clear (circle):	Needs clearing 1 2 3 4 5 6 7 8 9 10 Clear	
Signs/dropbox in good repair:	Yes	No
Dropbox clear of clogs:	Yes	No
Dropbox SHARPS not overflowing:	Yes	No
Additional comments:		
Naloxone		
Provided:	Yes	No
Expiration Date(s):		
Storage/Inventory - comments:		

SSP and Naloxone Site Visit Tool

<i>Paperwork</i>	<i>Current forms in use</i>	<i>Completed and stored properly</i>	
SSP Enrollment and Daily Log Form	7-1-17: Y N	Yes	No
Naloxone Enrollment/Record of Use:	7-1-17: Y N	Yes	No
Pharmacy Log:	NA	Yes	No
<i>Guidelines, Protocols, Materials, and Curricula used for interventions</i>			
SSP Protocols (rev:06/2017)	Yes	No	
OPE/naloxone Protocols (rev:06/2017)	Yes	No	
Safety Plan in Place	Yes	No	
Date Safety Plan last reviewed/updated:			
Current/approved educational materials - handouts/signs (ie no scare tactics):	Yes	No (if no, include copy or picture of materials)	
Any Additional Comments:			
<i>QA/Evaluation:</i>			
What QA or evaluation process do you have regarding services (summary and commentary may be attached separately)?			
Do management staff participate or observe SSP/overdose/naloxone services	Yes	No	
If yes, how often and in what capacity do they observe/participate?			
If no, who conducts the QA/evaluation (this may be included in an earlier response)?			
<i>Feedback:</i>			
What questions do you have?			
Are there trainings or other capacity building assistance needed/would be helpful?			
<i>Day/Times for SSP:</i>	<i>Locations for SSP:</i>	<i>Naloxone available:</i>	
<i>Contact person:</i>	<i>Contact phone:</i>	<i>Contact email:</i>	

Expires: ___/___/___ Agency: _____

Contact: _____



SHARPS CARD

Harm Reduction Program
1190 St. Francis Drive, S-1300,
Santa Fe, NM 87502

The bearer of this card is enrolled in the Harm Reduction Program.

PARTICIPANT I.D. NUMBER:

_____|_____|_____|_____|_____|_____|
F F M M Y Y

Rev: 10-28-16

This card verifies the enrollment of a client in the Harm Reduction Program. The client is exempt from prosecution in New Mexico under NMSA 1978, Chapter 256, Sections 1-6, amended 1998, "The Harm Reduction Act," and NMAC 7.4.6 "Requirements Governing The Harm Reduction/Syringe Exchange Program," for the possession of syringes furnished by the Department of Health or an Authorized Harm Reduction Provider, or collected by the client for safe disposal by the program.

The code consists of: first two letters of client's first name, first two letters of their mother's first name, and two digit year of birth.

For contact information and a list of programs and service times, please visit: www.nmhlvguide.org

Rev: 10-28-16

Code: _____



_____|_____|_____|_____|_____|_____|

Date of Issue: _____

Program: _____

Program Contact Information: _____

Naloxone does **not** require a prescription to legally carry (NMSA 24-23-1-A)

This individual is trained and certified through the approved New Mexico Department of Health overdose prevention and naloxone administration course.

For contact information and a list of programs and service times, please visit: www.nmhlvguide.org

Rev: 10-28-16

Making an Overdose Response Plan

These questions can help make an overdose plan. Having a plan in advance with other people will help everyone be prepared and know how to act in the case of an overdose.

Questions to ask:

1. What substances were used? Did you do anything different?
2. When is it an overdose?
Is the person responsive?
How slow is their breathing?
Are they turning blue?
3. When to take action?
When to call 911 and say someone is unresponsive?
Try Rescue Breathing, naloxone, or other things first?

(Continued on other side of Card)

LIFE SAVING ALERT! Good Samaritan 911 Law

This law offers protection from arrest or charges if 911 is called or if

This law will not protect someone if:

- ⇒ They have warrants.
- ⇒ They are on probation or parole.
- ⇒ There are scales, baggies, lots of cash, etc. or it looks like dealing is occurring.
- ⇒ There is evidence of any other crime; such as driving drunk or high, weapons possession, or vio-

Rev: 10-28-16

Naloxone...also called Narcan

- It blocks the effects of opiates.
- It takes effect in 3-5 minutes and lasts for 30-90 minutes.
- It may cause some withdrawal symptoms.
- If not breathing use Rescue Breathing (mouth to mouth) - 3-4 cycles of 12 breaths a minute before giving a second dose of naloxone.
- Stay with the person, naloxone loses effect 30-90 minutes after use.

Using "all-in-one" device

1. Remove device from blister pack
2. Place nozzle end into nostril
3. Press firmly on base of device, spraying medication into nostril



Rev: 6/6/17

Using device with separate atomizer*

1. Remove colored caps on medicine vial & syringe barrel
2. Insert vial into barrel & gently turn until it stops
3. Twist nasal atomizer onto barrel tip. It is ready to use
4. Place assembled naloxone atomizer into one nostril
5. Press firmly on base of the vial, spraying half into nostril



*If an atomizer is not available, slowly drip the naloxone under the tongue

4. When should naloxone be used?
Where is the naloxone located?
How much - one or more doses?
What if it is not working?
5. How long should Rescue Breathing be used?
Are they breathing on their own?
Were they placed into the rescue position?
Did help arrive?
6. What's the plan when the naloxone wears off?
How should support be given?
Has 911 arrived?
Go to the Emergency Room/Hospital?
Who will stay with the person?
What if the person is dope-sick or in withdrawal?
7. Should identification be removed if they have outstanding warrants?
Is there anything else to be removed?

CALLING 911

Quiet the scene, be calm, speak clearly, & do not argue.

Tell 911:

- Exact address or location (i.e. street corner), repeat;
- Person is unconscious or person is not breathing; and,
- If you are the only person there, put the phone down and help the person (naloxone & mouth to mouth breathing).

You do not have to tell 911:

- Your name;
- Substances were used; and,
- An overdose is occurring.

Stay with the person until paramedics arrive. Then, tell them what you know.

If you do not feel comfortable staying after calling 911, leave:

- Door open/move person outside;
- Them in the Recovery Position; and,
- Any used naloxone in plain sight.

Rev: 10-28-16

RESCUE BREATHING

Rev: 10-06-14

1. Check responsiveness. Ask, "Are you okay?" Shake foot. Use sternum rub.
2. Are they breathing? Look, listen and feel.
3. If no response, call 911.
4. Check for clear airway. If blocked, roll on side and use finger sweep to clear.
5. Roll onto back and give naloxone (1/2 in each nostril).
6. If not breathing, tilt head back, pinch nose and give 2 regular breaths.
7. Look, listen and feel. If still not breathing give 1 breath every 5 seconds.
8. If there is no response after 3 to 4 minutes give another dose of naloxone.
9. Continue breathing until help arrives or they can breath on their own.
10. Once breathing, put person in recovery position.
11. Remember, naloxone only works for 30-90 minutes. Watch the person to make sure they continue breathing.



Things to Do With an Opiate Overdose

Stimulation - Are they responsive?

Shout their name, shake their foot, use a sternum rub.

Call 911 - Tell 911 someone is unresponsive.

Airway - Look-Listen-Feel. Open airway and clear mouth (Mouth sweep with curved fingers if there is a blockage).

Rescue Breathing - Give 1 breath every 5 seconds.

Evaluate - Are they any better? (Look-Listen-Feel).

Medication-Spray 1/2 dose (vial) of naloxone into each nostril.

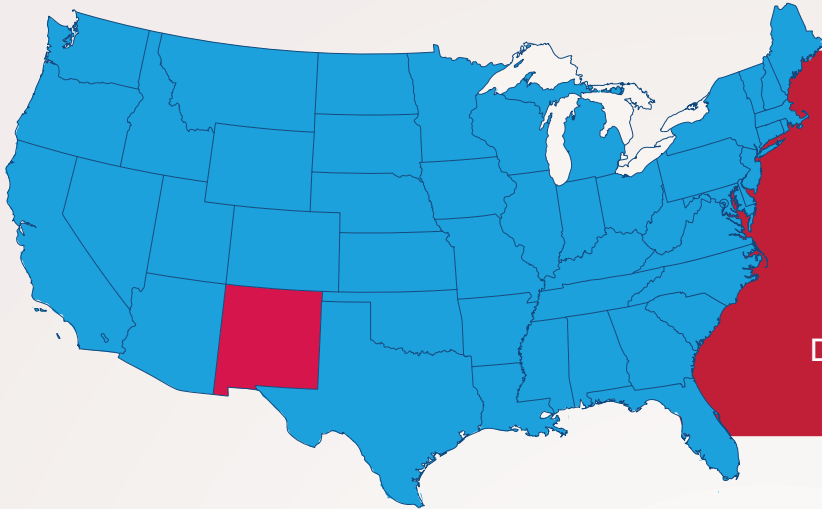
Evaluate and support - Is the person breathing now?

Do they need another dose of naloxone?

Naloxone lasts 30-90 minutes. Seek help and support in

Thanks to Chicago Recovery Alliance for the original SCARE-ME material in 2001, changes and updates by D. Zurlo 10-28-16.

DRUG OVERDOSE IN NEW MEXICO



New Mexico has the **2nd HIGHEST** drug overdose death rate **IN THE US**

New Mexico's drug overdose death rate (26.4 deaths per 100,000 population) in 2014 was **ALMOST TWICE THE NATIONAL RATE** (14.7 deaths per 100,000) in 2014

Drug overdose is the **#1** cause of unintentional injury death in NM and nationally

-NMDOH



3 of **4**

Drug overdose deaths in NM in 2014 involved **prescription opioids** or **heroin**.

- NMDOH



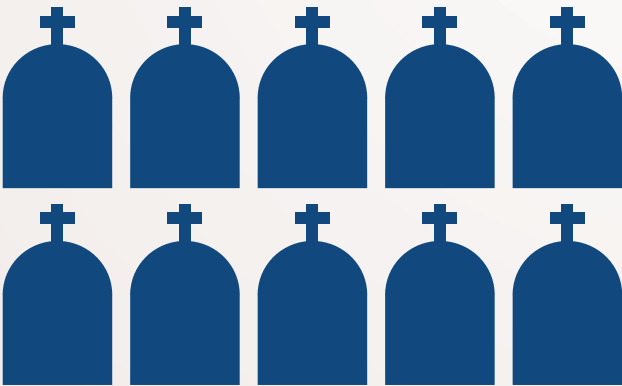
The overdose death rate in New Mexico **increased** by **146%** from 2001 to 2014.

- NMDOH

In 2014, there were

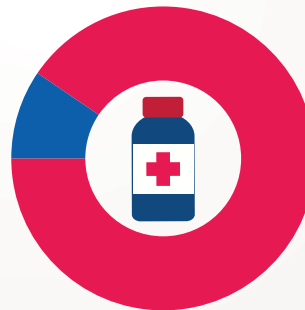
540

deaths to drug overdose in New Mexico.



To put that into context, an average of **TEN** people **DIED EVERY WEEK** of drug overdose

-NMDOH



The United States, with 4.6% of the world population **USES**

80%

of the world production of prescription opioids.

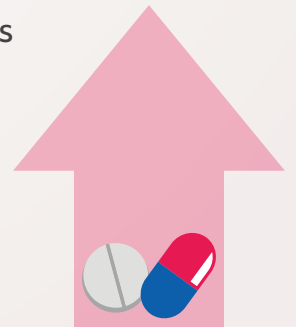
- Manchikanti, et al. 2010

The amount of prescription opioids sold in NM increased by

236%

between 2001 and 2014.

- DEA sales data



PEOPLE WITH PRESCRIPTIONS ARE AT RISK OF OVERDOSE, NOT JUST NONMEDICAL USERS.

- Kolodny et al., 2015

Items distributed by the HHRP, when available

Syringes:

What is it and how is it used?

They are used to inject substances intravenously or subcutaneously (skin-popping). A syringe should be used once, rinsed, and then placed into a SHARPS container.

Why is this important?

By using a new syringe for each injection, it helps reduce the possible transmission of bloodborne pathogens and other biological impurities (bacteria, viruses, fungi, etc...). This also reduces the damage done to the skin and veins caused by the blunting and barbing which occurs when a syringe is re-used.



SHARPS Containers:

What is it and how is it used?

They are thick plastic biohazard disposal containers – usually red, but sometimes black - used to safely store and return used syringes and other items with blood or other biological contaminants.

Why is this important?

These containers help keep not only the people using them, but also others safe from accidental needle sticks which may transmit diseases such as HIV and hepatitis C. They can be disposed through some hospitals, Syringe Service Programs (to find locations and hours please visit: www.nmhivguide.org), community drop-boxes, or by following safe household recommendations, which can be found here: <http://www.cabq.gov/police/programs/pharmaceuticals> near the bottom of the webpage.



Fit Pack:

What is it and how is it used?

They are thick plastic biohazard disposal containers – usually black - used to safely store and return used syringes and other items with blood or other biological contaminants. Some varieties have separate compartments to store unused syringes in one and used syringes in another. They are small, and easy to carry.

Why is this important?

Just like other SHARPS containers, these help keep not only the people using them, but also others safe from accidental needle sticks which may transmit diseases such as HIV and hepatitis C. Their small size means they can be more easily utilized by individuals without a permanent place to store syringes (such as those experiencing homelessness). They can be disposed in the same manner as other SHARPS.



Tourniquet:

What is it and how is it used?

Wide elastic straps used to tie around an arm or leg to make it easier to find a vein when injecting (or drawing blood). It is put around the limb prior to the needle point being inserted into the vein, and released a few seconds into the injection or blood draw. It should not be left tied on the limb for more than 60 seconds.



Why is this important?

These help promote vein health by increasing the diameter of the vein just prior to and during the insertion of the needle, allowing for easier insertion and a reduced chance of missing the vein. Common alternatives include items such as shoestrings, rubber bands, ropes or belts. These items can create other problems, such as cutting off circulation, damaging muscle tissue from continued use, or difficulty to remove easily. Non-latex is recommended when possible since many individuals have latex allergies.

Alcohol Pads (not always available through the program):

What is it and how is it used?

Small individual alcohol wipe pads can be used to clean an area of the skin to prepare it for an injection. The pad should be wiped once across the injection site. Wiping the location multiple times does not increase the effectiveness, and may move microbes from one area of the skin to another.



Why is this important?

These should be given to those individuals without regular access to soap and clean water. Soap and clean water are very effective at cleaning the injection site, and when there is access, it is recommended as a first choice. When individuals do not have access to soap and clean water, alcohol pads are an alternative, however they can dry the skin, which slows healing. Alcohol pads should never be used on the injection site after an injection as they will dry and kill the skin cells on the edge of the injection puncture, which can slow healing and increase scarring.

Ascorbic Acid:

What is it and how is it used?

Ascorbic acid is Vitamin C. The purity of the ascorbic acid should be medical-grade. An acid is needed to break-down crystalline substances like methamphetamine or crack if an individual is injecting them intravenously. A small pinch (very small) is used and mixed with the "rock" and sterile water/saline during the cooking process. A small amount (1/4 of a teaspoon) is packaged, and the package should be labeled "Ascorbic Acid".



Why is this important?

Common sources for acid are from citrus fruit like lemons and limes, flavored powder drinks, and vinegar. The citrus fruits can have a fungus, which while safe to eat, can attack the optic nerve and cause blindness if injected directly into the bloodstream (or skin-popped). Flavored powder drinks have other ingredients like sweeteners, artificial flavors, and coloring. Vinegar contains acetic acid (not ascorbic), and can contain other impurities depending on what kind of vinegar is used (apple cider vinegar, etc...). All of these sources can be very damaging to veins and other body systems.

Cookers:

What is it and how is it used?

Small metal caps used to mix and cook substances. A small handle is created by using twist-ties, paperclips, or other items (see Twist-ties).



Why is this important?

The higher walls of the metal caps help reduce the chance of spilling the mixture, and allows for more sterile water or saline to be added to the mixture making it less harsh on the veins when injected. Other items used for this include spoons or the bottoms of soda cans. Spoons do not allow for much sterile water or saline to be added, and can be spilled more easily. The soda can bottom often has ink on it, which must first be removed, or may be very dirty and need cleaning. A new cooker is recommended to be used each time substances are mixed/cooked; and, it is recommended to heat the mixture for approximately 3 minutes after reaching the boiling point.

Twist-ties:

What is it and how is it used?

Often called “bread-ties”, they are used to make handles on cookers by wrapping them tightly around the cooker and twisting the ends together so they stick approximately ½” or more from the wall of the cooker.



Why is this important?

By using twist-ties, it reduces the chance of burning fingertips while holding the metal cooker as it is being heated during the cooking process, allowing an individual to heat the mixture longer, helping to sterilize the mixture and make it safer for injection.

Cottons:

What is it and how is it used?

Cottons are used as filters for drawing the cooked mixture into a syringe. Dental cottons are best because they are made from very long fibers. The filter helps block impurities from the mixture being drawn into the syringe and potentially clogging the syringe during an injection. A few of these (10-15) are packaged into small zip-lock baggies.



Why is this important?

If a syringe becomes clogged, this increases the likelihood of contamination while the syringe is unclogged or the substance mixture is transferred to another syringe. Many individuals will take the used cottons and put them back in the bag, which then potentially contaminates all of the other cottons in the bag (this is not recommended). To minimize this potential contamination, only a few cottons should be put in each bag. Other items used as filters include cosmetic cotton balls or the tips of cotton swabs; these have short fibers, which can actually be drawn into the syringe and cause clogs. Another common choice is a cigarette filter; these have fiberglass fibers, which can not only clog the syringe, but can also damage veins if injected.

Antibiotic Ointment (not always available through the program):

What is it and how is it used?

It is a gel or cream containing a mild antibiotic. It can be used on wounds or an injection puncture to help facilitate healing. Once applied, it should be covered with sterile gauze.



Why is this important?

An injection puncture is a type of wound to the skin and tissue underneath. Antibiotic ointment can help these tissues to heal when used properly. The sterile gauze and ointment need to be removed and the area washed with soap and clean water frequently. Then, a new application of ointment and covered with sterile gauze should be applied. This is essential to help with the healing process, because ointment loses effect fairly quickly and then serves as a place for dirt or other contaminants to collect, and potentially slow healing.

Copper Scrub Pad:

What is it and how is it used?

They are a common kitchen tool used for washing dishes, and are used as pipe filters.

- 1). It is pulled apart so the mesh is in one long piece rather than bunched together;
- 2). It is then twisted so it forms a “rope;”
- 3). Small pieces of the “rope” are then cut – about $\frac{1}{4}$ ” to $\frac{1}{2}$ ”;
- 4). A small piece is then put into the end of the pipe. This acts as a filter to prevent large pieces of “rock” from sliding down the pipe into the person’s mouth as they inhale.



Why is this important?

It helps prevent pieces of “flaming rock” from being sucked into the person’s mouth and causing intense pain, blistering, or problems associated with swallowing a piece of super-heated “rock”.

Mouthpieces:

What is it and how is it used?

These are placed on the end of the pipe. Since many pipes are made of glass or metal, which can conduct heat very well and cause the ends of the pipe to get burning hot. The mouthpieces help to protect the person’s lips and fingertips from being burned or blistering due to the pipe being heated. The mouthpieces provided need to be long enough to permit sufficient length and sturdiness to allow the pipe to be held by the mouthpiece while being used.



Why is this important?

It reduces the amount of blistering or burning to the lips, tongue and the rest of the mouth, helping limit the amount of dry mouth, and increasing the oral health of individuals using a pipe. It also helps prevent the pipe from being contaminated by blood from an open sore or blister on one person and transmitting infectious disease to another if the pipe is shared. Remember, the best recommendation, if someone is using a pipe, is for one pipe used by one person and not shared.

Stuff

Disposal of SHARPS:

They can be disposed of through some hospitals or doctors' offices.

Syringe Service Programs provide disposal for individuals (not commercial or non-profit organizations). Please visit: www.nmhivguide.org for community dropboxes, or service locations.

Or dispose of SHARPS by following safe household recommendations, which can be found here:

<http://www.cabq.gov/police/programs/pharmaceuticals>



Cooker:

What is it and how is it used?

Small metal caps used to mix and cook substances. A small handle is created by using twist-ties, paperclips, or other items (see Twist-ties).

Why is this important?

The higher walls of the metal cap helps reduce the chance of spilling, and allows for more sterile water/saline to be added, making it easier on the veins. A new cooker is recommended for each "cook"; and it is best to boil the mixture for about 3 minutes to help sterilize it.



Twist-tie:

What is it and how is it used?

Also called "bread-ties", wrap it tightly around the cooker and twist the ends together to make a handle.



Why is this important?

The mixture can be heated longer, helping to sterilize it and make it safer.

Handles reduce the chance of burning fingertips during the cooking process.



Cotton:

What is it and how is it used?

Cottons act as a filter for drawing the mixture into a syringe. Dental cottons are best because they are made with long fibers. The filter helps block things from being drawn into the syringe and clogging.

Why is this important?

A clogged syringe increases the chance of wasting or contaminating the mix while unclogging or putting it into a new syringe.

SHARPS Container:

What is it and how is it used?

They are thick plastic biohazard disposal containers used to safely store and return used syringes and other items with blood or other biological contaminants.

Why is this important?

These containers help keep people using them and others safe from accidental needle sticks - which may transmit diseases such as HIV and hepatitis C.



Fit Pack:

What is it and how is it used?

They are smaller SHARPS containers. Some varieties have separate compartments to store unused syringes in one and used syringes in another.

Why is this important?

Their small size means they can be more easily used by people without a permanent place to store syringes (such as those experiencing homelessness). They can be disposed in the same manner as other SHARPS.

Thanks to the New Mexico HIV Prevention Community Planning and Action Group (CPAG) and statewide Harm Reduction providers for their help in developing this brochure.

www.nmhivguide.org

Syringe:

What is it and how is it used?

They are used to inject substances in a vein, muscle, or under the skin (skin-popping). A syringe should be used once, rinsed, and then placed into a SHARPS container.

Why is this important?

By using a new syringe for each injection, it helps reduce the possible transmission of disease (bacteria, viruses, fungi, etc...). When used, a syringe gets blunted and barbed. This can hurt and cause damage to the skin and veins if the syringe is reused.



Tourniquet:

What is it and how is it used?

Wide elastic straps used to tie around an arm or leg to make it easier to find a vein when injecting (or drawing blood). It is put around the limb prior to the needle point being inserted into the vein and released a few seconds into the injection or blood draw. It should not be left tied on the limb for more than 60 seconds.

Why is this important?

These help promote vein health by increasing the diameter of the vein just prior to and during the insertion of the needle, allowing for easier insertion, and a reduced chance of missing the vein.

Ascorbic Acid:

What is it and how is it used?

Ascorbic acid is Vitamin C. It is used to break-down crystal substances like meth or crack, if injecting. A small pinch is mixed with the “rock” and sterile water/saline during the cook.

Why is this important?

Many other common sources of ascorbic acid are not recommended like citrus fruit (lemons and limes), flavored powder drinks, and vinegar. Citrus fruit can have a fungus, which is safe to eat, but can cause blindness if injected. Powder drinks have ingredients like sweeteners, artificial flavors, and coloring—which can damage veins. Vinegar contains acetic acid (not ascorbic), and other impurities, so is not the best choice.



Alcohol Pad

(not always available):

What is it and how is it used?

Small individual alcohol wipe pads can be used to clean an area of the skin to prepare it for an injection. The pad should be wiped once across the injection site. Wiping the location multiple times does not increase the effectiveness and may move microbes from one area of the skin to another.

Why is this important?

Soap and water are very effective at cleaning the injection site and should be the first choice. When not available alcohol pads can be used, however they dry the skin, which slows healing. Alcohol pads should not be used after an injection as they will dry and kill the skin cells on the edge of the puncture, which slows healing

Antibiotic Ointment (not always available):

What is it and how is it used?

A cream containing a mild antibiotic used on wounds or an injection site to help healing. Once applied, it should be covered with sterile gauze.

Why is this important?

An injection puncture is a type of wound to the skin and tissue underneath. Antibiotic ointment loses effect fairly quickly. It can then be a place for dirt to collect and potentially slow healing. The gauze should be removed, the area washed with soap and water,



Copper Scrub Pad:

What is it and how is it used?

These are used as pipe filters. A small piece is put into the end of the pipe. This prevents large pieces of “rock” from being inhaled.

Why is this important?

Pieces of “flaming rock” sucked into a person’s mouth can cause intense pain, blistering, or breathing problems.

Mouthpiece:

What is it and how is it used?

Many pipes are glass or metal which conducts heat and causes the pipe to get burning hot. The mouthpiece is placed on the end and protects lips and fingertips from being burned.

Why is this important?

It reduces the amount of blistering or burning to the lips, tongue, and mouth. This limits dry mouth and increases oral health. If each person does not have their own pipe, having their own mouthpiece helps avoid sharing blood from an open sore or blister.

REGULATED MEDICAL WASTE

These **DO** go in the red bag:
Contaminated:

- Visibly Bloody Gloves
- Visibly Bloody Plastic Tubing
- Visibly Contaminated PPE
- Saturated Gauze
- Saturated Bandages
- Blood Saturated Items
- Closed Disposable Sharps Containers

Special handling and marking may be required for:

- Certain Pathological Waste*
- Trace-Chemotherapy*

These **DON'T** go in the red bag:



Medication*



Garbage



Loose Sharps



Fluorescein



Cauterizers



Batteries of Any Type



Hazardous and Chemical Waste



Compressed Gas Cylinders



Fixatives and Preservatives



Radioactive Waste

PACKAGING PROCEDURES

FOR MEDICAL WASTE DISPOSAL • Reusable Containers* and Corrugated Boxes



SET UP

CORRUGATED BOXES:

- Turn over and seal bottom flaps with tape
- Auto-locking boxes, engage bottom flaps

No set up required for Reusable Containers



STEP 3

CORRUGATED BOXES:

- Seal top of box with tape
- Auto-locking boxes, engage top flaps

REUSABLE CONTAINERS:

- Secure lid on container
- Ensure all closure and/or locking mechanisms are engaged



STEP 1

LINE CONTAINER OR BOX WITH RED BAG**

* Instructions not applicable for reusable sharps containers.
 ** For large or bulk reusable containers (greater than 119 gallons), bag must meet and be marked per current ASTM requirements, limited to a maximum 46 gallons and 22 lbs.



STEP 2

TIE BAG WHEN BOX OR CONTAINER IS FULL



UNACCEPTABLE

All containers pictured here have a maximum weight limit of 55 pounds.
 The information on the poster is based on current federal laws and regulations. Additional state specific regulations may apply. Please be advised that regulations are subject to change.

REGULATORY REQUIREMENTS

GENERAL

- Generators are responsible for packaging their wastes.
- Each bag must be hand tied by gathering and twisting the neck of the bag and using a tie or hand knot to secure the bag, and each container must be securely closed.
- Closed bags must not be visible once secondary container is closed.
- Improperly packaged containers or damaged containers will be denied pick-up or returned to the generator.
- Only Regulated Medical Waste can be placed in Stericycle containers.

SHARPS

- Sharp materials ("sharps") must be placed in a puncture-resistant container designed for "sharps" waste. "Sharps" include needles, syringes, broken glass, scalpels, culture slides, culture dishes, broken capillary tubes, broken rigid plastic and exposed ends of dental wires.
- All sharps containers should be properly closed before being placed into secondary containers.
- No loose sharps are permitted outside of sharps containers.

For more information, contact Stericycle at (866) 783-7422.



Stericycle
 Protecting People. Reducing Risk.™

NMDOH/PHD HARM REDUCTION PROGRAM

July 2014

PROCEDURAL GUIDELINES FOR SAFELY EMPTYING SYRINGE DROP BOXES AT LOCAL PUBLIC HEALTH OFFICES

Purpose: The Harm Reduction Program considers protecting the community from potential needle stick accidents an important concern and task. To provide an additional opportunity for safe disposal of syringes, some Local Public Health Offices and Community Partners have installed syringe drop boxes. This is the recommended procedural guideline for ensuring safety while checking and emptying these drop boxes.

Guidelines

I. Staff, appropriate clothing, and protective equipment

- One staff member should be assigned to monitor the drop box. An additional staff member should be assigned when the primary staff member is unable to monitor the drop box.
- Assigned staff should be trained in biohazard waste disposal, Stericycle requirements, and bloodborne pathogens.
- Staff must wear appropriate clothing when checking the drop box or removing the SHARPS container. This includes long pants, closed toe shoes, and medical gloves: either latex or non-latex.
- “Puncture Resistant” gloves are not recommended since they are not puncture proof, and the manufacturer cannot give appropriate guidelines for replacement due to wear.
- Tongs or grippers must always be used to pick up syringes or containers since they keep the syringe or container away from the body and reduce potential risk.
- A long metal pole, such as a broomstick (not wood), may also be necessary to help clear potential blockages. Staff should not touch the end of the tongs, grippers, pole or other equipment used to pick-up or clear biohazard waste since some of the biohazard waste may collect there.
- This equipment should be designated and used only for bio-hazard waste clean-up and disposal and stored in a designated location.

II. Frequency for the monitoring of drop boxes

- Any time the drop box is checked, it needs to be recorded on the drop box log form.
- **Daily**—the immediate area surrounding the drop box should be checked daily for syringes and containers on the ground or the drop box. The staff should also check for any syringes or obstructions in the disposal chute. If there are any syringes, containers or obstructions, follow the “Disposal Procedures.”
- **Weekly**—the drop box SHARPS container must be checked once a week at a minimum. If it is full, follow the “Disposal Procedures” and increase the frequency the drop box is checked in order to proactively avoid potential problems with overflowing SHARPS containers or obstructions in the disposal chute.

III. Disposal Procedural Guidelines

- A visual check of the drop box and surrounding area should be performed. If there are syringes or other containers outside the SHARPS container, use tongs or grippers to pick up and properly dispose them into a SHARPS container.
- The top of the drop box should be unlocked and opened to determine if there are syringes or other obstructions above the SHARPS container. Use tongs, grippers, or a long pole, to remove any blockage and placing removed items directly into a SHARPS container.
- Unlock the lower drop box door and visually check a second time to ensure all syringes and obstructions have fallen into the SHARPS container. Staff should not use hands to perform this check, nor should their head enter into the lower portion of the drop box at any time. If there are obstructions, the door should be closed.
- Tongs, grippers, or the pole should be used to clear the obstruction in the disposal chute down into the SHARPS container. Reopen the door and make another visual check. Any syringes on the floor of the drop box or on the ground must be picked up with tongs or grippers and deposited into a SHARPS container.
- Remove the SHARPS container from the drop box by gripping it on the sides. Do not put fingers or hands on the top rim or inside the SHARPS container. Lock the SHARPS container lid by pushing along the edges of the lid and container until it is completely locked. Do not push on the middle surface area of the lid. Place an empty SHARPS container in the drop box and lock the door.
- Carefully transport the closed SHARPS container to the designated bio-hazard collection area.



1). Approach the dropbox while performing a visual inspection looking for containers or loose syringes on or around the dropbox.



2). The dropbox has three openings: the top lid, the disposal chute and the lower portion where items are collected in a SHARPS container.



3). Perform a visual inspection around the dropbox. If there are syringes or containers, use grabbers to transport them into a new SHARPS container.



4). Lift the top lid of the drop box to check for any blockage inside.



5). If there is a blockage, use a long pole (preferably metal) to clear the block.



6). Unlock and Open the lower door.



7). Perform a visual inspection to see if there are any syringes or other potentially contaminated material inside the dropbox but outside the SHARPS container.



8). If there are syringes (or other potentially contaminated material), use grabbers to transport them into the SHARPS container (a second SHARPS container can be used – as needed).



9). Once all potential contaminated material is in a SHARPS container and the inside of the box is clear, carefully remove the SHARPS container from the dropbox. If the SHARPS container is overflowing, remove some of the material using grabbers into another SHARPS container before trying to remove it.



10). Snap the lid closed onto the used SHARPS container. Do not push down on the middle of the lid – only around the outside edge. Ensure the lid is fully closed.



11). Place new SHARPS container into the dropbox, close and lock the bottom door and the top lid of the dropbox. Transport the closed SHARPS container to the facility biohazard storage room.

Drop Box (Syringe) Maintenance Log

Month/Year: _____

Location: _____

<i>Date of Inspection</i>	<i>Name of Inspector</i>	<i>Was box emptied? Y/N</i>	<i>Comments</i>

For your safety:

1. Follow Drop-box guidelines for safe removal of SHARPS
2. Inspect drop box daily and weekly according to the guidelines. Inspect it more often if container is full or overflowing when previously checked!
3. Empty if SHARPS container is at least half full.
4. Always utilize “grabbers”, medical gloves and other recommended PPE.
5. Always wear closed toed shoes and long pants.
6. Report any accidental needle sticks immediately.



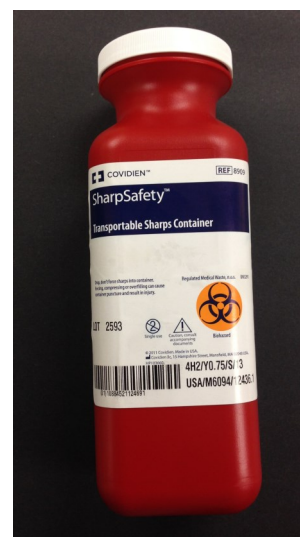
SHARPS Containers and how much they hold



Fitpack
25-30 syringes
maximum



1.4 Quart SHARPS
100-120 syringes
maximum



1.5 Quart SHARPS
100-120 syringes
maximum

**This container is not given
out to participants. It is for
drop-boxes only.**



7.5 Gal. SHARPS
2000– 2500 syringes
maximum



18/19 Gal. SHARPS
5500– 6500 syringes
maximum



1 Gal. laundry bottle
250-300 syringes
maximum



1 Gal. bleach bottle
250-300 syringes
maximum

Participants using laundry/bleach bottles, please ensure they are thick, heavy-duty plastic.
Thin plastic can be punctured.

Know your syringes:

Sizes available at exchange programs in New Mexico:

- 1/2 CC— often called “halves” or “fifties”
- 1 CC—often called “wholes” or “ones”

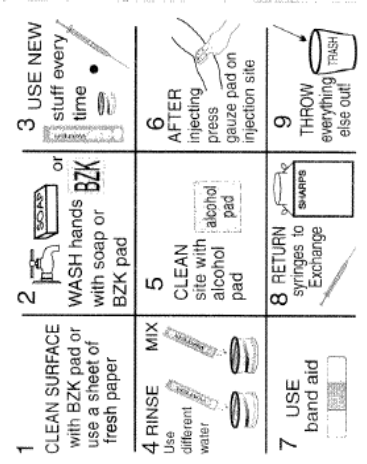
Both sizes have 1/2” long needles.

Both sizes are 28 gauge.



Try to find a solid (non-porous) surface. Clean the area by using:

- Clean cloth with disinfectant
 - Clean cloth with soap & water
 - Clean cloth with water
- OR
- Cover surface with clean material like the inside of an unread newspaper or a shirt or other piece of clean clothing.



Bring used syringes to an exchange site.

Then they'll be disposed safely. You can help reduce accidental needle sticks to others, such as family members and emergency service workers.

Containers for used syringes:

- SHARPS container (Red, Black or Yellow)
- Heavy plastic like a bleach or some laundry detergent bottles
- Do not use thin plastics. Needles can poke right through water bottles.



What Works?



Syringe
Equipment
and Works

Thanks to the New Mexico HIV Prevention Community Planning and Action Group (CPAG) and statewide Harm Reduction providers for their help in developing this brochure.

www.nmHIVguide.org

****The advice in this brochure is not intended to replace professional medical attention.***

Without sterile equipment, there is a higher risk for transmission of blood borne diseases such as Hepatitis C and HIV. There is an increased risk for abscesses. Without care, an abscess may become worse. The infection can spread to tissues under your skin and even spread into your bloodstream which becomes life threatening.

Clean hands:

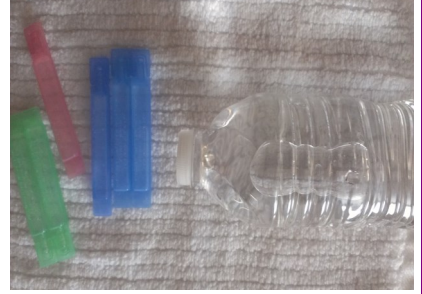
- ***** Wash with soap and water
- ***** Use non-latex medical gloves
- **** Use latex medical gloves

To clean the injection site:

- ***** Soap and water
- **** Alcohol swab
- *** Hydrogen peroxide
- ** In extreme cases, urine.

Liquid for the shot:

- ***** Sterile Saline (pink or green)
- **** Sterile Water (blue)
- *** Distilled water
- ** Tap water—boiled
- ** Bottled water—boiled
- * Tap water from back of toilet tank—boiled



Filters:

- ***** Dental cottons
- **** Clean cotton material
- *** Tampon (string if possible)
- ** Q-tip (make sure they are long tightly-wound fibers — short loose fibers can break loose and clog the syringe or could be injected into the vein)



Cookers:

- ***** Metal Bottle Cap
- **** Spoon
- *** Bottom of soda can (ink washed off)



Tourniquets (or straps):

- ***** Non-latex tourniquet
- **** Latex tourniquet
- *** Elastic from underwear
- ** Inner-tube (cut into strips)
- * Belt



Bandages (for after shot):

- ***** Sterile bandage strip (band-aid)
- **** Clean gauze pad
- *** Other clean cotton material
- ** Wash with clean water only (no alcohol)

Overdose and Naloxone



- What causes an OD?
- How to recognize an OD?
- What to do if you see an overdose
- OD Prevention Myths
- Rescue Breathing
- Naloxone Administration
- Also see "Overdose Prevention and Rescue Breathing in 20 Minutes or Less" on page 57 in the training packet.

If the material about substance use is a trigger for you, please feel free to step out of the room. The trainers are available to help or discuss issues as needed.



What causes an OD:



- Tolerance: How much can someone handle.
 - Abstaining (not using) for just a couple of days can reduce tolerance.
 - For example: reduce the amount used after leaving detox/jail or being sick.
 - What is a tester shot?
 - Lack of sleep, illness, or poor nutrition can reduce an individual's tolerance.
- Mixing
 - Use one substance at a time. If someone mixes, reduce the amounts of each substance.
 - Try not to mix alcohol w/heroin/pills: if someone does drink and use other substances, injecting first reduces risk of overdose.

What causes an OD (Cont.)

- Quality – purity and strength
 - Know the dealer and their product. Can you trust them? Try a tester shot when using a new batch.
 - Illicit substances are not produced in quality controlled places – so they have a high variability in their purity and strength.
 - Purchasing in different places might mean different strengths.
- Using Alone
 - Fix with friends (not sharing with friends).
 - Leave door unlocked.
 - Have someone trusted check-in



What is an Overdose (physically)?

- Too much substance in the body:
 - overwhelmed
 - not able to process or cope with the substance.
- An overdose may cause someone to:
 - pass out
 - stop breathing
 - have heart failure or seizures - depending on what kind of substances used.

An overdose is when someone is non-responsive after using substances.

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Effects of an OD/Over-Amping

Depressants – body slows down Over-Dose

Pulmonary

Passing out
Throwing up
Choking sounds, gurgling noises, snoring
Blue-ish tint/pale face, lips, fingernails
Cold or clammy skin to the touch
Loose muscles
Body is very limp
Awake, but unable to talk
Very slow/shallow breathing or stopped

Stimulants - body speeds up Over-Amping

Cardiovascular

Passing out
Throwing up
Choking sounds, gurgling noises, snoring
Reddish/flushed face, lips, fingernails
Warm or hot to the touch
Tight or “locked” muscles/joints
Shaking or seizing
Pressure, tightness or pain in chest
Very fast (rapid) breathing/heartbeat

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Make a Plan...Talk With Partners Before Using



- Some questions to ask are:
 - What do you want to happen if you overdose?
 - What does your “nod” look like?
 - Was anything else used that day?
 - What do you want me to do?
 - Call 911/rescue breathing/use naloxone?
 - Where is the naloxone?
 - Does anyone else know rescue breathing or how to use naloxone?
 - What should I do before paramedics/police arrive?
 - Remove ID’s/substances/paraphernalia?
 - Move you outside/unlock the door?

Make sure you know what they want, and they know what you want!

• See information card with “Making a Plan” on page 27 in the training packet.

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911 Good Samaritan Law

- In 2007, New Mexico was the first U.S. state to pass a Good Samaritan Law for overdose situations (took effect June, 2007).

As of January 2017, there are 37 states and the District of Columbia with Good Samaritan laws addressing overdose.

<http://www.ncst.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx>



- A person can call 911 or take someone to the hospital for a substance overdose and not be charged for possession. This law covers both the person overdosing and the caller. There are some exceptions...(see next slide)

See information card with "Good Samaritan Law" on page 27 in the training packet.

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911 Good Samaritan Law (Cont.)

This law does not protect a person for:

- Warrants
- Probation or parole
- Activity like dealing: are there scales, baggies, lots of cash, etc...
- Evidence of any other crime, such as:
 - Weapons possession
 - Driving drunk or high
 - Domestic violence
 - Any other crime



See information card with "Good Samaritan Law" on page 27 in the training packet.

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Call 911



- Quiet the scene
- Be calm and speak clearly
- Do not argue
- Tell 911
 - Exact address or location (i.e. street corner)
 - Repeat the address or location
 - Person is unconscious/unresponsive or person is not breathing/blue
- If you are the only person there, put the phone down, or hang up and help the person overdosing

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Call 911 (Cont.)

- You do not have to tell 911 (but it helps if you can)
 - Your name
 - Substances used
 - An overdose occurred/is occurring
- Tell the paramedics what you know when they arrive
- If you do not feel comfortable staying until paramedics arrive (but please stay if you can):
 - Leave doors open/move the person outside
 - If naloxone was used, leave it visible next to the person
 - Leave the person in the Recovery Position



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Recovery Position

- It is best to stay with the person.
- Put them in the recovery position if:
 - You need to leave; or,
 - They start breathing, but are unconscious.
- Make sure paramedics can get to them easily:
 - Unlock doors (or put the person outside);
 - Roll them onto their left side;
 - Pull their right knee so it is at a 90 degree angle;
 - Raise their left arm over their head on the floor; and,
 - Place their right arm at a 90 degree angle with the fingers of the hand pointing toward their mouth.



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Does this reverse an Overdose?



- Placing ice or something cold on the person's groin or putting them in a cold bath or shower:
 - This can cause body temperature to drop and further slow breathing
- Making them eat bread:
 - This might cause vomiting and does not affect the lungs
- Cutting hands/feet and rubbing lemon in the cuts
 - This creates open wounds and stings
- Slap or hit the person! **HARD!**
 - This can cause a bloody nose, broken jaw, etc...

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Does this reverse an Overdose? (continued)



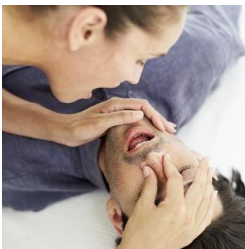
- Inject saltwater
 - This can cause an imbalance in the blood pH levels and make the person go into shock
- Inject milk
 - Fat in the milk can stick in the blood vessels
- Inject other substances
 - Trying to inject the “opposite” substance can cause the body to get “confused”
 - Most depressants (heroin) act on the pulmonary system (lungs)
 - Most stimulants (crack) act on the cardiovascular system (heart)
- Shock them – electricity: use a lamp cord like a home-made “defibrillator”
 - Defibrillators are to re-start the heart (cardiac) not lungs
 - This may cause electric burns or death

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Does this reverse an OD? (Cont.)

- Why would people try these other methods?
 - They stimulate the body. So, it might work if the person is not fully “down” or just in a really heavy “nod”.
 - Word-of-mouth: “My sister’s husband’s cousin’s ex’s buddy used it – really!”
- A sternum (sternal) rub works better and does not cause permanent harm (some bruising might occur).
- If someone tried one of these methods and it did not work, they tried their best with what they knew!
 - They are still heroes for trying!
 - This training gives them more (and better) tools.

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If the material about substance use is a trigger for you, please feel free to step out of the room. The trainers are available to help or discuss issues as needed.

- **Rescue Breathing (Mouth-to-Mouth) is used instead of CPR because in an overdose situation, it is about reduced breathing, not a stopped heart.**
- **Clinics utilize methods to provide oxygen (like “bagging”)**
 - **These instructions are provided to explain what can be done outside clinical settings, not to replace clinic protocols for medical professionals, or procedures for Law Enforcement.**
 - **Clinics/Law Enforcement may include protocols to check for other problems or issues (such as cardiac arrest)**

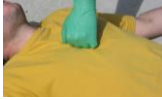
Overdose Response Demonstrations

See Rescue Breathing Instructions on page 64, and the Checklist for Rescue Breathing and Naloxone Administration on pages 65-66 in the training packet.

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Stimulation

- Make sure the area is “safe”
- Call out to the person “Are you ok?”
 - Use their name if you know it.
 - Use your outdoor voice – be loud!
- Shake their foot if they do not respond to voice.
 - Stand or kneel past their feet – so they cannot hit/kick you
 - Shake (do not kick them) the foot gently at first, then hard.
- Use a sternal rub if foot-shaking did not work.
 - Make a fist (thumb on the outside)
 - Rub knuckles on the sternum – the breast bone (try it).



See information card with “Things to Do With an Opiate Overdose” on page 27 in the training packet.

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Check the Airway

- Head tilt back/lift chin - Use the palms of the hands.
- Look, Listen, and Feel:
 - Look for chest rise/fall
 - Listen for breath w/ear
 - Feel for air with your cheek
- If no breath - look for any blockage in mouth/throat.
 - If there is a blockage
 - Turn them on their side
 - Perform a finger sweep
 - Two curved fingers
 - Sweep along one cheek to the back of the throat, across, then out along the other cheek.

See information card with “Things to Do With an Opiate Overdose” on page 27 in the training packet.

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Rescue Breathing – Mouth to Mouth

- A person should take a breath at least once every 5 seconds. If the person is breathing slower - start rescue breathing
- Rescue breathing masks may be used – if not available what else might be used instead?
- **Rescue Breathing**
 - Tilt head/lift chin – use palms
 - Pinch nose
 - Give 2 regular breaths
 - Look, Listen, and Feel (again)
 - 1 breath/5 seconds
 - Continue until person revives, ambulance arrives, or a person becomes too tired to continue



See information card with “Rescue Breathing” on page 27 in the training packet.

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If A Person Gets Too Tired

- If the person giving rescue breathing becomes tired or hyperventilates
 - Someone else can take-over
- If there is nobody else to take over:
 - They may pass out
 - Two people will now be lying there
 - The paramedics will not know who needs attention first – so it divides their attention
 - So, pause rescue breathing for 60-90 seconds, and then start again
- A person starts to have brain damage due to lack of oxygen after approximately 4-5 minutes



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Rescue Breathing Teach-Back

- Get into small groups (2-4 people)
- Using the checklist provided, practice the steps for Rescue Breathing
- Switch back and forth and make sure everyone in the group practices through the entire process twice.
- See Rescue Breathing Instructions on page 64, and the Checklist for Rescue Breathing and Naloxone Administration on pages 65-66 in the training packet.



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Naloxone Administration

If the material about substance use is a trigger for you, please feel free to step out of the room. The trainers are available to help or discuss issues as needed.



See Naloxone Instructions on page 63 (older device) and the Checklist for Rescue Breathing and Naloxone Administration on pages 65-66 in the training packet.

Narcan®? Naloxone? What is it?

- Naloxone – What is it?
 - It is also called Narcan®.
 - It is a medication used to counter the effects of overdose from opioids such as:
 - Heroin,
 - Oxycodone,
 - Morphine,
 - Methadone.
- Naloxone does not work on other substances – it only works on opiates

See information card with Naloxone. Also called Narcan! on page 27 in the training packet. nmhivguide.org

Naloxone – What it does

- Opiate receptor sites in the body prefer naloxone.
 - Naloxone attaches to the receptors, blocking the opiate.
 - So the opiate can not attach, and has no effect.
- Opiates usually last longer in the body than naloxone.
- After 30-90 minutes:
 - Naloxone wears off.
 - Opiates can attach to the receptor sites again.

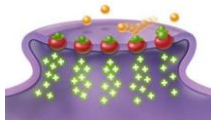


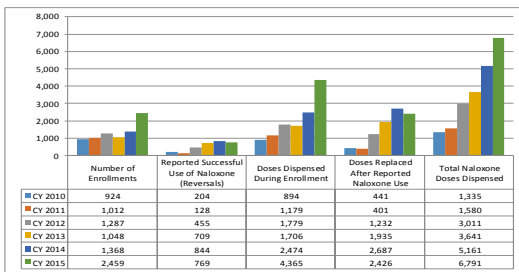
Image from: www.becauseilive.hubpages.com

Naloxone: Important Facts to Know

- Call 911. Get the person medical help! Why?
 - When Naloxone wears off, the person might overdose again if enough opiates are still in their body.
 - Opiates wear off much slower than Naloxone.
 - If they shoot up again within a few hours.
 - If too much Naloxone is used, the person may experience withdrawal symptoms – while uncomfortable, these will pass
 - Disclaimer: on extremely rare occasions, in combination with a surgical anesthetic, lung complications have occurred – this has only been reported in hospital settings to date.
- It is recommended discussing these points when developing an Overdose Response Plan.

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HHRP-OPE data for 2010-2015



In CY15: the percentage of people who used naloxone compared to the number of people trained is 31.27%

*This includes NMDOH Public Health Offices and Contracted Community Partners.
Thank you to NMDOH Epidemiology and Response Division

Data as of 3.1.17

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Naloxone Enrollment & Record of Use Form

- Date.
- County of Residence – drop down menu.
- Participant Code section - to create the participant ID.
- Choose first enrollment or record of use – drop down menu.
- If record of use chose what happened to previous dose and what happened during the incident.
- Record number of doses.
- Give the participant an Overdose Prevention ID Card (sample on page 27 in the training packet).
- Complete HIPAA acknowledgement and any medical record forms required by the agency (NMDOH registered Overdose Prevention and Education Programs require the Naloxone Medication log, but no additional medical records).

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When Does Naloxone Expire?

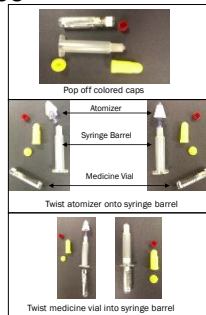
- Naloxone loses effectiveness when it turns cloudy, i.e. if it:
 - Gets too hot
 - Gets too cold
 - Expires: two years from manufacture date (there is an expiration date on the box)
- If participants have expired naloxone (or about to expire), provide them with new, unexpired, doses



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Putting together the Nasal Naloxone: Older Device

- Remove all three colored caps (colors vary) from the naloxone vial and the syringe barrel.
- Twist the atomizer onto the tip of the syringe barrel.
- Insert the medicine vial into the back of the barrel & turn the vial 3 times – slowly and gently – until it stops.
- The naloxone can now be used.
 - See naloxone instructions on page 63 in the training packet.



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Using Naloxone (Put it Up the Nose)

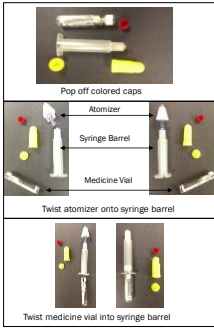


- How to demonstrate assembling the older naloxone device if a training device is not available**
 - Dispense naloxone to participant.
 - Have participant attach atomizer themselves.
 - Show participant how the vial is assembled but do not actually remove the plastic caps or twist the vial into the barrel as this will cause the Naloxone to spoil before use.

- Older Device:**
 - Place the assembled naloxone atomizer in one nostril of the person overdosing.
 - Press firmly on the base of the medicine vial and spray half of the naloxone dose deep into the nasal cavity.
 - Do the same in the other nostril.
- New Device:**
 - Place in one nostril.
 - Press firmly on the base – expel all of the medication.
- If the nostrils are blocked (for example, if they have a broken nose)**
 - It can be given orally (under tongue) – drip it slowly
 - It will taste bad

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Naloxone Teach-Back



- Get into small groups (2-4 people)
- Using the checklist provided, practice the steps for using naloxone (assembly device)
- Make sure to explain the difference between the assembly device and the new device.
- Switch back and forth and make sure everyone in the group practices through the entire process twice.
- Complete the Naloxone Enrollment and Record of Use form (Page 75)
- Use Checklist for Rescue Breathing and Naloxone Administration on pages 65-66 of the training packet.



Naloxone Order Form

This form is for the OPE or PHO to order naloxone from NMDOH Pharmacy through the Hepatitis and Harm Reduction Program

Sample form can be found on page 61 in the training packet.

		NEW MEXICO DEPARTMENT OF HEALTH Hepatitis and Harm Reduction Program 1190 S. St. Francis Drive, Suite 51300 Santa Fe, NM 87505 www.nmhealth.org	
Naloxone Inventory and Order Form <small>Please print in ink and separate items when applicable</small>			
<small>PHO/PHO CONTACT ONLY</small>			
OPE/PHO Name _____ Shipping Address _____ Telephone Number _____ Fax Number _____ Requested By _____ Title _____ Date Requested _____			
<small>PHO/PHO CONTACT ONLY</small>			
ITEM	<input type="checkbox"/> 4mg/1ml (2ml vial)	<input type="checkbox"/> 8mg/1ml (2ml vial)	<input type="checkbox"/> 16mg/1ml (2ml vial)
Naloxone 4 mg/1 ml Kwikonox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>PHO/PHO CONTACT ONLY</small>			
Please email completed form to the HRRPP at: hrpp@nmhealth.org <small>Send email this order form on or before the 15th day of the month. Only email OPE/PHO order, order according to the usual Pharmacy order procedure. However, send to the above listed email address for approval.</small>			
Quantity Requested	For Pharmacy Use Only	Expiration Date	Order person name and title
_____	_____	_____	_____

Overdose Prevention and Rescue Breathing in 20 minutes or less

Present information in a conversational manner

What do you do with this handout?

- Use the handout to educate participants
 - This is the curriculum – use as a guideline
 - Explain in easy to understand language
 - Check for understanding by regularly asking if there are questions
 - It is ok to “jump around” if there are questions, but remember to go back and cover any skipped sections
 - It is ok to repeat sections as needed
 - Remember to discuss when to use naloxone
 - Be as interactive as possible
- See the “Overdose Prevention and Rescue Breathing in 20 Minutes or Less” on page 57 in the training packet.

Evaluations

- Please complete online forms for AIDS Education and Training Center who help provide CMEs and CEUs:
 - PIF (Participant Information Form).
 - QOP-2 (Quality of Program).
- Please also complete the Harm Reduction Certification Training Certification Feedback Form – page 74.
- The feedback is important to help us continue to improve the training, so please be as specific as you can.

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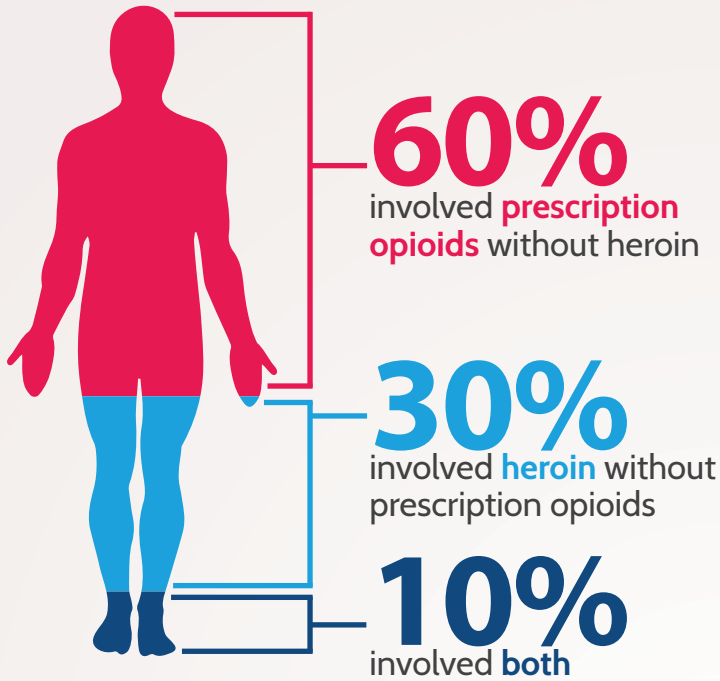


Credits and References

- HHRP Website: <http://nmhealth.org/about/phd/idb/hrp/>
- Photos credits/thanks to
 - Diana McCague
 - HarmReduction.org
 - http://firstaid.about.com/od/cpr/ss/abcs_2.htm
 - John J. Murphy and Dominick V. Zurlo
 - N.O.M.A.D. (Not One More Anonymous Death Overdose Prevention Project) <http://sites.google.com/site/nomaoverdoseproject/naioxone>
 - Adapt Pharma www.adaptpharma.com
- This PowerPoint training has evolved over several years and material has been used from the Harm Reduction Coalition, Chicago Recovery Alliance, Albuquerque Health Care for the Homeless, the New Mexico Department of Health, Philip Fruty, and many others. Thank you all!
 - Original compilation by Dominick V. Zurlo (2009)
 - Edited with photos/graphics added by John J. Murphy (2010)
 - Thank you to Vivian Heye for reviewing (11-7-13)
 - Data updated by Raymond Aragon, John J. Murphy, & Dominick V. Zurlo (12-02-13)
 - Edited and revised by John Murphy and Dominick V. Zurlo (01-07-14)
 - Graphics and text edited by Dominick V. Zurlo and John Murphy, with data updates by Joshua Swatek (07-01-14)
 - Edited and revised by Dominick V. Zurlo (09-25-14)
 - Edited and revised with data updates by Dominick V. Zurlo and Joshua Swatek (7-15-15)
 - Edited and revised by Dominick V. Zurlo and John Murphy (05-11-17)
 - Edited and revised by Dominick V. Zurlo and John Murphy (06-14-17)

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OF OVERDOSE DEATHS INVOLVING HEROIN OR PRESCRIPTION OPIOIDS IN 2014:



MOST NONMEDICAL USERS OF PRESCRIPTION OPIOIDS REPORT OBTAINING DRUGS:

- + From a friend or relative for free
- + Bought from a friend or relative
- + Taken without asking from a friend or relative

TAKEN WITHOUT ASKING IS MORE COMMON AMONG THE YOUNGEST USERS, EMPHASIZING THE NEED FOR APPROPRIATE STORAGE OF THESE DRUGS.

- National Survey on Drug Use and Health



RESPIRATORY DEPRESSION IS ONE EFFECT OF HEROIN OR OPIOIDS

The victim fails to breathe enough to keep the brain and other organs supplied with oxygen

Naloxone reverses the effects of opiates, including respiratory depression and can save lives

PREVENTION STRATEGIES

IMPROVE PRESCRIBING PRACTICES

Increased use of Prescription Monitoring Programs (PMP) has been shown to reduce some dangerous combinations and prescriptions from multiple prescribers.

Prescribing guidelines have reduced excessive prescribing in several states that have implemented them.

INCREASE ACCESS TO NALOXONE

Naloxone can reverse opioid overdose and prevent deaths if administered in time and followed up appropriately.

INCREASE ACCESS TO TREATMENT FOR DRUG DEPENDENCE AND ABUSE

Medication assisted treatment (MAT), such as methadone or suboxone therapy, has been shown to be effective in treating opioid dependence and abuse.

ENCOURAGE SAFE STORAGE AND DISPOSAL OF PRESCRIPTION DRUGS

Safe and secure storage and disposal reduce the amount of prescription drugs available for diversion.

Overdose Prevention and Rescue Breathing in 20 minutes or less

A. What causes an overdose (OD)

- **Toxic amount:** too much of the substance; reduce amount and do tester shot
- **Mixing:** effects are amplified; reduce amounts, inject first if mixing with alcohol
- **Tolerance:** lowers during periods of non-use (i.e.: detox/jail/no money); reduce and do tester shot
- **Quality:** varies in strength and purity; try to use known source and do tester shot
- **Using Alone:** if something goes wrong – nobody to help; fix w/friend, unlocked door, and call someone trusted

B. How to recognize an OD

- **Over-amp:** Stimulants (cocaine/speed) make the body speed up
- **Overdose:** Heroin and other downers (alcohol/benzos) make the body slow
 - **Signs of OD:** Unresponsive, unconscious, breathing slow/shallow (<12 breaths/min); pale, clammy, loss of color, blue/gray (esp. lips/nails); loud/uneven snoring/gurgling; not breathing; faint/no pulse
 - **High vs OD:** “the line”= **UNRESPONSIVE**

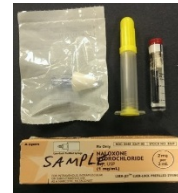
C. What to do if OD occurs

- **Stimulation:** Call name, sternum rub
- **Call 911 - Good Samaritan 911 Law:** protects against citation or arrest, except if another law is being broken
 - Quiet the scene (or go to a quiet area), be calm and speak clearly, and do not argue
 - Give exact address/location, person not breathing or turning blue
 - There is no need to say: it is an overdose, give a name, or if drugs were involved
 - Tell the paramedics everything known about the situation when they arrive
- **Use Naloxone**
- **Perform Rescue Breathing = If they do not start breathing in 3 minutes, use a second dose of naloxone**

D. Naloxone Administration

(using device with separate atomizer)

1. Remove the colored caps on medicine vial and syringe barrel
2. Insert vial into barrel & gently turn until it stops
3. Twist nasal atomizer onto tip of barrel. It is ready to use[‡]
4. Place assembled naloxone atomizer into one nostril
5. Press firmly on base of vial, spraying half into nostril
6. Repeat in other nostril



[‡]If an atomizer is not available (lost, missing, etc...), slowly drip the naloxone under the tongue

(using “all-in-one” intranasal device)

1. Remove device from blister pack
2. Place nozzle end into nostril
3. Press firmly on base of device, spraying medication into nostril



*Stay with the person as naloxone loses effect 30-90 minutes after administration.

E. Rescue Breathing

• Stimulation and Airway

1. Check responsiveness. Ask, “Are you okay?”, shake foot, use sternum rub
2. Are they breathing? Look, listen and feel
3. If no response, call 911
4. Check for clear airway. If blocked, roll on side and use finger sweep to clear



• Rescue Breathing

1. Roll onto back, tilt head back and pinch nose
2. Give 2 regular breaths
3. Look, listen and feel
4. If still not breathing give 1 breath every 5 seconds
5. Continue until person revives or help arrives
6. Once they start breathing, put them in the recovery position



*Remember to keep breathing for them. Brain damage starts occurring 4 minutes after loss of oxygen.

• Recovery Position



F. OD Myths – These do not work:

- Slap or punch: may bruise or break nose/jaw
- Put in cold water or use ice: makes the body cold, slow even more, and can lead to hypothermia
- Use a lamp cord like a home-made defibrillator: can cause electric burns, irregular heart beat, or death
- Inject with milk/saline/other substances: can cause the body to go into shock

***How to demonstrate assembling the Naloxone if a training device is not available

- Dispense Naloxone to participant
- Have participant attach atomizer themselves
- Show participant how the vial is assembled but do not actually remove the plastic caps or twist the vial into the barrel as this will cause the Naloxone to spoil before use

Naloxone Enrollment and Record of Use Form

Rev: 07-01-17 DVZ/dvz/jjim

Name of Agency or Public Health Office:
(No abbreviations, please)

Only report naloxone funded through NMDOH on this form.	Date	County of residence	Indicate: First (1st) Enrollment OR Record of Use (ROU)	Participant Code:			Record of Use: (administration of naloxone)							Naloxone Distribution:			
				Complete for all entries	First 2 letters of first name	First 2 letters of mother's first name	2-digit year of birth	Complete shaded columns <i>only</i> if it is a Record of Use		Complete if "Yes" to: "Was naloxone administered to a person?"					Complete for all entries		
			Choose one						Complete if "Yes" to: "Was naloxone administered to a person?" What happened during the incident? (mark an "X" for all which apply)					if a participant reports multiple "Record of Use" incidents during one visit, include <u>all</u> doses distributed on the first report row, and record "0" doses distributed on subsequent report rows.			

Naloxone medication log for secure designated storage location at PHO/OPE: _____
 To be kept with naloxone **1 box (2 doses) = 1 Unit** (Full name of PHO /OPE location)

<u>Date</u>	<u>Boxes received from/returned to:</u> PHD Pharmacy Warehouse 1301 Siler Rd. Santa Fe, NM 87507		<u>Naloxone removed from storage:</u>			<u>Naloxone distributed to Trained Targeted Responders (TTR)</u>					<u>Naloxone returned to storage:</u>		<u>Total # of boxes remaining in storage</u>	
	<u># of boxes</u>	<u>Lot #</u>	<u>Exp date</u>	<u>Name of person removing naloxone</u>	<u># of boxes</u>	<u>Name of patient (TTR)</u>	<u>DOB</u>	<u># of boxes</u>	<u>Lot #</u>	<u>Exp date</u>	<u>Name of person returning naloxone</u>	<u># of boxes</u>		

Please remember, this form contains PHI.

Naloxone medication log for secure designated storage location at PHO/OPE: _____
 To be kept with naloxone 1 box (2 doses) = 1 Unit (Full name of PHO /OPE location)

Date	Boxes received from/returned to: PHD Pharmacy Warehouse 1301 Siler Rd., Santa Fe, NM 87507		Naloxone removed from storage:		Naloxone distributed to Trained Targeted Responders (TTR)					Naloxone returned to storage:		Total # of boxes remaining in storage	
	# of boxes	Lot #	Exp date	Name of person removing naloxone	# of boxes	Name of patient (TTR)	DOB	# of boxes	Lot #	Exp date	Name of person returning naloxone		# of boxes
12/1/16*	20	160460	04/2018										20
12/2/16**				Darwin Lamark	4	John Smith	3/15/98	1	160460	04/2018			16
12/2/16**						Jane Smith	2/14/93	1	160460	04/2018			16
12/2/16**											Darwin Lamark	2	18
12/4/16***				Darwin Lamark	1	Bob Jones	6/12/76	1	160460	04/2018			17
12/30/16****	-2	160460	12/2016										15

This sample shows the different types of entry on the log form:

*Naloxone received by the OPE from the PHD pharmacy on 12/1/16.

**It then shows a staff member removing 4 boxes for distribution on an outreach. Two patients were given 1 box (2 doses) each. The staff member returned the remaining 2 boxes of naloxone to the storage location.

***A patient coming into the location and naloxone distributed to them from the storage location.

****Expired naloxone returned to the PHD pharmacy.

Please remember, this form contains PHI.



NEW MEXICO DEPARTMENT OF HEALTH
Hepatitis and Harm Reduction Program
 1190 St. Francis Drive, South 1151
 Santa Fe, NM 87502
<http://nmhealth.org/about/phd/idb/hrp/>

Naloxone Inventory and Order Form

PLEASE COMPLETE and submit your ORDER ELECTRONICALLY

SECTION 1 (must be complete)

OPE/PHO Name	
Shipping Address	
Telephone Number	
Fax Number	
Requested By	
Title	
Date Requested	

SECTION 2 (must be complete)

ITEM	# Boxes in Stock (2 doses/box)	# Boxes Ordered (2 doses/box)	Qty Approved by HHRP
Naloxone 4 mg/0.1 ml (2 doses/box)			

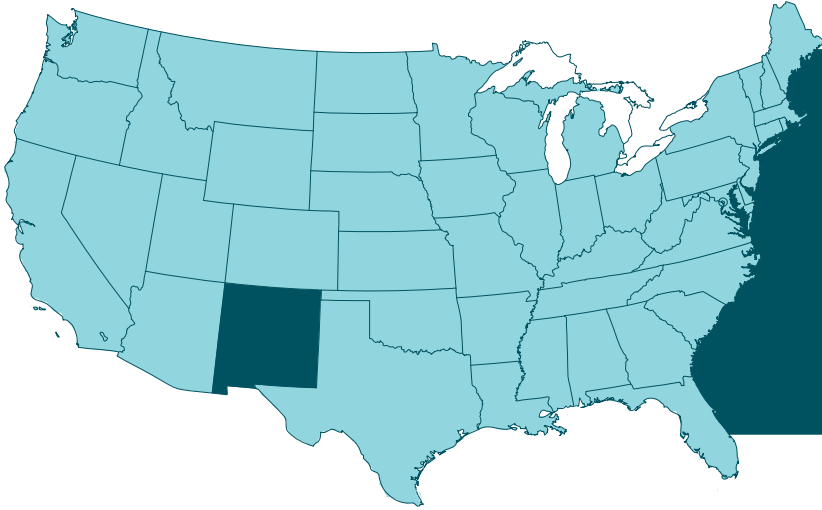
SECTION 3

Please email completed form to the HHRP at:
Chandelle.Chavez@state.nm.us and Dominick.Zurlo@state.nm.us
<u>OPEs:</u> email this order form on or before the 10th day of the month.
<u>Public Health Office OPEs:</u> order according to the usual Pharmacy order schedule; however, send it to the above listed email addresses for approval.

For Pharmacy Use Only:		
Quantity Shipped	Expiration Date:	Initials of person who filled order

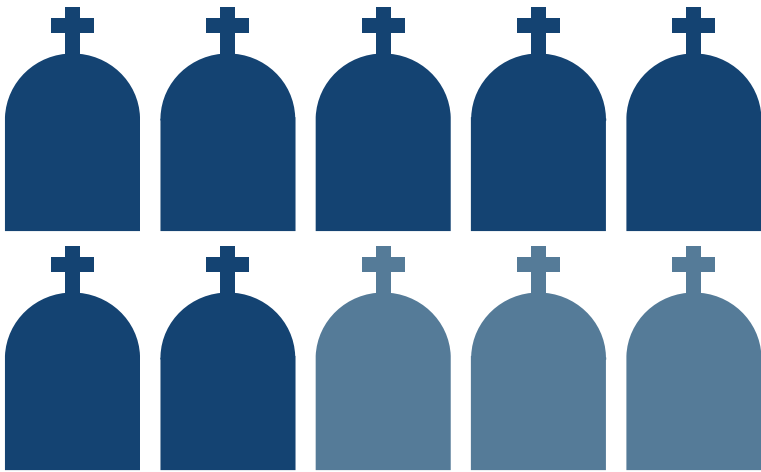
Rev: GG/DVZ 7-1-17

NALOXONE IN NEW MEXICO



New Mexico has the
8th HIGHEST
drug overdose death rate
IN THE NATION

- NMDOH



Deaths due to opioids account for

MORE THAN
70%

of all drug related deaths

- NMDOH

**INCREASING NALOXONE AVAILABILITY
HELPS PREVENT OPIOID OVERDOSE DEATHS**

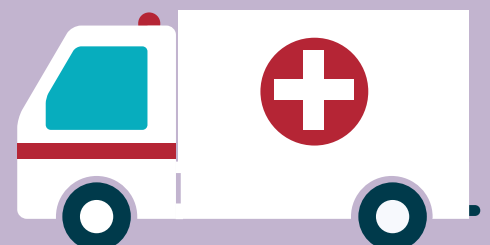


- www.jhsph.edu/rxtownhall

WHAT IS NALOXONE?

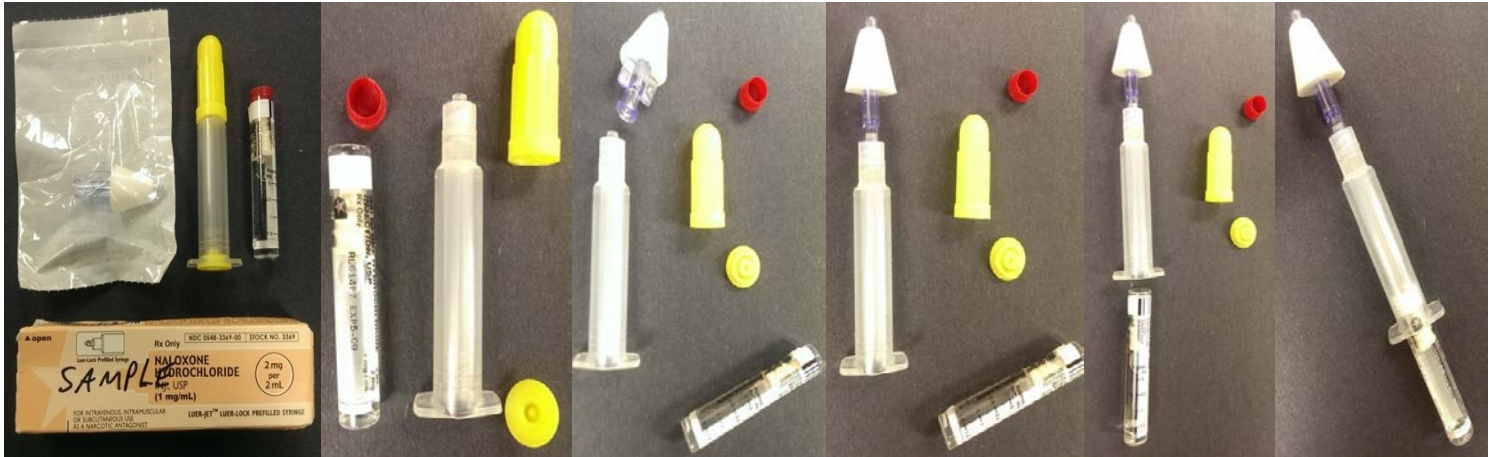
PRESCRIPTION DRUG THAT REVERSES THE EFFECTS
OF AN OPIOID (PRESCRIBED OR ILLICIT) OVERDOSE.
IT IS EASY TO ADMINISTER AND SAFE TO USE

NALOXONE, also known as **NARCAN**,
has been used for decades by emergency
responders and in hospital settings.



Naloxone (Narcan) Instructions

Naloxone comes in three parts: a medicine vial, a syringe barrel, and a nasal atomizer. It must be assembled at the time of use.



- 1) Remove the colored caps from the medicine vial and the syringe barrel.
- 2) Twist the atomizer onto the tip of the syringe barrel.
- 3) While inserting the medicine vial into the syringe barrel, turn the vial - slowly and gently - until it stops. The naloxone is now ready to use.
- 4) Place the assembled naloxone atomizer into one nostril.
- 5) Press firmly on the base of the vial, spraying half into the nostril.
- 6) Repeat in the other nostril.

Storage and Maintenance of Naloxone

- ❖ Store at room temperature. It will spoil if it gets too cold or too hot.
- ❖ Naloxone is clear and looks like water – if it looks cloudy, it has spoiled and should be replaced.
- ❖ It expires. While it may have full potency after the expiration date, it is best to replace it before it expires. Keep the expired naloxone until it is replaced – expired naloxone might be better than no naloxone.

Rescue Breathing Instructions



REMEMBER!
Too much time without oxygen can result in brain injury or death



If a person is overdosing and not breathing:

- 1) Check responsiveness. Ask, "Are you okay?" Shake foot. Use sternum rub.
- 2) Lay them on a firm flat surface on their back.
- 3) Check to see if the person is breathing by putting your cheek next to their nose and mouth to
 - a. Look – see if their chest is rising
 - b. Listen – can you hear breathing, and
 - c. Feel – their breath on your cheek.
- 4) Tip their head back by using your palms and carefully pushing down on the forehead and up on the chin. This extends the airway as much as possible – but be careful not to push back too far!
- 5) Repeat Step #3 – Look, Listen, Feel.
- 6) If they are not breathing, look in the mouth and airway to see if an object is blocking their breathing. If there is something there, remove it by sweeping the mouth/airway with two curved fingers.
- 7) Repeat Step #3 – Look, Listen, Feel.
- 8) Pinch the person's nose closed. Create a seal around their mouth with your lips. Push a normal sized breath into their lungs. If you need a barrier, you can use clean fabric, like the end of a shirt.
- 9) After providing 2 breaths, repeat step #3 (Look, Listen and Feel) to re-assess the person.
- 10) Breathe normally and allow 4 seconds between breaths (five seconds total).
 - a. If they are not breathing – continue breathing for them until help arrives.
 - b. If they start breathing – put them in the recovery position and continue to watch them.

It is not recommended to leave someone who is overdosing. Wait for 911! However, if for any reason, an overdosing person is left unattended, it is important to leave them in the **recovery position!** The person will be less likely to choke if they vomit. This position makes it easier to breathe than if the person is lying on their back.

- 1) Put the person on their side, using the arm closest to the floor as a "pillow."
- 2) The face should be aimed downward.
- 3) The knee of the upper leg should be drawn up slightly towards their chest.

Checklist for Rescue Breathing and Naloxone Administration

Name: _____

	Completed	Not Completed	Task observed and/or explanation given
What is an OD?			
			Stimulant symptoms (3 or more)
			Depressant symptoms (3 or more)
			How/which substances affect circulatory
			How/which substances affect pulmonary
How to Respond			
			Stay calm
			See if the person is responsive/wake them
			Ask, "Are you okay?" or call their name
			Shake foot
			Use sternum rub
			Look, Listen, Feel
			Call 911
			Discuss Good Samaritan Law protections and exceptions
			Discuss what to do if police show up with EMS
			Discuss what to do if you have to leave
			Discuss rescue position and when to use it
			Demonstrate rescue position
Rescue Breathing			
			Check for clear airway. If blocked, roll on side.
			Clear mouth/airway (curved fingers) – This is no longer recommended in CPR? So why in overdose situations?
			Roll onto back
			Look, Listen, Feel
			If still not breathing:
			Tilt head back and pinch nose
			Create a good seal on mouth and nose?
			Give two regular breaths
			Check for breathing again (Look, Listen, Feel)

Checklist for Rescue Breathing and Naloxone Administration

Name: _____

			If still not breathing:
			Tilt head back and pinch nose
			Good seal on mouth and nose?
			Breath rate correct? 1 every 5 seconds (12/min)
			Breathing easily - not forceful or too light?
			Allowing air to leave participants lungs?
			Looking down chest to see if breathing?
			Correct posture for rescue breathing (i.e. is the “rescuer” moving up & down between breaths?)
			Discussion on what to do if the “rescuer” gets dizzy
			Discussion on when to stop rescue breathing
Naloxone (Older Device)			
			Discuss when to use Naloxone
			Take vial and barrel out of box
			Pop the 3 colored caps off vial and barrel
			Take atomizer out of bag
			Assemble atomizer onto barrel
			Screw vial into barrel
			Insert in one nostril give ½ dose
			Insert in other nostril and give 2 nd ½ of the dose
Naloxone (New Device)			
			Open box and remove one of the devices
			Insert atomizing end into nostril
			Push firmly on the base to administer
Additional Questions			
			What if nostrils are blocked?
			How long to take effect?
			Discuss what to do if subject does not wake up
			Discuss what to do if subject does wake up
			Discuss what to do if you administer Naloxone and have to leave

Rev: DVZ/dvz/jjm/js 2-1-17

Name: _____

Training Date: _____

NMHR SR Test: Remember to select the best answer to each question.

- 1). True/False: The New Mexico Harm Reduction Act makes needle exchange a privilege not a right.
 - a). true
 - b). false

- 2). Which of these options is the worst replacement for a cotton?
 - a). tampon string
 - b). cigarette filter
 - c). cotton ball
 - d). nothing

- 3). True/False: Participants get 30 syringes plus one for each syringe the brought in (rounded up to 10).
 - a). true
 - b). false

- 4). You can contract HIV from?
 - a). used cottons
 - b). sterile syringe
 - c). used cookers
 - d). used syringe
 - e). all of the above
 - f). a, c, and d

- 5). If there are syringes on the ground, you should?
 - a). Push the syringes into a pile with your open toed shoes
 - b). Put on puncture resistant gloves and pick them up
 - c). Make the client pick them up
 - d). Pick them up with grabbers and put them in a SHARPS container

- 6). A SHARPS card must contain the following elements:
 - a). SSP enrollment code
 - b). expiration date
 - c). be laminated
 - d). a and b
 - e). all of the above

- 7). If a woman appears pregnant it is your duty to report her enrollment in SSP:
 - a). if she discloses her pregnancy
 - b). if she goes into labor at SSP
 - c). there is no duty to report
 - d). if she is not seeking other treatment options
 - e). if she refuses a pregnancy test

- 8). How do you create the syringe services ID card code:
 - a). first two letters of the first name, first two letters of the last name, and last two numbers year of birth.
 - b). first two letters of the first name, first two letters of mother's maiden name, and year of birth
 - c). first two letters of the first name, first two letters of father's first name, and year of birth
 - d). first two letters of the first name, first two letters of mother's first name, and last two numbers of the year of birth

- 9). What qualifications does someone need to have to enroll in SSP?
 - a). proof of NM residence
 - b). pass as UA
 - c). individual in New Mexico
 - d). US citizen

- 10). If a participant is cited for paraphernalia charges they should plead:
 - a). not guilty
 - b). guilty if they didn't have their SHARPS card on them
 - c). no contest
 - d). guilty
 - e). not guilty by reason of mental health diagnosis

Harm Reduction Program Website <https://nmhealth.org/about/phd/idb/hrp/>

(See website for most recent and updated documents)

Harm Reduction Yahoo Group

This is the mailing list all the updates and news for the program is sent. If you are interested here is also the New Mexico HIV Community Planning and Action Group list as well. All you need to do is send an email to the subscribe list. You will then get a confirmation email, just hit reply and send on that email and you will be on the list.

Harm Reduction Group

- Post Message: nm-harm-reduction@yahoogroups.com
- Subscribe: nm-harm-reduction-subscribe@yahoogroups.com
- Unsubscribe: nm-harm-reduction-unsubscribe@yahoogroups.com

NMCPAG Group (HIV Community Planning Group)

- Post Message: nm-cpag@yahoogroups.com
- Subscribe: nm-cpag-subscribe@yahoogroups.com
- Unsubscribe: nm-cpag-unsubscribe@yahoogroups.com

There are also several websites for NMCPAG and HIV/HCV info in NM

www.nmcpag.org

www.nmhivguide.org

www.NMCPAG.tumblr.com

<https://www.facebook.com/groups/352719471557713/>

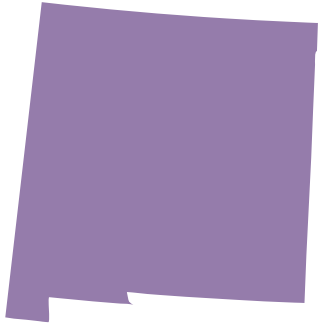
Substance Abuse Epidemiology Program

<https://nmhealth.org/about/erd/ibeb/sap/>

Checklist for Safer Injection

Completed	Not Completed	Task observed and/or explanation given
		Be in a safe place: e.g. lighting, no interruptions, etc...
		Clean surface discussion – Why is this important?
		Hand washing discussion
		Gloves or wash hands
		Works arranged
		Do hands need to be washed again/new gloves?
		Clean cooker discussion
		Hot Cook /Cold Cook/Mixing discussion
		Ascorbic acid discussion
		Best options for water/saline discussion
		Mix “drug” with liquid
		Cotton discussion
		Put cotton in cooker
		Cook drug mixture
		Discuss needle size/type
		Wait for drug mixture to cool. Why?
		Draw “mix” into syringe
		Put syringe in protected place – do not contaminate
		Prepare injection site discussion
		Discuss cleaning injection site – soap & water/alcohol, etc.
		Clean injection site: e.g. if using alcohol pad – one swipe
		Discuss tourniquets/ties
		Demonstrate how to “tie off” tourniquet
		Discuss angle of needle entry – why is this important?
		Demonstrate angle – bevel up!
		“Flash” – draw small amount of blood. Why?
		Discuss when to remove tourniquet
		Remove tourniquet
		Inject slowly – why not “slam”?
		Discuss and apply pressure on the injection site
		Rinse Syringe - discuss how and why: is it important?
		Discuss SHARPS containers – sizes and how many each holds
		Place syringe in SHARPS container
		Place works in SHAPRS container – which works?

GOT NALOXONE?



In New Mexico, DOH has been distributing Naloxone **SINCE 2001** through its **HARM REDUCTION SERVICES** and **SINCE 2013** through its **CO-PRESCRIPTION PILOT PROGRAMS**

In 2013, **MEDICAID** Managed Medical Care Organizations (MCOs) started **COVERING NALOXONE KITS**

DURING 2016*:

2,237
enrollees in
NMDOH naloxone
distribution programs

6,551
Naloxone
doses
dispensed

800
overdose
reversals
reported

1,458
Medicaid reimbursement
claims processed from
124 outpatient pharmacies





Naloxone should be prescribed alongside opioid prescriptions

All outpatient pharmacies should stock and distribute naloxone

*(as of 12/30/2016)

In 2016, legislation passed that eases restrictions on possession, storage, distribution, and prescribing and administration of naloxone.

HOW TO INCREASE AVAILABILITY?

-  ... Make the cost of naloxone covered by private insurers.
-  ... Increase prescription of naloxone by licensed prescribers with any opioid prescription.
-  ... Expand stocking and distributing naloxone to all outpatient pharmacies.
-  ... Increase education on naloxone use and application and where to obtain it.



Syringe Service Enrollment and Daily Log Form

Rev. 07-01-17 DVZ/dvz/jjm

Name of Agency or Public Health Office: <i>(No abbreviations, please)</i>											
<i>Exchange location - address/cross-streets (Optional):</i>											
Visit Type:	Participant Code:			Syringes: (Collected & Distributed)		Navigation Codes: <small>(Linkage to Care): when assistance to services is provided - not when referral phone numbers, pamphlets, or lists are provided</small>		Staff & Agency Information:			
	Date	Check only if first enrollment/visit	First 2 letters of first name	First 2 letters of mother's first name	2-digit year of birth	Number of syringes collected	Number of syringes distributed	1st navigation assistance code (required)	2nd navigation assistance code (optional)	Staff initials	Notes - optional: <small>(these are for local use only)</small> <u>PHI</u> Remember, no
								0 - None provided; 1a - HIV; 1b - HCV; 1c STD; 7 - Job/employt servs; 2 - Substance treatment; 8 - Naloxone (Narcan); 3 - Healthcare services; 9 - Other; 4 - Housing; 10 - Food bank/services; 5 - Social services/Behavioral health			



NEW MEXICO DEPARTMENT OF HEALTH AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

This authorization allows the Department of Health (DOH) to disclose confidential health information about you. The authorization may be revoked. It will remain in effect for six (6) months unless a different time is stated. You are entitled to a copy of the completed authorization. There may be fees charged for any copying associated with this request. If you are a person with a disability and you require this authorization in an alternative format or require a special accommodation to complete this form, you may request assistance from staff at any DOH location or from the DOH Chief Privacy Officer.

(Please print)

CLIENT	Client Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy) / /
	Client Address (Street or P.O. Box, City, State, Zip Code)	

- I authorize the use or disclosure of the health information as described below.
- I understand that any information disclosed may include information relating to Sexually Transmitted Diseases (STD), Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse and information obtained by the New Mexico Department of Health from other providers.
- I understand that my alcohol and/or drug treatment records are protected under Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by regulation.
- This authorization applies to health information to be disclosed by:

__ (a) The following DOH location: _____

__ (b) Any DOH location where the health information may exist.

- The type and amount of information to be disclosed is as follows (include dates where appropriate):

- | | | | | |
|---|-------------------------|-----------------------|----|---|
| a. <input type="checkbox"/> Treatment Plan | from (date) ___/___/___ | to (date) ___/___/___ | or | <input type="checkbox"/> Most Recent Only |
| b. <input type="checkbox"/> Immunization Record | from (date) ___/___/___ | to (date) ___/___/___ | or | <input type="checkbox"/> Most Recent Only |
| c. <input type="checkbox"/> History | from (date) ___/___/___ | to (date) ___/___/___ | or | <input type="checkbox"/> Most Recent Only |
| d. <input type="checkbox"/> Physical | from (date) ___/___/___ | to (date) ___/___/___ | | |
| e. <input type="checkbox"/> Discharge Summary | from (date) ___/___/___ | to (date) ___/___/___ | or | <input type="checkbox"/> Most Recent Only |
| f. <input type="checkbox"/> Laboratory Results | from (date) ___/___/___ | to (date) ___/___/___ | or | <input type="checkbox"/> Most Recent Only |
| g. <input type="checkbox"/> X-ray and Imaging Reports | from (date) ___/___/___ | to (date) ___/___/___ | or | <input type="checkbox"/> Most Recent Only |
| h. <input type="checkbox"/> Consultation Reports: from (doctors' names) _____ | | | | |
| i. Other: _____ | | | | |
| j. Special instructions or limitations: _____ | | | | |

- This health information shall be disclosed to and used by the following individual or organization: (Please print)

RELEASE TO	Name of Individual or Organization
	Individual or Organization Address (No. and Street, City, State, Zip Code)
	For the purpose of:

(If the client initiates the authorization and does not elect to provide a statement of purpose, then the statement, "at the request of the individual" is adequate.)

- This authorization will expire in six (6) months unless another expiration date is specified here: ___/___/___ .
(mm/dd/yyyy)

STATEMENT OF UNDERSTANDING:

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to the DOH Chief Privacy Officer. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I understand that unless I revoke this authorization as stated above, this authorization will expire in six (6) months unless I have specified a different date of expiration. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to receive treatment from DOH. I understand that I may inspect or receive copies of the information to be used or disclosed, as provided in 45 CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure by the recipient and the redisclosure may not be protected by federal confidentiality rules. I have a right to limit the information disclosed.

To revoke this authorization or if you have a question about disclosure of your health information, contact the Chief Privacy Officer.
Chief Privacy Officer - NM Department of Health - Office of General Counsel - P.O. Box 26110 - Santa Fe, New Mexico - 87502-6110

SIGNATURES	Signature of Client or Personal Representative	Date (mm/dd/yyyy) / /
	If Signed by Personal Representative, Relationship to Client	
	Signature of Witness	Date (mm/dd/yyyy) / /

L USE ONLY

Source System: _____ (The system name into which the client is entered)	Client ID: _____ (The client identifier from the Source System)
--	--



NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGMENT FORM

The Health Insurance Portability Act of 1996 requires health agencies to provide a Notice of Privacy Practices to all persons receiving services. This form acknowledges that you have received the Department of Health Notice of Privacy Practices.

CLIENT	Client Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy) / /
	Client Address (Street or P.O. Box, City, State, Zip Code)	Telephone Number ()

I acknowledge that I was offered or provided a copy of the New Mexico Department of Health Notice of Privacy Practices.

SIGNATURES	Signature of Client or Personal Representative	Date (mm/dd/yyyy) / /
	If Signed by Personal Representative, Relationship to Client	

For Internal Use Only:

Acknowledgment entered into CPO Database.

The following good faith efforts were made to obtain acknowledgment from the client or the client's personal representative. Please check all that apply.

Offered the client or the client's personal representative a copy of the Notice of Privacy Practices and the client or the client's personal representative declined to sign the Acknowledgment Form.

Provided answers to any questions from the client or the client's personal representative regarding the DOH Notice of Privacy Practices.

Feedback Form: Harm Reduction Specialist Certification Training

Please check one answer

0 = Least effective

5 = Most effective

	0	1	2	3	4	5
Was today's instruction helpful?						
Was today's instruction clear?						
Was today's instruction at an appropriate level?						
Did you feel there was enough time to practice the demonstrations?						
Do you feel confident in presenting this information to others?						

Are there other materials which would be helpful for you?

List one (or more) positive item from the training:

If any, list one (or more) item that need improvement:

Do you have any other comments or feedback for the instructors or about the curriculum?

Naloxone Enrollment and Record of Use Form

Rev: 07-01-17 DVZ/dvz/jjim

Name of Agency or Public Health Office:
(No abbreviations, please)

Only report naloxone funded through NMDOH on this form.	County of residence	Visit Type: <i>Choose one</i>	Participant Code: <i>Complete for all entries</i>			Record of Use: (administration of naloxone)						Naloxone Distribution: <i>Complete for all entries</i>				
			First 2 letters of first name	First 2 letters of mother's first name	2-digit year of birth	Was naloxone administered to a person? (Y/N/D)	Date used (MM/DD/YY) (approximate is ok - if day unknown, enter as MM/01/YY)	Number of doses used	Person "OK"	911/EMS/Medical help	Rescue breathing used	Deceased	Unknown	Decline to answer	Number of doses distributed	Interviewer/trainer (initials)



Syringe Service Enrollment and Daily Log Form

Rev. 07-01-17 DVZ/dvz/jjm

Name of Agency or Public Health Office: <i>(No abbreviations, please)</i>											
<i>Exchange location - address/cross-streets (Optional):</i>											
Visit Type:	Participant Code:			Syringes: (Collected & Distributed)		Navigation Codes: <small>(Linkage to Care): when assistance to services is provided - not when referral phone numbers, pamphlets, or lists are provided</small>		Staff & Agency Information:			
	Check only if first enrollment/visit	First 2 letters of first name	First 2 letters of mother's first name	2-digit year of birth	Number of syringes collected	Number of syringes distributed	0 – None provided; 1a – HIV; 1b – HCV; 1c STD; 7 – Job/employt servs; 2 – Substance treatment; 8 – Naloxone (Narcan); 3 – Healthcare services; 9 – Other; 4 – Housing; 10 – Food bank/services; 5 – Social services/Behavioral health	1st navigation assistance code (required)	2nd navigation assistance code (optional)	Staff initials	Notes - optional: <small>(these are for local use only)</small> <u>PHI</u> Remember, no