



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	
Period	1 October 2025 – 30 September 2028	
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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). The drugs market is continually changing and the threat of synthetic opioids and synthetic cannabinoids which requires a response is a growing one. As new equipment emerges it maybe necessary to enable community pharmacies to dispense equipment other than traditional harm reduction equipment i.e. Naloxone.
- 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
 - Where there is consent Refer to specialist drug and alcohol treatment services and health and social care professionals where appropriate e.g. where clients require green needles for groin injecting.
- 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 services and act as a gateway/signpost to other services such as drug and alcohol services for treatment assessment/planning/recovery, prescribing, Hepatitis B immunisation, Hepatitis and HIV screening and primary care services. See section 4.1 for the eligible population covered by this specification.

1.2 Objectives

Pharmacies 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 (see 4.1 for eligible populations).
- 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, trauma informed, 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 Office of Health Improvement and Disparities (OHID) report (Hepatitis C in England 2023) says: 'Harm reduction measures such as providing sterile needles and syringes and adequate opioid agonist therapy (OAT) are essential to prevent incident infections or reinfections.'. Link: Hepatitis C in England 2023 GOV.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).
- 1.3.3 Devon and Torbay operate a single use kit model, which means community pharmacy should dispense the number of single use injecting kits requested by the customer (there is no limit on how many single use kits pharmacies can dispense to an individual per day). This model helps reduce the volume of unused injecting equipment discarded in communities and helps reduce the impact on the environment (reduction in waste).

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:
 - <u>Level 1</u>: distribution of injecting equipment either loose or through single kits, 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: Level 1 plus 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. BBV testing and vaccination is available via drug and alcohol treatment services if the person is engaged with these in Devon or Torbay. Alternatively, BBV testing is available through the South West Hepatitis C Operational Delivery Network. 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 in 2.2 to 2.10 below.

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 or Lead Technician must be able to evidence that they have completed the CPPE certificate in substance use and misuse Substance use and misuse (2024): CPPE.
- 2.3.2 The Lead Pharmacist or Lead Technician 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 (see 2.6.4 and Schedule 1 sections 3-4).
- 2.3.3 The Lead Pharmacist or Lead Technician 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. It is advised that staff follow the process set out in 2.6.3. 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. Organisations offering needle exchange should consider offering the staff involved in the delivery of the service immunisation for Hepatitis B..
- 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 (available through Orion Medical Supplies), 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 of the week, and in each of these 5 days the service should be available during their standard operating hours as a minimum.
- 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 the designated Waste Management company. 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 2.
- 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 service has no limit to the number of kits that the pharmacy is able to provide to any one client. Should excessive or extreme numbers of equipment be requested, it is appropriate to ask for clarity on the purpose of gathering excessive numbers of kits and encourage them to return equipment in the sharp's bins provided as part of the single use kit provided. The pharmacist/trained pharmacy staff will offer new clients advice and information and signpost them to the specialist drug and alcohol treatment 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 single use kits

including the fact that each pack has a single use sharps bin for returns (see 2.6.4 below). Pack contents are listed at **Schedule 3**.

- 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 safely stored using the single use kit bins provided.. If a client presents with loose used or unused needles, the pharmacy should request the client to add these to the clinical waste bin themselves, and the pharmacy staff should not handle this equipment directly. For more information refer to **Schedule 1 sections 3-4**.
- 2.6.5 Clients requesting needle exchange equipment for image or performance enhancing drugs (IPED) (e.g. steroids) should contact the Specialist Supplier (currently Orion Medical Products) to arrange for the supply of specific IPED packs as required.
- 2.6.6 The service is encouraged to support clients into other commissioned services such as Naloxone, stop smoking and chlamydia screen as appropriate; this promotes the overall health and wellbeing of the client.
- 2.6.7 The service should be aware of the local drug information system (LDIS) in operation in each local authority. This system is in place so information on harmful, novel or where drugs are either potential stronger or tampered with, can be routinely collected and analysed. The outcome of this is to assess the need for key advice and information to be provided to services and service users on any risks of drugs in specific localities.

For Devon County Council pharmacies this is accessible here: https://devon.cc/drugintel For Torbay Council pharmacies this is accessible here: Torbay alert process - Torbay Council

2.7 Waste disposal

2.7.1 Used needles and equipment returned to the service should be returned in single use kit bins, and not brought loose into the pharmacy for disposal. If this occurs, see 2.6.4 above and schedule 1 sections 3 and 4 for further information. should be stored in the clinical waste containers provided by the designated Waste Management company (commissioned via the specialist supplier, currently Orion Medical Supplies) Waste collection schedule arrangements are organised via the specialist supplier – contact details at **Schedule 2**.

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 (or entering staff member) 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. See Working together to

- safeguard children GOV.UK for further information and the responsibilities of all professionals.
- 2.9.2 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 G**.

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 if demand from Pharmacies require it or there are emerging issues and themes that deem it relevant. It will be 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 the designated waste management company via the specialist supplier (current Orion Medical Supplies). Contact details are at **Schedule 2.**

3.3 Harm Reduction information

3.3.1 Information about harm reduction is included in the single kits and pharmacy staff should familiarise themselves with the contents of the single kits (Schedule 3). 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 (including those used for 'chemsex' What

- is Chemsex), novel psychoactive substances and non-prescribed anabolic steroids or image and performance-enhancing drugs.
- 4.2 For those using steroids or image and performance-enhancing drugs, there are specialist IPED packs avaaible from Orion and can be ordered on a needs/user-led basis.

5. EXCLUSION CRITERIA

5.1 Prescribed injecting drug use

5.1.1 The Scheme must not be used for other users of injecting equipment—such as insulin users or terminal care, weight loss or hormone injecting (see 4.1 above). Collection of other, nonneedle exchange, clinical waste is available through the individual's local council:

Devon County Council: Household Collections | Devon County Council

Torbay Council: Get a clinical or sharps waste collection - Torbay Council

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 18s. 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.
- 5.3.2 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.
- 5.3.3 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
- 5.3.4 The needs and risks to the young person should be considered at all times, safeguarding including the risk of exploitation from older people/adults if they are looking to access needles should be considered in line with the expectations of professionals contain within: Working together to safeguard children GOV.UK.

5.4 Unfamiliar drugs

5.4.1 In Devon, where the client is using a drug that is unfamiliar, e.g. Melanatan, with the patients consent 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 Shrublands. Contact details for both are at **Section 6**.

5.5 Other equipment

5.2.4 Any drug user requesting equipment outside the usual items provided by the pharmacy must, with the patient's consent, be referred to the specialist needle exchange in Devon. In Torbay, a referral should, with the patient's consent, be made to the Open Access Worker at Shrublands. 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, with the patients consent, be referred to the specialist drug and alcohol treatment service in Devon. In Torbay, a referral, with the patients consent, should be made to the Open Access Worker at Torbay Recovery Initiatives. Contact details can be found at **Section 6**.

6. INTERDEPENDENCIES WITH OTHER SERVICES

6.1 Drug and alcohol treatment providers

	6		
Devon	Specialist drug & alcohol treatment	Single point of contact:	
	provider:		
	Together Drug & Alcohol Service. The	0800 233 5444	
	three main hubs are:	3333 233 3 1 1 1	
	Bideford & North Devon (option 3)	When prompted, select the area you	
	Exeter, East & Mid Devon (option 1)	require and then ask for a specialist	
	Newton Abbot & South (option 4)	needle exchange worker	
Torbay	Specialist drug & alcohol treatment providers:		
	Torbay Recovery Initiatives (TRI) based	07825 027845 or 01803 291129 Ask for	
	at Shrublands House, Morgan Ave, the Open Access Worker		
	Torquay.		
Devon	Young Persons specialist substance misuse service:		
	Y-Smart	0800 121 4751	
	Young Peoples drug and alcohol service:		
Torbay	Torbay Council Children's Services	01803 208100	
	Young Peoples Drug and alcohol Service (YDAS)	YDAS@torbay.gov.uk	

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 (2024)
 - 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 and the Young persons Drug and Alcohol service at Torbay Council.

8. PRICING AND PAYMENT

- 8.1 Payment will be made in accordance with Appendix E of the main contract.
 - 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 may 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 E.**



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
- 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 in accordance with organisational policies. Where there are none, this should be on an annual basis.

SOP Checklist for Pharmacists		
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 the clinical waste bin and instructed to put their own needles/syringes in it. 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:
 - 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 is 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 <u>never</u> 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 and Torbay 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 <u>cold</u> 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.

New Users

Please Visit: - https://orionmedical.co.uk/registration/

Complete and submit the registration form and submit to Orion Medical.

You will receive an automated email to let you know that your request is under review.

This will then be reviewed and matched with the details we hold by one of our office team, before being assigned to the correct order form.

You will then receive a second email to inform you that you are now authorised to order.

Please then use your registration details to log in to our website and place your order.

Returning Users

Please visit: - https://orionmedical.co.uk/log-in/

Use your Username and Password to log in and access your order form to place your orders.

SCHEDULE 3

DEVON COUNTY COUNCIL EQUIPMENT LIST

Item Name	NSP Service Level	Items Required
OMP915 – 1ml Single Kit	Level 1, 2, & 3	1 x Acufine 29g 1m Fixed Needle & Syrine 1 x Safeloc One Sharps Container 1 x Citric Acid Sachet 1 x Sterile Spoon 1 x Alcohol Swab
OMP925 – 2ml Single Kit Orange	Level 1, 2, & 3	1 x Acuject 2ml ULDS Syringe 1 x Acucan 25g 5/8" Z-Series Orange Needle 1 x Safeloc Two Sharps Container 1 x Citric Acid Sachet 1 x Sterile Spoon 1 x Alcohol Swab
OMP928 – 2ml Single Kit Blue	Level 1, 2, & 3	1 x Acuject 2ml ULDS Syringe 1 x Acucan 23g 1 1/4" Z-Series Blue Needle 1 x Safeloc Two Sharps Container 1 x Citric Acid Sachet 1 x Sterile Spoon 1 x Alcohol Swab
OMP287 – 2ml IPED Kit	Level 1,2, & 3	10 x Acuject 2ml ULDS Syringe 10 x Acucan 23g 1 ½" Z-Series Blue Needle 10 x Acucan 21g 1 ½" Z-Series Green Needle 10 x Alcohol Swab 1 x 0.35L Black NX Sharps Container
Citric Acid Sachet	Level 1, 2, & 3	Citric Acid Sachet
Vitamin C Sachet	Level 1, 2, & 3	Vitamin C Sachet
Sharps Container 0.35L	Level 1, 2, & 3	Safeloc 0.35L Black NX Sharps Container
Sharps Container 0.6L	Level 1, 2, & 3	Safeloc 0.6L Black NX Sharps Container
Pick n Mix	Level 2 & 3	BD 1/2ml 30g Fixed Needle & Syringe
Pick n Mix	Level 2 & 3	Acufine 29g 1ml Fixed Needle & Syringe
Pick n Mix	Level 2 & 3	Acuject 1ml ULDS Syringe

Level 2 & 3	Acuject 2ml ULDS Syringe
Level 2 & 3	Alcohol Swabs
Level 2 & 3	Sterile Spoons
Level 2 & 3	Filters
Level 2 & 3	Foil 20s
	Regular Condoms (100)
Level 2 & 3	Black Plastic Carrier Bags
Level 3	Inhalation Kits
Level 3	Pocket Pipe Kits
Level 3	Acuject 30g 1ml Fixed Needle & Syringe
Level 3	Acuject 27g 1ml Fixed Needle & Syringe
Level 3	Acucan 30g ½" Yellow Needle
Level 3	Acucan 26g ½" Z-Series Brown Needle
Level 3	Acucan 25g 5/8" Z-Series Orange Needle
Level 3	Acucan 25g 1" Z-Series Orange Needle
Level 3	24g 1" Z-Series Violet Needle
Level 3	23g 1" Z-Series Blue Needle
	Level 2 & 3 Level 3

Pick n Mix	Level 3	23g 1 ¼" Z-Series Blue Needle
Pick n Mix	Level 3	21g 1 ½" Z-Series Green Needle
Pick n Mix	Level 3	18g 1 ½" Red Blunt Needle
Pick n Mix	Level 3	Nyxoid
Pick n Mix	Level 3	Prenoxad
Pick n Mix	Level 3	Amp Snapper
Pick n Mix	Level 3	2ml Water Ampoule (Glass)
Pick n Mix	Level 3	5ml Water Ampoule (Plastic)
Pick n Mix	Level 3	Black 1 LTR NX Sharps Bin
Pick n Mix	Level 3	2 LTR Yellow NX Sharps Bin
Pick n Mix	Level 3	Small Wound Care Kit

TORBAY COUNCIL EQUIPMENT LIST

Item Name	NSP Service Level	Items Required
OMP915 – 1ml Single Kit	Level 1, 2, & 3	1 x Acufine 29g 1m Fixed Needle & Syrine 1 x Safeloc One Sharps Container 1 x Citric Acid Sachet 1 x Sterile Spoon 1 x Alcohol Swab
OMP925 – 2ml Single Kit Orange	Level 1, 2, & 3	1 x Acuject 2ml ULDS Syringe 1 x Acucan 25g 5/8" Z-Series Orange Needle 1 x Safeloc Two Sharps Container 1 x Citric Acid Sachet 1 x Sterile Spoon 1 x Alcohol Swab

OMP928 – 2ml Single Kit Blue	Level 1, 2, & 3	1 x Acuject 2ml ULDS Syringe 1 x Acucan 23g 1 1/4" Z-Series Blue Needle 1 x Safeloc Two Sharps Container 1 x Citric Acid Sachet 1 x Sterile Spoon 1 x Alcohol Swab
OMP287 – 2ml IPED Kit	Level 1,2, & 3	10 x Acuject 2ml ULDS Syringe 10 x Acucan 23g 1 ½" Z-Series Blue Needle 10 x Acucan 21g 1 ½" Z-Series Green Needle 10 x Alcohol Swab 1 x 0.35L Black NX Sharps Container
Citric Acid Sachet	Level 1, 2, & 3	Citric Acid Sachet
Vitamin C Sachet	Level 1, 2, & 3	Vitamin C Sachet
Sharps Container 0.35L	Level 1, 2, & 3	Safeloc 0.35L Black NX Sharps Container
Sharps Container 0.6L	Level 1, 2, & 3	Safeloc 0.6L Black NX Sharps Container
Nasal Naloxone	Level 1, 2, & 3	1.8mg Nyxoid Nasal Spray
Pick n Mix	Level 2 & 3	BD 1/2ml 30g Fixed Needle & Syringe
Pick n Mix	Level 2 & 3	Acufine 30g 1ml Fixed Needle & Syringe
Pick n Mix	Level 2 & 3	Acufine 29g 1ml Fixed Needle & Syringe
Pick n Mix	Level 2 & 3	Acufine 27g 1ml Fixed Needle & Syringe
Pick n Mix	Level 2 & 3	Acuject 1ml ULDS Syringe
Pick n Mix	Level 2 & 3	Acuject 2ml ULDS Syringe
Pick n Mix	Level 2 & 3	Acucan Z-Series 25g 5/8" Orange Needle
Pick n Mix	Level 2 & 3	Acucan Z-Series 25g 1" Orange Needle
Pick n Mix	Level 2 & 3	Acucan Z-Series 23g 1" Blue Needle
Pick n Mix	Level 2 & 3	Acucan Z-Series 23g 1 ¼" Blue Needle
Pick n Mix	Level 2 & 3	Acucan Z-Series 21g 1 ½" Green Needle
Pick n Mix	Level 2 & 3	Alcohol Swabs
Pick n Mix	Level 2 & 3	Sterile Spoons
Pick n Mix	Level 2 & 3	Filters
Pick n Mix	Level 2 & 3	2ml Water Ampules (Glass)
Pick n Mix	Level 2 & 3	2 LTR Safeloc Yellow NX Waste Container
Pick n Mix	Level 2 & 3	Foil 20s
Pick n Mix	Level 2 & 3	Black Plastic Carrier Bags
Pick n Mix	Level 2 & 3	Harm Reduction Leaflet Torbay
Pick n Mix	Level 2 & 3	Regular Condoms (100)
Pick n Mix	Level 3	Small Wound Care Kit