

SERVICE SPECIFICATION

The main aim of this service is to reduce the transmission of viruses and other infections caused by sharing injecting equipment, such as HIV, Hepatitis B and C. In turn, this will reduce the prevalence of blood-borne viruses and bacterial infections, so benefiting wider society.
(NICE Public Health Guideline PH52 issued March 2014)

Service	Needle & Syringe Provision – Devon and Torbay
Authority Lead	Devon and Torbay
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1. AIM, OBJECTIVES AND EVIDENCE

1.1 Aim

- 1.1.1 The aim of the needle & syringe provision scheme (the Scheme) specification is to enable pharmacies in Devon and Torbay (alongside the specialist needle exchange services provided by the substance misuse provider in Devon) to provide a consistent approach to harm reduction for people who inject drugs (PWID's).
- 1.1.2 Prevention of drug related deaths and the spread of blood-borne viruses. The Scheme aims to protect health and reduce the rate of blood-borne infections and drug related deaths among people who inject drugs by:
- Promoting safe practice to injecting drug users, including advice on sexual health and sexually transmitted infections, HIV and Hepatitis C transmission and Hepatitis B immunisation
 - Reducing the rate of sharing and other high-risk injecting behaviours
 - Providing sterile injecting equipment and other support
 - Promoting safer injecting practices
 - Providing and reinforcing harm reduction messages for people who inject drugs, including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)
- 1.1.3 Improve the health of local communities by preventing the spread of blood-borne infections. The Scheme aims to improve the health of local communities by preventing the spread of blood-borne infections by:
- Ensuring the safe disposal of used injecting equipment
 - Referral to specialist drug and alcohol treatment services and health and social care professionals where appropriate.
- 1.1.4 Improve access to services. The Scheme aims to maximise the access and engagement of all injectors, especially the highly socially excluded.
- 1.1.5 The Scheme will help people who inject drugs access other health and social care and act as a gateway/signpost to other services such as drug and alcohol services for treatment planning/recovery, prescribing, Hepatitis B immunisation, Hepatitis and HIV screening and primary care services.

1.2 Objectives

Pharmacy within the Scheme must:

1. provide access to approved injection materials and paraphernalia, together with sharps containers for return of used equipment and appropriate health promotion materials and campaigns
2. provide safe disposal for used equipment returned by injecting drug users
3. offer support and advice to injecting drug users, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate and advise on the safe disposal of used needles and syringes

4. assist injecting drug users to remain healthy until they are ready to cease injecting and ultimately achieve a drug-free life with appropriate support

The pharmacy should offer all of the above in a user-friendly, non-judgmental, client-centred and confidential manner at all times.

1.3 Background and evidence

- 1.3.1 Sharing needles and syringes is a key route for transmitting blood-borne viruses among people who inject drugs. Sharing injecting equipment such as filters, mixing containers and water is also an important route of infection, particularly in the case of the Hepatitis C virus. The latest Public Health England report (Hepatitis C in the UK 2017) says: 'Harm reduction interventions for PWID [people who inject drugs], including access to sterile injecting equipment and effective drug dependence treatment, can prevent and control HCV among PWID... 'Optimal access to clean injecting equipment and opioid substitution treatment is crucial in curbing the spread of Hepatitis C, particularly given that it also has the potential to prevent reinfection after treatment'. Link: <https://www.gov.uk/government/publications/hepatitis-c-in-the-uk> .
- 1.3.2 Community Safety. Pharmacies within the Scheme are a point of safe disposal of injecting equipment ('sharps') and actively discourage people who inject drugs from inappropriate sharps disposal. Discarded sharps present a considerable concern and risk to local communities. The aim locally is to achieve a high return rate (75% or above – well in excess of national averages).

2. SERVICE REQUIREMENTS

2.1 Levels of service

- 2.1.1 Based on NICE Public Health Guideline PH52 Recommendation 6, there is a mix of the following levels of service in Devon and Torbay:
 - Level 1: distribution of injecting equipment either loose or in packs, suitable for different types of injecting practice, with written information on harm reduction. [Level 1 is provided by all Devon and Torbay NSP accredited pharmacies]
 - Level 2: distribution of 'pick and mix' (bespoke) injecting equipment and referral to specialist services plus health promotion advice. Some level 2 services might also offer additional services, such as blood-borne virus testing or vaccination
 - Level 3: Level 2 plus provision of, or referral to, other specialist services (for example specialist clinics, vaccinations, drug treatment and secondary care). [Level 3 is provided by the substance misuse service's specialist needle exchanges and currently six pharmacies in Devon and the young person's specialist needle exchange provided by the Young People's Substance Misuse Service in Torbay]
- 2.1.2 To provide a high quality, accessible and effective Level 1 and Level 2 service, pharmacies must deliver the service in accordance with the following requirements.

2.2 Standard Operating Procedures


- 2.2.1 All pharmacies within the Scheme must develop Standard Operating Procedures which underpin health and safety of both staff and clients. Operating Procedures should reflect

available national advice and locally produced needle exchange service guidelines. Please refer to **Schedule 1** for these guidelines and a check list.

2.3 Training within the pharmacy and vaccinations

- 2.3.1 The Lead Pharmacist must be able to evidence that they have completed the CPPE certificate in substance use and misuse.
- 2.3.2 The Lead Pharmacist has a duty to ensure that pharmacists and staff involved in the delivery of the service are trained to operate within the pharmacy's Standard Operating Procedure for the Scheme. Adherence to these operating procedures ensures that staff never have direct contact with contaminated needles and/or syringes.
- 2.3.3 The Lead Pharmacist should ensure that their staff members are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. The needle stick injury procedure should be in place as part of the Standard Operating Procedure (**Schedule 1**).
- 2.3.4 All staff should be instructed about the risk of needle stick injuries, infection and surface contamination and the procedure for responding to a needle stick injury clearly displayed at an appropriate place in the pharmacy in order that it is immediately accessible in the case of needle stick injury.
- 2.3.5 Hepatitis B vaccinations. Staff involved in the delivery of the service should be offered immunisation for Hepatitis B, the costs of which may be reimbursed by the commissioners. Authorisation to be sought from the commissioners before commencing any vaccination course.
- 2.3.6 The pharmacist responsible for the service is legally obliged ^[1] to conduct a risk assessment which will include the appropriateness of unvaccinated staff participating in needle exchange work. 'The pharmacist who is responsible for the service' must also consider the feasibility of offering a comprehensive pharmacy needle exchange without the participation of all staff. (I.e. for a small local pharmacy running on limited staff members it may not be feasible for some staff members to opt out).
- 2.3.7 The Lead Pharmacist must keep a record of pharmacy staff Hepatitis vaccinations. Staff declining this offer should sign a declaration of such which should be retained by the pharmacy.

2.4 Premises and availability of the service

- 2.4.1 The pharmacy must clearly display the national scheme logo, indicating participation in the service, at the front of the premises and ensure it is visible from outside at all times. 
- 2.4.2 The pharmacy is expected to provide a needle exchange service for at least 5 days a week.
- 2.4.3 The part of the pharmacy used for delivery of the service should provide a sufficient level of privacy and safety.
- 2.4.4 The pharmacy should only operate the Scheme when supervised by a pharmacist or when the pharmacist is contactable.

- 2.4.5 The pharmacy should allocate a safe place to store the clinical waste containers awaiting collection by PHS Waste Management. Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.

2.5 Stock

- 2.5.1 The Pharmacy should order sufficient needle & syringe stock from the commissioned specialist supplier. Ordering contact details are at **Schedule 4**.
- 2.5.2 Pharmacies should ensure they hold a minimum of 2 weeks' stock in order to be flexible, meet peaks in demand and avoid the risk of shortages. Orders should be planned and placed with the specialist supplier at least 3 days in advance and in accordance with supplier's agreed procedure. There is a minimum stock order of £100 so unplanned requests for emergency supplies are to be avoided as they incur additional delivery costs.

2.6 Service Description

- 2.6.1 The pharmacist/trained pharmacy staff will offer new clients advice and information and signpost them to the specialist provider for a safer injecting assessment, where appropriate.
- 2.6.2 New clients - conduct. Pharmacy staff involved in needle exchange transactions are advised to explain conduct rules to new clients on their first visit, to form a verbal contract between client and the pharmacy. Pharmacies may reserve the right to respond to any acts of unacceptable anti-social behaviour by clients by means of the appropriate channels. For instance, action may include banning a client from their premises and denying them a needle exchange service, informing the client's treatment service (if any) and/or involving the police for advice/law enforcement.
- 2.6.3 Exchange - packaging. The pharmacy should hand over the requested exchange materials in a suitable bag, typically an opaque dispensing bag and the opportunity taken for health-promotion activities. Ensure staff are familiar with the contents of the standard packs. Pack contents are listed at **Schedule 5**.
- 2.6.4 Disposal of used needles. At each exchange staff should always take the opportunity to say that responsible disposal minimises harm to others – and ask for the return of used needles/ personal sharps bins. The Pharmacy should offer the client a sharps bin if requested to dispose of used needles, regardless of whether clean needles are supplied. Refer to **Schedule 1 sections 3-4**.
- 2.6.5 Single use Kits. Some Pharmacies may be asked to take part in the expansion of the single use kits trial.

2.7 Waste disposal

- 2.7.1 Used needles and equipment returned to the service should be stored in the clinical waste containers provided by PHS Waste Management (commissioned via the specialist supplier) Waste collection schedule arrangements are via the specialist supplier – contact details at **Schedule 4**.

2.8 Monitoring and audit

- 2.8.1 Pharmacists must enter the Scheme's monitoring data on PharmOutcomes.

- 2.8.2 Client identifier codes. Clients can supply fictitious initials and date of birth to maintain their anonymity. The commissioners use the monitoring data to analyse trends in substances injected, rates of personal sharps bins returned, pack usage (level 1 and level 2 pharmacies), other product usage (level 2 pharmacies).

2.9 Confidentiality

- 2.9.1 The Scheme is confidential and pharmacists should not report clients taking needle and syringes if they are also on a prescription for treatment for drug dependence unless there is a specific risk, e.g. a child protection case where the pharmacist has formally agreed to notify the treatment provider as part of a child protection action plan. Pharmacists may, however relay appropriate general concerns regarding the progress of clients in treatment which do not compromise client confidentiality (i.e. do not disclose that the client is taking needle and syringes if they are also on a prescription).

2.10 Incidents requiring reporting

- 2.10.1 The pharmacy should ensure it is familiar with the Incidents Requiring Reporting Procedure detailed in the **Public Health services main contract at Appendix E.**

3. COMMISSIONER REQUIREMENTS

The commissioners will provide the following support to pharmacies to ensure that they can provide a high quality, accessible and effective needle & syringe provision service which promotes harm reduction:

3.1 Training

- 3.1.1 The commissioners may put on formalised harm reduction training, delivered either virtually and/or face to face, to enable as wide attendance as possible. Invitations/booking to these events will be advertised via the LPC's training calendar and via PharmOutcomes. For a pharmacy which is new to the Scheme, the commissioners will arrange training at the pharmacy.

3.2 Supply of needle & syringe products and clinical waste collections

- 3.2.1 Pharmacies within the Scheme are provided with needle and syringe products supplied by the specialist supplier commissioned by Devon County Council and Torbay Council. The clinical waste collections are arranged with PHS via the specialist supplier. Contact details are at **Schedule 4.**

3.3 Harm Reduction information

- 3.3.1 Information about harm reduction is included in the standard pharmacy packs and pharmacy staff should familiarise themselves with the contents of the standard packs (**Schedule 5**). From time to time, there may be additional harm reduction campaign material supplied to the pharmacy to display for the benefit of clients.

3.4 Monitoring and audit

- 3.4.1 The commissioners will use the needle and syringe provision data supplied via PharmOutcomes to monitor the service delivered.

4. POPULATION COVER AND ELIGIBILITY

- 4.1 This specification is for pharmacy needle & syringe provision to adults (aged 18 and over) living or working in the geographical areas of Devon County Council and Torbay Council (excluding Plymouth) who inject illicit substances, novel psychoactive substances and non-prescribed anabolic steroids or image and performance-enhancing drugs.

5. EXCLUSION CRITERIA

5.1 Prescribed injecting drug use

- 5.1.1 The Scheme must not be used for other user groups such as insulin users or terminal care.

5.2 Under 18s

- 5.2.1 All young people under the age of 18 should be directed to the young person's substance misuse service. If a young person first presents to an adult needle provision or a pharmacy and the young person is between 16 and 18 years of age according to the client identifier code, then a small supply of needles can be given providing the practitioner has been trained in the issues relating to young people and the legal framework and complexities of needle provision for under 18's. The young person should then be put in touch with the young people's specialist service as soon as is reasonably possible. Contact details are at **Section 6**.

5.3 Under 16s

- 5.3.1 If the young person is under the age of 16, then no needles should be provided by the pharmacy and the young person should be directed to young people's substance misuse service. The pharmacy should make direct contact, where possible, with the service and arrange for the young person to be seen. If this is not able to happen immediately, then a referral form should be filled in with the young person and emailed securely to the young person's substance misuse service. In both of these circumstances it should be made absolutely clear to the service that the young person is injecting and is asking for needle provision.

5.4 Unfamiliar drugs

- 5.4.1 In Devon, where the client is using a drug that is unfamiliar, e.g. Melanatan, a referral should be made to a specialist needle exchange worker to undertake a safer injecting assessment before offering a service. In Torbay, a referral should be made to the Open Access Worker at Walnut Lodge. Contact details at **Section 6**.

5.5 Other equipment

- 5.2.4 Any drug user requesting equipment outside the usual items provided by the pharmacy must be referred to the specialist needle exchange in Devon. In Torbay, a referral should be made to the Open Access Worker at Walnut Lodge. Contact details at **Section 6**.

5.6 Unsafe injecting

- 5.6.1 Any drug user presenting with unsafe injecting techniques or other similar concerns should be referred to the specialist needle exchange in Devon. In Torbay, a referral should be made to the Open Access Worker at Walnut Lodge. Contact details can be found at **Section 6**.

6. INTERDEPENDENCIES WITH OTHER SERVICES

6.1 Drug and alcohol treatment providers

Devon	Specialist drug & alcohol treatment provider:	Single point of contact:
	Together Drug & Alcohol Service. The three main hubs are:	0800 233 5444
	Bideford & North Devon (option 3) Exeter, East & Mid Devon (option 1) Newton Abbot & South (option 4)	When prompted, select the area you require and then ask for a specialist needle exchange worker
Torbay	Specialist drug & alcohol treatment providers:	
	Shrublands Drug & Alcohol Service*	01803 291129
	Torbay Drug & Alcohol Service (Walnut Lodge)*	07825 027845 or 01803 604330 Ask for the Open Access Worker
Devon	Young Persons specialist substance misuse service:	
	Y-Smart	0800 121 4751
Torbay	Young Peoples 0-19's specialist service:	
	Checkpoint	01803 290330 checkpoint@childrenssociety.org.uk

* These services are out for procurement and therefore may change.

6.2 Local Authority environmental services

- 6.2.1 Pharmacies within the Scheme will collaborate with Local Authority environmental services to minimize the likelihood of used injecting equipment being discarded in the community. Participating pharmacies will likewise actively encourage a high rate of sharps return ensuring that returns strategies do not compromise harm reduction and are in accordance with Royal Pharmaceutical Society guidance.

7. NATIONAL AND LOCAL STANDARDS

- 7.1 The following national guidance and service delivery standards are as follows:

- NICE Public Health Guideline PH52: needle and syringe programmes (2014)
- CPPE open learning programme for pharmacists and pharmacy technicians: substance use and misuse (2nd edition, revised May 2012)
- Medications in recovery: Re-orientating drug dependence treatment (NTA 2012)
- Drug misuse and dependence – UK guidelines on clinical management (DH 2017-Orange Book)

- 7.2 Applicable local standards:

- Young Persons Needle Exchange Policy – is available on application to Y-Smart in Devon

8. PRICING AND PAYMENT

- 8.1 Payment will be made in accordance with Payment Schedule E.
- 8.2 However each local authority will guarantee that, on commencement of delivering the service, every pharmacy will have a minimum income guarantee of £200. This guarantee will only hold once the pharmacy has actually commenced delivery of exchange services.
- 8.3 Agreement in principle through the Framework DOES NOT constitute a guarantee of activity and therefore a confirmation of eligibility to the minimum income guarantee.
- 8.4 The commissioner will reimburse payments made for a Hepatitis B vaccination course for pharmacy staff accepting immunisation if they are involved in delivering the service. Authorisation should be sought from the commissioner in advance and receipts should be kept to validate any claim.
- 8.5 Payment will be made via the Devon County Council and Torbay Council processes outlined in the **Public Health Service Contract Appendix B**.



Standard Operating Procedures (SOP) for pharmacy needle & syringe provision

1. Standard Operating Procedures should include:
 - a. Client confidentiality and data protection
 - b. Sharps safety
 - c. Needle stick injury
 - d. Return of used injecting equipment
 - e. Provision for young people
 - f. Client complaints procedure
 - g. Incident monitoring
 - h. Signposting/referral to drug agencies
2. Operating procedures must have clearly stated objectives and stipulate whose responsibility it is to implement them. The process for monitoring, review and development of operating procedures must also be clearly defined. The Pharmacy should review its Standard Operating Procedures on an annual basis.

SOP Checklist for Pharmacists	YES/NO
Are staff appropriately trained?	
Have health risks to staff been assessed and preventative measures taken?	
Do staff have sufficient knowledge of the risk of infection from Blood Borne Viruses (HIV & Hepatitis)?	
Do staff know how to avoid exposure to contaminated blood & other body fluids and what to do in the event of spillage?	
Do staff know how to deal with needle-stick injury?	
Ensure staff are familiarised with the contents of the standard needle exchange packs	
Do staff know to how to deal with young people under 18, requesting supply of needle exchange equipment? Are you familiar with signposting to the specialist drug & alcohol treatment services? The supply of equipment to under 16s should not be delivered within the pharmacy.	

3. **Operating procedures for receiving returned injecting equipment in the Needle & Syringe Provision outlet**
 - 3.1 All items of used injecting equipment (sharps) are potentially contaminated and should be treated as such.
 - 3.2 As soon as a clinical waste bin is full, it is the responsibility of the staff member to close the lid into a locked position immediately. Over full bins pose a health and safety risk and licensed waste collectors are unable to transport clinical waste which is incorrectly sealed.
 - 3.3 Returned personal sharps containers must be stored in the supplied clinical waste bins which display the biohazard logo and conform to legal requirements. Clinical waste bins are collected by a licensed waste collector and must not be transported by road or rail by any other personnel as it is a criminal offence to do so without the appropriate licence.

- 3.4 All sharps should be returned to the needle exchange in the personal sharps bin issued (sometimes known as a 'cin bin'). Personal sharps bins should be sealed properly by the client before being returned.
- 3.5 It is advisable that clients handle their own personal sharps bins and place these in the clinical waste bin themselves.
- 3.6 In order that staff avoid the handling of personal sharps bins, pharmacies must keep a clinical waste bin in a readily accessible place near the counter area which is out of a public area so that it can be quickly accessed for a needle exchange return (i.e. not in a stock area at back of shop but also not in the customer area of the shop).
- 3.7 Under no circumstances should staff handle any sharps which are not in a personal sharps bin. In the event of clients wishing to returning loose sharps, the client must be given a personal sharps bin and instructed to put their own needles/syringes in it, close it themselves, and place it in the clinical waste bin. In the event of a loose sharp being discarded in the pharmacy, the guidelines laid out in section 4 of this document below (operating procedures for handling loose/discarded sharps in the needle exchange) must be followed.
- 3.8 If it is not possible for the client to handle the personal sharps bin themselves (i.e. the client has left the bin in the pharmacy without waiting), the following precautions should be taken:

➤ If you have cuts to your hands or lower arms, you must cover these with a waterproof adhesive dressing before handling personal sharps bins.
➤ Wear latex gloves whenever possible if you handle sharps bins. This is essential if the bins are contaminated with blood and/or you have cuts on your hands.
➤ Before handling, observe wither the personal sharps bin is: <ul style="list-style-type: none"> • Correctly closed • Not broken/split • Not contaminated with blood stains
➤ correctly closed
➤ not broken/split
➤ not contaminated with blood stains
➤ has sharps sticking out of the aperture
➤ If latex gloves have been used to handle the personal sharps bin, discard these in the clinical waste bin as well.
➤ Wash your hands with soap and water after handling sharps bins.

- 3.9 In the event of a client returning a larger quantity of loose sharps, the client must place these sharps directly into a clinical waste bin them self. Request that they also place the receptacle (e.g. carrier bag or container) in the clinical waste bin. Do not under any circumstances request that the client counts the number of sharps returned as the handling of loose sharps increases the risk of needle stick injury. The number of sharps can be estimated for recording purposes.

- 3.10 In the event of a client returning a carrier bag full of personal sharps bins, the client must place these into a clinical waste bin themselves as explained above. Carrier bags/bin liners etc full of personal sharps bins must never be handled by pharmacy staff due to the possibility of loose sharps being contained amongst them which could cause injury.
- 3.11 Under no circumstances should any clinical waste or returned personal sharps bins be opened, or hands/fingers/limbs placed inside.
- 3.12 Any unused personal sharps bins returned should not be re-issued as they may be contaminated and must be placed in the clinical waste bin.
- 3.13 Always remember to record returned sharps on PharmOutcomes

4. Operating procedures for handling loose/discarded sharps in the Needle & Syringe Provision outlet

- 4.1 Rigorous adherence to safety procedures means that it is highly unusual for needle and Syringe Provision staff to need to handle loose sharps. In such an event, the following procedures should be rigorously adhered to. Always assume that any sharp is potentially contaminated.
- 4.2 Arrangements can be made for discarded sharps to be removed via the local Council’s waste department, who will charge a fee to your business if the sharp not in a public area. There may also be a delay before the council is able to attend to the sharp. This is not a task that can be done by the licensed waste collectors who collect clinical waste bins.
- 4.3 Staff should avoid handling loose needles wherever possible and encourage clients to dispose of their own injecting equipment in a personal sharps bin.
- 4.4 It is advisable that staff never handle loose sharps unless they have had specific training in handling loose sharps and have use of a sharps collection kit. These kits are supplied to all pharmacies accredited to participate in the Devon Needle and Syringe Provision Scheme.
- 4.5 The following advice should be considered if staff move a discarded sharp with a sharps collection kit:

➤ ALWAYS wear protective gloves when handling contaminated equipment. It is important to note that whilst latex gloves protect from blood spills, these still leave staff vulnerable to a needle stick injury
➤ Do not kick the sharp – needle stick injuries can still occur to the foot!
➤ NEVER attempt to re-sheath a used needle (i.e. put the cap on the needle) – many needle stick injuries occur in this way
➤ Spray sharp and surrounding area with disinfectant spray in sharps collection kit.
➤ Use tweezers/tongs to pick up sharp and place directly into sharps bin. Do <u>not</u> pick up the sharp with the hands
➤ Never carry a discarded sharp, ensure that you have a clinical waste container with a large aperture next to the sharp so that you can place the sharp in it immediately
➤ Dispose of gloves/tongs etc used in the sharps bin after use

5. Needle stick injuries

- 5 Encourage the wound to bleed (this should never be done in cases of major wounds) by squeezing it and holding it under cold running water. Do NOT suck the wound.
- 5.1 Wash the affected area thoroughly with soap and water. Cover the wound if possible with a dry dressing.
- 5.2 Do not retain the sharp as this serves no purpose. Ensure that the sharp is disposed of safely in a clinical waste bin to avoid any further injury.
- 5.3 Contact the nearest hospital Accident & Emergency department immediately and ensure that the injured person attends within an hour of the injury. If possible, someone else should telephone to warn the A&E department of the situation. The A&E department may require the following information:
 - Date of incident
 - Time of incident
 - Description of incident
 - Hepatitis B immunisation status of injured person
- 5.4 The incident must be reported to the Lead Pharmacist or pharmacist in charge as soon as possible and formally reported in the pharmacy's accident book.
- 5.5 The Lead Pharmacist, or pharmacist in charge must comply with local incident reporting procedures and forward this immediately.
- 5.6 Should a needle stick injury occur to either yourself or your colleague, whether this is to do with needle exchange or another aspect of the pharmacy's services, you will be required to act immediately. Valuable time could be wasted by searching for information on the right thing to do. Therefore it is very important that you familiarise yourself with the first aid required for such injuries and are aware of where the following flow chart is placed within your pharmacy.

SCHEDULE 4

Supplier Contact Details

Online Ordering Process

- 1 - Go to - www.orionmedical.co.uk
- 2 - Click on the Devon County Council logo (*Devon only*) / Torbay Council logo (*Torbay only*)
- 3 - Choose your service delivery level (1-3)
- 4 - Register your details - keep your username and password safe for future ordering
- 5 - Select the Pharmacy or Service Order Form
- 6 - Enter the quantities of product you require and click 'submit'

Note the submit button will not appear until the minimum £100 order value has been reached

For any queries contact us on 01869 244 423 or 01869 325 912
Email: jade@orionmedical.co.uk

SCHEDULE 5

Standard Packs

Devon Pharmacy Needle Exchange Packs (Level 1)

Packs		
	1 ml Red Pack	20
	2 ml Yellow Pack	20
	Orange needle pack	20
	Green needle pack	20
	Blue needle pack	20
Sharps containers		
	pocket lockable black container	60
	worx bin lockable black container	60
Paraphernalia		
VITC1000	Vitamin C sachets	1000
CITRIC1000	Citric acid sachets	1000

Torbay Pharmacy Needle Exchange Packs (Level 1)

Packs		
Standard	NX- 1ml Torbay RED pack	20
	NX- 2ml Torbay pack	20
	NX- BLUE needle Torbay pack	20
	NX- GREEN needle Torbay pack	20
	NX- ORANGE needle Torbay pack	20
	Red 1 ml Pack	20
	2 ml pack	20
	Blue needle pack	20
	Orange needle pack	20
	Green needle pack	20

Product code	Pack ref	Contents	Quantity
Devon			
	Red 1 ml	Pocket bin	1
		29g insulin coloured syringes	15
		Pre injection swabs	15
		Devon info leaflet	1
		Grey bag with red stripe	1
	Yellow 2 ml	Pocket bin	1
		2 ml coloured syringe barrels	15
		Pre injection swabs	15
		Devon info leaflet	1
		Grey bag yellow stripe	1
	Blue needle pack	Low dead space Blue 23g 1 1/4" needles	15
		Grey bag blue stripe	
	Green needle pack	Low dead space Green 21g 1 1/2" needles	15
		Grey bag green stripe	1
	Orange needle pack	Low dead space Orange 25g 5/8" needles	15
		Grey bag orange stripe	1
Torbay			
Standard	1 ml Red pack	Pocket bin	1
		29g insulin coloured syringes	15
		Filters	18
		Citric acid sachets	15
		Pre injection swabs	15
		Torbay info leaflet	1
		Spoons	15
		Grey bag (red stripe)	1
Standard	2 ml pack	Pocket bin	1
		2 ml coloured syringes	10
		Spoons	10
		Pre injection swabs	10
		Filters	12
		Citric acid sachets	10
		Grey bag (no stripe)	1
		Torbay harm reduction leaflet	1

Standard	Blue needle pack	Low dead space Blue 23g 1 1/4" needles	10
		Grey extra small bag with Blue spot	1
Standard	Orange needle pack	Low dead space Orange 25g 5/8" needles	10
		Grey extra small bag with Orange spot	1
Standard	Green needle pack	Low dead space Green 21g 1 1/2" needles	10
		Grey extra small bag with Green spot	1
Custody	Red 1 ml Pack	Worx bin	1
		29g Insulin coloured syringe	5
		Spoons	5
		Citric acid sachets	5
		Filters	6
		Pre injection swabs	5
		Torbay info leaflet	1
		Sheet of coloured dots	1
		Grey bag red stripe	1
Custody	2 ml pack	Pocket bin	1
		2 ml syringe	5
		Citric acid sachets	5
		Filters	6
		Pre injection swabs	5
		Spoons	5
		Torbay info leaflet	1
		Grey bag (no stripe)	1
Custody	Blue needle pack	Blue needles 23g 1 1/4" needles	5
		Grey bag blue stripe	
Custody	Green needle pack	Green needles 21g 1 1/2" needles	5
		Grey bag green stripe	1
Custody	Orange needle pack	Orange needles 25g 5/8" needles	5
		Grey bag orange stripe	1

Devon Level 2 - Pharmacy Needle Exchange Paraphernalia List		
Product code	Description	Carton quantity
Insulin syringes (needle and syringe combinations)		
	Needle & Syringe 0.5ml 30g	100
I	Needle & Syringe 1ml 30g	100
Identifiable (coloured) Insulin syringes		
	Needle & Syringe 1ml 29g Coloured	100
Syringe barrels		
	Syringe Barrel - 2ml	100
	Syringe Barrel - 1ml coloured	100
	Syringe Barrel - 2ml Blue	100
	Syringe Barrel - 2ml Green	100
	Syringe Barrel - 2ml Pink	100
	Syringe Barrel - 2ml White	100
	Syringe Barrel - 2ml Yellow	100
Low Dead Space needles		
	Needle - Blue 1" 23g	100
	Needle - Blue 1 1/4" 23g	100
	Needle - Green 1 1/2" 21g	100
	Needle - Orange 1" 25g	100
	Needle - Orange	100
Paraphernalia		
	Acidifier - Vit C sachets	1000
	Acidifier - Citric Acid sachets	1000
	Filters - in strips of 6	2400
	Foil of the 20 sheet packs	20
	Spoon	500
	Swab - Pre injection Alcotip	100
	Brown paper bag	1000
	White paper bag	1000
Sharps containers		
	pocket black lockable	60
	worx black (lockable)	60