

## Standard operating procedure: assessing and implementing harm reduction (HR) interventions as part of clinical drugs treatment

This document describes the protocol for providing key harm reduction interventions alongside drugs treatment. It applies in all secondary care settings where MAT is offered.

It is based on

- all workers at all appointments offering a minimum level of harm reduction interventions and appropriate equipment to people who inject drugs or use drugs problematically (WID, WUD). The equipment will also be available on telehealth appointments through the worker supporting the telehealth provision.
- All HR activity in this SOP is recorded at each relevant contact on the HR specific form on MORSE (or NEO if in depth AIR completed), ensuring that evidence is available to demonstrate compliance with MAT standard 4 and essential clinical data is kept for each patient and that data is gathered for surveillance of risk behaviours

The context for this activity is implementation of MAT 4 and the public health importance of including appropriate HR in all interactions with patients.

### Training:

There will be in place a system for assessing training needs and competency for all relevant staff

All workers who do assessments and reviews should have completed at a minimum:

- Locally agreed training on assessing injecting risk
- Provision of IEP and basic substance use risk reduction advice.
- DBST and offering opt out BBV testing
- Basic woundcare assessment to an agreed level of need should be completed.
- Locally agreed Overdose and Naloxone training
- Workers completing the AIR tool should have completed the appropriate training.
- Phlebotomy for staff if undertaking specific roles
- Workers includes Nurses, case managers and staff working in outreach. Prior Learning will be accredited where relevant, but it is assumed that the training should be refreshed regularly and staff able to demonstrate competence. This should be recorded on TURAS or similar staff development software.

### Routine risk assessment:

At each appointment with a possible person WID (and at minimum at each risk review), the following information should be gathered:

- Current injecting frequency
- Substances and amounts injected
- Injecting sites used and their condition (including offer of examination of sites, this can be practitioner or other appropriate staff eg same gender)
- Typical injecting setting
- BBV risk exposure
- Any incidence of non-fatal OD
- (For opioid injectors) are they carrying THN?

They should also be offered

- risk reduction advice (verbal and leaflets)
- If necessary, offer of and appropriate training in overdose awareness and THN
- injecting equipment based on information given as above
- The Assessment of Injecting Risk (AIR) tool should be completed by a trained worker, offering a specialised intervention whenever possible or immediate referral to a tier 2 (more specialised) practitioner who can complete the AIR tool and provide more detailed advice. N.B. the worker seeing the patient can hand on to a worker with the time and skills to complete an in depth assessment and risk reduction intervention, where possible this should be at the time of the appointment (i.e. be integrated with or follow on immediately from the appointment).
- Offer of immediate BBV testing if over 6 months (or strategically agreed interval) since last test

All of these should be recorded in the clinical notes (MORSE) on the Harm Reduction form along with any advice given.

#### IEP provision alongside MAT appointments

All appropriate appointments where MAT is provided or there is previously assessed need should have available:

- Groin and arm 1 hit kits
- Foil
- Basic safer injecting advice leaflets
- Bins and disposal facilities

Where these are not stored on site, the ORT practitioners should carry a supply with them in a provided bag/case. These should be regularly monitored for expiry dates.

#### Risk assessment and risk reduction counselling:

All teams should have access to workers who can complete the AIR tool and who have access to NEO 360 to record it. These workers should be available during core opening hours (i.e. when on site while MAT appointments are taking place) through a duty system. Typically they will be voluntary sector practitioners or HCW.

Where an injector is identified but the immediate offer of a full AIR is not possible at the time and place of the appointment, this should be recorded in the notes (along with basic injecting risk information). They should be made aware of the times and places where an AIR is available via drop in. If they are willing for a referral to be made this should be passed to an AIR trained worker who will offer an appointment, a drop in times or, where this would reduce barriers, to meet at home or other community setting. All clients/patients are offered repeat BBV testing during their time in the service, frequency depends on assessment of ongoing risk, All clients at least annually, Known current injectors/cocaine snorting at least 6 monthly

#### BBV Testing

All new clients/patients are offered BBV testing for HIV, Hepatitis B and Hepatitis C, on an opt-out basis at an initial assessment, by the worker carrying out that assessment. If testing is not immediately available it is offered at an appointment within 2 weeks of the initial assessment and carried out at an appointment that is an integral part of the treatment offer (not a separate appointment just for BBV testing). If a person declines testing there is a system to flag this in their record for anyone who sees them and a reminder to address this again at regular intervals. Client/patient records clearly show if a BBV test has been offered, accepted/declined, performed and the result. This is available to view at all client visits. BBV testing status is checked at the 3 monthly reviews and a BBV test is discussed and offered again if necessary. Reminders to offer testing are integral to all review documentation used in the service and can be audited.

#### Immunisation

All people who use drugs should be immunised against hepatitis B, influenza (annually) and COVID-19 as per national guidance. People who inject drugs should have up to date tetanus and hepatitis A immunisation. At initial assessment appointment immunisation status is recorded for hepatitis B, influenza, COVID-19, tetanus and hepatitis A. Unless written documentation is available from the client, their GP or other written record it is assumed that hepatitis B immunisation is not complete. Appropriate immunisations are offered, on an opt-out basis, to all clients with an incomplete immunisation history. Annual review includes review of immunisation record and offer of immunisations due Seasonal immunisations (influenza and COVID) are offered to clients when available

Associated actions required to implement

Area/ standard	What needs to be written into the protocols/ guidance for each setting	What mandatory training should staff have had?	What needs to be done , when and by whom (e.g. xx at assessment)	What evidence is needed to be provided for each patient (via sample audit)	What other data needs gathered to evidence	Actions
BBV testing and immunisation	<ul style="list-style-type: none"> <li>• Venepuncture/ DBST trained staff</li> <li>• Suitable setting for testing</li> <li>• Routine enquiry in assessment and review</li> <li>• Pathway for immunisation</li> </ul>	<p>e.g. all vol sec, nurse and HCW should be trained in DBST or venepuncture</p> <p>HCSW or other clinical staff trained in delivering immunisations?</p>	<p>Opt out BBV testing offered. Linked to Initial assessment then every testing at 6 monthly intervals HBV vaccination should be provided in session on an opt out basis</p>	<p>Recorded Offer of testing in notes</p> <p>% offered DBST % offered appt % referral % signposted</p> <p>% declining/ accepting</p>	<p>% of patients of each team with a recorded/offered and refusal documented test in last 12/12 (via data linkage)</p> <p>% staff trained in DBST/ venepuncture</p>	<ul style="list-style-type: none"> <li>• Identify untrained staff, prioritise and arrange/develop training</li> <li>• MORSE HR form completed and delivered</li> <li>• when approved circulate guidance</li> <li>• implement system of buddying for trained staff to mentor untrained staff's delivery of interventions</li> <li>• develop plan for all staff to carry DBST at all times (e.g. Develop HR pack)</li> <li>• data development</li> </ul>
IEP and assessment of injecting risk	<ul style="list-style-type: none"> <li>• Offer of IEP at each session.</li> <li>• Access to advanced AIR by referral in each setting, Staff trained and readily available to assess or advise on injecting risk and give injecting advice</li> <li>• Incorporated with risk assessment and review?</li> </ul>	<p>e.g. all vol sec, nurse and HCW should be trained in HR and IEP (3 hour session offered by HRT, or accreditation of prior learning)</p> <p>HCSW and agreed vol sec workers trained in AIR</p>	<p>Management – ensure kits in each room and reporting/recording mechanisms in place</p> <p>All staff – offer at each meeting</p>	<p>Recorded</p>		<ul style="list-style-type: none"> <li>• identify untrained staff, prioritise and arrange training dates e.g. simple survey asking for numbers of currently trained staff in injecting risk</li> <li>• identify staff to take on advanced AIR (inc HCSW and vol sec workers)</li> <li>• comment on draft guidance, , when approved circulate guidance</li> <li>• arrangements for IEP availability at all appointments/interactions (e.g. develop HR pack/bag)</li> <li>• Data development</li> <li>• Develop aide memoire</li> </ul>

Take home Naloxone	<p>All staff to be trained in OD awareness and provision of THN</p> <p>All staff to have THN on hand at each appt.</p> <p>All patients to be screened for risk and offered THN at each review.</p>	All staff to be trained in OD awareness, risk assessment and provision of THN	All practitioners at each appointment to identify at risk patients and check whether they need THN.	Audit of case notes to establish the % patients who have recorded Ax of OD risks and offer of THN in last 6 months	Number THN kits issued by each practitioner group	<ul style="list-style-type: none"> <li>• Add in THN update with the new training, simple survey asking for numbers of trained staff</li> <li>• develop draft one page guidance/aide memoire</li> <li>• circulate for comment and implementation</li> <li>• Make naloxone available at all times (e.g. develop HR pack/bag)</li> <li>• ADP start planning data sampling and extraction</li> </ul>
Wound care	<p>Training to identify wound care needs</p> <p>Inclusion of questions re injecting sites/veins practice</p> <p>Pathway in each setting for specialist woundcare: Dedicated clinic available in some services</p> <p>Strengthen pathways to available clinics by 1) funding transport and 2) using HCSW to accompany as needed.</p>	<p>All: Training to identify wound care needs</p> <p>Below the Belt training (2 hours)</p>	At initial assessment and subsequent risk reviews enquiry about condition of sites, offer of examination, offer of same gender care where needed.	Recorded information on injecting issues	<p>Experiential data</p> <p>Referral to specialist clinics</p>	<ul style="list-style-type: none"> <li>• Develop training based on hierarchy of care</li> <li>• Assess key intervention points and levels of care needed</li> </ul>

