



## **NHS Ayrshire & Arran**

## Injecting Equipment Provision Service Manual

## **Community Pharmacy**

With grateful thanks to John Campbell and NHS Greater Glasgow and Clyde for access to these, and other, materials.

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#### Introduction

"It has been estimated that there are approximately 24,000 injecting drug users in Scotland."

The associated harms and health risks of injecting drug use are well established and understood and include bacterial infections, abscesses, cellulitis, vein damage and deep vein thrombosis amongst many others. The transmission of Hepatitis C, HIV and other blood-borne viruses (BBV) within this population is also highly prevalent. It is the need to reduce these harms and to counter this growing burden of infection which has led to the creation of Injecting Equipment Providers (IEPs – formerly referred to as Needle Exchanges).

It is estimated that over 90% of new Hepatitis C virus (HCV) infections in Scotland occur in people who have injected drugs. There is convincing evidence globally to show that Injecting Equipment Provision is an effective measure in reducing high risk HCV transmission behaviours among injecting drug users (in particular, self-reported sharing of needles and syringes, and frequency of injection) and there is evidence that IEPs also reduce HIV infection among injecting drug users. IEP services are very cost-effective when compared with the lifetime cost of treating HIV or HCV infection.

The principal aims of the IEP outlets are:

- To reduce drug related harms and preventable deaths by controlling the spread
  of blood borne viruses and other potential infections through the provision of
  sterile injecting equipment to intravenous drug users.
- To provide an easily accessible service which engages injecting drug users, assessing risk, giving evidence-based harm reduction advice and providing a gateway into treatment services (Guidelines for Services Providing Injecting Equipment 2010)

#### Pharmacy IEP Services and Integration with Specialist IEP Services

**Commented [AA1]:** Add core nature of the pharmacies under the new guidelines and mention the new training.

Pharmacy IEP services are delivered within the premises of community pharmacies by pharmacy staff.

There are several benefits to the basing of an IEP service within a community pharmacy location:

- Accessibility community pharmacies are generally located within population centres and are more prevalent where need for healthcare services exists.
   Hours and days of opening are typically far superior to those possible from Specialist Services.
- Health Care Practitioner Availability the presence a pharmacist and a team of trained healthcare staff provides service users with access to information, advice and a range of NHS services such as care for minor ailments and wounds (through eMAS), pharmaceutical care for long-standing conditions (CMS) and signposting to other appropriate care givers (eg. Specialist IEP services, dental, A&E).
- Popularity A review undertaken for NICE, found evidence that pharmacybased programmes are popular with injectors and are generally rated more highly than drug-agency-based IEP services for accessibility (both location and opening hours).

The National Needle Exchange Survey found that, in some areas of Scotland, IEP service provision is almost exclusively through community pharmacies.

Pharmacy based IEP services are essential to complement the work of the Specialist IEP services and to provide sufficient capacity and availability of services within Ayrshire and Arran to meet the needs of the injecting population. This is of the utmost importance when considering the risks associated with injecting drug use and the impact any lack in service availability may have on Hepatitis and HIV transmission as well as other injecting-related complications or harms.

Pharmacies provide discrete and non-judgemental access to the following injection provision-related services:

- · Access to sterile injecting equipment
- Safe disposal of used injecting equipment as well as provision of personal safe storage containers
- Signposting for regular checks from Specialist Services IEP sites for services such as: safer injecting education; vaccination; sexual health interventions; overdose awareness and naloxone supply; Blood Borne Virus screening and BBV treatment referral.
- Information on harm reduction
- · Wound assessment and care
- · Wider health promotion advice

It is acknowledged that there may be barriers to pharmacy provision of injecting equipment services, with some reported difficulties including: the size and suitability of the premises; a lack of separate consulting area and a shortage of storage space. In addition, pharmacists and pharmacy owners themselves may fear that the presence of people who use drugs in the pharmacy will deter other customers. There is evidence to show that these fears may be generally unfounded. The basic requirements for premises to provide a good IEP service are minimal, the service users who would be accessing the pharmacy are typically local or would access the pharmacy for other services anyway and, in many cases, other customers are unaware that the pharmacy is providing such harm reduction services. IEP equipment supplies made with appropriate cognisance of discretion and confidentiality make such a circumstance more likely. The positive attitude and confidence of staff involved in administering this service is the paramount factor in the success and reception that such a service receives.

Trained staff within the Specialist IEP Services (details on Page 59) provide additional support for injecting drug users as well as wider care and health promotion advice.

It is strongly recommended that individuals using the Pharmacy IEP services are encouraged to attend the Specialist services periodically for the additional care and support available from the trained teams.

- Supplies of a more extensive range of injecting equipment including advice on selecting the appropriate needles and paraphernalia.
- · Risk Assessments for physical and mental health and social wellbeing
- Training on the dangers of overdosing (about 1% of people who inject drugs die of an overdose each year)
- Supplies of take home Naloxone and training on its use
- Safer injection training as well as how to use injecting equipment properly and effectively.
- Encouragement to switch to less harmful forms of drug taking such as the supply of foil and training for smoking
- Wound assessment and tissue infection management
- Support for people to access and opt for opioid dependence treatment in order to reduce illicit drug use
- Testing and referral to treatment for hepatitis C and HIV blood borne virus infections
- Vaccination against Hepatitis B and influenza
- Sexual health support such as STI screening, contraception advice and provision.
- Encouragement to address their other health and social needs.

#### **Blood Borne Viruses (BBV)**

Blood-borne viruses (Hepatitis B&C and HIV) are transmitted when blood cells from an infected person are passed into the bloodstream of another person. When preparing and injecting drugs, there are many ways this could happen.

The most obvious route for BBV transmission, is the direct sharing of needles and syringes. The sharing of other paraphernalia items (spoons, water and filters) also presents a risk of transmission, particularly for Hepatitis B&C.

In the West of Scotland an HIV outbreak was identified in 2015 and continues to grow amongst people who inject drugs. Hepatitis C infection is experienced by approximately half of people who inject drugs.

Treatment for BBVs is effective, reduces harm to the individual (and for Hepatitis C is curative) and reduces the risk of onward infection.

Regular testing and referral to treatment where needed is an essential part of the care for people who are at risk through the injecting of drugs. Support for individuals to be tested and referred to treatment is through the specialist Addiction Services or via the patient's GP if they are unwilling to engage with the specialist service.

#### **Staff Competence**

Clients who request injecting equipment should, whenever possible, be seen by a competent member of staff. This is someone who:

 Has undertaken appropriate training such as that provided by NHS Ayrshire and Arran (for example from the Specialist Addiction Services or the Prevention and Service Support Team (PSST))

and

• Has completed training on the NEO data collection system

When there is no such member of staff available, equipment can be provided by other workers who:

• Have been deemed as competent by their line manager/pharmacist.

Regular training is provided by PSST as per the Ayrshire Addiction Training Calendar. Additional training may be organised by Addiction Services according to need and service developments.

#### The Interaction

Many of the clients who access pharmacy IEP sites are not known to drug treatment services and are, by definition, a hard to reach group. To help engagement, it is important that an environment is created which is welcoming and non-judgemental. This will go some way to reducing the stigma which can surround injecting and the use of IEP outlets. This will encourage clients to use the service as often as they need to. It is essential that the transaction is as confidential, discrete and relaxed for the client as possible.

It is vitally important that the transaction is safe for staff (staff should pay particular attention to the section on returns)

The following transaction procedure should be followed:

- The client should be taken to a confidential area whenever possible.
- Returns should be disposed of using the correct procedure. Ask the client how
  many returns are in the sharps container as this information will be needed.
  (please see returns section)
- · Access to client records on NEO is by entering a NEO identifier
- All clients must be registered with the NEO system and, if not already registered, a new NEO identifier must be created and provided to the client
- If it is not possible to undertake an initial NEO assessment, equipment can be
  given at the discretion of the staff member, with the client encouraged to come
  back and register at a later date. However, this should only be done in rare
  and exceptional circumstances as a last resort.
- The steps for recording the transaction can be found in the supporting NEO manual
- The client should be asked what equipment they require (see pack contents section and needle sizes for guidance if required) and the appropriate quantity supplied to meet the needs of the client. Sufficient equipment to allow a new needle for every injecting episode is the goal and clients should be encouraged to take ample. Appropriate disposal containers should be supplied and water for injection offered.
- The equipment should be placed into a plastic bag for discretion and supplied to the client.

- In addition to providing injecting equipment clients should be offered verbal and written information (whenever realistic to do so) on:
  - Safe storage and disposal of injecting equipment
  - Safer injecting
  - The drugs they are using
  - Transmission of blood borne viruses, prevention and testing
  - Information on Hepatitis B vaccination.
  - Sexual health information
  - Overdose prevention and response
  - Referral/signposting to supporting services
  - Registering with eMAS

Any advice, signposting or other intervention should be recorded on NEO to support the efficacy and value of pharmacy based clinical services.

#### **Providing Care to Young People**

Young people are starting to use drugs at an increasingly early age and the age at which problematic drug use commences is also dropping. A small, but significant, proportion of young people inject drugs although many may be 'hidden' from services until later in their drug-using career.

It is clear that there is a potential conflict between providing a harm reduction service (which may appear to condone or normalise drug use) and the duty to protect young and vulnerable people from harms related to drug use. In order that safer injecting provision operates in a competent and responsible manner an appropriate balance must be struck between harm reduction and the supplier's protective responsibilities to the young person.

While there is no minimum age for appropriate illicit drug use it is generally accepted that those under the age of 19 years are likely to require a greater level of support and safeguarding to meet their health and social care needs than is available within a community pharmacy IEP setting. In addition there may also be complex issues of capacity to consent requiring assessment by a skilled and appropriately trained specialist worker.

A balancing factor is the need to provide the harm reduction service when requested with due consideration of the likelihood that the injecting episode will occur anyway in spite of the absence of sterile, unused, injecting equipment and paraphernalia. One study indicates that sharing rates among young injectors are higher than that within equivalent adult populations (27% under age 20 compared with 16% of those 30 and over) (DoH 2002). Sharing is more likely after the first year of injecting and there are an increasing number of young women injecting, a high proportion of whom are also engaging in other high risk behaviour such as unprotected sex (Mullen & Barry 2001). Effective harm reduction interventions tailored for young people - such as IEP - are

crucial preventative measures against blood borne virus transmission and other drug related harm.

The following recommendations are therefore made regarding provision of IEP services within the pharmacy to young people

- If a client is (or appears to be and cannot give proof of age) under the age of 19 years it is preferable that they are seen by a specialist young person's drug worker and, if this situation arises, pharmacy staff should attempt to refer the client to the local Specialist Service (details on p59).
- In the absence of any specific information, which would suggest that such a
  supply would not be in the best interests of the client at that time, it is the
  pragmatic recommendation of this guidance to make a supply of the
  requested injecting equipment along with the advice to attend Specialist
  Services.
- Providing only restricted quantities or certain types of equipment is unlikely
  to be an appropriate response to encourage attendance at Specialist
  Services and may increase risks of reuse and sharing.
- The pharmacy is unlikely to be the most suitable long-term venue for needle
  distribution to take place to young people and so ongoing efforts should be
  made to encourage the client to attend Specialist Services should they
  continue to present within the pharmacy IEP setting.

#### **Quantities to Supply**

Historically, in Scotland, there was a legal limit on the number of sterile needles that IEP services could give out to injecting drug users at any one time. These limits were set by Scotland's Lord Advocate in December 2002. In recognition of the important public health imperative to encourage one needle per injection the Lord Advocate agreed to remove any limits on needle and syringe provision, or the requirement to return used needles before a further supply can be made. Revised Guidelines were issued to reflect this agreement and this is reflected in the Scottish Government guidelines for IEP services.

## THERE ARE NO LONGER ANY LIMITS ON THE QUANTITY OF EQUIPMENT WHICH MAY BE SUPPLIED TO A SINGLE INDIVIDUAL IN A SINGLE TRANSACTION

People who are accessing services may not always realise that they are entitled to a greater number of needles and syringes than they currently receive — nor do services always inform them of their entitlement and encourage them to make use of it. Many areas of Scotland are distributing an insufficient number of needles and syringes to their local injecting population. It is important to encourage clients to take sufficient equipment to meet their needs. On occasion, a client may not want more than a very small number of kits due to their circumstances on that day. It is recommended that pharmacies encourage forward planning and supply sufficient equipment to avoid the need for another visit to the pharmacy in the immediate future. An appropriately sized safe disposal bin should also be supplied.

As of March 2010, there is also no legal requirement for clients of IEP services to return used injecting equipment before new equipment can be distributed. Experts agree that it is poor practice to limit the distribution of injecting equipment when clients do not bring back used equipment as this may encourage sharing or limit access to sterile equipment.

In spite of this, it is still good practice to encourage clients to return their used equipment and to dispose of equipment safely. The NEO system gives some indication if equipment is being returned for disposal at any site in Ayrshire and Arran and this may be of use in identifying individuals who are not disposing of equipment safely. Public littering or inappropriate disposal of used equipment is unconscionable and should be discouraged however it is not appropriate to refuse to supply sterile equipment on the grounds of nil returns.

#### **Key Points**

- Sufficient equipment should be supplied in order to ensure that the client does not need to share or re-use equipment.
- There are no limits on the quantities which can be supplied clients should be made aware of this and offered larger amounts if appropriate.
- If the individual states that they are supplying equipment to others (secondary distribution) this should not be discouraged and they can be given more equipment to supply.
- They should, however, be encouraged to bring the other injectors into the pharmacy and/or spend some time discussing relevant harm reduction information that they can pass this on to the other injectors they are in contact with.
- The equipment which is given out should relate to the type of injection which is taking place (see One Hit Kit contents section for more information).
- No restrictions on amounts provided should be placed because the client has no returns.

#### **Procedure for Accepting Returns**

It is important that we are able to recover as many used needles and syringes as possible. Therefore, clients should be encouraged to bring back returns on a regular basis. Where there is evidence that this is not happening it should be discussed with clients. However, there may be a number of barriers which stop clients returning to the issuing site frequently such as: the client has taken the used equipment to another pharmacy or specialist site; they have them stored in their house; they have been somewhere before the pharmacy (such as court) and do not want drugs paraphernalia on their person.

The client should not have any restrictions on the amount of needles provided because they do not have returns - limiting the amount of needles given out increases the overall risk for everyone.

- All needle/syringes and injecting paraphernalia MUST be disposed of in an appropriately sized sharps container.
- All clients should be encouraged to place used injecting equipment into a sharps container before entering the pharmacy.
- Clients should be informed about the safe level to fill sharps containers and how
  to close them securely once full. These should be secured before returning to
  the pharmacy.
- Those clients who present with loose needles and syringes at the service must be provided with an appropriately sized sharps container and asked to place the used equipment into it themselves.

- Any needles returned to the service in containers (e.g. cans, boxes or bottles, bags or any other vessel which is not a sharps container, but contains used equipment) must be placed directly into an appropriately sized container (yellow bin 30 litres) by the client. Staff and clients MUST NOT attempt to search through bags or containers to separate used equipment from other paraphernalia.
- Small 0.2L or 0.45L sharp safe containers should be placed by the client directly into the large containers through a "drop hatch" where available.
- There should be no need for staff to handle returned sharps containers.
- Large 30 litre yellow containers returned to the pharmacy by clients should be checked visually by staff to ensure that they are secure and safe to be handled.
- Once assessed as safe the 30 litre yellow containers must be secured and stored in a designated area awaiting collection and disposal.
- Pharmacies must have large 30 litre yellow containers in stock and should order enough to keep a reserve of at least 2 bins to cover any that become damaged or cover any unexpected increase in returns.
- It is acceptable to receive used needles that have **not been** used for injecting street drugs (e.g. diabetic clients) subject to the same proper procedure for accepting returns. However, this should not be routine and surgeries, hospitals etc should make arrangements with the patient for on-going return and disposal.

#### **Discarded Needles**

Needles found within the shop vicinity (outside, in a public space) should be dealt with by contacting the following Council departments:

- East Ayrshire: Outdoor Amenities Department on 01563 554 061
  - Sealed containers containing sharps can also be disposed of, free of charge, at the Waste Management Services Office, Western Road Depot, Kilmarnock (01563 554 033)
- South Ayrshire: Waste and Recycling on 0300 123 0900
- North Ayrshire: Environment and Related Services (Streetscene) on 01294 310 000.

Please note, these services will only collect from <u>public sites</u> (eg road, pavement, public building, council house or garden) and not from privately owned property.

In the unlikely event that a discarded needle is found within the shop premises, pharmacies should ensure that they have access to equipment for dealing with this.

- Surgical gloves
- Syringe lifting equipment (tweezers)
- · Sharps container
- Disinfectant
- · Gloves should always be worn to reduce risk of contamination
- The worker should take a small sharps bin to the area where the needle has been found. Never take the needle to the bin.
- No attempt should be made to re-sheath needles.
- Once the needle is placed in the sharps container it should be locked and disposed of.
- The area should be cleaned with disinfectant
- The gloves used for handling the needle should be discarded after use and placed, along with all other contaminated utensils, into the yellow bin.

#### **Needle Stick Injury**

It is important to point out that if proper procedures for accepting returns are followed staff should be at no more risk than the general public of receiving a needle stick injury.

If staff members wish to be vaccinated against Hepatitis B they can arrange this through their employer/pharmacy or contact Alexander Adam (Specialist Pharmacist in Substance Misuse) for details on vaccination by NHS Occupational Health.

The following information should be available to all staff:

If you pierce, or puncture, your skin with a used needle, you need first aid straightaway. You should:

- Encourage the wound to bleed, ideally by holding it under warm running water;
- · Wash the wound using running water and plenty of soap; and
- Dry the wound and cover it with a waterproof plaster or dressing.

Do not scrub the wound while you're washing it, do not use bleach and do not suck the wound.

You must also seek medical advice immediately.

#### **OCCUPATIONAL HEALTH SERVICE**

During office hours pharmacy staff must contact and attend the **nearest** Occupational Health Department. These are:

Occupational Health Department	Phone Number	Hours of Opening
Ailsa Hospital	0800 085 0929 Ext 27306	<b>Mon-Fri</b> 8.30 – 4.30
Crosshouse Hospital	0800 085 0929 Ext 27306	<b>Mon-Fri</b> 8.30 – 4.30

#### **ACCIDENT & EMERGENCY DEPARTMENTS**

The following Accident & Emergency Departments should be contacted in the event of a significant exposure occurring out of office hours:

Accident & Emergency Department	Phone Number
Arran War Memorial Hospital	01770 600777
Ayr Hospital	01292 610555
Crosshouse Hospital	01563 521133
Lady Margaret Hospital	01475 530307
Girvan	01467 712281

A copy of the full NHS Ayrshire and Arran 'Health and Safety manual: 'Action to be taken in the event of accidental exposure to bloods and body fluids, including 'sharps' injuries' can be supplied on request to Alexander Adam.

### The risk of infection after exposure, following a needlestick or similar injury from known positive source

- "Hepatitis B Virus: Health care workers who have received hepatitis B vaccine and have developed immunity to the virus are at extremely low risk of infection. For the unvaccinated person, the risk from a single needlestick or a cut exposure to HBV-infected blood ranges from 6-30% and depends on the viral load and hepatitis B e antigen (HBeAg) status of the source individual.
- Hepatitis C Virus: Based on limited studies, the average risk of infection after a needlestick or cut exposure to HCV-infected blood (i.e. HCV PCR +ve blood) is approximately 1.8%.
- Human Immunodeficiency virus: The average risk of HIV infection after a needlestick or cut exposure to HIV-infected blood is 0.3%, i.e. 1 in 300.

#### Needlestick injury with a used needle from a Person Who Injects Drugs:

The risk of BBV transmission following a percutaneous injury involving a used needle from a Person Who Injects Drugs (PWID) is dependent on the risk that the source is HIV, HCV or HBV positive, and the time that has elapsed since the needle was used. Estimates of the risks associated with such injuries in Scotland are given in the table below.

Infections	Probability of infection in the PWID population in Scotland	Risk of transmission if exposed directly	Estimated risk following Very short interval after use (seconds/minutes)	ng exposure to needle Intermediate interval after use (minutes/hours)	Long interval after use (hours/days)
HIV	1/100	1/300	1/30,000	1/3,000,000	1/30,000,000
HBV	1/33	1/3 (eAg+ve) – 1/17 (eAg-ve)	1/100 - 1/560	1/1,000 - 1/5,600	1/10,000 - 1/56,000
HCV	1/3	1/50	1/150	1/15,000	1/150,000

Excerpt from Greater Glasgow and Clyde Addiction Services IEP manual.

#### Yellow Bins - Uplift and Delivery

Large containers for contaminated sharps are known by most as "Yellow bins". These containers have a 30 litres capacity and the lid will seal when closed.

All Yellow bins are ordered using the FCom ordering system

The yellow bins come in outer packs of 10 and can be stacked once removed from the cardboard packaging to reduce storage space impact

NOTE: It is important that at least 2 bins are kept as a reserve to deal with any unforeseen circumstances such as inclement weather or a large amount of unexpected returns.

#### Uplift of full bins

Full bins should be closed securely and sealed before storing appropriately.

NHS Porters will call regularly at most sites to collect clinical waste for disposal. The NHS Porters will uplift sealed containers only.

Pharmacies with lower demand may not be scheduled for routine delivery and should contact Alexander Adam to arrange an uplift when required.

If there are any problems with uplift or delivery please contact Alexander Adam.

#### Ordering Supplies of Equipment - The FCom Portal

The process for ordering equipment for supply involves pharmacy direct ordering from the national supplier via the FCom Portal.

It is important that supplies of injecting equipment are ordered well before total stock depletion. Lack of availability of appropriate equipment can be frustrating for service users and increases the risk of sharing or reuse of injecting equipment.

The typical time to receive directly placed orders is within three working days. NOTE: deliveries of water for injection or disposal bins are often separated from the other order items and may arrive a day later via separate courier.

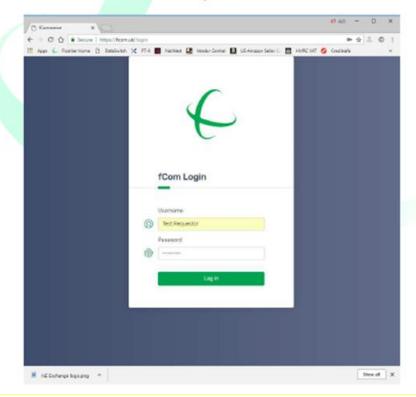
# FCom ordering Portal Instruction Manual for Requisitions





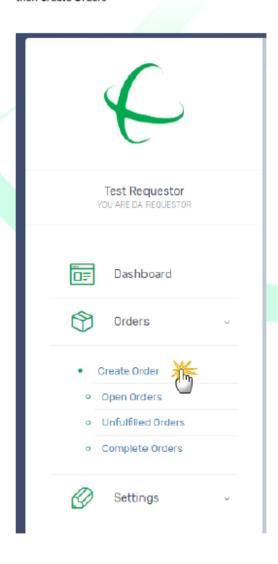
#### LOGIN

- Fcom is a web based ordering platform that can be accessed via any web browser on a computer, tablet device or phone.
- A 'Requisition' user can place orders on behalf of the delivery address they are associated with in line with scheme controls, this can be a single or multiple delivery address
- You can access the portal at <a href="https://fcom.uk/login">https://fcom.uk/login</a>
- At the log in screen please enter your user name and password and Select log in.
   If you have forgotten your credentials, please contact customer care on
   Tel: 01495 235 800 Option 1, alternatively, email: <a href="mailto:nxsales@vernagroup.com">nxsales@vernagroup.com</a> and one of our team will be in contact as soon as possible



#### PLACING AN ORDER

- On successful log in you will be presented with your Dashboard, this gives a summary of order activity.
- To begin order entry, on the navigation menu on left hand side of the page, select 'Orders', then Create Orders

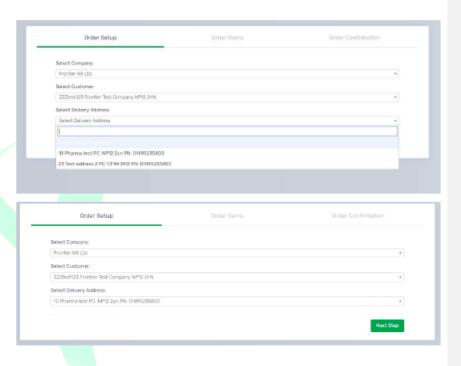


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You are taken to the 'Create Order' screen.

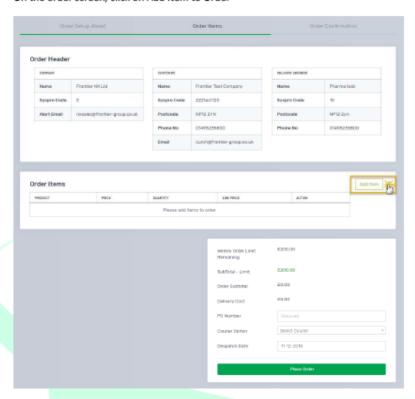
Most users will have their delivery point loaded automatically, however If you are linked to more than one delivery address, an 'Order Setup' menu will appear. Here you must select a delivery address from the dropdown list. If you have a long list, you can use wildcard searches by typing in e.g. the post code or part of, or the name or telephone number and it will return the found results.

Select your address then click on 'Next Step'



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On the order screen, click on Add Item to Order

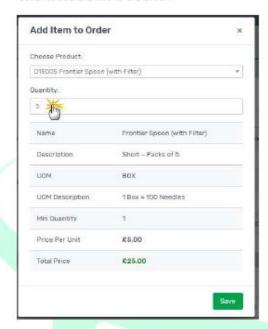


On the 'Order Detail' menu, select the lines you wish to order, to do this, Select the product
from the dropdown list, again you can use wildcard searches on descriptions or part
numbers... e.g spoon, needle, 1ml etc and the search will filter to aid your selection.
You can only see products that are on your approved buying list controlled by the scheme
coordinator.

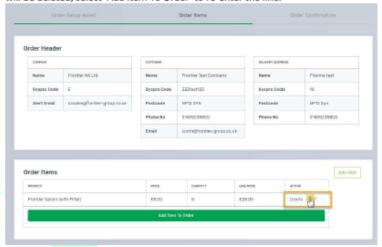
Add Item to Order	>
Choose Product:	
Please select a product.	9.8
011800 Frontier 1 ml Syringe 27g x %*	
015005 Frontier Spoon (with Filter)	

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- Once product is selected, now enter the Qty you wish to order. Please pay close attention to the unit of measure (UoM) here.
  - In this example, I have entered a qty of 5, the UoM is Box and the UoM explanation shows 1 Box = 100
  - So in entering 5, I have ordered 5 boxes of 100 (500 units) at a cost of £25.00
- · 'Save' to add the line to the order.



If you have added the items and made a mistake, you must remove the line then re-enter.
 To remove, On the Order line, in the 'Action' column click on the 'Remove' button, the line will be deleted, select 'Add item To Order' to re-enter the line.



- Once you have built your order, check the order subtotal, dispatch date (change if needed), Enter a customer PO Number if applicable and select place order
   Once Place Order has been selected, you'll be prompted to 'Save as Draft' or 'Place Order'.
   To submit to Frontier, select 'Place Order'
- The order has now been placed and if visible in 'Open Orders', to view to go navigation
  menu> Orders>Open Orders from the, once the order has been sent to Frontier's system,
  you will receive and email notification and the order will be visible in
  Menu>Orders>Unfulfilled Orders
- Once the order has been processed for shipping, the order will move from 'Unfulfilled Orders' to 'Complete Orders'

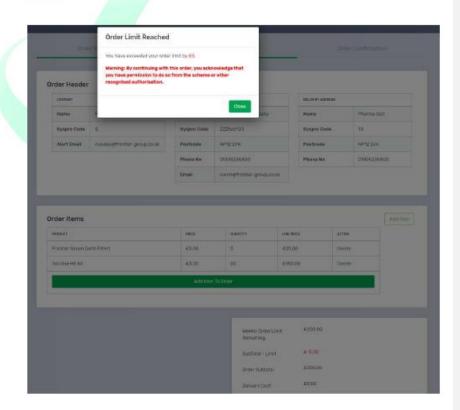
#### Trouble Shooting

The site has many in built controls to aid the exchange scheme's in budget control.
 For each delivery point a limit can be setup on the amount of purchases they can process in each period, weekly, monthly, quarterly,

On your sales order screen, pay attention to the 'Order limit Remaining Total', this displays the balance of your budget, if you breach this figure, you may receive a warning message or be prevented from placing the order.

#### Example of Warning - Order limit Reached

You can continue with the order; however, an alert has been raised that it's above the set threshold.

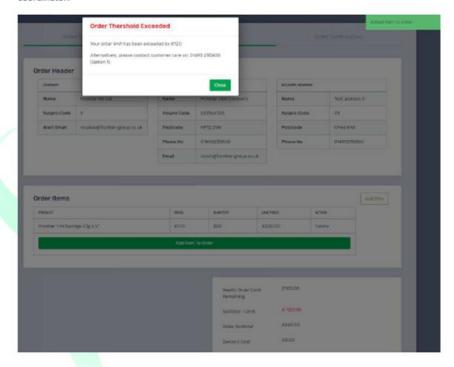


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#### **Example of Limit Exceeded**

If you have exceeded your hard limit on spend, you will not be allowed to place the order, if you received this message, you have 3 options available.

- 1. Select Ok and amend the order so it is below the order limit
- 2. Cancel the order, wait until your next budget period begins
- Contact Frontier Customer care, a member of the team will contact the scheme coordinator to discuss, from there a decision will be made on the order by the scheme coordinator.



 If you are having problems, please contact one of our customer care advisors on Tel: 01495 235 800 Option 1, alternatively, email: <a href="mailto:nxsales@vernagroup.com">nxsales@vernagroup.com</a> and one of our team will be in contact as soon as possible

#### **Receiving Orders of Equipment**

On receipt of a delivery the items received should be compared to the Delivery Note and checked against what was ordered and expected.

The typical time to receive directly placed orders is within three working days, however, please note that Water for Injection and Sharps Containers may be delivered separately the following day.

If no order is received, items are missing (and do not arrive the following day), or there is any other discrepancy please contact the supplier directly.

#### **Contact details:**

Tel: 01495 235 800

nxsales@vernagroup.com

Please also pass details of any discrepancies or issues to Alex Adam: <a href="mailto:alexander.adam@aapct.scot.nhs.uk">alexander.adam@aapct.scot.nhs.uk</a>

#### One Hit Kit Contents and Needle sizes

#### Name: 019015 - Black 1ml One Hit Kit - Integrated Filter

A permanently combined 'one piece' unit, the needle is fixed to the end of the syringe and cannot be removed. The needle attached is of a high gauge (29g, very thin) so is likely to cause the minimal amount of harm if used properly.

The volume of blood left behind in the syringe after injection is minimal – this is the lowest dead space syringe. The cap contains an integrated filter which is the most effective filter available.

These kits are suitable for people injecting into superficial veins, such as those visible in the arms, or those injecting under the skin.

Likely drugs to be injected are heroin, cocaine, amphetamines, growth hormones, tanning agents (melanotan)

QUANTITY	CONTENTS
1	Transparent Bag
1	1ml Filter syringe with fixed needle 29g x ½"
1	Spoons with filter
1	Citric Acid Sachets
1	Pre-injection Cleaning Swabs

#### Name: 019028 - Orange 2 ml One Hit Kit

A separate syringe which allows for different needles to be attached and detached to the tip. The syringe is designed to reduce the volume of blood remaining after an injection (reduced Dead Space) however this is still less effective than the Fixed 1ml Syringe (lowest Dead Space). A separate filter is included but is less effective than the integrated filter in the Fixed 1ml Syringe.

These kits may be suitable for people injecting into deeper veins, especially the femoral vein.

Likely drugs to be injected are heroin, cocaine, amphetamines.

QUANTITY	CONTENTS
1	Transparent Bag
1	2 ml Syringe
1	Orange needle 25g x 1"
1	Pre-injection Cleaning Swabs
1	Spoons with filter
1	Citric Acid Sachets

#### Name: 019027 - Blue 2 ml One Hit Kit

A separate syringe which allows for different needles to be attached and detached to the tip.

The syringe is designed to reduce the volume of blood remaining after an injection (reduced Dead Space) however this is still less effective than the Fixed 1ml Syringe (lowest Dead Space). A separate filter is included but is less effective than the integrated filter in the Fixed 1ml Syringe.

These kits may be suitable for people injecting into deeper veins, especially the femoral vein, although for femoral injecting orange 2ml One Hit Kits may be less harmful due to the smaller needle.

Likely drugs to be injected are heroin, cocaine, amphetamines.

QUANTITY	CONTENTS
1	Transparent Bag
1	2 ml Syringe
1	Blue Needle 23g x 1 1/4"
1	Pre-injection Cleaning Swabs
1	Spoons with filter
1	Citric Acid Sachets

#### Name: X210C - Sports Pack 1

A permanently combined fixed insulin syringe. These are not filtered syringes but are standard insulin syringes marked for diabetic use.

These packs may be suitable for people injecting growth hormones, insulin and tanning agents (eg. Melanotan).

There is no paraphernalia provided so these are not suitable for injecting any drug which requires preparation or filtering (eg. heroin, cocaine)

QUANTITY	CONTENTS
1	Opaque Bag
20	1ml unfiltered insulin syringes
20	Pre-injection Cleaning Swabs
1	0.45L Sharpsafe bin

Name: X206C - Sports Pack 2

These packs may be suitable for people injecting steroids.

There is no paraphernalia provided so these are not suitable for injecting any drug which requires preparation or filtering (eg. heroin, cocaine)

QUANTITY	CONTENTS
1	Opaque Bag
20	2 ml Syringe
20	Green Needle 21g x 1 ½ "
20	Blue Needle 23g x 1 1/4"
20	Pre-injection Cleaning Swabs
1	0.6L Sharpsafe bin

#### **Sharps Containers**

Name: 41721210 - Sharpsafe Bin 0.2L (very small)

These bins can hold approximately five used syringes.

Name: 41711210 - Sharpsafe Bin 0.45L (small)

These bins can hold approximately twenty used syringes.

Name: 41850000 - Yellow Bin 32L (large)

These bins are for bulk disposal and collection of waste and can hold large quantities of used injecting equipment.

These can be supplied to service users where requested

Please remember to offer 'water for injection' and appropriately sized Sharpsafe bins during every transaction

#### Water for Injection

#### Name: 019018 - Water for Injection (5mL plastic amp)

These plastic, single-use ampoules contain 5mL of sterile, pyrogen-free, water for injection and should ideally be provided to service users in sufficient quantities to allow for one ampoule per one injection.

It should be reinforced that these are not for sharing or reuse and any remaining water should be discarded and a fresh ampoule opened for each injection.

#### Foil 5 Wallet

#### Name: 013024 - Foil 5 Wallet (100 wallets per outer)

These wallets contain 5 sheets of uncoated (oil-free) aluminium foil, interleaved with tissue, in a protective plastic wallet.

Provided to encourage smoking of heroin or crack cocaine in preference to injecting thus avoiding risks of blood borne virus transmission and increasing control of doses taken compared to injecting.

## Paraphernalia contained within One Hit Kits and Sports Packs

#### **Swabs**

Sterile alcohol swabs used to clean the site prior to injection. Single use and disposable.

#### **Acidifier Sachet**

Citric Acid used to aid dissolution of Heroin and Crack Cocaine. A single sachet contains much more acidifier than is required for preparation of a single dose.

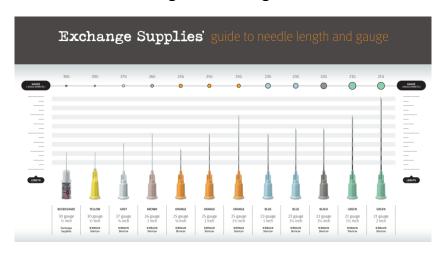
#### **Spoons (Cookers)**

Used to dissolve powder drugs into solution and heat if required. Stainless steel and packaged with a loose filter. Single use and disposable.

#### Sterile Filters

Filters reduce particles and debris drawn in to the syringe. Loose filters are included with Spoons and integrated filters are attached to 1ml Fixed Filter syringes. Single use and disposable.

#### A Guide to Needle Length and Gauge



#### **Needles**

ringe filter) superficial veins
vringe filter) superficial v

Grey needle 27 gauge ½" superficial veins – not provided Brown needle 26 gauge ½" superficial veins – not provided

Orange needle 25 gauge 5/8" superficial veins – not provided

\*Orange needle 25 gauge 1" deeper veins

Blue needle 23 gauge 1" deeper veins (femoral) – not provided

\*Blue needle 23 gauge 11/4" femoral & intramuscular

\*Green 21 gauge 1½" intramuscular – provided for drawing up

#### Syringe Barrels

\*1ml syringe barrel

\*2ml syringe barrel

5ml syringe barrel not provided

Needles and syringe sizes which are supplied through IEP pharmacy sites are marked \* and in black font.

Colour	Gauge Size	Length	Suitability for	Drugs usually injected by needle	Available in One Hit Kit Format
1ML Fixed (LOW DEAD SPACE)	27g - 29g	½" (13mm)	Superficial veins, such as arms, hands, feet and legs (IV) Subcutaneous injection of some hormones.	Heroin, Cocaine, Amphetamine and NPS. IPEDS such as growth hormone, tanning agents and peptides.	In Black One Hit Kit (1ml)
Orange	<b>25g</b> (0.5mm)	<b>1"</b> (25mm)	Femoral (groin) injection (IV) Slightly deeper veins when the needle is prone to blocking.	Steroids, Heroin, Cocaine and Amphetamine (if femoral vein accessed).	In Orange One Hit Kit (2ml)
Blue	<b>23g</b> (0.6mm)	<b>1</b> ½" (32mm)	Intramuscular (IM) injection (buttocks) of steroids. Femoral (groin) injection (IV).	Steroids, Heroin, Cocaine and Amphetamine (if femoral vein accessed).	In Blue One Hit Kit (2ml) In Sports Pack 2
Green	<b>21g</b> (0.8mm)	<b>1</b> ½" (38mm)	Drawing oil based steroids Intramuscular (IM) injection of steroids (buttocks).	Oil Based Steroids	In Sports Pack 2

# NEO360 - Injection Equipment Providers (IEP) User's Manual

#### Introduction

NEO360 is a web based, secure software solution designed specifically for statistic recording, management and reporting of needle exchange activity, within statutory, non-statutory and pharmacy environments.

The information collected will remain anonymous. No individual will be personally identifiable by registering on NEO360.

It is intended to be simple to use at all levels of engagement; particularly for the ease and speed of information input.

The system can be accessed by any internet-enabled computer, laptop, cellular telephone or data collection device.

## **Support and Maintenance**

Should you have problems with accessing the NEO360 site please first try the following steps before contacting the eHealth Service desk (01292 513355)

- Check that the URL address is correct, it should be: https://scotland.neo360.systems/Secure/Login.aspx
- 2. Check that the internet is connected by selecting another site (eg. www.google.co.uk)
- 3. If there is no internet connection please right click on the network connections icon in the bottom right of the screen and select 'troubleshoot problems'
- Reset the Router, if appropriate, by turning it off for 15 seconds and then back on again.
- If you can access the NEO360 website and the issue is with your username/password contact Alexander Adam.

# Endpoint Encryption Password - for users of NHS laptop devices

McAfee Endpoint Encryption software protects all NHS laptops and requires the password to be updated regularly. If you are unable to log in past the Encryption screen (which appears immediately upon powering the laptop) it will require an assisted recovery.

Contact the eHealth team to complete this: 01292 513355

- · Select 'Options' (bottom left corner of the screen).
- Choose 'Recovery'
- Select 'User recovery' and enter the username in the selected box. (This is the laptop designation LP\*\*\*\*\*). Select 'Next'.
- This will give the recovery code which you provide to the eHealth team.

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## Log in Screen

The log in screen is accessed using the internet address provided.

https://scotlandneo.co.uk/Secure/Login.aspx



The log in screen is where you enter your unique user name and password.

- 1. Enter your unique username.
- 2. Enter your unique password.
- If you enter the wrong username or password you will be asked to re-enter your details.
- 4. Click Login.

# **Resetting Forgotten Passwords**

Neo360 now requires you to enter or record an email address that is not used in any other Neo360 user account. It is via this email address you will be able to reset your password should you forget it.

Please select an email address accessible by all members of the pharmacy team e.g. store shared mailbox.

Click Forgot Password?

#### **Home Screen**

This is accessed via the log in screen by entering your unique username and password.



The Home page will identify your details and display your site location, the date your profile was created and the last time that you logged in.

At any time you are lost within the system and wish to return to the home page just click at the top right of the screen.

Alternatively, to Log Out click the LOGOUT button.

## News

## **Reading News Items**



Everyone who logs into neo will see the news alerts and news items.

News alerts scroll across the top of the page, news items appear in chronological order in the news box.

To read scrolling news items; hover over the scrolling item to pause it, then click on the More info icon to read the news item on a separate screen.

To read the news items, click on its title, it will then open on a separate screen. Click home to return.

#### **Transaction for New Service Users**

- 1. Access the Log In page of the system.
- 2. Log in to the system using your unique username and password. This will take you to your home screen.
- 3. Click the TRANSACTION button on the tool bar. The service user search screen will appear.

## **IEP TRANSACTION**



4. Enter the gender of the service user using the drop down selection.

Add the service user's ID details into the adjacent field.

Points to Note - 1<sup>st</sup> initial of forename and 1<sup>st</sup> and 4<sup>th</sup> letter of surname (if there is no 4<sup>th</sup> initial please use a \* instead) followed by their date of birth (dd/mm/yyyy).

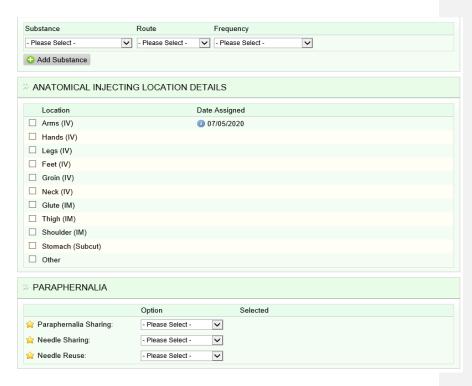
Examples: AAM02/01/1980, MSP05/12/1975, BL\*04/06/1968.

- 5. Click on Find . If the client is registered select the matching entry.
- The following alert will be seen if the client is not yet registered Sorry, client ref. code could not be found.
- 7. Click on A New
- 8. The 'Client Details' screen will appear. This screen allows you to input non identifiable client demographics.

# The 'Client Details' Screen

- 1. Complete the questions by selecting the answers in the drop down boxes. Most of these fields are mandatory.
- 2. On completion, click Update to move onto the 'Transaction screen.'







## **Transaction for Existing Service Users**

- 1. Access the Log In page of the system.
- Log in to the system using your unique username and password. This will take you to your home screen.
- 3. Click the TRANSACTION button on the tool bar. The service user search screen will appear.
- 4. Enter the gender of the service user using the drop down selection.
- 5. Add the service user's ID as described on previous page.
- 6. Click on ' find , and select the matching entry.
- 7. Move to the 'Transaction Screen'.

## Transaction for Service Users Unwilling to give ID Details

The service user is required to give basic details in order for the transaction to take place. This has always been the case in Scotland. However, there may be occasions where there is a necessity to provide equipment without registration e.g. the client does not speak English. This should only be used in exceptional circumstances and use of this function will be monitored and the option removed if necessary.

Access the Log In page of the system.

- 1. Log in to the system using your unique username and password. This will take you to your home screen.
- 2. The service user search screen will appear.
- 3. Enter the gender of the service user using the drop down selection.
- 4. Click unwilling to give DOB
- Enter your name (the reporter) and the reason why this transaction must be recorded anonymously.
- 6. The Anonymous Transaction screen will appear.
- 7. Record items provided and save.

## **The Transaction Screen**

Foil 5 Pack

This is the most commonly used screen.

# AAM02/01/1980 (M), AGE: 40 RETURN RATE 0.00% ≫ OPTIONS PLEASE UPDATE CLIENT DETAILS AND VIEW SUMMARIES AND HISTORIES BEFORE ENTERING TRANSACTION DETAILS. 🛕 Client Details 🗽 Transaction Summary 🧷 Transaction History 🤝 Transaction Journal >> WEEKLY INJECTIONS BASED ON THE CLIENTS DETAILS THEIR AVERAGE NUMBER OF WEEKLY INJECTIONS IS 56 ≫ DETAILS New Client: Transaction Date: Monday, 25 May 2020 Transaction Time: 16:36 Collecting on Behalf of - Please Select -Structured Treatment: Yes (accessing clinical or non-clinical support for drug use) ≫ ITEMS Quantity Dispensed Quantity Returned Returns No. of Returns Packs 1ml One Hit Kit - Black - Single 2ml One Hit Kit - Blue - Single 2ml One Hit Kit - Orange - Single Sports Pack 1 Sports Pack 2 Foil supply

**IEP TRANSACTION** 



- 1. There is a requirement to enter a value in at least one item field.
- 2. Work through the fields in order to support a logical progression and ensure all items are covered.
- Add any notes, within the free text notes box, that you wish regarding the service user or transaction. These will appear on the screen at the next transaction.
- 4. On completion Click Save

# **Practicing with the System**

The NEO360 system is a live system and any transactions entered will affect local payment and national data reporting as well as stock reconciliation and control.

If practice entering or manipulating transactions is sought please use the following NEO360 identifier:

Male. AAM02/01/1980.

This is a dummy account which can be deleted regularly to prevent corruption of data.

#### **Batch Transaction**

This function should generally not be used unless there is no way to record the transaction at the time. If the system is not accessed at the point of supply then important details may not be taken and, without these details, the transaction cannot be input onto the system. On the rare occasion when delayed entry may be necessary the process below should be followed and any transactions lacking sufficient data to complete a full entry should be discarded — it is not acceptable to fabricate additional data to complete an entry.

Note: This function is not available by default. Contact Alexander Adam to activate if required.

- 1. Access the Log In page of the system.
- Log in to the system using your unique username and password. This will take you to your home screen.
- 3. Click the IEP BATCH TRANSACTION button on the tool bar. The batch transaction service user search screen will appear.



- 4. Choose your transaction site by clicking on the drop down box at the top of the screen.
- 5. Choose the date of your transactions by clicking over the date on the screen.
- 6. Enter the gender of the service user using the drop down selection.
- 7. Add the service user's ID
- 8. Click on Find.
- 9. Complete the transaction as discussed in previous pages.
- 10. Continue inputting transactions in this way until the full batch has been recorded.

#### **IEP Transaction Screen Additional Functions**

At the top of the IEP Transaction screen, under the 'Options' heading, there are four additional function buttons.



#### **Client Details**

- 2. The Client Details screen will appear.

This screen can be used to update your client's non identifiable demographics details, reasons for referral, substances used, relevant history, paraphernalia sharing status and any structured treatment the client may be undergoing.

# **Transaction Summary**

- 1. Click Transaction Summary
- 2. The Transaction Summary screen will appear.



This screen allows you to identify the transaction category, items dispensed, how many dispensed and returned by service user

#### **Transaction Journal**

- 1. Click Transaction Journal.
- 2. The Transaction Journal Screen will appear.



This screen allows you to identify dates and times of transactions, at which pharmacy/site the transaction occurred and which staff member created the transaction for this service user

# **Transaction History**

- 1. Click Transaction History
- 2. The Transaction History Screen will appear.



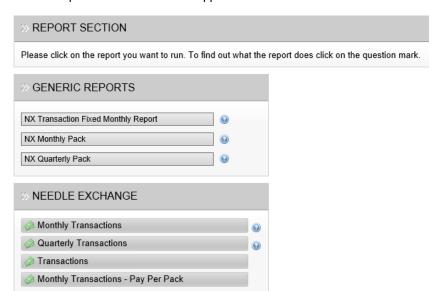
This screen allows you to view complete details of all transactions made for this client. Including at which pharmacy/site the transactions occurred, the date and time of the transactions, current treatment details, which staff member created the transactions, what was dispensed and what was returned.

# Reports

This feature allows each site to view daily, weekly or monthly transaction reports and invoices.



2. The Report Section screen will appear.



- 3. Click your chosen report
- 4. The Report Options will appear.
- 5. Choose the time frame you wish to view by clicking on the relevant dates.
- 6. Click Generate and the report will appear

# **Service Payment Information**

The following payment model is in place for 20/21.

Payment is currently made on a bi-annual basis according to the number of transactions made within the six months and the full year respectively.

- April to September Paid from November
- October to March Paid from April

Annual Retainer: £750.00

Transaction Fee: £2.70 per recorded transaction on NEO360.

# **Promotional Materials**

The supplied promotional materials should ideally be displayed in the area used for the patient interaction or available for reference.

# We'll pack your bags for you







Tell us what you need and we will make a pack just for you

# Pick your kits

# 1ml One Hit Kit 'filter'

• for small veins you can see.

# 2ml One Hit Kit 'orange'

· for deeper veins like the groin.

# 2ml One Hit Kit 'blue'

· also for deeper veins but orange needles are less harmful.

Take as many as you need, but please remember to bring back the used equipment in a bin.

Always use the thinnest and shortest needle possible to reduce vein damage.

A greater range of equipment, advice, wound care, testing and support is also available from NHS specialist services. **Ask for more information.** 

# Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran



📊 Find us on Facebook at www.facebook.com/nhsaaa













# One Hit Kits

All One Hit Kits contain a syringe and needle, cooker, filter, citric and swab.

Take as many as you need - there are no limits.

# **Water for injection**

Water for injection is also available - take 1 amp for every injection.

# **Sharps containers**

Extra small bins are available if you only need a few kits.

# Foil 5

Smoke instead of inject. Oil-free foil sheets in a handy pack

# Bring it back

Please bring back all used equipment in a bin for disposal.

A greater range of equipment, advice, wound care, testing and support is also available from NHS specialist services. **Ask for more information.** 

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran



Find us on Facebook at www.facebook.com/nhsaaa









# Addictions 'App'

The NHS Ayrshire and Arran Specialist Addiction Services have produced an 'app' aimed at anyone affected by alcohol and/or drug addiction, including service workers.

It provides a range of information, including details of clinical services, training courses, contacts & useful links.

To get the app,

- 1. Download the 'Healthzone UK' from your app store
- 2. Open the app and type in the search bar 'NHS Ayrshire and Arran Addiction App'
- 3. Once this has been selected, you should have access, as displayed on the image above



# Overdose and Naloxone

Fatal overdose remains a significant risk for people who use drugs.

Depressant drugs (heroin, methadone, benzodiazepines, gabapentin and alcohol) are responsible for the majority of deaths; therefore the dangers of using these drugs in combination should be highlighted.

Low tolerance, after a period of abstinence (for example prison, hospital, rehab, detox) can significantly increase the risk.

Those most at risk are generally older drug users, over the age of 35, often with chronic physical or mental health conditions and a history of non-fatal overdose.

In 2018, **1,187** people in Scotland died through drug overdose.

Naloxone hydrochloride is a competitive antagonist at opioid receptors which acts to reverse opioid drug effects.

To reduce drug related deaths naloxone can legally be administered by anyone to anyone for the intended purpose of saving a life.

Naloxone can also be supplied to anyone who may come into contact with a person at risk of overdose so that it is available in an emergency.

# **First Aid for Suspected Overdose**

# If breathing

- put in recovery position,
- phone 999
- give naloxone (a dose every 2-3 minutes)

# If not breathing or suspected of not breathing

- phone 999
- perform Cardiopulmonary resuscitation (CPR)
- give naloxone (a dose every 2-3 minutes)

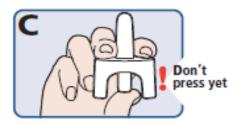
# Nyxoid



Peel off the back of the Nyxoid container. Remove the nasal spray and place it within easy reach.

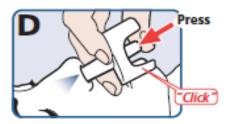


Lay the person on their back. Support the back of the neck, and let the head tilt back. Clear away anything you see blocking their nose.



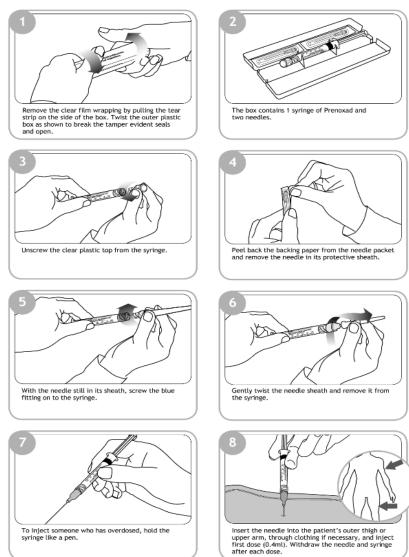
Hold the spray as shown first two fingers either side of the nozzle, thumb ready to push the plunger.

Don't press to prime or test before use.



Gently insert the spray nozzle into one nostril. Press firmly on the plunger until it clicks and gives the dose.
Remove the nozzle from the nostril. If possible, note which nostril you used.

# **Prenoxad**



Further training on Naloxone and Overdose is available and can be accessed for free at: <a href="https://www.sdftraining.org.uk/online-learning">https://www.sdftraining.org.uk/online-learning</a>

# **Useful Contact Numbers**

Main IEP Pharmacy Contact		
Alexander Adam	Work Mobile: 07557 083 093	
Specialist Pharmacist in Substance Misuse	(please leave a voicemail message)	
Flat 14 Lister Street	alexander.adam@aapct.scot.nhs.uk	
Crosshouse Hospital	dioxando adamo dapos do mino di	
KA2 0BE		
Equipment Provider Enquiries	Tel: 01495 235 800 nxsales@vernagroup.com	
Occupational Health	Ailsa Hospital	
(8:30 to 16:30 Monday to Friday)	0800 085 0929 (Ext 27306)	
	Crosshouse Hospital	
	0800 085 0929 (Ext 27306)	
Accident and Emergency Departments	Arran War Memorial Hospital	
(When Occupational Health is unavailable)	01770 600777	
	Ayr Hospital	
	01292 610555	
	Crosshouse Hospital	
	01563 521133	
	Lady Margaret Hospital	
	01475 530307	
	Girvan	
	01467 712281	

# Discarded Needle Uplifts from Public or Council Areas

**East Ayrshire**: Outdoor Amenities Department on 01563 554 061

South Ayrshire: Waste and Recycling on

0300 123 0900

**North Ayrshire**: Environment and Related Services (Streetscene) on 01294 310 000

#### eHealth IT Service Desk

Please only phone after completing the steps on page 37.

01292 513355

# Specialist Addiction and Specialist IEP Services

**Specialist IEP services** are provided through the three locality Addiction Services.

These services are specialist nurse-led and provide intensive support and a broad range of interventions as well as the provision of injecting equipment.

This may include: overdose awareness; naloxone supply; blood borne virus (BBV) testing; BBV treatment referral; safer injecting training; wound care; tissue infection management; sexual health (STI screening and contraception advice/provision); alternatives to injecting; ECG testing; vaccination (HBV, influenza) as well as referral to additional services (health or social).

# North Ayrshire Drug and Alcohol Recovery Service (NADARS)

Caley Court Resource Centre Moorpark Road West STEVENSTON KA20 3LA

Tel: 01294 476000

AA-UHB.ClinicalAddictionServices-NorthAyrshire@nhs.net

# East Ayrshire HSCP Addiction Services Bentinck Centre

East Netherton Street KILMARNOCK KA1 4AX

Tel: 01563 574237

AA-UHB.ClinicalAddictionServices-EastAyrshire@nhs.net

# South Ayrshire HSCP Addictions Services,

Upper Killochan, Ailsa Campus, Dalmellington Road, Ayr,

KA6 6AB Tel: 01292 559800

<u>Clinical AddictionServices-</u> <u>SouthAyrshire@aapct.scot.nhs.uk</u>