

Drop-In Center

**An HIV Prevention, Harm Reduction
and Community Health Resource Center**

**Un Centro de Prevención
y Recursos de Salud**

Policy & Procedures
Manual
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Drop-In Center

Mission Statement:

The Drop-In Center is a community based resource for persons at risk for or infected with HIV and all those who are affected by the AIDS epidemic. The Drop-In Center reaches out to individuals at highest risk for HIV and those who have the least access to resources.

Our programs are based on the Harm Reduction model: a client-centered public health approach proven most effective in reducing sexual and drug related harm. The goal of the Drop-In Center is to slow the spread of HIV. Toward this end, we support individuals themselves in reducing risk by addressing the specific needs and goals identified by the individual. The Drop-In Center believes in each individual's civil as well as health care rights and that all human beings should be treated with dignity.

History:

In 1988, a Public Health Nurse brings the Community Health Outreach Work (CHOW) model to the Santa Cruz AIDS Project (SCAP) and offers, on a volunteer basis, to implement the program. Outreach to injection drug users (IDU), sex workers and the Latino community begins. Through this outreach, IDUs express the need for syringe exchange and a group of Community Health Outreach Workers (CHOWs) start the Santa Cruz County Needle Exchange Program (SCCNEP) in 1989. The first "drop-in centers" were rented motel rooms in drug using areas where IDU's and sex workers could get free condoms, HIV prevention information, and safely exchange syringes. In 1991, the first Drop-In Center is temporarily opened in a one room building in the Beach Flats. In 1992, the Drop-In Center moves into a converted hamburger stand at the corner of Front and Pacific where SCCNEP and SCAP volunteers meet to coordinate outreach, drop-in and exchange services. In 1993, the Santa Cruz County Health Services Agency (HSA) begins offering HIV testing twice a week at the center to reach higher risk populations. In 1996, a larger Drop-In Center that could house elements of all three agency's HIV prevention services was identified and services were expanded to include programming specific to Latinos, women, youth and sex workers. The Drop-In Center has been in its current location since 1996.

Collaboration:

The Drop-In Center is the collaborative effort of SCAP, SCCNEP, and HSA. Collaboration between agencies is imperative in order to provide the most cost-efficient and effective services. Collaborative projects must be created from a base of mutual respect and professionalism. For successful collaboration, members should meet regularly to discuss programming, trouble-shoot and team build. Team building is a key component of collaborations. Particularly in collaborations between non-profits and county agencies there is likely to be a wide range of age, experience, responsibility and compensation. While these differences exist, all members of the collaborative play an integral role in its success.

Decision Making:

Day-to-day decisions within the individual program areas are made by the staff and volunteers that coordinate them. All program decisions are made in accordance with the Drop-In Center policies and procedures manual. SCAP is the lead agency in the collaborative and has final authority in regards to Drop-In Center mission, structure, schedule, and policy. Nevertheless, SCAP will avoid making unilateral decisions relative to the Drop-In Center that will affect its collaborative partners. SCAP will invoke its rights as final authority only as a last result. SCAP will first try to consult with HSA and SCCNEP and/or follow democratic or consensus decision making process. All three agency partners will strive to make decisions in the spirit of the collaborative philosophy expressed above in *Collaboration*. HSA and SCCNEP do not have the authority to make unilateral decisions affecting the mission, structure, schedule, and/or policies of the Drop-In Center. As a normal course of business, decisions affecting the other collaborative partners are to be agreed upon by all three agencies. To facilitate the decision making process, each agency will appoint one staff person who is regularly involved in the Drop-In Center's operation to serve as the program lead. The program leads will have the responsibility and authority to make decisions relative to the Drop-In Center on behalf of their agencies.

Funding

Purchasing of supplies:

SCAP and SCCNEP are responsible for purchasing the supplies necessary to run their own programs; ie : safer sex & safer injection supplies, incentives, paper plates & cups, etc.

SCAP is responsible for purchasing the supplies required for the efficient operation of the facility. These supplies include: Paper towels, toilet paper, toilet seat covers, bleach (for cleaning), E-san, mops, sponges, latex gloves, trash bags, dish soap, hand soap, etc. SCCNEP is invoiced for 1/3 of these costs.

SCAP also has an account with Crystal Springs Water, Western Exterminator, SBC, WALD, PG&E, and SCMU; SCCNEP is invoiced 1/3 for these utility, telephone, and supply costs.

Repair & Maintenance Issues:

SCAP is the lease holder for the Drop-In Center/412 Front St. property and is responsible for maintaining the building. All discussions & decisions regarding repair & maintenance issues will take place during monthly DIC SCCNEP/SCAP staff meetings. All repairs and/or maintenance that the landlord is responsible for will be coordinated by the lease holder. SCCNEP is invoiced by SCAP for 1/3 of the DIC rent, repair, maintenance, property tax, and insurance costs. Please notify the Drop-In Center Manager immediately regarding any repair issue that is impacting a program's ability to provide services or in the event of an emergency. Otherwise, notify the Drop-In Center Manager of the issue within one week of noticing the problem. Repairs handled in a timely fashion save money in the long run! SCAP pays for HSA's portion of the supply, repair, and maintenance costs through the NIGHT contract. These agreements were made when the Drop-In Center moved to its current location in 1996.

Cleaning Days:

SCAP and SCCNEP will coordinate cleaning days at the center quarterly.

Agency Descriptions

Santa Cruz AIDS Project

SCAP is a community-based, non-profit organization providing a comprehensive array of HIV/AIDS services and programs in Santa Cruz County. SCAP has developed a broad-based approach to address the local HIV/AIDS epidemic. Programs range from HIV education and prevention presentations in schools to compassionate late-stage care and advocacy for people living with HIV.

SCAP has three major program areas. The Client Services Department provides benefits advocacy and case management for people living with HIV. The Volunteer Department recruits, trains and supports volunteers to provide direct client support through the Buddy, Food Box and Transportation programs. The Speakers Bureau and Project First Hand are also part of the Volunteer Department. Project First Hand provides an opportunity for people living with HIV to speak about their experiences living with the disease and the Speakers Bureau provides fact based presentations about HIV/AIDS.

The Education and Prevention Department (E&P) provides a wide array of programming to meet the HIV prevention needs of communities at highest risk for HIV infection including; street-based outreach programs, individualized and group risk reduction programs, and community-based interventions such as social support groups, events and population specific "drop-in centers". SCAP's E&P programming is based in a methodology commonly referred to as harm reduction. This model serves to support individuals in making positive behavior change that lessens their vulnerability for HIV infection, re-infection, and/ or disease progression. Harm reduction acknowledges that behavior change occurs along a continuum and that interventions are most effective when culturally sensitive and need appropriate.

These services have been organized into three major program areas. Gay/MSM, Latino, and IDU services are implemented through three off-site "drop-in centers". Equinox provides targeted outreach, groups, and HIV testing for the Gay/MSM community. Casa Bienestar which is also a collaborative project of HSA, SCCNEP, and SCAP provides outreach, HIV testing, prevention case management, and support groups to the Latino community in Watsonville.

SCAP is the founder of the Santa Cruz Drop-In Center and coordinates the day time services at the center Monday through Friday which includes; HIV testing, Women's, Youth, and Open Hours. The center is designed to provide a safe space for injection drug users, substance users, homeless persons, street youth, women, and sex workers to receive harm reduction based prevention services.

SCAP has a long history of successful collaboration with HSA and SCCNEP. SCAP has collaborated with SCCNEP on various projects since SCCNEP's inception in 1989 and currently partners with SCCNEP on the Central Coast Health Promotion Network, Prevention Case Management, and Casa Bienestar projects. SCAP and HSA have partnered on numerous projects in a variety of program areas during the last twenty years. Specifically, SCAP and HSA are partners on the Casa Bienestar, Prevention with Positives, and Neighborhood Intervention Geared to High-risk Testing (NIGHT) projects. The NIGHT program is an outreach, referral, and testing intervention. NIGHT is integral to the success of HIV testing at the Drop-In Center and is co-coordinated by staff from HSA's HIV Testing Program and SCAP's E&P Department.

Santa Cruz County Health Services Agency - HIV Testing Program

The HSA HIV Testing Program goals are to provide free, client-centered HIV testing and counseling to anyone in the community who wants to know their HIV antibody status. There are both outreach linked and non-outreach linked testing sites available throughout the County.

Outreach-linked to testing is funded through the State Office of AIDS. HSA collaborates with SCAP on this project. SCAP staff provide the outreach component while HSA test counselors provide HIV Testing and Counseling. Clients are provided with an interactive session that includes information about the HIV test, individualized risk assessment, disclosure test result, counseling and educational information covering risk behaviors, risk reduction suggestions and community referrals.

HSA's mobile van, outreach workers and field-testing are utilized to provide HIV testing to underserved populations at risk for HIV. The HIV Test Counselors are State Office of AIDS Certified and are provided with ongoing training to strengthen their HIV test counseling skills. In addition to testing, staff refers both those at increased risk for HIV and HIV positive people into prevention services as well as medical and psychosocial services. Partner Counseling and Notification Services to HIV+ individuals and their partners are also provided.

Santa Cruz County Needle Exchange Program

Volunteers started Santa Cruz County Needle Exchange Program (SCCNEP) in 1989 in response to the needs voiced by injection drug users in the community. The program was initially underground; it was illegal and operated without funding. Volunteers provided services in hotel rooms and clandestine outdoor sites. Over the years, we have grown into an agency that provides syringe exchange at least once a day, seven days a week. We operate sites, programs and services in a variety of venues. Some of these include two drop-in centers- one in Watsonville and one in Santa Cruz City- as well as remote outdoor sites, home visits and late-night street outreach.

Santa Cruz County Needle Exchange Program's mission is to slow the spread of blood-borne diseases such as HIV and hepatitis C among injection drug users, their partners and the families of both. To this end, we employ techniques and strategies of Harm Reduction. Harm Reduction is a dynamic and extremely effective public health model that literally focuses on reducing drug-related harm. Syringe exchange is a classic manifestation of the Harm Reduction Model. We also provide safer sex, safer injection and hygiene supplies.

To achieve our goals, SCCNEP operates as a community-based, user-driven, harm reduction organization. Within our scope of work- in fact as a necessary means of achieving our goals- we expand our focus beyond just the immediate physical harms our participants risk, and include individuals' social, medical, and legal issues and our community's drug-related harms. We provide advocacy and support to our program participants in a variety of ways. Our services include referrals and counseling around legal issues, food and shelter resources, detoxification and treatment, mental health counseling. On a broader level, SCCNEP collaborates with public health, social service and social justice organizations, provides harm reduction trainings, produces literature, and works to effect policy change on local, national and international levels.

Santa Cruz County Needle Exchange Program is driven by the belief that all humans should be treated with dignity and respect. In the face of depleted social and medical services and in a culture that emphasizes punishment, we strive to promote physical, mental and emotional wellness. We are committed to reducing drug-related harms for both our program participants and our community.

Service Coordination

Regularly Scheduled Coordination Meetings:

SCAP and SCCNEP hold monthly service coordination meetings where decisions are made regarding the day-to-day operations of the Drop-In Center. Attendance of all SCAP and SCCNEP staff regularly working at the Drop-In Center is required.

SCAP and HSA hold quarterly NIGHT program meetings at the Drop-In Center in to coordinate their collaborative outreach-based HIV testing services. Decisions regarding the HIV testing days at the Drop-In Center are also made at these meetings. All SCAP and HSA staff involved on this project are required to attend.

The SCAP Drop-In Center Manager and the SCCNEP Program Coordinator co-convene a quarterly DIC Provider meeting for service providers from the other agencies that work with the Drop-In Center. At this meeting, the members discuss topics, coordinate services, provide updates, and problem solve.

Finally, two lead program staff from each of the collaborative agencies, HSA, SCAP, and SCCNEP, meet monthly to make decisions related to Drop-In Center mission, structure, schedule, and policy. Issues related to the general oversight of the Drop-In Center are also discussed at this meeting including: conflict resolution, team building, and staff relations.

Site Visits:

At various times, other service providers, funders, or the media may inquire about the services of the Drop-In Center and request a tour of the facility. As stated in the Do's & Don'ts, it is absolutely imperative that the confidentiality of our participants is protected. Therefore:

- Only participants and volunteers should be at the center or site when programming is happening. This means no visitors, friends, etc. during operating hours.
- If someone is not a program participant, but is personally interested in our services, please politely refer him or her to the appropriate program.
- No one from the media, researchers or anyone who seems to be more than just personally interested in our services may come into the centers, be on the property, or at an outreach or exchange site. These folks need to be immediately escorted out and away from the site and referred to the Program Manager at SCAP or the Executive Director of SCCNEP. Alert the supervising staff member immediately.
- Interested community members or workers at other social service agencies who just want to be knowledgeable about our services can be politely told that programming cannot be interrupted, but that they can call Program Manager at SCAP or the Executive Director of SCCNEP. They should understand.
- If a worker from another social service agency is interested in our services, they should call the supervisor of the program that they are interested in and a meeting and/or tour can be scheduled during a time when program is not occurring in the center. Once a visit is scheduled, all collaborative members should be notified.

These rules apply to all agencies providing regular service in the center, but are not members of the funding collaborative.

Other Appointments

On occasion, a staff member from another agency may request to meet with a participant at the center. This can usually be accommodated, as long as it does not disrupt the scheduled programming. Service providers requesting use of the center for client meetings should be aware of our schedule and coordinate meetings with the lead staff person.

Venting, Support and Taking Care of Ourselves

Our personal lives can sometimes be a source of stress. Working with participants can be challenging and at times, stressful. It is not appropriate to bring the stress of our personal lives into the workplace. It is very important that we maintain good boundaries with our work and our personal lives. Taking long lunches, too many personal phone calls and/or emails and overly socializing with co-workers at work can feel like ways we are taking care of ourselves but may affect our ability to accomplish our work in a timely fashion, which will only cause more stress.

Positive Venting

While venting is way to let off steam, it is often done in a way that focuses on negative feelings and is hurtful to yourself and others. Positive venting is a respectful way to express negative feeling positively.

Tips for Positive Venting

- 1. Know when you need to vent.**
- 2. Choose your listener wisely.** We are often tempted to complain to a listener who sides with us against the other party. The key to venting is to *express* – not to get agreement or sympathy.
- 3. Tell your listener that you need to vent and ask for permission before doing so.** Respect the time and state of the other person. They may not be able to listen at the moment or be on emotional overload themselves.
- 4. Set a time limit in advance.** “I need five minutes to vent. Can you listen?”
- 5. Have the listener keep track of the time while you pour out your feelings.** This is your chance to let it out – exaggerate, moan, groan, be dramatic, etc. The purpose of venting is to get it all out so that you can be effective at your job.
- 6. When you are the listener – listen.** Use your active listening skills. It is not your place to agree or disagree, or to fix the situation, only to listen.
- 7. Shift and balance the drain of energy with an energy gain.** Spend the same amount of time contributing something positive. This can be done in several ways:
 - Share the positives about the situation and/or person.
 - Talk about what you can and will do to change the situation and/or person.
 - Talk about the way you are looking at the situation and/or person.
 - Talk about ways you can and will approach the other person that can create a partnership.
 - Talk about what you’ve learned about yourself in the situation.
 - List things you are thankful for.

The point is to take responsibility for balancing the negative with something positive – this is your responsibility.
- 8. Thank the person for allowing you to vent.**

Listener tips:

- Don’t let someone vent if you don’t have the time or emotional stamina to listen; reschedule or politely decline.
- Don’t hang on to anything that is said – literally let it go in one ear and out the other. When the person is done venting, ask if they need further support, but don’t push if they say no.
- Keep the confidence of the person venting to you. Do not follow-up later or hint that you know something. The topic may only be discussed again if the person venting initiates the conversation.

Harm Reduction

History –

For all practical purposes, the Harm Reduction movement began in Europe in the early 80's as a response to a Hepatitis B outbreak among injection drug users. Recognizing the failure of prevention efforts, injection drug users (IDUs) with the support of public health programs, organized into "junkie unions". These unions served as a means for communicating the specific prevention needs and health concerns of the injection drug using community. This intervention took the form of syringe exchange.

The intervention of clean needle exchange creates a mutually beneficial relationship between the participant and the service provider, rather than the hierarchical structure inherent in the American model medical service provision. Syringes acted as the "currency" in which to attract injection drug users to services. The provision of clean needles is the single most effective way of preventing the spread of blood borne pathogens among IDUs. This started as a grassroots movement...disease was being spread because people did not have access to clean needles, the tools that could save their lives.

In the mid-80's, Edith Springer brought the practice of syringe exchange to the United States. This occurred with the arrival of the AIDS epidemic, at the onset of the drug war and the need to provide prevention services to IDU's, a community that was witnessing high rates of HIV transmission. Due to AIDS-phobia and negative attitudes towards drug use and drug users, a new paradigm was needed. Thus, the practice of providing prevention services to active drug users (specifically syringe exchange), was theorized into what is now referred to as Harm Reduction.

Definition: Harm Reduction is a practical set of strategies that aims to reduce the harm associated with risky behavior, (unsafe drug use or risky sexual behaviors), without (necessarily) eliminating the behavior from the individual's lifestyle.

Principles of Harm Reduction:

- 1. Abandon abstinence as a shared goal.** Risk is viewed on a continuum; so abstinence may be a goal, but it is not the only goal. The continuum recognizes that behavior change is incremental and therefore there are many opportunities for people to be successful. It recognizes any positive change as a success with quality of life & well-being as criteria for measuring success. Drug use is complicated and people use drugs for a variety of reasons. Many programs are abstinence based and many people continue to use drugs, harm reduction allows service providers to work with people, regardless of their drug use.
- 2. HR believes that every person has a right to information, materials & services - that could potentially save their lives;** rather than minimize or ignore the real harm and danger associated with licit and illicit drug use, it acknowledges that some ways of using drugs are clearly safer than others. Harm reduction affirms drugs users themselves as the primary agents of reducing the harms of their drug use through providing culturally and need-appropriate information, materials and services. HR seeks to empower users to share information and support each other in strategies which meet the actual conditions of their drug use.
- 3. Harm Reduction requires a non-judgmental relationship with client.** HR accepts, that drug use is part of our world and focuses on minimizing its harmful effects rather than ignore or condemn them. A non-judgmental, non-coercive approach is essential.
- 4. Harm Reduction is client-centered; it "meets the participant where he/she is at".** Client centered counseling focuses on the concerns and interests of the client or participant. The intervention is tailored to the needs and ability of the participant and success is achieved through the setting of self-identified, attainable goals.

Outreach Strategies

Community Health Outreach Workers take culturally relevant health information and supplies, which is not limited only to HIV information, into target communities to serve as an advocate for the community. The goal of outreach work is sustainable community-wide behavior change. CHOWs are a bridge between the community and various service providers; including HIV or HCV into prevention programs and testing services. The role of the outreach worker is often to be a sounding board for participants – to *listen* to the needs of the participant. It is not the role of the outreach worker to tell people how to live their lives. An outreach worker often helps participants “problem solve” by using their knowledge of local resources and counseling skills. Outreach often occurs on the street, in neighborhoods, parks or beaches, bars, migrant camps or anywhere that the target population lives, works or socializes.

Outreach work is not only “in-bringing”. Traditional methods are based upon an “in-bring” model, where the goal is to bring the target community into the organization to receive services. While this strategy can be effective and may be used in addition to community health outreach, it has limitations.

CHOW’s receive extensive training about disease transmission, cultural competence and sensitivity and are informed of local resources. While concepts of peer counseling may be utilized during outreach, CHOW’s are not Peer Educators (PE). CHOW’s are perhaps, but not necessarily members of the target group. PE’s are always from the target group and *assumed* to have cultural competency. CHOW’s are closely connected to the community and an organization, whereas PE’s are not connected to an organization.

Limited Role

It is important to keep in mind the limited role of the Outreach Worker. An outreach worker is not a therapist or a case manager. The brief interaction that occurs during outreach or in the center often prevents the outreach worker from devoting as much time and depth to particular issues as she/he would like and from addressing every pertinent issue. However, by quickly establishing rapport and remaining client-centered goes a long toward motivating clients. The desired outcome is always to link participants to other, more appropriate services for ongoing assistance.

Target Population

A target population is a group of people who are considered to be at an increased risk for HIV. These groups have large numbers of HIV infections and/or increasing rates of new infections. A target group is defined through behavioral (MSM, IDU, etc.) and/or sociological factors (gender, ethnicity, class, age, etc.) that create situations where individuals from these groups may have inadequate access to prevention resources. It is important to note that not all members within a target population are actually at risk, risk is solely based on behavior.

Outreach Strategies

Flyers

Flyer-ing is one method of getting information to a community. It is useful for new outreach workers who haven't yet established connections in the target community. Flyers are passed out alone to passersby as an invitation for discussion or included in outreach packs. Flyers are also posted in bars, laundromats, cafes, taquerias, markets, bulletin boards – anywhere that members of the target population might see them. Flyers should be interesting to look at and catch people's attention. It is best to keep information concise and easy to read.

Gatekeepers

Getting to know the “gatekeepers” or “popular opinion leaders” of the community should naturally occur in the course of outreach. Utilize these connections to build trust in the community. After establishing trust with the gatekeepers, they will introduce you to key people in the neighborhood, vouch for you and refer people to you. Gatekeepers are store clerks, bartenders, hotel front desk clerks and anyone who has a presence on the street. Once local businesses have been identified as places where the community hangs out, outreach workers should include these spots in their scheduled rounds. Outreach workers should plan on stopping by the local market and making a small purchase, but a cup of coffee at the cafe, etc. and drop off flyers and check-in with the clerk. Outreach workers should be able to identify between 2-4 gatekeepers in each neighborhood or route.

Relationship building

Outreach workers need to know how to “hang out” in order to build trusting relationships with individuals and the community. Take the time to talk with people. Learn names, interests, partners, etc. of participants. Practice remembering conversations you had the week before and set the routine for checking in with people. After a few weeks, regular connections with people will be established. Find a way to “hook” or engage people in conversation and learn how to naturally bring up sex, drug use and HIV. Behavior change can be subtle, learn how to identify behavior change and praise people for their efforts, thanks them for talking with you and invite them back!

Natural Leaders

Identifying the natural leaders in the social networks and using them to pass along info, exchange for friends, encourage friends to test – essentially do our work for us – is another useful approach. These people are often referred to as “informal CHOWs”. Learn who these people are and offer extra incentives to them for making referrals to your program, passing along supplies when you are not around, etc. These people are vital to our work.

Types of Outreach Interventions

Street	one on one, flyering, passing out supplies & info, referrals to testing, syringe exchange
Parks	one on one, flyering, passing out supplies & info, referrals to testing, syringe exchange
Bars, markets, cafes, etc.	passing out condoms & lube, flyers, posters
Bathrooms	leave condoms, tape flyers to stall doors
Public Transportation	flyers and/or posters in bus stations & stops
Other Agencies	leave condoms, flyers, posters
Media	newspapers, newsletters, radio, PSA

Site

Target Population

Coral St.	IDU, ptnr of IDU, HIV+, ptnr of HIV+
Beach Flats	low income Latinos who are: IDU, ptnr of IDU, HIV+, ptnr of HIV+, sex workers, MSM
Downtown	IDU, ptnr of IDU, HIV+, ptnr of HIV+, sex workers, MSM; also w/ special focus on African Americans

ELI - Evaluating Local Interventions

What is ELI?

ELI is a web-based information system that enables Office of AIDS (OA) funded providers (SCAP, HSA and SCCNEP) to systematically collect and access information critical to effectively prevent HIV infection. In collaboration with the University wide AIDS Research Program (UARP), The Office of AIDS (OA) worked with providers statewide to develop ELI's risk behavior data collection forms. ELI streamlines the way programs report information on the services that they are delivering.

What information does ELI capture?

ELI data forms can record a client's gender, age and information about a client's HIV risk within the past 12 months. Depending on the form and the intervention setting, this data can be very basic or very detailed. All staff members will be trained by their supervisors in how to use these forms effectively.

Why have ELI?

The Department of Health Services, Office of AIDS (DHS OA) and local HIV prevention contractors have long recognized the need to support strategic planning for evaluation HIV prevention programs. ELI was created to help states, local health departments and community based organizations (CBO) implement evaluations of both the processes and outcomes of all HIV prevention activities including: Individual Level Counseling Interventions, Group Level Counseling Interventions, Outreach Interventions, Prevention Case Management, Health Communication Interventions and Community Level Interventions.

When and how to use ELI:

SCAP, HSA and SCCNEP use ELI data collection forms to track client data gathered during Office of AIDS (OA) funded interventions. New staff members and volunteers will be trained by their supervisors to recognize sites that require ELI data collection and will be trained in the use of the forms themselves.

SCAP, HSA and SCCNEP designate staff members who are responsible for ELI data entry. Since ELI is web-based, it is accessible from any computer with Internet access. Data entered should not be duplicated (see individual form instructions for a more specific discussion of data entry procedures). Monthly data entry should be completed within 30 days following the end of each month.

Questions regarding ELI technical assistance or the need to order more ELI forms will be fielded by HSA and forwarded to the Department of Health Services Office of AIDS (DHS OA) staff as necessary.

SCAP, HSA and SCCNEP staff will use the list of ELI Form Site Numbers to maintain consistency when designating Intervention locations (see attached.) This list will be updated as necessary.

Matching ELI Forms with Interventions:

Providers and volunteers should use the appropriate ELI forms when tracking client data. Here are some guidelines for matching the most common interventions with their appropriate ELI Form:

Outreach Check Sheet: Outreach contacts (street/mobile van/park)

Individual Level Intervention (ILI): One on One contact lasting 15 mins. or more.

Prevention Case Management (PCM): One on Once contact with a repeat/regular client that lasts for 15 minutes or more and includes or refers to a previous discussion about longer term goals and behavior changes.

Group Check Sheet: Used to track a facilitated group in a school, incarcerated facility or community setting. For example: Unlearning Homophobia presentations to a group of youth at the Juvenile Hall facility or presentations at a drug treatment center.

ELI Form Site Numbers:

	<u>Location</u>	<u>Site #</u>
Outreach	Beach Flats	101
	Coral St.	102
	Downtown	103
	San Lorenzo Valley	111
	41st Avenue	113
	Sex Worker Outreach	112
	Home Visits	114
Drop-In Center	Santa Cruz	201
Offices	HSA	300
	SCAP	302
	SCNEP	303
Special Events	SCAP Fundraiser	701
	SCNEP Fundraiser	702
	Health Fairs	703
	Other	704
	Pride	705

Staff Guidelines for SCAP

SCAP Roles & Responsibilities

Staff: It is the responsibility of the lead staff person to ensure that the center is run effectively and efficiently and to the expectations of the policies and procedures described in this manual. To ensure that comprehensive HIV prevention and education is provided to populations at an increased risk for HIV infection with an emphasis on injection drug users, sex workers, youth, women, Latinos and persons living with HIV, in accordance with our mission. Staff are responsible for supervising and training volunteers such that our mission can be achieved. It is also the responsibility of the lead to communicate with the collaborative agencies regarding service provision when the facility is shared.

Volunteers: Please see volunteer section for a description of volunteer recruitment, intake and training process. There is little distinction between staff and volunteers. Volunteers are supervised by the shift lead and the Drop-In Center Manager. Many of SCAP's programs are volunteer led, therefore we strive to provide meaningful opportunities for volunteers to share their expertise, exercise leadership and creativity and gain skills to become effective outreach workers providing crucial HIV prevention and education within the community.

General Set-up for DIC: Different programming occurs on different days in the center. Certain responsibilities and tasks remain consistent although the programmatic goals may change. The communication log should be read at the start of each shift. The following describes the daily set-up for any SCAP facilitated site. The following page describe the specific program philosophies for each day and any additional set-up required for these programs.

General Set-up:

1. Pick up donations.
2. Stock safer sex & injection supplies near front door.
Make sure that the following are out:
condoms (around 100)*, lube, bleach & water, cookers*, cottons, ties, alcohol wipes, foil packs, triple antibiotic ointment and band-aids.
* these items are counted at the start & finish of each shift, don't forget to log in on stat sheet!
3. Make pot of coffee (about 8-9 scoops for 40-50 cups) & refill sugar, creamer & stir stick tray. The basket of cups, the dirty cup bin and a few paper cups for water should be placed near the cooler.
4. Both bathrooms should be checked for paper towels, toilet paper and toilet seat covers. An extra stack of paper towels should be placed in the basket on top of the microwave.
5. Check the Communication Log and fill out the ELI form and put on front desk.
Assign roles for staff and volunteers.
5. Open front door and put easel sign out on sidewalk.

Closing the center: After the center has been cleaned and the communication log completed, make sure all doors are locked & closed. Make sure all lamps, fans and heater/air conditioning have been turned off. Turn off all but 2 banks of lights. The lights to be left on are highlighted in the kitchen. Lock the door behind you!

HIV Testing Roles

“Greeter”: The greeter is often a volunteer and is stationed at the front desk. This position is closely supported & supervised by the DIC Testing Site Manager. The greeter’s responsibilities include: greeting every person who comes into the center, assigning HIV test appointments, checking in results, informing non-testers of the five minute rule, answering the phone and checking mail. At times, this job can be overwhelming and requires assistance from other staff and volunteers. Participants needing referrals to other services or other in-depth support should be referred, whenever possible to other staff and volunteers. All other positions provide secondary support as needed to this position.

“DIC Testing Site Manager”: The Site Manager is responsible for training, supporting and supervising testing volunteers and the Outreach Worker. The Site Manager is also responsible for monitoring the flow of testing and other center services, providing direct support to the greeter and handling any test counselor concerns. The Site Manager is also responsible for ensuring that Drop-In Center rules are being followed by participants and handles any emergency situations including: exiting a difficult participant, drug use or sales in or around the center, overdose or other medical emergencies or police activity.*

“Outreach Worker”: The Outreach Worker has two primary responsibilities, in order of importance; 1) provide support to the DIC Testing Site Manager and 2) provide outreach before the testing shift. Although the Outreach Worker and Site Manager are peers, the Site Manager is the lead and the Outreach Worker is expected to take direction from the Site Manager. When the shift is staffed with two volunteers, one volunteer leaves to provide street based outreach in the downtown area with the Outreach Worker. Outreach is only permitted in pairs and only when two volunteers are present. The Site Manager is not to work without the support of an additional SCAP volunteer or staff. Outreach should begin at 2:00, earlier when possible, and cease at 3:00. Once back in the center, the Outreach Worker is available to provide additional support to the greeter and DIC Testing Site Manager by assisting with: reminding participants of the five minute rule, referrals and checking in with persons waiting for tests or results. Please see Drop-In Center Chore List for other projects.

Volunteer: The responsibilities of the second volunteer are the same as the Outreach Worker.

***If any staff, volunteer or test counselor becomes aware of inappropriate behavior in or around the center, the DIC Testing Site Manager should be notified immediately. Any other problem or concerns regarding participants should also be directed to the DIC Testing Site Manager. It is the role of the DIC Testing Site Manager to address these issues, not the test counselors.**

HIV TESTING: (HSA) Test Counselor Responsibilities

Shift: 2:45 - 6:30

Program Philosophy: In 1993, the Health Services Agency's (HSA) HIV Testing Program began collaborating with the Santa AIDS Project (SCAP) to provide testing offsite at the Drop-In Center (DIC) in an effort to reach more populations at risk for HIV. In 1996, HSA became a collaborative partner at the DIC with Santa Cruz Needle Exchange and SCAP. Such collaboration helped expand services at the DIC to reach more economically disadvantaged and substance using populations. The link with Needle exchange has helped reach more injection drug users.

The HIV Testing Program is a fundamental element of the Drop-In Center (DIC) and vice versa. The HIV Testing Program aims at providing community members with free, client centered HIV testing and counseling.

On Tuesday and Wednesday afternoons, the DIC is opened primarily to those interested in getting an HIV test. Participants not interested in getting tested can stay in the DIC for a maximum of 10 minutes. This helps ensure client confidentiality. There are no other services provided during HIV testing hours. SCAP staff welcomes clients, explains the testing process and distributes appointment times. The staff works closely with the HIV test counselors to maintain test flow.

Test Counselor Responsibilities: HIV Testing at the Drop In Center is offered from 3pm-6:15pm on Tuesdays and Wednesdays. HIV Test Counselors are responsible for three primary duties: set up; test counseling and result counseling; and break-down and clean up of the testing rooms.

Lead HIV Test Counselor: The Lead HIV Test Counselor is responsible for overseeing and managing the flow of both HIV and HCV testing. This oversight includes, transporting supplies and paperwork to and from Emeline and the Drop In Center (or designating another Counselor to do so); overseeing the set-up and break-down of the three testing rooms with supplies, Orasure tests and paperwork; and coordinating with the Drop-In Center Lead to make sure that testing clients are greeted, handed brochures and signed-in for testing or results.

HIV Test Counselor(s): HIV Test Counselors are responsible for conducting HIV and HCV tests with clients who request this service. Counselors must manage their time sufficiently to allow clients to be seen in a timely manner. They are responsible for checking the testing list and result sheet to see if new clients have arrived and are waiting to be seen. Counselors work with the Lead HIV Test Counselor to set up and break down testing rooms and to transport tests and paperwork to and from Emeline.

Set Up: At 2:45pm, a designated test counselor brings the current HIV Risk Assessment and Disclosure paperwork to the Drop-In Center in the DIC testing bag. This bag also includes HCV test results, Orasure kits and transport bags, as well as Risk Assessment paperwork and White Handouts for the following week. Risk Assessment paperwork for the following week is given to DIC HIV Testing Site Manager. All HIV Test Counselors are responsible for setting up the three designated testing rooms with the following: information pamphlet racks, HIV and HCV testing paperwork, Orasure test kits, condom baskets, pens, tic tacs and timers. The Lead Test Counselor checks-in with the DIC HIV Testing Site Manager just prior to 3pm to indicate that the testing team is ready to open the doors.

Test Counseling and Result Counseling: Test Counselors are ready to begin working with clients when the doors open at 3pm and continue to provide counseling services until 6:30pm. Three test counselors (including, whenever possible, a bi-lingual counselor) provide HIV and HCV Tests to up to 20 clients and test results to clients who are scheduled to receive results.

Results: Between 3:00 and 3:30pm one test counselor focuses strictly on giving HIV Test results to clients. Clients awaiting results have checked in with the front desk staff, their Client ID number has been highlighted by the DIC HIV Testing Site Manager or the DIC Assistant, and they have been asked to have a seat in the "waiting area" until a test counselor calls them. Test counselors call clients waiting for their test results by one of 20 pseudonyms corresponding to their paperwork and then take them back to one of the designated testing rooms in the back portion of the DIC to provide their results. At 3:30 this test counselor begins to offer both results and HIV testing to clients.

HIV Testing: At 3:00, the two other test counselors begin to offer testing to clients in the order of their arrival. Clients who have arrived and are waiting for the next available test counselor, are given a White Handout, are briefly informed about the testing process and are instructed to sit in the designated "waiting area" so that Test Counselors can easily identify who is waiting for testing. DIC staff highlights the pseudonyms of clients who have arrived and are waiting to see a test counselor on the "client list".

HCV Testing: HIV Test Counselors will also offer HCV testing, as long as HCV test kits are available, to clients who are qualified to receive the test. Clients who currently qualify for HCV testing are 1) clients who are or have been injection drug users; 2) client who has had receptive anal sex with a partner who has HCV. When a qualified client has been identified for a HCV test, the test counselor will cross off one of the HIV tests that would ordinarily be handed out later that day in order to maintain the testing flow.

Break-down and clean up of testing rooms:

At the end of the shift, all three test counselors disassemble the testing rooms. They bring all HIV testing paperwork to the front and place it in the black testing bag for transport to HSA. They also bring all pamphlet racks, condom baskets, pens, timers and tic-tacs to the HSA room to be put away into the red file cabinet. One Test Counselor is responsible for returning the black bag to HSA for processing.

Santa Cruz Needle Exchange Program Description

Main Sites

SCNEP offers main sites two evenings a week: Mondays 5:30 pm- 8:30 pm and Thursdays 6:30 pm- 8:30 pm. During this programming, food is usually served, sometimes participants can watch movies, and always, participants have an opportunity to hang out for an extended period of time and interact with staff and volunteers. Homeless Persons Health Project usually comes every other Monday 5:30 pm-7:00pm. See description of Hepatitis Testing and Vaccination Program for additional information about Monday evening sites.

The Hepatitis Testing & Vaccination Program

Every Monday evening, from 5:30 pm- 8:30 pm, at the Santa Cruz Drop-In Center and every Wednesday afternoon, from 5:30 pm- 8:30 pm, at Casa Bienestar in Watsonville, SCNEP offers recent IDUs free testing for hepatitis B, hepatitis C and HIV. The program includes intensive risk-reduction counseling and as appropriate and available, incentives, and vaccinations for hepatitis A and B.

Home Visits

SCNEP offers home visits on Monday and Thursday evenings. Participants can arrange to have on-going appointments during 5:30 pm- 8:30 pm or can call and leave a voice message on the SCNEP's voice mail number (427-4557) by 5:00 pm the day of the shift to arrange to have the team meet the participant where it is convenient. The team brings the same supplies that SCNEP offers at all its other sites. This program is very important to participants who have issues getting around and/or legal concerns that might inhibit their ability to exchange regularly.

Side Door Sites

SCNEP opens the door on the side on the Drop-In Center (in the parking lot) and operates a site in the middle room on Tuesdays 12pm-2:00pm, Wednesdays 12:00 pm-1:00 pm, Saturdays and Sundays 11:30 am- 12:30 pm. This site requires a SCNEP staff member to open the center; in the event that no staff member is available, the volunteers can run the site in the parking lot. This site runs much like a remote site, except in some events, when the site has staff and volunteers, participants are able to access some of the amenities in the front programming area, such as the bathroom, telephone, mail, and clothing donation area.

Remote Sites

SCNEP runs a site on Tuesdays 2:30 pm- 3:30 pm near the River Street Homeless Shelter (corner of Coral and Limekiln) and on Fridays 3:00 pm- 5:00 pm in the Beach Flats (at the Laundromat at Bixby and Barson).

Outreach Program

This program is also referred to as Sex Worker Outreach Program as it was started with funding specific to providing services to sex workers and continues to target sex workers with this program. On Friday and Saturday nights a team of outreach workers equipped with the supplies from a site in their backpacks walk a route through the upper Beach Flats from 10:00 pm- 11:20 pm. Then at 11:30 pm the team waits at the Drop-In Center until 12:00 am where they exchange with anyone who missed them on their rounds.

Santa Cruz Needle Exchange Program Description Con't:

San Lorenzo Valley Program

SCNEP provides regular service to the San Lorenzo Valley on Thursdays 3:00 pm- 5:30 pm. The services change to suit the needs of the community, but generally, an outreach team runs a site in Felton on Covered Bridge Rd. (behind New Leaf Market) and then provides home/by appointment visits from Felton to Boulder Creek until 5:30 pm. Participants who are interested should call the voice mail and leave a message attn. to the SLV team.

Sites Offered during SCAP Programming

SCNEP runs a "Women Only" exchange site Fridays 4:00 pm- 5:00 pm in the Drop-In Center during SCAP's Women's Hours. Then, when SCAP opens the Center to everyone from 5:00 pm- 6:00 pm SCNEP too, opens its site to everyone. SCNEP sets up a bag in the back of the front programming room and exchanges syringes. This collaboration is very useful for participants who can benefit from both SCAP and SCNEP resources at the same place and time.

SCAP Volunteer Policy

Community Health Outreach Workers (CHOW) & Drop-In Center Assistants

All persons interested in volunteering with the Santa Cruz AIDS Project (SCAP) either at the Drop-In Center or with the Street Outreach Program are supervised by the Drop-In Center Manager and must complete the following intake process:

1. Attend a volunteer orientation at SCAP, at 113 Cooper Street. The orientation is the second Wednesday of each month from 5:30-7:30 pm, please call 427-3900 to reserve a space.
2. The Drop-In Center Manager will contact prospective volunteers for a follow up interview. It is recommended that all volunteers attend the weekly Community Health Outreach Worker (CHOW) Meeting. This meeting happens every Monday at SCAP from 5-6 pm.
3. Attend the 2-day CHOW Training. These trainings occur quarterly and are conducted by experienced lead staff from SCAP's Education & Prevention department and the Santa Cruz County Needle Exchange Program. See attached agenda.
4. All volunteers sign a Do's & Don'ts Contract and a Confidentiality Statement.

Community Service Hours & Food Stamp Hours

Individuals interested in completing community services hours through the court system or for Food Stamps will be treated as any other volunteer and required to complete the necessary intake and training.

SCAP Orientation

At the orientation, all new volunteers receive an overview of the agency, confidentiality training and HIV 101 presentation by a trained Speaker's Bureau Volunteer.

SCAP statement regarding volunteers:

The Santa Cruz AIDS Project was founded in 1985 by a group of dedicated volunteers. From its grassroots beginnings, SCAP has grown and thrived because of its core volunteer base. At SCAP, volunteers are seen as peers working towards a common cause, held in high esteem and treated with respect and dignity. SCAP volunteers generously give of their time, energy and talents thus allowing SCAP to save money and staff resources by utilizing their donated services.

SANTA CRUZ AIDS PROJECT

POSITION TITLE: Community Health Outreach Worker/Drop-In Center Asst.
POSITION CLASSIFICATION: Volunteer or Internship
REPORTS TO: Drop-In Center Manager

DUTIES AND RESPONSIBILITIES

The Community Health Outreach Worker is responsible for the provision of HIV Prevention outreach, services and programming to persons at risk for HIV infection including; injection drug users, substance users, sex workers, homeless, women, youth and People of Color. Specifically, the Community Health Outreach Worker:

- Attends weekly Community Health Outreach Work (CHOW) meetings.
- Attends quarterly CHOW/DIC trainings.
- Provides HIV prevention outreach either in the center or on the street, a minimum of 3-5 hours per week.
- Assists the DIC Manager with duties such as staff coverage, coordination of volunteers, center maintenance, stocking supplies and soliciting donations.
- Assists in the orientation of new volunteers at the DIC and on outreach teams.
- Collects outreach and DIC data for grant reporting.
- Creates and distributes HIV, STD, Hepatitis, Safer-Injection, Safer-Sex, and other public health/social service literature.
- Assists DIC Manager with development and implementation of new programming.
- Networks with other community/social service agencies.
- Supports the DIC, specifically through outreach linked to testing, HIV education and prevention, support groups, and other ancillary activities.
- Assists DIC Manager with facilitation of IDU-targeted programming.
- Performs other tasks as assigned.

Qualifications

- Comfort and experience working with the following communities: substance users, women, youth, sex workers, people of color, homeless and mentally ill.
- Basic understanding of harm reduction methodology.
- Ability to maintain sound judgment and boundaries in complex ongoing relations established in the field with clients and participants.

Employment Standards

- Ability to maintain confidentiality.
- Sensitive to the needs of culturally diverse communities, including women, youth, People of Color, substance and injection drug users, lesbians, gay men, bisexuals, trans-genders, sex industry workers and homeless populations.
- Committed to working in a drug- and smoke-free environment.
- Committed to fighting classism, sexism, racism, homophobia, anti-semitism, AIDS-phobia and other discriminatory practices based on age, disability, religion or national origin.

Santa Cruz AIDS Project
CONFIDENTIALITY STATEMENT

In order to preserve the dignity and privacy of all people, it has been recognized that any intimate information by or given to people in the helping profession is so privileged, and that such information is protected under law with prescribed method, circumstances and penalties for its release.

The sole duty of this agency, its individuals, employees, and volunteers is to treat the people who come to us with trust, respect and to protect the confidentiality of any information provided by or about them.

Information obtained about the Santa Cruz AIDS Project, while working in the office or one of its programs is also considered to be of a delicate and sensitive nature. It is not to be repeated within the community at large. In becoming a volunteer you have accepted a responsibility which carries with it a privilege of service to our community. As a volunteer, you are an integral part of this agency and accept the same ethical responsibility as the program's staff. All information which you may hear, directly or indirectly, concerning a person with HIV disease, their family, friends and or anyone else connected with the program, must also be considered as strictly confidential. Such information should never be discussed with anyone either inside or outside the program, except with authorized and specifically designated case manager as arranged.

I _____, agree not to divulge any
(print you name)
information obtained during my volunteer work to any unauthorized persons.

I recognize that unauthorized release of confidential information may make me subject to civil action under provisions of the welfare and institutions code of the State of California, and application federal laws concerned with the individual's right to privacy.

Date: ____/____/____

Signed: _____

Please read the following carefully and initial next to each point if you agree.

Do's & Don'ts of Outreach
Santa Cruz AIDS Project & Santa Cruz County Needle Exchange

DO:

- _____ 1. Do develop real, compassionate and mutually beneficial relationships with participants.
- _____ 2. Do dress casually and comfortably.
- _____ 3. Do treat participants equally. Do not develop friendships with participants where you hang out outside of work or you will have to quit volunteering with the CHOW or Needle Exchange program. The rule is: someone who was already your friend before you became a volunteer who uses our services is OK to hang with, but anyone you met through the CHOW program or Needle Exchange is off-limits.
- _____ 4. Only do outreach or exchange with a trained partner during official, specified outreach or Needle Exchange site dates/times that are assigned to you by staff. Always work in pairs, as having a partner to support and back you up is essential. Always remain in the line of sight of your partner and develop a plan in case you need to leave.
- _____ 5. Do act as a "watchdog"; you are entrusted to protect the safety and confidentiality of participants.
 - Only participants and volunteers should be at the center or site when programming is happening. This means no visitors, friends, etc. during operating hours.
 - If someone is not a program participant, but is personally interested in our services, please politely refer him or her to the appropriate program.
 - No one from the media, researchers or anyone who seems to be more than just personally interested in our services may come into the centers, be on the property, or at an outreach or exchange site. These folks need to be immediately escorted out and away from the site and referred to the appropriate Program Manager of SCAP or SCCNEP. Alert the supervising staff member immediately.
 - Interested community members or workers at other social service agencies who just want to be knowledgeable about our services can be politely told that programming cannot be interrupted, but that they can call the Program Manager of the appropriate program to schedule a visit. They should understand.
- _____ 6. Do recognize that your work can have a great impact in just a few hours a week.
- _____ 7. Do listen actively and non-judgmentally.
- _____ 8. Do enjoy your work enormously. Don't burn out!
- _____ 9. Do take credit for your work by filling out stat sheets and keeping field notes.
- _____ 10. Do get support from fellow volunteers by attending weekly group meetings.
- _____ 11. Do stay informed of current resources applicable to both participants and volunteers.

DON'T:

- _____ 1. Do not use your counseling skills outside of a CHOW and Needle Exchange program shift. Letting relationships with participants extend into your time off can lead to burn out and can be harmful to participants. If a participant feels dependent upon you, he or she may not benefit from the support from other volunteers. Remember, you are not the only CHOW or Needle Exchange volunteer, you are part of a team.
- _____ 2. Do not flake on an outreach date, volunteer shift, or Needle Exchange site.
- _____ 3. Do not carry weapons.
- _____ 4. Do not hold or take responsibility for anyone's belongings (drugs, money, clothes, bags, etc.) Do not let anyone store, during the day or overnight any belongings at the Drop-In Center, Equinox or at any outreach or Needle Exchange site as they will be considered a donation and be given away.
- _____ 5. Do not engage in sexual relations or drug use with a participant.
- _____ 6. Do not accept or give, buy or sell, borrow or lend anything (gifts, money, etc.) to or from a participant.
- _____ 7. Do not sneak up on people. Ask people if you can approach and speak with them.
- _____ 8. Do not pressure anyone to accept information or materials that they do not want.
- _____ 9. Do not pressure anyone to change his or her behavior.
- _____ 10. Do not try to diagnose medical conditions or suggest medical procedures. Do offer information about and referrals to medical and treatment centers.
- _____ 11. Do not interfere with or get caught up in disputes between participants.
- _____ 12. Do not speak on behalf of; or represent that you are an employee of the Santa Cruz AIDS Project or Santa Cruz County Needle Exchange. Only when you are doing outreach or needle exchange, working at the Drop-In Center, Equinox, or doing something coordinated by SCAP or SCCNEP staff may you represent your actions as being part of your volunteer status. All school or other projects (written, photographed, or otherwise recorded) about the Drop-In, Equinox, the CHOW program, SCAP, SCCNEP or participants must be approved in writing in advance by your program manager.
- _____ 13. Do not divulge or use terms that reveal an individual's substance using status or sexual practices. Avoid terms such as: junkie, queer, "brother," fag, homo, dyke, or slang that identifies ethnicity, sexual orientation, or culture when addressing participants or when talking about them to other volunteers. These terms have culturally specific uses within a community, but may be perceived as offensive when used by people outside of that community.

I, _____ have read the following Do's and Don'ts of the Santa Cruz AIDS Project's Community Health Outreach Worker Program and the Santa Cruz County Needle Exchange volunteer program and agree to comply with these rules. If I should break any of these rules, I understand that my volunteer status will be terminated.

Signed _____ Date _____

Community Health Outreach Worker Training

AGENDA

Day I:

10:30 – 11	Welcome, Hospitality, Collaboration, DIC, Agenda & Check-ins
11- 11:45	HIV/AIDS (incl. testing)
11:45-12:30	First Hand Speaker
12:30 – 1:00	Hepatitis
1:00 – 1:30	Lunch
1:30 – 2:00	STDs
2:00 - 2:30	Jeopardy
2:30 – 3:30	Safer Sex
3:30 – 4:00	Do's & Don'ts, Confidentiality, & Volunteering

Day II:

10:30 – 11	Good Morning & Check-ins
11- 11:45	Harm Reduction, Practical Applications & Discussion
11:45 – 12:45	Drugs 101, Overdose & Discussion
12:45-1:15	Needle Exchange
1:15 – 1:45	Lunch
1:45 – 2:15	Race / Class Exercise
2:15 – 2:45	Queer/ Diversity Piece
2:45 – 3:15	Counseling Skills
3:15 – 3:45	Outreach, Resources, Role Plays
3:45 – 4:00	Certificates

CHOW Training Evaluation: Day 1

Please rate the following training components:

Poor=1 Average=2 Good=3 Excellent=4

HIV/AIDS	1	2	3	4
First Hand Speaker	1	2	3	4
Hepatitis	1	2	3	4
Lunch	1	2	3	4
STDs	1	2	3	4
Jeopardy	1	2	3	4
Safer Sex	1	2	3	4
Do's & Don'ts	1	2	3	4
Level of interaction	1	2	3	4
Your participation	1	2	3	4
Overall usefulness	1	2	3	4
Usefulness of handouts	1	2	3	4

Do you feel prepared to volunteer with our program?

Other comments, questions or concerns:

Thank you for coming! We look forward to working with you!

CHOW Training Evaluation: Day 2

Please rate the following training components:

Poor=1 Average=2 Good=3 Excellent=4

Harm Reduction	1	2	3	4
Drug 101	1	2	3	4
Needle Exchange	1	2	3	4
Lunch	1	2	3	4
Race/Class Exercise	1	2	3	4
Diversity	1	2	3	4
Counseling Skills	1	2	3	4
Outreach & Referrals	1	2	3	4
Level of interaction	1	2	3	4
Your participation	1	2	3	4
Overall usefulness	1	2	3	4
Usefulness of handouts	1	2	3	4

Do you feel prepared to volunteer with our program?

Other comments, questions or concerns:

Thank you for coming! We look forward to working with you!

Drop-In Center Rules

The following are the basic rules of conduct for participants accessing services at the center. All of these rules are clearly posted in the center.

House Rules

1. Treat everyone with respect. This means no racist, sexist or homophobic language.
2. No buying or selling of drugs in or around the center. (incl. paging your dealer!)
3. Don't use drugs in or around the center.
4. Help us keep the place clean by picking up after yourself.
4. Sorry, no animals in or around the center.
5. Problems? Suggestions? Let us know what we can do to make things better!

Bathroom Rules

Please ask a staff person before using the bathroom.

There is a 3 minute limit, then we will knock on the door.

You can:

- Change or try on clothes in this bathroom
- Clean up, wash your hands & face, brush your teeth & shave
- And of course...go to the bathroom!

You can't:

- Shoot or cook drugs in the bathroom

Telephone Rules:

1. You may only make local calls from this phone. Please, do not make long distance calls.
2. Please, do not buy or sell drugs or page people from this phone.
3. ONLY staff can answer the phone.

Enforcement and Consequences

Any participant may be exited from the center for breaking the rules. The participant should be given a verbal warning and be made aware of the rule they are breaking and asked to follow the rules while in the center. If the participant is not responsive, the request should be made a second time. If after the second time the participant is not willing to follow the rules, they will be asked to leave for the day. On rare occasion, it may be necessary to ask a participant to leave the center and not return for a period of time that will be determined by the staff. Any participant exhibiting behavior that jeopardizes the safety of the space, other participants, staff or volunteers will be asked to stop or he/she will have to leave. Threats, physical or verbal, will not be tolerated. **Participants should never be exited because they are "annoying" or not liked.** If there is evidence that someone has been injecting in the bathroom, the bathroom will be closed for one week. Other staff shall be made aware, either verbally or in the communication log binder, of the participant that was exited so that the participant is treated equally by all the staff and volunteers.

How to exit a participant:

- Stay calm.
- Make other staff aware of the situation.
- Inform the participant that because they are not able to follow the rules at the moment and are disrupting programming that they need to leave for the day. Try not to be confrontational and do this privately with the participant.
- Explain to the participant that this is temporary and that they may return to the center after their break, provided they can follow the rules.

Only the staff of the agency conducting services (ie: SCAP or SCCNEP) may exercise their power to exit a participant. As previously stated, HSA Test Counselors do not have the authority to exit participants. If a situation is happening and a volunteer or other service provider feels that the participant should be asked to leave, the staff person should be informed immediately. Staff may ask volunteers or other providers for support in exiting a participant.

Donations

Donations of clothing, food and hygiene supplies are greatly appreciated and can be accepted anytime the center is open.

Food Donations

If someone would like to donate prepared food, the food must be pre-wrapped and not tampered with. If the food is served, rather than given to participants to take with them, the food serving policy must be followed.

If a donation of canned or boxed food is received, remember that many participants don't have means to cook for themselves and that storage is limited in the Drop-In Center. All canned food donations should be looked through to make sure that the cans have labels and are not bloated or rusty. Also, make sure that the participants will be able to use the donated items.

Clothing Donations

The Drop-In Center only accepts donations of clean clothing. This is very important. The clothing bins must be checked through on a daily basis and anything that is soiled, badly ripped or smells unclean must be discarded. Donations that are left in the parking lot must also be discarded as well.

Other Donated Items:

For the most part, other donations of kitchen appliances, stereo equipment, furniture etc. are not appropriate, however it is at the discretion of the staff person. If a staff person accepts a donation of one of the above mentioned items and it remains in the center for more than one week, it is that person's responsibility to get rid of those items. This may require a trip to the dump if the items are in large and/or in very bad shape—so think about this before such a donation is accepted!

Participant-Initiated Grievance Procedure

It is important that participants feel empowered to give the Drop-In Center input regarding the services provided. The Drop-In Center staff will document feedback in a formal matter for a timely conclusion.

In the course of providing services, misunderstandings may arise, or expectations may not be met. If a participant feels that s/he is unhappy with the actions taken by a Drop-In Center staff member or volunteer and would like to file a grievance, the following procedure is encouraged.

The matter should initially be brought to the attention of the staff or volunteer, in order to resolve any misunderstanding or miscommunication. If not possible, a third party contact can be obtained.

If this is not possible, or if the matter is not resolved with the staff/volunteer, the following steps will be offered:

- A. Bring the complaint to one of the Program Managers (of the collaborating agencies) accompanied with a completed Participant Grievance Form. He or she will get back to the participant within five working days.
- B. If the matter is not resolved at this level to the satisfaction of both parties involved, it will be taken to the Drop-in Center Collaborative Partners.

If the participant chooses not to follow through with the process, the “decline” box will be checked on the grievance form and the form will be signed by the participant.

Both the participant and the staff/volunteer will hear directly regarding any action to be taken or resolution of any grievance within five working days, to also be documented on the initial grievance form.

Translation will be provided if necessary.

Participant-Initiated Grievance Form

Today's date: _____

Contact person: _____

Participant: _____

Grievance: _____

Plan to resolve grievance: _____

Follow-up: _____

___ Participant declines to follow through with procedure

participant signature

witness signature

Copy to participant
Copy to supervisor

Safety Procedures & Protocol

In the event of a disaster, violence, active drug use or sales on the premises any member of the Drop-In Center staff may request that the center be temporarily closed for the safety of the staff, volunteers or participants. In the event of a threat to the safety of the staff, volunteers or participants or in the case of a medical emergency, staff should call 911. Any available supervisor should be contacted immediately and made aware of the circumstances surrounding the closure of the center or the need to call 911.

What is an emergency?

Disaster - A disaster is defined as a sudden event that involves a large number of people and results in loss of life, serious injury and/or property loss together with a severe disruption of service provision. For example: an earthquake or flood

Violence - Any acts of violence, including verbal threats are not acceptable. Acts of violence include: pushing, hitting or slapping, kicking or being struck by on \ object. Verbal threats include: threatening to use physical violence, excessive yelling or swearing or harassment. If the well-being of any staff, volunteer or participant is threatened or the safety of the space is violated, 911 may be called.

Medical Emergency - A medical emergency is defined as an event in which a person is suffering from an injury or condition that requires immediate medical attention. Examples include: loss of consciousness, severe blood loss, chest pain or pressure, etc.

When to call 911

It is at the discretion of the staff member running the site to make a decision to call 911. If possible, staff are encouraged to seek support from other available staff and/or volunteers when making this decision. The decision to call 911 should not be used as a punishment or threat to a participant that is acting inappropriately or "annoying". 911 should only be called in the event of a real emergency. At times, working with participants with severe mental health issues can be challenging. These are not necessarily situations that require 911. In these cases, when a participant is difficult to handle, but is not experiencing medical emergency or is violent, please make use of our relationships with the Homeless Person's Health Project. These people are trained in assessment and will be less threatening and ultimately more helpful to our participants than the police. The police can also be called for assistance without calling 911 by calling 471-1131.

After 911 has been called:

After 911 has been called, an announcement that an ambulance or police have been called must be made. Any participants who have outstanding warrants or do not wish to be known by the police should be encouraged to leave. The Drop-In Center, under no circumstances can "hide" a participant or his/her belongings.

In a medical emergency, do what is possible to stabilize the person and wait for the ambulance to arrive. Typically, the operator can instruct you of simple ways of stabilizing the person. If you do not stay on the line with the operator and are unsure of any "procedure", it is best not to interfere and wait for medical professional to arrive.

Overdose

Part of working with active drug users is being able to understand the difference between a good high & a potential overdose, which can sometimes be challenging. It is important when making this assessment not to let personal judgments and/or fears about drug use interfere. The following are definitions of two different types of overdose and how to respond in each situation.

What is an overdose?

An overdose occurs when a person takes more drugs than their body can process and the drugs inhibit the body's ability to function. This can happen by taking a lot of one drug, mixing drugs or by taking a drug that is stronger than anticipated.

Depressant OD: Moderate: uncontrollable nodding, inability to focus their eyes, excessive drooling, pale skin color, incoherent speech.

Serious: Awake but unable to talk, person's body is very limp, erratic or very shallow breathing, excessive vomiting.

Severe: Unconscious, blue skin, person might not be breathing, can't find a pulse or it's shallow or erratic, choking or gurgling sounds, lying in their vomit.

Stimulant OD: Moderate: incoherent speech, extreme paranoia, pale skin color, jaw or teeth clenching, aggressiveness, minor shakes, excessive sweating, clammy skin, very rapid pulse.

Serious: inability to focus eyes, vomiting, foaming at the mouth, pressure or tightness of the chest, unable to talk, unable to walk, erratic pulse and violent actions.

Severe: seizures, unconsciousness, choking or gurgling sounds, not breathing, no pulse.

Always check the breathing patterns of a person who appears to be sleeping-make sure that their chest rises & falls!

What to do if someone overdoses

Monitoring someone at risk for an OD or responding to an OD can be stressful and should not be handled alone. If you think that someone is at risk for an overdose or is overdosing, notify the staff person immediately. Together with the staff person, an assessment of the severity of the situation will be made.

Once determined that someone is experiencing a mild opiate overdose, if they're conscious, get them up and moving. Ask them questions and encourage them to answer you. Be prepared for some hostility. The person may resent you for disturbing their high, so try and make clear the distinction between overdosing and enjoying.

For a mild stimulant overdose, try and keep the person calm and cool. You can try and remind the person that what they are experiencing is the result of a drug, and that the feelings will wear off once the drug wears off. Try and help them to slow their breathing by inhaling for three counts through the nostrils; holding it for two counts; and exhaling slowly through the mouth. Do this with them.

If the person is unconscious some very quick and decisive action needs to be taken.

Follow the Check, Call, Care:

1. Check - to make sure the person is breathing. If their breathing patterns seem too shallow or slow, gently shake them and ask: **“Hey, are you okay?”**

- If they are easily woken and are coherent, they are probably fine. Continue to watch their breathing patterns.
- If they are not easily woken, try again. This time shake them a little harder and use a louder voice, calling the person’s name if you know it is a good idea. Inflicting a little bit a pain on a person who is not responding to gentle shaking will often wake the person up. You can do this by pressing your knuckles down on the sternum or by squeezing their fingers around a pencil. Continue to watch their breathing. You may want to occasionally wake this person up, to make sure they aren’t slipping into an OD.

If the person is unconscious, determine whether or not they are breathing.

- This is done by placing the unconscious person on their back and check their breathing by placing your ear against their mouth and by watching for a rise and fall in their chest. Never leave an unconscious person in this position unattended. Place the person on their side, one arm up over their head and opposite leg bent at the knee to support the person. This procedure is very important in preventing the person from choking on their own vomit. If they are breathing, they will have a pulse.

If they are not breathing:

2. Call 911 - Ask someone to call 911 & ask one person to remain with the participant. Tell the 911 operator that the person is not breathing, they may give you instructions on what to do.

3. Care - If they are NOT breathing, place the person on their back. Bend back their neck and extend their chin to allow for the maximum air flow. Pinch their nose shut & give one breath every 5 seconds. If breaths don't go in, re-tilt head and re-attempt breaths. If air still won't go in, look for and clear any objects from mouth. Try again. If there is still no breathing, check for a pulse by placing two fingers on the base of the neck, down from the ear.

If there is no pulse give CPR. Repeat sets of 15 compressions and 2 breaths. Compressions should only be done by someone who has received CPR training.

Working with Law Enforcement

The Drop-In Center and its collaborative partners have a complex and ever-changing relationship with law-enforcement in Santa Cruz County. It is difficult to characterize specifics in terms of the legality of certain aspects of our programming, especially around syringe exchange, distribution and possession. There is also some legal gray-area around a participant's possession of a number of condoms—in some instances police officers have used this as the basis for “probable cause” to suspect that the participant is a sex worker. This is part of a larger discussion, but for our purposes here, we will discuss the issues that affect us directly at the Drop In Center.

State law provides that a county government can provide -through its health department or by appointment of a private entity- syringe “distribution.” The issue of distribution vs. “one-for-one” syringe exchange rages on, but Santa Cruz County Needle Exchange Program offers one-for-one exchange as a compromise to conservative forces (mainly law enforcement) in effort to keep our relationship cooperative. In addition, Santa Cruz County Board of Supervisors renews, every two weeks, a Declaration of Local State of Emergency among IDUs. This communicates that the community supports needle exchange and that law enforcement should not interfere.

Providers (staff and volunteers) are therefore not at legal risk when conducting the business of needle exchange and outreach that includes safer sex and injection supplies. Injection drug users, however, are cited and arrested frequently, as possession of a syringe without a prescription remains against the law.

Drop-In Center providers and participants have the reasonable expectation that exchange, programming and outreach services can take place without fear of police interference. The Santa Cruz Police Department, as a whole, understand that they are not to use the Drop-In Center or other outreach sites as a means to access people breaking syringe possession laws. There have been instances, however, when an individual officer or two take it upon themselves to “move along” a needle exchange site or to come around the Drop In Center, especially when exchange is happening. It has been years since a needle exchange volunteer has been cited (the charges were dropped) and we do not anticipate further incidents.

The Santa Cruz Police traditionally increases its presence (and therefore its pressure on our participants) greatly, downtown, on the levee, and near the Drop In Center, every summer and somewhat around the winter holidays to help create an environment more desirable to tourists and shoppers. It is generally around these times that we will have to step up our efforts to work on our relationship with SCPD. Officers also have stated recently that they have increased their presence in response to sharp increase in obvious drug dealing activities around the Drop In-Center. While it is not our fault that drug dealing is happening near us, rather an indictment that we placed our center in a wise spot for optimum harm reduction interventions, it still behooves us to work toward lessening the dealing activity in and near our parking lot. Staff should make its presence known throughout the day, in and around our lot, especially during programming. Those who feel comfortable should confront anyone buying or selling on our property.

Upon coming to a shift, staff should consult the Drop-In Center Communication Binder. Any “heads up” information will be recorded there. The Police Incident Sheets in the binder will also give a picture of the recent police situation. This is why it is crucial for staff to record this information after each shift. In some instances staff will flag an incident to communicate that other staff need to follow up.

SCPD officers usually ask permission to come in to the Drop In Center. They have never come in, randomly looking to see if someone with a warrant was hanging out. Officers are allowed to

come in and get someone who they are looking for, especially if they chased them in or if they saw the individual go in. Staff should try to meet officers at the door—recently an officer asked to come in, the staff told him no, so he went away! If they insist, they should be granted entry.

If the officers are in the parking lot, staff should approach them as soon as possible. Before exiting the Center, staff may inform participants that there are police outside if it is possible to do so without creating a panic. If the officers are engaged in an arrest or talking to participants, staff should approach and stand back respectfully until the police acknowledge their presence. Ask permission to approach. Find out why they are there. Get badge numbers and/or names. If there was any portion of the situation that you did not see, record accounts from witnesses.

When officers are on the levee and/or the bus station, some staff may choose to speak with the officers, find out what is happening and to get the officers' names. This should not be done in an antagonistic manner. Again, when officers are arresting or questioning participant(s) it is important to ask permission to approach. You are allowed to witness an arrest, but it is important to remain at a reasonable distance.

It is important to remain calm, be respectful and avoid being argumentative or sarcastic when interacting with police. We (and especially our participants) depend upon keeping our relationship as healthy as possible with law enforcement. Key lead staff are selected to meet with Santa Cruz Police Department semi-regularly. Usually these staff members go to police roll-call meetings and discuss issues with police. This way officers have an opportunity to meet and interface with Needle Exchange staff and get the message that the community has mandated that law enforcement must not interfere with our work.

Interacting with Police
(Protocol for Staff only)

1. Calmly, inform participants that the cops are in or around the building, levee, etc.
2. Identify yourself as staff, ask if there is a problem & if you can be of assistance. Ask for their business cards or names and badge numbers.
3. Fill out the Police Incident Form immediately after the interaction.
4. If possible, get the names and phone numbers (if they have them) of witnesses to the event. Get staff and volunteers first, and remember that participants may not want to get involved. It is our job to protect their confidentiality & safety.
5. Get statements from the arresting officers, as appropriate. Never antagonize the police.
6. If police seem to be hanging out for no apparent reason, politely explain that we have an agreement w/ the SCPD that the DIC will be respected as a health care facility & that it won't be used as a way to look for people. Hopefully they will understand.
7. Contact your supervisor and let them know what happened. Remember to write the incident down in the communication log.
8. Your supervisor will contact the officer's supervisor if they act inappropriately.

*Cops can only come into the center if they're pursuing someone who runs in or who they just happen to see right before he or she entered the D.I.C. The police may also enter the building if they have an arrest warrant and the participant uses the Drop-In Center as a legal address to receive mail. Staff and volunteers should not divulge to the police whether a participant gets mail or accesses any services at the D.I.C.

Police Incident Sheet

Staff Name: _____ Date: _____

Officer's Name: _____ Badge #: _____

Officer's Name: _____ Badge #: _____

Incident #: _____

Police Statement: _____

Staff account of incident:

Witness: _____ Phone #: _____

Witness: _____ Phone #: _____

Witness account of incident: _____

Police Incident Sheet

Staff Name: _____ Date: _____

Officer's Name: _____ Badge #: _____

Officer's Name: _____ Badge #: _____

Incident #: _____

Police statement: _____

Staff account of incident: _____

Witness: _____ Phone #: _____

Witness: _____ Phone #: _____

Witness account of incident: _____

Drop-In Center Cleaning Contract

The Drop-In Center is a collaborative project in which several different programs operate out of one facility. At the end of every shift, site or event occurring in the Drop-In Center the following cleaning tasks should be completed by the agency sponsoring services for that part of programming. The lead staff is responsible for ensuring that these tasks are completed at the end of the shift, site or event that they are supervising. The lead staff person is then required to initial & date the Cleaning Log.

ALWAYS wear gloves when cleaning!

End of Day Cleaning:

Take out trash & replace trash bags (incl. bathroom & kitchen)

Spray & wipe down all surfaces*

Sweep and mop floor

Vacuum front carpet

Clean front bathroom (this includes mopping)

Straighten magazines and literature that are on table tops & front desk

Put all furniture & appliances back to original place if moved (incl. microwave)

Clean inside of microwave

Straighten middle room (incl. putting away dishes from dish rack, re-fill cup basket, putting away

Tupperwares, wiping down sink, counter & table tops)

*The surface sanitizer is industrial strength hospital cleaner that kills HIV-1 and many common bacteria; including staph & pneumonia.

Dish Washing Policy: To prevent the spread of Hepatitis A, all dishes must be soaked in a solution of 1 part bleach & 9 parts water for a minimum of 10 minutes.

Weekly Cleaning or As Needed:

Sweep & mop middle room (twice weekly per agency)

Re-fill paper towels & toilet paper

Re-fill cleaning supplies (i.e. squirt bottles, dish soap, hand soap, etc.)

Pick-up trash in the parking lot & behind the building

Back bathroom

The back bathroom is to be cleaned weekly. Please see schedule in bathroom.

Cleaning the back bathroom entails: sweeping, mopping, taking out trash, wiping down toilet, sink & counter, re-filling soap, paper towels, toilet paper & toilet seat covers.

As an employee of either the Santa Cruz AIDS Project or the Santa Cruz County Needle Exchange Program I have read and agree to these cleaning responsibilities.

Signed _____

Date: _____

Communicable Disease Control Practices

The purpose of this section is to establish infection control standards at the Drop-In Center to protect all staff, volunteers, other non-staff service providers and participants from exposure to infectious diseases and to prevent infectious disease transmission. Various center activities present a potential for exposure to infectious disease and generate potentially infectious waste, thus proper precautions must be taken at all times.

Universal Precautions

Because the potential for infectivity of any participant's blood cannot be known, universal precautions should be followed regardless of any lack of evidence of the patient's infection status. The following procedures were adapted from the CDC recommendations:

Procedure:

Attention must be given to the organization and location of the "needle-exchange station" in order to reduce the occurrence of an accidental needle stick or other occupational exposure to blood-borne pathogens. Routinely use barrier protection as appropriate (gloves) to prevent skin and membrane contamination with blood or bodily fluids.

Wear gloves when:

- Touching blood and bodily fluids; including cleaning of the center and picking up trash in the parking lot, levy and our neighbor's property.
- Touching mucous membranes and non-intact skin of all participants.
- Handling items contaminated with blood or bodily fluids, including discarded syringes and any other used paraphernalia and gauze or bandages.

Note: All cuts, abrasions, ulcers etc. Should be covered with a bandage.

- Wash hands or other surfaces thoroughly and immediately if contaminated with blood or bodily fluids.
- Take extraordinary care to avoid accidental injuries caused by needles and when disposing of needles.
- Clean all surfaces exposed to blood and bodily fluids with a detergent solution followed by decontamination with an appropriate germicide.

Handwashing Policy

Adequate washing of hands is one of the most effective methods of controlling the spread of disease. Antibacterial liquid soap should be used when possible. Soap combined with foreign matter on the skin and lowers the surface tension of grease and dirt. This allows them to be easily removed from the skin surfaces through the use of warm, running water.

A waterless antiseptic hand sanitizer is available when hand-washing is not accessible.

Hand should be washed:

- Before handling food.
- After removing gloves.
- After handling soiled or contaminated items.
- After personal use of the restroom.
- Before and after eating meals.

Procedure: General Hand Washing

- Use warm water.
- Put a dime size drop of soap in the palm of your hand.
- Wash all surfaces of fingers, hands, and wrists using a rotary motion & friction.
- Continue to wash hands for about 30 seconds (sing Happy Birthday twice).
- Rinse well under running water flowing from wrists to fingers.
- Dry hands well with a paper towel.
- Turn off water with a clean dry towel.

Glove Policy

Gloves provide an effective barrier against disease transmission.

Non-sterile gloves will be used when:

- Cleaning any part of the center, washing dishes, and picking up trash outside the center, in the neighbor's parking lot and/or on the levy.
- Disposing of a used syringe or any used drug paraphernalia.
- When touching blood or bodily fluids, mucous membrane, non-intact skin or substance of unknown origin.
- Gloves should be changed between activities and only used once.
- Wash hands after removing gloves.

Disposal of Trash

Any trash that is or may be contaminated with blood or bodily fluids should be disposed of in a biohazard container. These items include:

- Syringes
- Other drug paraphernalia (i.e: cookers, cottons, water and bleach bottles, tourniquets)
- Gauze & band-aids
- Soiled tissues, paper towels
- Rubber gloves

Syringe Disposal

All used syringes should be disposed of in a biohazard container. If a syringe is found in or around the center or found by a citizen in the community, it should be immediately placed in a biohazard.

1. Block off the area where the syringe is from participants. Ask that someone stay in the area and go get a biohazard container and a pair of latex gloves.
2. Check around the area. You should be looking to see how many syringes are there, if they are capped or un-capped and if the needle is bent.
Never break off a needle or re-cap a syringe that was used by someone else.
3. Open up the biohazard and set it down next to the syringe.
4. Put on disposable latex gloves and carefully pick up the syringe. It is best to grab the syringe in the middle of the barrel and put it in the biohazard.
5. Close the biohazard tightly.
6. Wipe the area clean with surface sanitizer.

If someone brings a container of used syringes in that need to be disposed of **DO NOT** take the syringes out of the container. Find a large biohazard and place the entire container in the biohazard.

Accidental Needle Stick

There is no reason that an accidental needle stick should happen. All staff working around syringes regularly should be encouraged to get vaccinated for hepatitis B and tetanus. There is a remote chance of being infected with HIV if you are pricked with a used needle. The risk of hepatitis and tetanus infection is far greater if the needle was contaminated with either of these pathogens. If you are accidentally stuck with a used needle, follow these precautions:

1. Encourage the wound to bleed by squeezing the puncture site. This will help keep any pathogens from entering your body.
2. Wash the wound with soap and water immediately.
3. Apply an antiseptic and a band-aid, if necessary.
4. Contact supervisor immediately.

-adapted from the Getting Off Right Manual, Harm Reduction Coalition

After wound care and first aid notify your supervisor immediately. The Supervisor's Accident report and Employee's Claim for Workers Compensation Benefits should be obtained and completed. Because time is critical the supervisor should complete paper work immediately. The supervisor will perform an evaluation and advise the exposed individual regarding further medical care. Persons seeking follow-up medical care for a needle-stick should be referred to Dominican Hospital.

Steps for evaluating risk:

Determine risk associated with exposure by:

- a. Type of fluid
- b. Type of exposure

Evaluate exposure source:

- a. Assess the risk of infection using available information. If it is know who the syringe

belongs to, you may want to ask the person when they were last tested for HIV and HCV and what the results were.

b. For unknown sources, assess risk of exposure to HBV, HCV and HIV.

Evaluate the exposed person:

a. Assess immune status for HBV infection (i.e., by history of hepatitis B vaccination and vaccine response).

If risk of infection transmission is present, medical staff will advise employee of PEP protocols for HBV, HCV and HIV. Tetanus prophylaxis may also be recommended.

Cleaning Up Body Fluid Spills on Surfaces

Body fluids, including blood, feces, and vomit are all considered potentially contaminated with blood-borne germs. Therefore, spills of these fluids should be cleaned up and the contaminated surfaces disinfected immediately.

Clean-up Procedure Using Bleach

1. Block off the area of the spill from patrons until clean-up and disinfection is complete.
2. Put on disposable latex gloves to prevent contamination of hands.
3. Wipe up the spill using paper towels and place in a plastic garbage bag.
4. Gently pour full strength bleach onto all contaminated areas of the surface.
5. Let the bleach remain on the contaminated area for 5 minutes.
6. Wipe up the remaining bleach solution & clean with E-san as usual.
7. All non-disposable cleaning materials used such as mops and scrub brushes should be disinfected by saturating with a solution of 1 part bleach & 9 parts water and air dried.
8. Remove gloves and place in plastic garbage bag with all soiled cleaning materials.
9. Securely tie-up plastic garbage bag and discard.
10. Thoroughly wash hands with soap and water.

*This procedure was adapted from the CDC website guidelines regarding the cleaning of a contaminated pool deck.