

### **Exchange Works – Documentation Policy (External Partners)**

<b>Reviewed Date</b>	2022-11-18	<b>Number</b>	D7.314.11
<b>Revised Date</b>	July 2, 2021	<b>Approved Date</b>	Click here to enter a date.

#### **Introduction**

Inequities in access to health care are prevalent for people who use substances, and these inequities are heightened by structural and social determinants of health. Harm reduction emphasizes human rights and the importance of treating all people with respect, dignity and compassion-regardless of substance use. Harm reduction is an evidence-based, client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use. It focuses on promoting safety and does not require that substance use be discontinued<sup>1</sup>

Exchange Works uses a harm reduction philosophy and evidence informed strategies.

#### **Purpose**

In order to understand the nature of the work, to be accountable for the interventions of the Exchange Works program and to provide continuity in the interventions with clients, it is necessary to document client interactions. Documentation for the Exchange Works activities is based on best practices for harm reduction in providing low barrier service to clients. This allows for anonymity of the client to be maintained if they choose. Receipt of new equipment is not contingent on the amount of client information provided to staff.

#### **Policy**

To record all interactions with Needle Exchange clients where supplies are given or received, or information is provided.

#### **Procedures**

#### **Community Partners with NEO 360**

1. Community Partners will document client interactions, both NEP and Naloxone, using Neo 360, the Ministry’s new web-based, harm reduction database.
2. If a partner has been trained in Neo 360, but staff do not have access to the database at time of client contact, information can be entered initially onto the Client Contact Log (Appendix A) for NEP transactions, or the Naloxone Distribution and Tracking form (Appendix B) for Naloxone transactions and then transcribed into Neo 360 at a later date.

3. Community Partners utilizing Neo 360 will no longer be required to submit monthly NEP stats or Quarterly Naloxone Reports to the Health Unit as the HU will be able to create reports quarterly for our region, based on accurate, timely use of the database by partner agencies.
4. Partners who have received Neo 360 training can access training modules at, the [CAMH NEO Helpdesk Knowledge Base](#) or email Exchange Works for ongoing assistance.

### ***Community Partners without Neo 360***

#### NEP Transactions

5. If the community partner has not been trained in Neo 360, they are required to use the most current Client Contact Log (See Appendix A) for NEP transactions.
6. Exchange Works Client Contact Logs will be maintained by the staff working at the Exchange Works location and stored in a secure location to ensure confidentiality.
7. Staff will record the following minimum information to the best of their ability without requesting this information, on the contact log for each client accessing the exchange:
  - Date
  - staff/volunteer initials
  - gender of the client (male-M, female –F, trans male – TM, trans female - TF)
  - estimated age range of client
  - quantity and type of supplies provided: Policy & Procedure Manual  
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For prepackaged needle kits, record total number of kits provided (stem kit, bowl kit, Ultrafine, 1 ml, 3 ml or steroid kits). Record all other loose supplies or bulk needles given out (i.e., 1 pack of filters or 5 packs of screens)

  - quantity of needles returned

N.B. To help estimate the number returned – a 1 Litre container holds 70 needles; 4 Litre container 400 needles; pocket container holds 10 needles; 22L holds 2100 needles. A 68L Kiosk liner holds 6000 needles.
8. If any additional information or service is provided during the interaction, please document according to your agency requirements.
9. At the end of March, June, September and December partners are required to tally client visits/supplies distributed using Appendix A – Client Contact Log ‘Totals’ column and submit by faxing to (705) 734 - 9265 or emailing [exchange.works@smdhu.org](mailto:exchange.works@smdhu.org).

## Naloxone Transactions

1. If the community partner has not been trained in Neo 360, they are required to use the Naloxone Distribution and Tracking Form (See Appendix B) for Naloxone transactions.
2. Partners are required to tally client visits/distribution of supplies and submit a Quarterly Report using the Naloxone Reporting Form (Appendix C) as follows:
  - Q1 (Apr – Jun) Due: July 7
  - Q2 (Jul – Sep) Due: October 7
  - Q3 (Oct – Dec) Due: January 7
  - Q4 (Jan – Mar) Due: April 7
3. Quarterly Reports are to be submitted to [Exchange.works@smdhu.org](mailto:Exchange.works@smdhu.org).

### ***Related Policies***

EW – Staff Training and Anonymity  
EW – Key Messages and Education  
EW – Media Inquiries  
EW – Needle Stick Injuries  
EW – Provision and Return of Supplies  
EW – Staff Safety

### ***Related Forms***

Exchange Works Contact Log

***Final Approval Signature:*** \_\_\_\_\_

Review/Revision History: 2010.06.24, 2006.07.18, 2007.07.07, 10.08.26, 16.06.14, 18.07.18, 20.09.21, 2020.11.02, 2021.07.02, 2023.03.16

### **References**

Canadian Nurses Association (2018) Joint position statement, Harm Reduction and Substance use; retrieved from [www.cna-aiic.ca/-/cna/page-content/pdf-en/joint\\_position\\_statement\\_harm\\_reduction\\_and\\_substance\\_use.pdf](http://www.cna-aiic.ca/-/cna/page-content/pdf-en/joint_position_statement_harm_reduction_and_substance_use.pdf)

[https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/joint\\_position\\_statement\\_harm\\_reduction\\_and\\_substance\\_use.pdf](https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/joint_position_statement_harm_reduction_and_substance_use.pdf)

Canadian Mental Health Association (2022) Harm Reduction; retrieved from [Harm Reduction \(cmha.ca\)](http://cmha.ca)

# Appendix A



Needle Exchange Client Contact Log Feb 2020

## HARM REDUCTION ~ Client Contact Log

SITE: \_\_\_\_\_ MONTH & YEAR \_\_\_\_\_

Client #	1	2	3	4	5	6	7	8	9	10	TOTALS
DATE (Number ONLY)											
INITIALS (printed)											
<b>Demographics</b>	⇓**One person per column**⇓ Please CHECK OFF information below ⇓										
Gender (guess)											
Age (guess)											
New											
DRUG OF CHOICE (if discussed)											
<b>SUPPLIES OUT</b>	⇓ Please RECORD NUMBER of supplies given (NOT just a check mark) ⇓										
Stem Kit											
Bowl Kit											
1ml Needle Kit											
1ml Ultra-fine Kit											
3ml Needle Kit											
Steroid Kit											
ANY loose needles (indicate number provided)											
<b>ANY loose supplies/other:</b>	⇓ Please RECORD NUMBER of supplies given (NOT just a check mark) ⇓										
Alcohol Swabs											
Spoons or Steri-cups											
Water											
Vitamin C											
Tourniquets											
Foils (individual count)											
Other											
<b>BIO BINS Given</b>	⇓ Please RECORD NUMBER of supplies given (NOT just a check mark) ⇓										
Pocket bio bin (BLACK)											
1 litre bin											
5 litre bin											
23 litre pail											
30 litre bin											
<b>NEEDLES RETURNED</b>	⇓ Please RECORD ESTIMATED NUMBER RETURNED ⇓										
Returned Needles: Pocket bin = 10 needles 1L = 70 needles 5L = 450 needles 30L = 2900 needles 68L (Kiosk) = 5800 needles											
<b>General information</b>	⇓ Please CHECK any or all resources given or discussed with client ⇓										
Addictions/Treatment Services											
RAAM information											

\*\*PLEASE FAX YOUR MONTHLY CONTACT LOG ATTENTION: MIA BROWN AND/OR DOUG IRONSIDE ~ Fax (705) 734-9265\*\*

# Appendix B



## Client Naloxone Distribution and Tracking

Date: \_\_\_\_\_

**Eligibility:** someone who uses opioids/friend/family member (please circle)

Number of individuals trained to administer naloxone: \_\_\_\_\_

Organization Type: \_\_\_\_\_

(AIDS Service, Community Health Centre, Consumption & Treatment Service, Emergency Department, Expanded Access, Outreach, Shelter, Withdrawal Management Program)

Nasal Spray Naloxone		Injectable Naloxone	
Number of <u>nasal</u> spray naloxone <u>kits</u> distributed to individuals		Number of <u>injectable</u> naloxone <u>kits</u> distributed to individuals	
Number of single <u>nasal</u> spray <u>doses</u> distributed to individuals. (1 box = 2 doses)		Number of single <u>injectable</u> <u>doses</u> distributed to individuals. (1 box = 10 doses)	

Staff Signature \_\_\_\_\_

*Please save this hard copy and give to your agency's lead person for Naloxone*

[For the agency lead: send Naloxone Reporting Form quarterly to: [exchange.works@smdhu.org](mailto:exchange.works@smdhu.org) ]

Date last modified: January 2023

# Appendix C

Ontario Naloxone Program Ministry of Health			
Quarterly Reporting Form			
<b>ONP Site Name:</b>		<b>Quarter:</b>	
<b>Contact Name:</b>	<b>Contact Email:</b>	<b>Contact Tel:</b>	
Select Organization Type			
<input type="checkbox"/> Core ONP Site/Naloxone Distribution Lead	<input type="checkbox"/> Emergency Department		
<input type="checkbox"/> AIDS Service Organization	<input type="checkbox"/> Expanded Access Organization		
<input type="checkbox"/> Aboriginal Health Access Centre	<input type="checkbox"/> Outreach Program		
<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Shelter		
<input type="checkbox"/> Consumption & Treatment Service	<input type="checkbox"/> Withdrawal Management Program		
<b>Key outcomes for the quarter</b>			
Output	Number		
Injectable Naloxone Distributed			
Number of injectable naloxone kits distributed to individuals			
Number of single refill injectable ampoules distributed to individuals (1 box = 10 refill ampoules).			
Nasal Spray Naloxone Distributed			
Number of nasal spray naloxone kits distributed to individuals			
Number of single refill nasal sprays distributed to individuals (1 box = 2 refill sprays)			
Individuals Trained <small>(refers to clients trained, not staff)</small>			
Number of individuals trained to administer the naloxone distributed above.			
Please provide information about drug trends in your community and/or a need for naloxone in your community that is not being filled.			
Due Dates			
Q1 (Apr – Jun)	Q2 (Jul – Sep)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Jul 7	Oct 7	Jan 7	Apr 7