

Safe

Needle and
Syringe Disposal

Report

**Case Study Marrickville Council
June 1998 - October 2000**



safety
in
Marrickville

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June 1998 - October 2000**

**A collaborative project between Marrickville Council,
Central Sydney Area Health Service, Barnardos,
Marrickville Police, Southern Sydney Area Wasteboard,
Newtown Neighbourhood Centre and NSW Users and
AIDS Association**

MARRICKVILLE council



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Letter from Mayor

From June 1998 to October 2000, Marrickville Council undertook a pilot project to address the issue of unsafely discarded syringes within the Marrickville local government area, in the inner west of Sydney.

As an urban inner Sydney area, Marrickville Council had received a number of calls from community members concerned with unsafely disposed syringes in public spaces. With the issue at the forefront of public concern, Council, in conjunction with a number of community based organisations, embarked on the Safe Needle and Syringe Disposal Project.

Discarded syringes are an ongoing public health concern for authorities managing urban areas and public spaces across Australia. Not only can this type of litter be a safety concern for the public and cleaning staff, they are highly visible and unsightly and often cause concern amongst residents of affected areas.

The collaborative project involved a number of local community organisations and proved successful in reducing the number of unsafely discarded syringes.

Marrickville's experience in this pilot project - both the positive collaborative experience with other agencies and the ultimate success of the project - is documented in this report.

This report can be used as a guide for other Councils who wish to implement similar projects.

The Marrickville safe needle and syringe disposal success story is certainly a model for effective management of a serious public health issue.

Danny Collier



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1. Summary

Marrickville Council conducted a Pilot Project to address community concern on the safe disposal of needles and syringes .

This report documents the Marrickville Safe Needle and Syringe Disposal Project and summarises strategies that have addressed the issue of unsafely discarded syringes within the Marrickville Local Government Area (LGA).

In 1998 a working group of representatives from a number of government departments and community organisations worked together to identify local 'hotspots' or places where needles and syringes are regularly discarded unsafely. A number of safe needle disposal bins were placed in these areas to reduce the health risks created by the unsafe disposal of used needles and syringes. The working group also developed a community education and promotion strategy around the introduction of the bins.

The safe needle disposal bins were installed for a six month trial period from January - July 2000. The use of the bins was monitored during this time and their effectiveness evaluated.

The project demonstrated that installing safe disposal bins in public places greatly reduces the number of unsafely discarded syringes.

Following installation of the safe disposal bins:

- **There was a reduction in the number of needles discarded in the Marrickville area. Prior to installation of the bins 10% of needles dispensed were unsafely discarded, while after installation only 4% were unsafely discarded;**
- **There were no unsafely discarded needles found in locations where safe disposal bins were installed;**
- **There was a significant decrease in resident concern about unsafely discarded syringes as measured in an annual resident survey;**
- **Of the 33 hotspots initially identified only four require ongoing monitoring; and**
- **No new hotspots have been identified.**



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2. Introduction

At the June 1998 meeting of Marrickville Council, it was resolved to support a Safe Needle and Syringe Disposal Pilot Project in partnership with the Central Sydney Area Health Service (CSAHS) and a number of other government and non government agencies, including the Police, Barnardos, Southern Sydney Regional Waste Board and Newtown Neighbourhood Centre. The project was the Marrickville Safe Needle and Syringe Disposal Project.

The safe disposal of needles and syringes is not the sole responsibility of the NSW Department of Health or Council but is an issue that is most effectively addressed through communication and sharing of resources with other agencies and the community. The working group agreed to explore innovative approaches to needle and syringe collection and develop community education initiatives to minimise the harm and public health risks of unsafely discarded needles in the Marrickville Local Government Area.

Marrickville Council coordinated the project and funded the cost of the installation of the safe needle disposal bins. The CSAHS assisted with the identification of hotspots by using information collected from the Needle Disposal Hotline, (a service where members of the public can make a toll free call from anywhere in NSW and any

problems regarding needle and syringe littering will be responded to appropriately), and regularly monitoring and cleaning areas where needles were being disposed. Other agencies assisted in promoting the use of the bins.

No single agency was able to undertake this project without the resources and specialised knowledge of others.

Project Aim

The project aimed to address the growing concern by many in the community about the high number of needles and syringes discarded unsafely and the associated health risks.

The project aimed to:

- **reduce the unsafe disposal of needles and syringes in public places;**
- **establish a series of safe disposal bins around the Marrickville Local Government Area;**
- **establish an interagency communication regarding the unsafe disposal of needles and syringes;**
- **improve needle and syringe return rates; and**
- **develop procedures for dealing with staff needle stick injury and the safe collection of sharps in the work place.**

Background

Wide availability of needles and syringes through Needle and Syringe Programs in Australia has played a crucial role in controlling the spread of diseases such as HIV/AIDS and Hepatitis C. As a result, Australia has one of the lowest levels of HIV/AIDS.

Nevertheless, the discarding of needles and syringes in public places has caused concern within the community. Over a number of years many residents had expressed concern to Council, local Members of Parliament and the CSAHS, about the large numbers of needles and syringes disposed unsafely in the area.

Residents highlighted issues of personal safety and the safety of children regarding needles discarded in gutters, on footpaths and in local parks.

Evidence from Queensland (Croft, 1995) and Victoria (Carmichael, 1998) shows that the installation of safe needle disposal bins is an effective strategy for reducing the number of unsafely discarded syringes in the community. Currently in Sydney a number of private enterprises including hotels, shopping centres and fast food chains have installed safe disposal

bins to address the issue of unsafely discarded syringes on their premises.

Statistics compiled by the Central Sydney Area Health Service's Resource and Education Program for Injecting Drug Users (REPIDU) indicate that a significant number of needles were being used in the Marrickville area. Although a large number of needles were distributed through a network of needle and syringe services conducted by CSAHS, community organisations and a number of accredited pharmacies, many were obtained privately.

In order to address resident concerns it was clear that action needed to be taken.

In June 1998 a working group comprising representatives from Council, REPIDU and a number of local community organisations was established to address these community concerns.

The group agreed to explore innovative approaches to needle and syringe collection, and develop community education initiatives in order to minimise the harm and public health risks of unsafely discarded needles in the Marrickville Local Government Area.

3. The Project

Working Group

From March 1998 to June 2000 the Working Group met regularly to oversee the development of materials, purchase equipment and finalise the positioning of bins.

Council staff undertook administrative functions and staff from REPIDU provided regular updates on the monitoring of hotspots. Other members of the working group provided input regarding the development of the communication strategy, the criteria for choosing the location of the bins and the selection of appropriate bins.

Consultation of Users

Staff from the NSW Users and AIDS Association and REPIDU conducted four focus groups with 37 local residents including young people. The purpose of this was to develop a clearer understanding of the issues faced by people who use drugs in public places. Focus group participants were asked a series of questions including “Why do you think people leave their syringes behind after an injection?” and “What could be done to make it possible to dispose of syringes safely in your area?”

The lack of safe needle disposal bins throughout the local community was identified as a major issue leading to the unsafe disposal of needles and syringes.

3. The Project



Aerosol Art in Tempe promoting Alcohol and Drug Information Service phone number

Choosing the Right Strategy

The Working Group reviewed the literature on the experience of other organisations that had tried to address similar issues. In particular, the group was impressed with 'Project Red Box', a pilot project undertaken by the Baltimore City Health Department in the United States, the City of Melbourne 'Safe Needle Disposal Community Education Strategy', and the Redcliffe City Council 'Safe Needle and Disposal Program'.

All projects had trialled the installation of safe needle disposal bins in public areas and found that they were successful in reducing the number of needles and syringes discarded unsafely in the local area.

On the basis of this information, the Working Group recommended to Council that it install a number of safe disposal bins in key locations for six months.

Preparing for the Installation of Safe Needle Disposal Bins

Before the bins were installed the Working Group undertook a number of actions which included:

a) Investigating the current practices of other local councils, Area Health Services and commercial organisations in the use of safe needle disposal bins

Contact was made with organisations that had installed safe needle disposal bins. Each organisation was asked a series of questions about the quality and effectiveness of the bins they had used, including what type of bin they used, details of the supplier, positive and negative features, utilisation rates and if they were to install bins again, what would they do differently.

A number of councils in Victoria and Queensland provided detailed written information and copies of publicity material related to their experiences.

b) Identifying and monitoring local ‘hotspots’

‘Hotspots’ are defined as areas where unsafely discarded needles are frequently found. In Marrickville these ‘hotspots’ were identified from data collected by the NSW Needle Clean Up Hotline and anecdotal evidence from residents, Council staff, and staff from local community and health service agencies.

The NSW Health Department established a Needle Clean Up Hotline where members of the public are able to make a toll free call from anywhere in NSW for any problems regarding the unsafe disposal of needles and syringes. A clean up service, coordinated by the local Area Health Service, is provided on request.

Staff from REPIDU visited 35 ‘hotspots’ in the Marrickville area where used syringes had been disposed of inappropriately. In some cases these sites were visited twice a day. Over a six month period in 1999, 2856 needles were collected from these sites. Records of the location and number of needles found during each visit were kept.

Not all of these sites remained ‘hotspots’ for the length of the project. A number of ‘hotspots’ disappeared altogether as users moved on to new locations. In some cases it was thought that those who had discarded the needles and syringes unsafely, changed locations because the site was regularly being cleaned up, indicating that other people were aware of their activities.

c) Criteria for identifying where disposal bins could be placed

The working group developed criteria for identifying where disposal bins could be placed taking into consideration the data collected by the visits to local ‘hotspots’ and their knowledge of resident concerns and geographic locations.

The criteria included the following:

- Locations where there was a history of unsafe disposal;
- Proximity and level of risk to children and young people;
- Quantity of needles currently being found;
- Ability for acceptance by residents;
- Well used public space;
- Location of the bins should be discreet; and
- Flexibility so that bins could be moved around if necessary.

d) Identifying specific locations that met the criteria to place disposal bins

Six sites were chosen from the 33 identified ‘hotspots’ to be included in the pilot. This was seen as a manageable number to monitor over the six month period of the project. Sites were not chosen if the number of needles found on the site was much lower than in other areas; they were located on privately owned land; or they were not in areas that many people used, such as derelict buildings.

Of the six ‘hotspots’ identified using the criteria three were in public parks and three in public car parks.

e) Selection of appropriate safe needle disposal bins

The Working Group made contact with a number of suppliers recommended by other organisations. Suppliers were asked to provide details about the colour of the bin, size, cost, how it could be attached to a particular location, capacity, procedure for emptying, and security.

After consideration of this information and the characteristics of the locations chosen, the Working Group decided to trial a larger bin that could be installed in external locations, and a smaller bin that could be installed inside buildings.

3. The Project

The larger external bin proved inappropriate so the Working Group decided to monitor the use of smaller needle disposal bins placed inside public toilets in local parks.



Safe disposal bin in public toilets in Marrickville.

f) Developing a communication strategy for the community

The Working Group developed a communication strategy to inform the community about the importance of the safe disposal of needles and syringes and address any community concerns about the safe disposal bins.

Key initiatives included the production of an Information Card 'Safety in Marrickville'; an Information Kit for those who required more detailed information; and a range of health education and promotion services for people who inject drugs.

Information Card

The 'Safety in Marrickville' Information Card was distributed through Council's quarterly newsletter which is delivered to every household in the Marrickville Local Government Area. This information was also translated into the five main community

languages of Arabic, Chinese, Portuguese, Greek and Vietnamese.

The card contained a series of emergency phone numbers related to safety including the Police, Council's Citizens' Service Centre, the Needle Clean Up Hotline, Alcohol and Drug Information and the Environmental Protection Authority Pollution Hotline. The Working Party felt the information needed to include phone numbers that could be used to address safety concerns in general, rather than just focusing on syringe issues.

On the reverse side of the card detailed information was provided on how to safely dispose of discarded needles or syringes in order to avoid needle stick injury.



Sticker placed on front of bin.



- إذا تعرّضت للإصابة وراودك القلق بشأن العدوى**
- اتبع فرصة للجرح أو موقع الغرزة كي ينزف بعض الدم ثم اغسله بالصابون والماء والفاतर وعالجه بمادة مُطهرة وضمادة باند إيد
 - وإذا لحق العينان الأذى فأغسلها بالماء الجارية بينما هي مفتوحة أو بمحلول مالح (السالين saline)
 - وإذا دخل الدم الى الغم، أبعقه ثم كتر الغسيل بالماء
 - راجع طبيبك من أجل الحصول على إمتشارته ونصائحه بسرية
- تذكر دائماً**
- اغسل يداك بعناية متناهية
 - إستعمل القفازات (كفوف) حين تنظيف الدم المتسرب
 - يجب تغطية كافة الجروح والحدوش والتقرحات أو البشرة التي تلوّثت

السلامة في ماريكفيل

- في الحالات الطارئة - إتصل بالرقم 000 [٠٠٠]**
- إنها مكالمة مجانية - ثم إطلب منهم إما الإطفاء أو البوليس أو الإسعاف
 - زودهم برقم هاتفك، وعنوانك بدقة وقدم لهم التعليمات للوصول الى عنوانك - واجعل مكانك قصيرة موجزة
 - حدّد وقت وطبيعة الحادث وعدد المصابين وأحوالهم
 - إطلب منهم تحديد وقت الوصول كي تساعدك
- الإبر والحقن المُستعملة والمرمأة عرضياً**
- إذا عثرت على إبرة وحقنة مُرمأة عرضياً، إليك ما يجب أن تفعله لتتجنّب الإصابة بغرزة إبرة:
- قم بإحضار حاوية متينة
 - إنقط الحقنة عبر الإمساك بالطرف المُتلم غير الحاد بعيداً عن نقطة مغرز الإبرة - وإذا وجدت الغطاء البلاستيكي بالقرب منها، لا تحاول تغطية الإبرة به
 - ضع الحاوية على الأرض ثم إنقل الحقنة والإبرة الى الحاوية - يجب عدم حمل الحاوية بينما أنت تحاول التخلص من الإبرة والحقنة
 - إحرص على أن تكون الحاوية محكمة الإغلاق
 - إتصل بالخط الهاتفي المباشر للتخلص من الإبر **Needle Clean Up Hotline** على الرقم 1800 633 353 للإرشاد
 - لا ترمي الإبر والحقن في المراحيض أو في مجاري الصرف الصحي
 - إذا كنت غير واثق من عملية التعاطي مع الإبر والحقن والتخلص منها بسلامة وأمان إتصل بالخط المباشر للتخلص من الإبر على الرقم 1800 633 353.

馬力維(Marrickville)的安全

出現緊急情況時 - 打電話給000

- 這是火警、警察或救護車的免費電話
- 給出你的電話號碼、確切的地址和方位 - 話語盡量簡短
- 說明事件發生的時間及其性質、傷亡人數及狀況
- 請求援助到達的時間

丟棄的針頭和針筒

如果你發現丟棄的針頭和針筒，必須如下處理以避免針頭刺傷：

- 找一個結實的容器
 - 抓住針筒粗的一端，撿起針筒，不要碰針尖 - 如果塑膠套在旁邊，也不要重新套上
 - 將容器放在地上，把針頭和針筒放在容器中 - 在處理針頭和針筒時決不可手握容器
 - 確保容器密封嚴實
 - 打電話給“針頭清理熱線”詢問 - 電話號碼為 1800 633 353
 - 切勿將針頭和針筒扔到馬桶或下水道中
- 如果你對安全處理丟棄的針頭和針筒沒有信心，請打電話給“針頭清理熱線” - 電話號碼為1800 633 353。



如果你受傷並且擔心會感染

- 讓刺傷或割傷的創口流血，用溫肥皂水清洗，塗上抗菌劑，貼上邦迪(Band-Aid)護創膠布
- 如果眼睛受到感染，用自來水或鹽水沖洗眼睛
- 如果血流到嘴里，吐出來，然後用水反覆漱洗。
- 若要保密的建議和諮詢，請去看醫生

一定要記住

- 徹底洗手
- 清潔血液溢濺時要戴手套
- 包紮所有的創口、擦傷或皮膚感染處

A copy of translated Safe Needle Disposal Information distributed to every household.

ΠΡΟΣΩΠΙΚΗ ΑΣΦΑΛΕΙΑ ΣΤΟ MARRICKVILLE

Σε έκτακτες περιπτώσεις καλέσετε 000

- Δωρεάν κλήση – ζητήστε την πυροσβεστική, την αστυνομία ή ασθενοφόρο.
- Με συντομία δώστε το τηλέφωνό σας, την ακριβή διεύθυνσή σας καθώς και οδηγίες για το πως να φθάσουν στο σπίτι σας.
- Αναφέρετε την ώρα και τη φύση του συμβάντος, καθώς και τον αριθμό και κατάσταση τυχόν θυμάτων.
- Ζητήστε την ώρα που αναμένεται να φθάσει η βοήθεια.

Πεταμένες βελόνες και σύριγγες από ενέσεις

Εάν βρείτε πεταμένη βελόνα και σύριγγα, κάνετε τα εξής για ν' αποφυγείτε τραυματισμό από βελόνα :

- Χρησιμοποιήστε συμπαγές δοχείο.
- Πιάστε την σύριγγα από το αντίθετο άκρο της βελόνας – μην προσπαθήσετε να την καπακώσετε με το πλαστικό καπάκι ακόμα και αν το βρείτε κοντά στη σύριγγα.
- Τοποθετήστε το δοχείο στο έδαφος και βάλτε μέσα στο δοχείο την βελόνα και την σύριγγα – ποτέ μην κρατάτε το δοχείο στα χέρια σας ταυτόχρονα με την βελόνα και την σύριγγα.
- Σιγουρευθείτε ότι το δοχείο έχει κλείσει καλά.
- Τηλεφωνήστε στην **Γραμμή Υπηρεσίας Τακτοποίησης Βελονών στο 1800 633 353** για περαιτέρω συμβουλές.
- ΜΗΝ πετάτε βελόνες ή σύριγγες σε τουαλέττες ή υπονόμους.

Εάν διστάζετε να χειριστείτε με ασφάλεια τις πεταμένες βελόνες και σύριγγες τηλεφωνήστε στην **Γραμμή Υπηρεσίας Τακτοποίησης Βελονών στο 1800 633 353**.

GREEK



ΣΕ ΠΕΡΙΠΤΩΣΗ ΠΟΥ ΤΡΑΥΜΑΤΙΣΤΕΙΤΕ ΑΠΟ ΒΕΛΟΝΑ ΚΑΙ ΑΝΗΣΥΧΕΙΤΕ ΓΙΑ ΤΥΧΟΝ ΜΟΛΥΝΣΗ

- Προωθήστε την ροή αίματος από τυχόν τρύπες ή αιχμές. Πλύνετε με σαπούνι και ζεστό νερό αλοιψέτε με αντισηπτικό και εφαρμόστε.
- Εάν υπάρξει επαφή με τα μάτια, πλύνετε τα με τρεχούμενο νερό από την βρύση ή με αλατόνερο.
- Εάν το αίμα έλθει σ'επαφή με το στόμα, φτύστε και κατόπι πλύνετε επανειλημμένα με νερό.
- Δείτε τον γιατρό σας για εμπιστευτική καθοδήγηση και συμβουλές.

ΜΗΝ ΞΕΧΝΑΤΕ ΟΤΙ ΣΕ ΟΛΕΣ ΤΙΣ ΠΕΡΙΠΤΩΣΕΙΣ ΘΑ ΠΡΕΠΕΙ ΠΑΝΤΟΤΕ –

- Να πλύνετε καλά τα χέρια σας.
- Να χρησιμοποιείτε γάντια όταν καθαρίζετε αίμα που τυχόν έχει χυθεί.
- Να καλύπτετε τυχόν αμυχές, πληγές και δερματικές παθήσεις.

SEGURANÇA PÚBLICA EM MARRICKVILLE

IEM CASO DE EMERGÊNCIA - TELEFONE 000

- Esta é uma chamada gratuita- só tem que dizer se o seu pedido se trata de **fogo, polícia ou ambulância**
- Dê o seu número de telefone, endereço correcto assim como orientações para chegar ao local do acidente - A sua mensagem deverá ser curta
- Explique a natureza do acidente, a hora que aconteceu, assim como o número e o estado das vítimas
- Peça que lhe digam quanto tempo é que terá que esperar até à chegada de ajuda

AGULHAS E SERINGAS ABANDONADAS

Isto é o que você deverá fazer se encontrar uma agulha e seringa, de modo a evitar ser picado pela agulha:

- Arranje um recipiente duro
- Pegue na seringa pela parte oposta aquela onde se põe a agulha- se a tampa plástica da agulha se encontrar na proximidade não tente pô-la na agulha
- Ponha o recipiente no chão e ponha a agulha e seringa lá dentro - nunca segure no recipiente enquanto estiver a pôr a seringa e agulha dentro do mesmo
- Assegure-se de que o recipiente esteja bem fechado
- Telefone para o **Serviço Telefonico de Destruição de Agulhas - 1800 633 353** para mais informações
- NÃO deite agulhas e seringas para dentro de sanitas ou canos

PORTUGUESE



Se achar que não tem suficiente confiança em si próprio para arpanhar a agulha e seringa com segurança, telefone para para o Serviço Telefonico de Destruição de Agulhas -1800 633 353.

SE VOCÊ SE FERIR E ESTIVER PREOCUPADO COM A POSSIBILIDADE DE INFECÇÃO

- Faça com que as picadas ou cortes sangrem, lave com sabão e água morna, ponha um antiséptico e um penso rápido na ferida
- Se os seus olhos estiverem afectados, lave-os por dentro com água da torneira ou com uma solução salina
- Se o sangue lhe entrar na boca, cuspa e lave-a várias vezes com água
- Vá ao médico de modo a obter ajuda confidencial

LEMBRE-SE SEMPRE DE

- Lavar cuidadosamente as suas mãos
- Usar luvas quando estiver a limpar sangue
- Cobrir todos os cortes, arranhões ou problemas de pele

VẤN ĐỀ AN TOÀN TẠI MARRICKVILLE**TRƯỜNG HỢP KHẨN CẤP - GỌI SỐ 000**

- Đây là số miễn phí - chỉ để gọi xe cứu hỏa, cảnh sát hay xe cứu thương
- Cho biết số điện thoại của quý vị, địa chỉ và hướng chính xác - và nói một cách vắn tắt
- Cho biết giờ và bản chất của tai nạn, số người và tình trạng thương tích
- Giờ yêu cầu đến giúp đỡ

KIM VÀ ỐNG CHÍCH BỎ BỪA BÃI

Nếu quý vị tìm thấy kim hay ống chích bỏ bừa bãi, đây là những điều mà quý vị phải làm để tránh bị kim đâm:

- Lấy một hộp chứa cứng và chắc chắn
 - Cầm ống chích lên bằng cách nắm ở đầu không có mũi nhọn - nếu có nắp đậy bằng nhựa ở gần bên, đừng CỐ GẮNG đậy kim lại
 - Đặt hộp chứa xuống đất rồi bỏ kim và ống chích vào hộp - đừng bao giờ cầm hộp chứa trong lúc đang bỏ kim và ống chích vào hộp
 - Chắc chắn mình đã đậy kín hộp chứa
 - Gọi đường dây Needle Clean Up Hotline (Hốt dọn Kim chích) - số 1800 633 353 để xin chỉ dẫn
 - ĐỪNG bỏ kim và ống chích xuống cầu tiêu hay ống cống
- Nếu quý vị không tự tin mình có thể cầm bốc kim và ống chích bỏ bừa bãi một cách an toàn, hãy gọi cho đường dây Needle Clean Up Hotline - số 1800 633 353.

**NẾU QUÍ VỊ BỊ THƯƠNG VÀ LO NGẠI VỀ SỰ NHIỄM TRÙNG**

- Nặn cho vết đâm hay vết cắt chảy máu rồi rửa bằng xà-phòng và nước ấm, thoa thuốc sát trùng rồi dùng Band-Aid băng lại
- Nếu mắt bị dính dơ, mở mắt để rửa bằng vòi nước hay nước muối
- Nếu máu chảy vô miệng, nhổ ra rồi súc miệng bằng nước nhiều lần
- Đến gặp bác sĩ để được chỉ dẫn và cố vấn kín đáo.

LUÔN LUÔN NHỚ

- Rửa tay thật sạch
- Mang bao tay khi lau chùi vết máu
- Băng các vết cắt, vết trầy hay vết lở ngoài da lại.

Information Kit

An Information Kit (*Appendix 4*) was developed for distribution should community members concerned about the pilot project need further information. The kit provided information on:

- background to the project;
- extent of the problem in Marrickville;
- identification of hotspots in Marrickville;
- details of research which demonstrated the effectiveness of safe disposal strategies in minimising HIV, Hepatitis B and Hepatitis C infection;
- NSW Health Needles and Syringe Program;
- NSW Health Needle Clean Up Hotline; and
- facts about Needle Stick Injury and how to minimise the risks.

Health Education and Promotion Services

People who inject drugs were an important group that needed to be informed about

the project. A number of strategies were implemented to ensure they were informed both of the project and community concerns related to unsafely discarded syringes.

The CSAHS provides needles and syringe services through established health centres. These are referred to as 'secondary outlets'. In response to the increasing number of people accessing the secondary outlets, REPIDU, where possible, based health education workers there. These workers were able to make contact with clients and educate them on the need to safely dispose of their injecting equipment. Written safe needle disposal information was also attached to all equipment dispensed.

The Marrickville Outreach Project (MOP) was implemented to reach people who may not have been in contact with, or were unaware of, other harm reduction services in the area. This project involved health

safety *in* Marrickville

EMERGENCY NUMBERS

AMBULANCE, POLICE, FIRE
000 (24 hours)

POLICE COMMUNITY SAFETY OFFICER (24 hours)
9797 4399 Ashfield
9568 9299 Marrickville
9550 8199 Newtown

MARRICKVILLE COUNCIL Citizens' Service Centre
9335 2222 Business hours
9962 7755 After hours emergencies

NEEDLE CLEAN UP HOTLINE
1800 633 353

NEEDLE AND SYRINGE DISPOSAL PROJECT
9699 6188

ALCOHOL AND DRUG INFORMATION SERVICE
9361 2111 (24 hours)
for information, advice and referral

EPA POLLUTION HOTLINE
131 555

IN AN EMERGENCY – PHONE 000

- It's a FREE call – just ask for fire, police or ambulance
- Give your telephone number, exact address and directions – and keep your message brief
- State time and nature of incident, number and condition of casualties
- Request time of arrival for assistance

DISCARDED NEEDLES AND SYRINGES

If you find a discarded needle and syringe, here is what you must do to avoid a needle stick injury:

- Get a strong container
- Pick the syringe up by the blunt end away from the needle point – if the plastic cap is nearby do NOT try to re-cap it
- Place the container on the ground and put the needle and syringe in the container – never hold the container while you are disposing of the needle and syringe
- Make sure the container is tightly sealed
- Ring the Needle Clean Up Hotline – 1800 633 353 for advice
- Do NOT put needles and syringes down toilets or drains

If you do not feel confident in handling the discarded needle and syringe safely, ring the Needle Clean Up Hotline – 1800 633 353.

IF YOU INJURE YOURSELF AND ARE CONCERNED ABOUT INFECTION

- Encourage punctures or cuts to bleed, wash with soap and warm water, apply an antiseptic and a Band-Aid
- If the eyes are contaminated, rinse eyes while open with tap water or saline solution
- If blood gets into the mouth, spit and then repeatedly rinse with water
- See your doctor for confidential advice and counselling

REMEMBER ALWAYS

- Thoroughly wash your hands
- Use gloves when cleaning up blood spills
- Cover all cuts, abrasions or skin conditions

'Safety in Marrickville Information' cards distributed to every household.



Aerosol art mural promoting the phone number of Drug and Alcohol Information Service.

education officers working on foot to facilitate access to the service and provide information and education related to safe needle disposal and other aspects of drug use. MOP workers also provided a referral service to drug treatment programs and linkages to other health and welfare agencies.

Information and education was provided to clients on a range of topics including:

- drug treatment programs and services (Pharmacotherapies, Detoxification Centres and Rehabilitation);
- hepatitis;
- sexual health;
- vein care;
- overdose; and
- safe needle disposal.

During the project funds were received by the local Youth Interagency from Marrickville RSL to paint a series of Aerosol Art murals in public places that were known to be frequented by people who inject drugs. The murals were contemporary in design and promoted the phone number of the Drug and Alcohol Information Service.

g) Developing an education and training program

Council staff involved in the management and maintenance of parks, reserves and other public areas are responsible for the safe disposal of discarded needles and syringes as part of their normal duties.

The project presented the opportunity to provide improved training in the safe handling of discarded needles and syringes. The Working Group developed a Procedures Manual. The manual adapted existing CSAHS safe handling procedures for Council use in consultation with members of Council's Occupational Health and Safety Committee. Staff from REPIDU, in consultation with Council staff, developed a training program based on the procedure manual.

One of the initiatives introduced through the staff training component of the project was a request that outdoor staff complete a simple form listing the location and numbers of needles collected as they go about their daily duties. This information is collated and analysed by Council's Occupational Health

and Safety Officer who then organises for additional bins to be placed in new 'hotspots' as required, further reducing the risk of needle stick injury to staff and members of the community. Further information can be found in *Appendices 5 and 6*.

h) Clarifying roles and responsibilities in monitoring the use of the bins

At the beginning of the project staff from REPIDU agreed to monitor and empty the bins for the six month period of the trial. After this time responsibility for monitoring and emptying would be with Council. Regular meetings were held with relevant staff to clarify roles and responsibilities in relation to this aspect of the project.

Installation of the Bins

The safe disposal bins were installed in December 1999. Installation was delayed for some months by the difficulty in finding appropriate bins. Due to the difficulty in finding a suitable bin for external 'hotspots' only three of the six 'hotspots' originally chosen had safe needle disposal bins installed. This was because these 'hotspots' were in locations where the smaller internal bins could be placed. At these three 'hotspots', one car park and two parks, a bin was placed in a cubicle of one of the male and one of the female public toilets.

Monitoring the Use of the Bins

Staff from REPIDU monitored usage for the six month trial period of the project. Staff regularly visited sites where the bins were installed, monitoring and recording statistics regarding their use and emptying as required. Regular reports regarding the use of the bins were tabled at Working Group meetings.

Use of Resident Satisfaction Survey for Evaluation

During May 1999 Marrickville Council conducted a citizen satisfaction survey of local residents. This survey was conducted in the five community languages of Vietnamese, Arabic, Portuguese, Chinese and Greek. Residents were approached at child care centres, swimming pools, and local shopping centres, and asked to state whether they agreed or disagreed with a number of statements about the area and invited to make general comments. For example, residents were asked to comment on whether 'overall the area is a pleasant place to live'. Another question referred to environmental safety.

This survey was repeated 12 months later in 2000. The data collected was used to assess the impact of the installation of safe needle disposal bins in the local area. Approximately 695 people were surveyed in 1999 and 650 people in 2000.

4. Results

A pre and post audit of the 'hot spots' was used to measure the use of the safe disposal bins.

33 locations were identified as 'hotspots'. The locations included:

- twelve parks;
- six car parks;
- ten laneways;
- two derelict building sites; and
- three railway stations

Changes in the frequency of use in each 'hotspot' were monitored from when the project commenced. Of the 33 initial sites, regular checks are now only required in four of these 'hotspots'. All four of the remaining 'hotspots' are located in derelict buildings, infrequently used carparks or private properties where no safe needle disposal bins were installed. No new 'hotspots' have been identified in the last 12 months.

Fig 1.

Comparison between syringes dispensed and discarded syringes found by REPIDU before and after installation of safe disposal bins in the Marrickville area

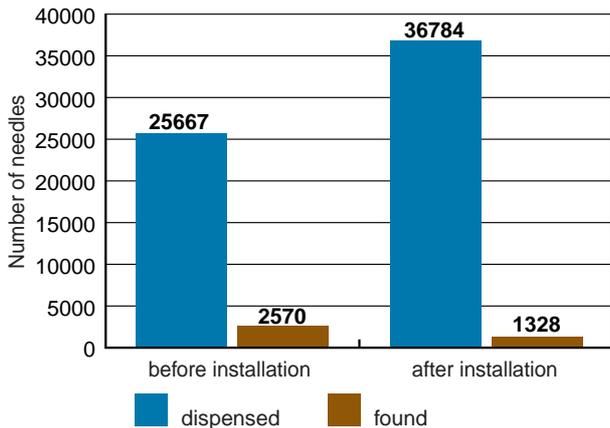


Figure 1 demonstrates that before installation almost 10% of syringes dispensed in the Marrickville Local Government Area were unsafely discarded while after installation the number was less than 4%.

Figure 1 also demonstrates that in the six months following the installation of safe needle disposal bins there was a 45% increase in the number of syringes dispensed through Central Sydney Area Health Service in the Marrickville local government area and a significant decrease in the number of syringes found by REPIDU.

The results show that even though a significant level of drug use continued to occur across this area, the strategies employed by this program were successful in reducing the number of discarded needles and syringes and hence the risk of accidental needle stick injury among local residents.

Fig 2.

Example of the number of syringes found at three sites after installation of the safe disposal bins

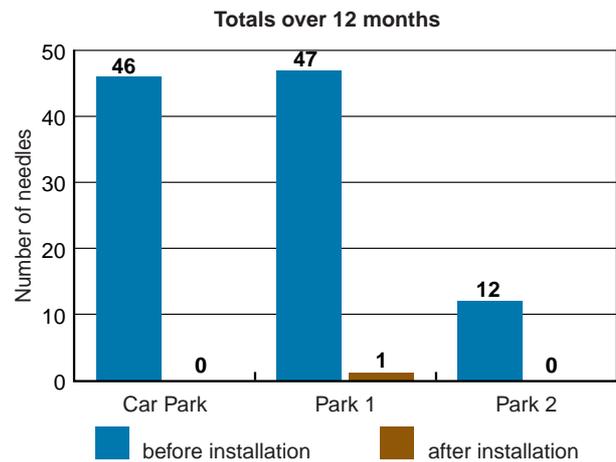


Figure 2 indicates that at these three hotspot locations which had bins installed, there was a significant reduction in discarded syringes.

At all locations where safe disposal bins have been installed there were no unsafely discarded syringes found with the exception of one location where a needle was found 30 metres away from the safe needle disposal bin. All bins were well utilised.

Fig 3.

Number of Needle Clean Up Hotline Calls

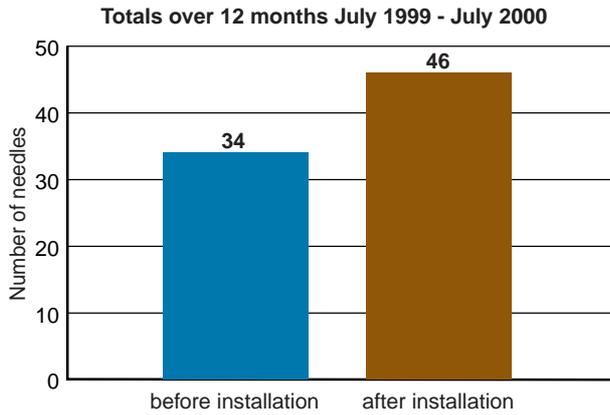


Figure 3 illustrates that the volume of calls to the NSW Health Needle Clean Up Hotline from Marrickville residents has risen by 28% since the installation of the bins, as a result of promotion of the phone number on the 'Safety in Marrickville Information' cards distributed to every household.

Fig 4.

Number of Syringes found in Response to Hotline Calls



Figure 4 demonstrates a significant reduction in needles found in response to calls to the NSW Needle Clean Up Hotline following installation of the bins.

Fig 5.

Percentage of residents who were concerned about unsafely discarded syringes in the community May 1999 - May 2000

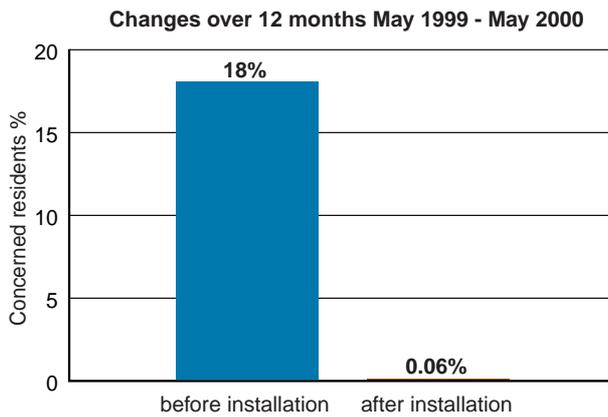


Figure 5 demonstrates that the level of community concern about unsafely discarded syringes, as monitored in Council's annual Satisfaction Survey, has decreased by a significant margin since the safe disposal bins were installed.

5. Evaluation

Evaluation of the pilot project suggests that the project achieved its aim and all the outcomes established at the beginning of the project. Much of this can be attributed to the high level of commitment of the organisations represented on the Working Group.

Identifying and monitoring local 'hotspots'.

The identification of 'hotspots' was possible through the use of data collected from the NSW Needle Disposal Hotline and anecdotal information available from Council staff and members of the working group. The information provided by the Needle Disposal Hotline was the most accurate.

Not all of the original 33 'hotspots' identified remained 'hotspots' for the length of the project. A number of 'hotspots' disappeared altogether as users moved on to new locations.

Choosing the Right Bins and the Right Location

Of the six 'hotspots' earmarked for the project, three were in public parks and three in public car parks.

Unfortunately the Working Group could not find a suitable bin for these external 'hotspots' so the plan to install bins in the above locations was abandoned. However, members of the Working Group agreed that it was better to proceed with the project, than delay any further. Therefore it was decided to monitor the use of smaller needle disposal bins placed inside public toilets in local parks instead of waiting until a suitable bin could be found for the external sites.

Across the Marrickville Local Government Area, 16 safe disposal bins were installed in eight public toilet blocks (both male and female toilets). The toilets were chosen because they were open seven days a week and were heavily used by members of the public.

Only three of the eight locations had been identified as 'hotspots' and monitored by REPIDU staff. While all the bins have been well utilised, it is difficult to measure their full impact. However it is important to note that no syringes have been found discarded unsafely in any of these sites since the installation of the bins.

Needles and syringes that have been unsafely discarded are still being found at only four of the 33 original 'hotspots' identified during the project. These hotspots are in areas where there are derelict buildings or infrequently used carparks and have minimal public access.

Selecting the Bins for external use

When considering the exact placement of the external bins the Working Group took into consideration that:

- **they should fit in with the local environment; and**
- **the appearance of the bins may provoke a negative community reaction.**

The external bins chosen were found to be unsuitable for a number of reasons including:

- occupational health and safety implications in trying to empty and lift such a large container;
- the size of opening made it easy to fill bin with rubbish other than syringes;
- ability for water to enter through the opening at the top of the bin and collect in the bin; and
- the colour (blue) was brighter than expected and would not fit into the park environment.

As a result of the difficulty in finding a suitable safe needle disposal bin for external use, this aspect of the strategy was unable to be implemented.

As most of the original 'hotspots' identified were in external locations, with no public toilets close by, it was recommended that Council seek expressions of interest to design and manufacture a safe needle disposal bin that could be used in outdoor areas such as public parks.

Selecting the bins for internal use

In selecting a suitable bin for internal use the following features were considered important:

- **size;**
- **ability to be tamper proof;**
- **ability to be secured to an internal wall; and**
- **ability to provide maximum safety when being emptied.**

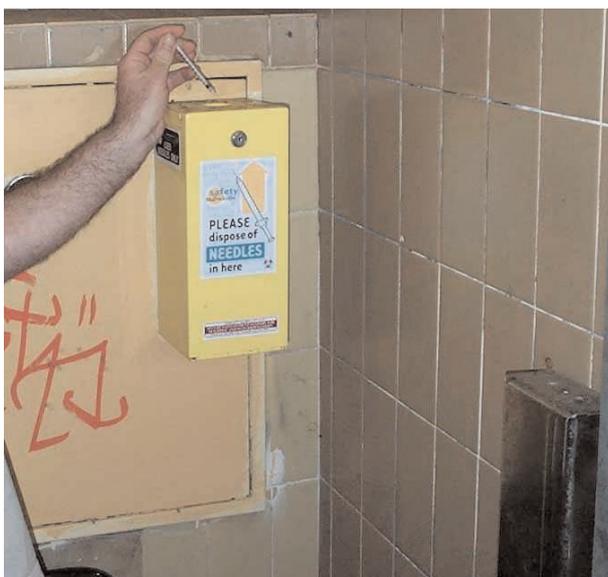
A two litre bin manufactured in Victoria was chosen because it met all of the above criteria.

Needles are inserted through the top of the bin that contains a narrow cylinder in which the discarded syringes are placed. The cylinder prevents people being able to retrieve needles once they have been placed inside the container. Inside the bin is a sturdy cardboard cartridge that is simply taken out of the bin when full and replaced with an empty cartridge. These are then collected by a licensed medical waste contractor and incinerated.

The bin has a sticker on the outside to encourage people to dispose of needles in the bin. The printing of these stickers was funded by the Southern Sydney Area Waste Board.

It was possible to determine when the bins needed replacing by poking a stick down the cylinder at the top of the bin. If the stick did not reach the bottom of the bin, it was considered necessary to replace the cardboard cartridge.

During the six month pilot project the design of the bins proved satisfactory for their intended use. There have been no reports of any injuries associated with the use or emptying of the bins.



Inserting needle into Safe Disposal Bin — public toilet in Marrickville.

Communication Strategies

As described in the methodology a number of different communication strategies were used to promote the safe disposal of needles and syringes.

‘Safety in Marrickville’ Information Card

Evidence collected by the NSW Health Needle Clean Up Hotline indicated an increase of 28% in the number of calls from residents in Marrickville since the distribution of the cards. This is a positive outcome for the ‘Safety in Marrickville’ campaign which increased community awareness of this service.

It was also apparent when REPIDU responded to the calls that residents had followed the instructions on the card in disposing of needles safely by inserting them into sealed plastic containers.

Information Package

An information package was developed for distribution should it be needed by community members concerned about the pilot project. However, the anticipated community backlash did not eventuate and while the package is a valuable resource, it was of less significance than originally considered.

To date no complaints have been made to any of the local authorities including the Council or the Police regarding the installation of the safe needle disposal bins.

The only negative response to the installation of the bins involved anonymous vandalism of the bins at one location two weeks after installation. This severe vandalism was directed at a concern that the installation of the bins would increase drug using activity. A second bin was vandalised in a location that has been subject to unexplained vandalism a number of times in the past.

Health Education and Promotion Services

The MOP program was in operation for five months in the lead up to the installation of the bins. Approximately 107 people were advised of the process for disposing of injecting equipment safely and the locations of the safe needle disposal bins. In some case these clients were referred to other health services. Unfortunately due to the limited availability of resources within the CSAHS this program isn't currently operating.

Education and Training of Council Staff

To ensure the project's long term success it was considered important that key Council staff were involved in the project and regularly provided with information.

Staff from Council's Community Relations, Community Development, Parks and Reserves and Employee Services sections regularly attended meetings of the working group and received updates on progress.

Many Council workers involved in maintaining public spaces had been concerned about the risks associated with unsafely discarded needles and syringes and therefore recognised the potential of the project in minimising these risks.

A number of staff within Council were concerned about the project's activities. Key concerns identified were that syringes are medical waste and not Council responsibility, installing bins might encourage increased drug use and this was additional and unsafe work.

These views were taken into consideration and special efforts were made by members of the advisory group to educate those concerned of the benefits of the program. This was done through the development of a manual outlining the procedures on the safe handling and disposal of discarded syringes and the provision of a short training and education session.

The Procedures Manual on the Safe Handling and Disposal of Discarded Syringes (*Appendix 5*) was tabled and endorsed by Council's Occupational Health and Safety Committee in August 2000.

Council management has assured workers they will have continual access to the equipment required to safely handle discarded syringes. A safe disposal process has also been established.

The training program was implemented in October 2000. To date 120 Council staff have received training in the safe handling and disposal of discarded syringes.

Role of the Working Group

Each working group member had particular skills and expertise to contribute to the project and without the co operation and input of all members of the group, it would not have been possible for the project to achieve the results it did.

The group was able to discuss and make decisions on a wide range of issues and was flexible in its approach.

The development of the Procedure Manual for Safe Needle Disposal and the staff training program took more time than originally anticipated. However working group members thought it was important to spend the time getting the strategy right than move too quickly and risk jeopardising the outcome of the project.

The fact that members of the group were able to work effectively together in achieving such a successful outcome has given the group the desire to work together on other local community safety projects, in particular, the implementation of strategies within the Action Plan from the NSW Drug Summit released in July 1999.

6. Conclusion

The Marrickville Safe Needle and Syringe Disposal Project successfully demonstrated that the placement of disposal bins in locations where syringes are being frequently discarded significantly reduces the number of syringes found in public places.

The Project has also succeeded in providing a framework for action on other community safety issues in the future.

Marrickville Council will further develop policies and procedures in relation to safe handling and disposal of syringes and the identification of 'hotspots', with REPIDU continuing to collaborate with Council on further training needs.

This project has provided the opportunity to develop many important partnerships, the most significant being between Marrickville Council and the Central Sydney Area Health Service. The activities undertaken by this project highlight the benefits of Councils and Area Health Services working together in resolving syringe disposal issues.



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7. Recommendations

At the conclusion of the project it was recommended that:

1. Council maintain and monitor the current safe needle disposal bins;
2. Council install further safe disposal bins, where necessary as new 'hotspots' are identified;
3. Council provide regular training to appropriate staff on safe needle disposal;
4. Ongoing monitoring of unsafely discarded needles and syringes in the Marrickville local government area by the Central Sydney Area Health Service through its NSW Health Clean up Hotline, and Council staff. The aim is to inform Council of future issues and sites regarding the safe disposal of needles and syringes;
5. Council promote the outcomes of the project to other local government areas; and
6. Expressions of interest are sought for the design and manufacture of suitable safe needle disposal bins for outdoor areas.



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8. Appendices

1. Background on REPIDU and services it provides;
2. Pilot Proposal for safe disposal bins. Report to Marrickville Council March 1999;
3. Pilot Budget attachment to report to Marrickville Council March 1999;
4. Community information package;
5. Procedures on the safe handling and disposal of unsafely discarded syringes; and
6. Training Program on safe handling procedures.



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Needle and Syringe Program and REPIDU

In 1988, following recommendations from the National HIV/AIDS Strategy that harm reduction services, including access to injecting equipment, be made available to people who inject drugs, the NSW Health Department set up a statewide Needle and Syringe Program (NSP). In 1989, when funding was made available, the Central Sydney Area Health Service (CSAHS) established a NSP within its area, which encompasses ten local government areas. These areas are; Marrickville, Leichhardt, Canterbury, Ashfield, Burwood, Strathfield, Concord, Drummoyne, parts of South Sydney and parts of the City of Sydney.

Harm reduction services, such as Needle and Syringe Programs, have been shown to prevent and significantly reduce the spread of blood borne infections such as HIV and hepatitis C among people who inject drugs (MacDonald et al., 1997). For example, from 1984 to 1994 HIV prevalence decreased 5.8% in 29 cities with Needle and Syringe Programs and increased 5.9% in cities without such Programs (Hurley et al, 1997). This is a vital public health strategy that protects the whole community.

Research has also demonstrated that Needle and Syringe Programs do not contribute to the uptake of illicit drug use or increase the level of drug use (Watters et al. 1994, US Department of Human Services and Health 1998).

The New South Wales Department of Health's Needle and Syringe Program Policy and Procedures Manual (1994) describes the rationale behind these Programs:

- despite drug education and treatment programs, many people will continue to inject licit and illicit drugs for varying periods of time;
- people must be provided with the knowledge and skills necessary to make informed decisions about high risk behaviours.

Australia adopted a harm reduction approach as part of its National Drug Strategy in 1985.

In accordance with this approach, CSAHS implemented a harm reduction program, which commenced operation in 1989 as the Newtown Needle Exchange.

The CSAHS primary NSP was based in the Royal Prince Alfred Hospital (RPAH) at Camperdown, however in order to provide an effective service across the whole area, it was proposed that a series of secondary harm reduction services, or NSP's, be established. Given that the spread of HIV through the whole community was seen as an immediate threat it was vital that prevention services be accessible to everyone. Fortunately CSAHS had a well established

Syringe and Needle Disposal Report - Appendix 1

infrastructure in its Community Health program which provided a range of health services through its network of community based Health Centres. Since 1990 Community Health Centres (CHC's) across the Central Sydney area have been recruited to participate in the provision of harm reduction services to the whole community. Centres providing this service are referred to as "secondary outlets".

The CSAHS primary Needle and Syringe Program, known as Newtown Needle Exchange, was based at the Royal Prince Alfred Hospital, Camperdown until 1995 when it relocated to Redfern. In 1998, Newtown Needle Exchange amalgamated with the Canterbury HIV Prevention Unit and was renamed the Resource and Education Program for Injecting Drug Users (REPIDU).

There are currently two primary NSP outlets (one at Redfern and one at Canterbury) with twelve registered secondary outlets across the Central Sydney health area, which encompasses 61 suburbs.

REPIDU, using a variety of service delivery models, provides a comprehensive harm reduction program which includes;

- Referral to drug treatment, support and other health services including hepatitis C clinics
- Information and education on safer injecting and sexual practices
- Supply of injecting equipment, a range of safe needle disposal containers and safe sex resources
- A range of disposal services for consumers and the wider community
- Overdose prevention education
- Crisis intervention for accidental overdose and other drug related health problems
- Health intervention and health promotion activities
- Education and training to community organisations who have contact with people who inject drugs.

Throughout New South Wales there are eighteen Area Health Services (AHS). Each AHS administers a Needle and Syringe Program, providing harm reduction services according to the needs of that particular community.

References

MacDonald M., Wodak A., Ali R., Crofts N., Cunningham P., Dolan K., Kelaher M., Loxley W., van Beek I., and Kaldor J. 1997
HIV prevalence and risk behaviour in needle exchange attendees – a national study, Medical Journal of Australia, 166: 237-240.

Hurley, S.F., Jolley, D.J., Kaldor, J.M. 1997
Effectiveness of needle exchange programs for prevention of HIV infection. Lancet, 349: 1797-1800

Syringe and Needle Disposal Report - Appendix 1

US Department of Human Services and Health, April 20 1998

Research shows needle exchange programs reduce HIV infections without increasing drug use. HHS Press Office,
<http://www.hhs.gov/news/press/1998pres/980420a.html>.

Watters JK, Estilo MJ, Clark GL & Lorvick J 1994

'Syringe and Needle Exchange as HIV/AIDS Prevention for Injecting Drug Users',
Journal of the American Medical Association, vol. 271, no. 2, p. 115-20.

Safe Needle and Syringe Disposal Report - Appendix 2

Community Services Committee Meeting - 2/99 - 1 March, 1999

***CD 6 - SAFE DISPOSAL OF NEEDLES AND SYRINGES PILOT
PROJECT
For Recommendation***

File Ref: 3782

Director, Community Services reports:

Synopsis

Council is requested to consider the proposal for a Safe Disposal of Needles and Syringes Pilot Project between Council and Central Sydney Area Health Service. It is recommended that the report be received; Council adopt the proposal and conduct the pilot project for 6 months in conjunction with Central Sydney Area Health Service; Council consider the allocation of \$8,610.00 in the 1999/2000 Resource Plan to conduct the pilot project; and a further report be presented to the Community Services Committee upon completion and evaluation of the pilot.

Background

Council at the Community Services Committee meeting held on 2 June 1998, Item CP27, was advised that a working group was established by the Central Sydney Health Service to address community concern regarding the safe disposal of needles and syringes and associated issues.

Council also adopted a resolution to support, in principle, the conduct of a pilot project on safe disposal of needles and syringes, in conjunction with Central Sydney Area Health Service (CSAHS).

A further report is now presented to the Community Services Committee outlining the pilot project for Councils consideration.

Discussion

1. Pilot Project

The pilot project proposes a trial installation of safe disposal bins for needles and syringes in key locations and community facilities in the Marrickville Local Government Area.

The pilot project aims to:

- * reduce the incidence of unsafe disposal of needles and syringes in public places;
- * establish a series of safe disposal bins around the Marrickville Local Government Area;
- * establish an interagency communication protocol for CSAHS Resource and Education Program;
- * improve needle and syringe return rates; and
- * address occupational health and safety related issues such as developing procedures for dealing with staff needle stick injury and the safe collection of sharps in the work place.

2. Operational Implications to Council

It is proposed that the Director, Community Services oversee the pilot project in liaison with the Project Reference group.

Safe Needle and Syringe Disposal Report - Appendix 2

Community Services Committee Meeting - 2/99 - 1 March, 1999

***CD 6 - SAFE DISPOSAL OF NEEDLES AND SYRINGES PILOT
PROJECT
For Recommendation***

The full proposal is presented to Council as an **attachment** for its consideration.

3. Budget Implication

The pilot project is estimated to cost \$8160.00. This includes purchase and installation of disposal bins and sharps containers, servicing of bins and cost of evaluation of pilot project.

It is proposed that an allocation of \$8,610.00 be considered in the 1999/2000 Resource Plan, as a community safety initiative.

4. Operation of Safe Disposal Bins by Other Councils

A number of councils across New South Wales have strategies for safe disposal of needles and syringes currently in operation. The strategies range from operating safe disposal containers in local pharmacies to disposal bins in local hotspot areas such public toilets, community facilities, parks, and public roads. Councils currently operating these strategies include South Sydney, Drummoyne, Bankstown, Fairfield, Parramatta, Wollongong, Shell Harbour, Shoalhaven, Kiama, and Wingecarribee Council.

5. Household Medical Waste

This current pilot project addresses medical waste issues relating to the disposal of needles and syringes by intravenous drug users. Upon conclusion of the pilot an evaluation will identify strategies for the safe disposal of household medical waste associated with medical conditions such as diabetes. This project will assist in the development of an appropriate strategy for the management of household medical waste.

Conclusion

The disposal of discarded needles and syringes is an area of community concern. Improved arrangements for their safe disposal will reduce risk and improve waste management.

The proposed joint project with the Central Sydney Area Health Service offers the opportunity to address these issues and implement a long-term strategy.

RECOMMENDATION:

THAT:

1. the report be received;
2. Council adopt the proposal and conduct the pilot project for 6 months in conjunction with Central Sydney Area Health Service;

Community Services Committee Meeting - 2/99 - 1 March, 1999

***CD 6 - SAFE DISPOSAL OF NEEDLES AND SYRINGES PILOT
PROJECT
For Recommendation***

3. Council consider an allocation of \$8,610.00 in the 1999/2000 Resource Plan to conduct the pilot project; and
4. a further report be presented to the Community Services Committee upon completion and evaluation of the pilot.

ATTACHMENT: Total 6 pages
Safer Disposal Of Needles And Syringes

Community Services Committee Meeting - 2/99 - 1 March, 1999

CD 6 - ATTACHMENT

SAFER DISPOSAL OF NEEDLES AND SYRINGES

Pilot Project between Marrickville Council and Central Sydney Area Health Service

1. Background

The Central Sydney Area Health Service convened a working group in response to community concerns on the safe disposal of needles and syringes used by injecting drug users, and the operation of needle exchange programs in the Marrickville local government area.

Members of the working group include Central Sydney Area Health Service (CSAHS), Marrickville Youth Resource Centre, Barnados Marrickville, NSW Users and AIDS Association, St Vinnies for Youth, Marrickville and Newtown Police Local Area Command, and Marrickville Council.

The rationale for this project is to develop a local government response to the public health risk and medical waste management issues associated with the unsafe disposal of needles and syringes. A harm minimisation approach is being advocated.

2. Project Description

The aim of this project is to conduct a pilot program coordinated by Marrickville Council and Central Sydney Area Health Service (CSAHS) that will develop an effective response to reducing the unsafe disposal of needles and syringes in public places in the Marrickville Local Government Area.

The pilot project will involve the trial installation of safe disposal bins for needles and syringes in key locations and Council facilities. The pilot program will provide the following outcomes:

- * A reduction in the unsafe disposal of needles and syringes in public places
- * The establishment of a series of safe disposal bins around the Marrickville Local Government Area
- * The establishment of an interagency communication protocol for CSAHS Resource and Education Program
- * Improved needle and syringe return rates
- * Procedures for dealing with staff needle stick injury and the safe collection of sharps in the work place.

In order to evaluate the success of the project, a minimum trial period of six months is recommended.

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3. Strategies

Establish interagency communication mechanisms

Currently it is not possible to provide accurate data on the level of use of needles and syringes in the Marrickville local government area. In order to address this issue and improve the effectiveness of initiatives addressing safe disposal of needles, an interagency communication strategy will be implemented.

Action:

Identification of 'hotspot areas'

The CSAHS Resource and Education Program (REPIDU) coordinates data on needles and syringes collected and identifies the location of unsafe disposal of needles and syringes. It will be possible to use this information to identify the most appropriate location for safe disposal bins.

System for reporting needles found in public places by the public, Council staff and other key players

A protocol for members of the public and other relevant agencies to report needles found in public places will be developed.

REPIDU is well placed to coordinate and assess the information received from reports.

This will ensure reliable information is available as to where unsafe disposal of needles is occurring and facilitate a prompt response that will reduce the health risk to the public.

Needle Disposal Hotline

The project will link in with the Department of Health's Needle Disposal toll free hotline, which allows the general public to report any discarded needles and syringes that are found in their local area. These reports are referred to the appropriate Area Health Service who clean up the discarded needles and syringes.

Reduce unsafe disposal of community medical waste

Discarded needles and syringes in public places pose a public health risk. In order to respond to this issue, a series of disposal bins and sharps containers will be installed in appropriate locations including public places and Council facilities.

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Action:

Disposal bins in public places

It is proposed that Council trial a minimum of six safe disposal bins in public locations that have been identified as 'hot spot areas'.

Disposal bins in Council facilities

In addition to safe disposal bins in public places it is proposed to install small sharps containers in key Council facilities. A criteria and protocol for installing these sharps containers will be developed in conjunction with the pilot.

Servicing of Bins

The CSAHS Resource and Education Program will be servicing all safe disposal bins and sharps containers for the pilot period in order to monitor the number of needles being disposed.

Council would need to consider the use of a licensed medical waste contractor for the servicing of the safe disposal bins and sharps containers in the future.

Implement an information and education program

There is increasing community concern relating to the public health risk and waste management issues associated with the unsafe disposal of needles and syringes. In conjunction with the introduction of safe disposal bins an information and education program will be developed to target council staff, the community and intravenous drug users.

Action:

Workplace program

The pilot will review current council practices and introduce improved staff protocol relating to the safe collection; disposal and reporting of discarded needles and syringes as well as identify training requirements for relevant sections in Council.

Community Liaison

In order to address community concern a local community campaign will be conducted in conjunction with the pilot. The campaign will promote the reporting of discarded needles and syringes in public places in order to ensure prompt responds.

The local media and Council publications such Marrickville Matters will be utilized for the local community campaign.

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Information to users

Intravenous drug users have a responsibility to dispose of their equipment safely. Key agencies and groups that provide services to intravenous drug users will be requested to participate in the pilot. These agencies can distribute information to their clients relating to the location of the safe disposal bins and encourage their use.

The CSAHS Resource and Education Program will develop user information that will promote safe disposal of needles and syringes and link up with the safe disposal bins. NUAA (New Users and Aids Association) will also be approached as a key group to assist in promoting the safe disposal of needles and syringes.

Review locations and protocol for approval of Secondary (Needle Exchange) Outlets

There are a number of community health centres and community based agencies that offer a needle exchange service in addition to their range of other programs. These are known as *secondary outlets*. Central Sydney Area Health Service (CSAHS) coordinates and supports a Secondary Outlet program.

In the Marrickville local government area two secondary outlets are currently operating from community health centres. There are community agencies that have expressed interest in providing a secondary needle exchange service to their clients.

Action:

It is expected that the pilot project will reveal user patterns, and identify 'hot spot areas'. This will inform Council and provide a basis on the most effective locations where secondary outlets would be permissible under existing planning regulations.

An evaluation of the pilot project will examine the issue of secondary outlets and make recommendations on a protocol for Council's approval of secondary outlets in the local government area.

4. Project Management

Budget for Pilot Project

Outlined below are the items of expenditure identified for the pilot project. Costs are estimated on the basis of conducting a six-month trial. These include:

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Item	Unit cost	Cost for pilot project
Purchase of disposal bins	\$400.00	\$2,400.00 (6 units)
Purchase of sharps containers	\$ 5.00 (1.4 litre; disposable containers)	\$1,080.00 (216 units for a six month period to service six facilities)
Purchase of tamper proof bracket for sharps container	\$ 90.00 (The bracket are heavy duty and will have a life of use that will extent beyond the pilot period)	\$3,240.00 (36 units)
Installation of bins and sharps containers	\$ 75.00 (bins) \$ 40.00 (bracket)	\$1,890.00 (Installation of 6 bins and 36 brackets)
Waste collection and disposal by a licensed medical waste service	This cost will vary depending on level of servicing required. The evaluation of the pilot will establish the ongoing cost of servicing the bins and sharps containers.	Nil. (CSAHS Resource and Education Program will be servicing all safe disposal bins and sharps containers for the pilot period of 6 months.)
Training	Training needs will be determined by pilot	Cost during pilot can be accommodated within existing program budget.
Information and promotional material	This will be determined by pilot Each participating agency will cover their own costs associated to the production of information and promotional material.	Cost during pilot can be accommodated within existing program budget.

Total cost for the pilot project is estimated to be **\$8,610.00**

Monitoring and Evaluation

For the purpose of monitoring the levels of needles and syringes being collected, CSAHS Resource and Education Program will be servicing the safe disposal bins and sharps containers during the pilot period. This will ensure that data is accurately collected and trends monitored.

CSAHS Resource and Education Program will also provide base line data for the purpose of evaluation of the pilot.

The evaluation of the pilot is proposed to be jointly conduct by Council and CSAHS. A full report of the evaluation of the pilot will be produced and presented to Council.

It is proposed that Council's Senior staff oversee the pilot project in liaison with the Project Reference group. It is recommended that the Manager Waste Services have coordinating responsibility within Council for the pilot project.

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Project Reference Group

A working group convened by CSAHS Resource and Education Program has prepared the pilot proposal and can become a project reference group for the pilot and participate in the evaluation of the pilot.

The current membership of the reference group includes:

- * Central Sydney Area Health Service (CSAHS)
- * Marrickville Youth Resource Centre
- * Barnados Marrickville
- * NSW Users and AIDS Association
- * St Vinnies for Youth
- * Marrickville and Newtown Police Local Area Command
- * Marrickville Council



Needle & Syringe Disposal Project Fact Sheet

At its meeting in March 1999 Marrickville Council resolved to support a Safe Disposal of Needles and Syringes Pilot Project in partnership with the Central Sydney Area Health Service and a number of other government and non government agencies, including the Police, Barnardos, Southern Sydney Regional Waste Board and Newtown Neighbourhood Centre.

Council believes that the safe disposal of needles is not the sole responsibility of the Health Department or Council but is an issue that can be effectively addressed through communication and sharing of resources with other agencies and the community.

The project team has identified local 'hotspots' (places where numbers of needles and syringes are dumped) and placed needle disposal bins in these areas, to reduce the health risks created by the unsafe disposal of used syringes. The group has also developed a community education and promotion strategy around the introduction of the bins.

The bins will be installed for a six month trial period. Their use will be monitored during this time and evaluated at the end of the period. Council will then consider the evaluation and decide on future action.

Marrickville Council is coordinating the project, and funding the cost of the installing the bins. The Central Sydney Health Service is assisting with the identification of the hotspots by using information collected from the Needle Disposal Hotline and regularly monitoring and cleaning areas where needles are being disposed. Other agencies are assisting in promoting the use of the bins.

No single agency could successfully undertake this project without the resources and specialised knowledge of others. It is Council's hope that this project will continue to build on local partnerships and maintain a safe and healthy local environment for people to live, play and work.

The Extent of the Problem in Marrickville

Since late December 1998 the Resource and Education Program for Injecting Drug Users (REPIDU) has visited 35 sites in the Marrickville area where used syringes have been inappropriately disposed. Many of these sites have been visited frequently, in some cases on a twice a day. So far 2 856 needles have been collected in these areas over a 6 month period.

These locations were identified as part of a "mapping" exercise conducted by REPIDU. Health Service staff investigated all locations reported to REPIDU as being 'hotspots' (places where needles are frequently found). Since beginning the mapping project the number of needles found has decreased in several locations. This was due to an accumulation of needles over a period of time.

How were Hotspots Identified In Marrickville?

The following criteria were developed for identifying hotspots in Marrickville:

- locations where there was a history of unsafe disposal
- proximity and level of risk to children and young people
- quantity of needles currently being found
- proximity to central Marrickville (suburb) area
- ability for acceptance by residents
- location on public land
- well used public space
- ability to install bins in a discreet location

Are bins really going to solve the problem?

The experience overseas

The NSW Health Department advises that it is well documented that HIV, the virus that causes AIDS, can spread rapidly among intravenous drug users in locations without needle and syringe programs.

An Australian study published in *The Lancet* in 21 June 1997, *Effectiveness of Needle-Exchange Programmes for Prevention of HIV Infection*, looked at 81 cities worldwide. Needle and syringe programs were operating in 29 of these cities and not in 52 other cities. The study found that the incidence of HIV had **decreased** by 5.8% annually in the 29 cities with needle and syringe programs, and **increased** by 5.9% annually in cities without such programs.

HIV and AIDS is a major global epidemic affecting more than 30 million people worldwide up to the end of 1998. No country, culture, language or religion is immune to HIV/AIDS. In Australia less than 5% of Injecting Drug Users are estimated to be living with HIV, much less that the rate of HIV in Injecting Drug Users in similar overseas countries due to the fact that we have Needle and Syringe Programs here.

The NSW Department of Health Needles and Syringe Program

The NSW Department of Health recognises that syringe littering is sometimes seen as a consequence of the providing this health service and has responded by implementing a range of initiatives to reduce its impact on local communities.

The Department has advised that all needles and syringes supplied by private and public arms of the Needle and Syringe Program are provided with an approved sharps container, which may then be returned or exchanged through Needle and Syringe Program outlets.

All clients accessing Needle and Syringe Program clients outlets are comprehensively counseled about the need to exchange used needles and syringes or dispose of them safely and responsibly, and are strongly encouraged to do so.

Where resources permit, Needle and Syringe Program staff engage directly in needle and syringe retrieval, and provide a waste collection service to clients unable to access program outlets. Needle and Syringe Program workers often respond to requests to retrieve syringes, and are particularly interested in identifying local injecting 'hotspots' to discourage congregation in those areas and provide appropriate health responses.

Needle Clean Up Hotline

The Health Department has also established a Needle Clean Up Hotline on 1800 633 353. Through the Hotline, members of the public can make a toll-free call from anywhere in NSW and any problems regarding needle and syringe littering will be responded to appropriately. A clean up service, coordinated by the local Area Health Service, will be provided upon request. Publicity materials for the Hotline have been forwarded to all NSW local councils and other relevant agencies.

The Health Department has emphasised that the majority of needles and syringes provided through the Needle and Syringe Program are disposed of appropriately and safely, and that it is only a minority of intravenous drug users who are either unable or unwilling to dispose of used injecting equipment responsibly. Nevertheless, the Department, through the Needle Syringe Program, has increased its efforts to reduce public littering and associated issues in local communities.

Conclusion

Without the provision of Needle and Syringe Programs through the public health sector, the public needle and syringe littering problem would be far worse than is currently being experienced. The net result of any reduction of efforts to educate intravenous drug users regarding safe needle and syringe disposal, and provision of the means to do so, would be a reduction of the current safe disposal rate and a possible rise, therefore, in the cost to local councils of providing necessary clean up services.

Needle Stick Injury – The Facts

The major concern of finding a discarded needle and syringe is that a member of the public may obtain a needle stick injury that could result in HIV infection or other blood borne virus infections. Numerous studies, however, have failed to find cases of HIV or Hepatitis B or Hepatitis infection arising from injuries by a discarded needles or syringes.

To date, there are no published cases of a member of the general public being infected with HIV, Hepatitis B or Hepatitis C as a result of a needle stick injury from a discarded needle and syringe.

There are several reasons that contribute to the low probability of such an infection. These are: the virus must pierce the clothes or shoes; the HIV virus is fragile once it is living outside the body and when exposed to unfavourable environmental conditions (Resnick et al., 1986), and the syringe may not contain a sufficient quantity of blood.

The risk of infection from a needle stick injury for health care workers, where the circumstances are more favourable to transmission, is also very low at 0.3% per exposure for HIV when the needle/syringe contains the virus (or one in 316) (Beekmann, Fahey, Gerberding et al., 1990; Ippolito, De Carli, Puro et al., 1994). The risks for health care workers contracting Hepatitis B and Hepatitis C are much higher at 2-30% and 3-10%, respectively (Kiyosawa et al., 1991, Tibbs, 1995). The reason for the increased risk of acquiring Hepatitis viruses is that, on average, they occur in higher plasma concentrations than HIV, which leads to a greater probability of infection.

Needle Stick Injuries – Minimising the Risks

Numerous studies have show that installing safe needle disposal bins in strategic locations such as outside community health facilities or in public toilets reduces the number of needles and syringes that are inappropriately discarded (Yarra Syringe Disposal Project, 1996, Safe Needle and Syringe Disposal Program, Redcliffe City Council, 1997, Safe Syringe Disposal: A Community Response, 1994). This successful outcome demonstrates that people who inject drugs can and do behave responsibly when given the resources to do so.

PROCEDURES ON HANDLING DISCARDED SYRINGES

Intended Usage: **All staff of Marrickville Council.**

Definition: Syringes are defined as injecting equipment and have the potential to carry infectious agents. Throughout this document the terms “syringes” and “injecting equipment” will be used interchangeably.

OBJECTIVES

- * To provide guidelines for the safe removal and disposal of syringes.
- * To inform staff of ways to avoid injury and possible infection when handling discarded syringes.
- * To alert staff to First Aid procedures if an injury has occurred.
- * To raise staff awareness of the risks involved when coming in contact with injecting equipment.

RESPONSIBILITIES

- * Relevant Managers are to initiate training, with the Occupational Health and Safety Co-ordinator, to ensure staff are aware of “safe handling” procedures.
- * All Managers, are to ensure that staff are provide with appropriate equipment for collecting discarded syringes and to ensure this equipment is ready for use.
- * Safe collection equipment will be stored and maintained at the Central Depot by the Parks and Streetscape Supervisor.
- * A syringe disposal bin is located at the Central Depot. Managers are responsible for the transportation of collected syringes, Central Depot staff will arrange for this bin to be emptied.
- * OH&S C-ordinator will co-ordinate training and monitor compliance with the procedures. In conjunction with Supervisors and department Managers will address issues of non-compliance.

COLLECTION AND DISPOSAL OF SYRINGES

GUIDELINES

Equipment

First Aid Kit: available from Central Depot and will contain:

- * Antiseptic cream/lotion
- * Antiseptic swabs
- * 2 x non-stick dressings
- * roll of dressing tape
- * bandaids
- * scissors
- * eyebath
- * eyepads

'Sharp-safe' (syringe) Container: small and large puncture-proof, resealable container, usually yellow plastic.

Latex Gloves: protection against body fluids only. It is important to note that gloves are **NOT** puncture-proof.

Easy Reach Tongs: must be checked regularly to ensure they are in good working order. Should be stored using the hooks provided.

Bio Hazard Bag: medical waste disposal bag (yellow plastic). Syringes **MUST NOT** be placed in this bag.

Data collection forms: to ensure an appropriate response and facilitate the development of relevant procedures it is important to record the number and locations of collected syringes.

Risks

Getting stuck with a used syringe is a serious matter, and every effort should be made to ensure that it does not occur. Every needle-stick injury is preventable, if proper precautions are observed. The most likely infectious risks are tetanus and hepatitis B. Both infections are potentially fatal, but vaccines are available for both. It is therefore essential that all relevant staff have current, documented vaccination for tetanus and hepatitis B. There is an unknown level of risk of hepatitis C, and a small, but not negligible, risk of HIV. No vaccine exists for either of these. Other bacterial and fungal infections are also possible.

NB There is NO risk of infection from any drug or substance which was used in the syringe.

Principles

A number of principles have been identified to ensure staff safety when making contact with a discarded syringe. These principles are:

- Alertness:** there is no substitute for having your mind on the task at hand. It requires an attitude of vigilance and due caution.
- Don't Hurry:** there is no surer way to injury than unnecessary haste. Working safely means taking sufficient time to observe all the necessary precautions.
- Attitude:** fear and tension produce clumsiness and mistakes. To work safely requires that you are relaxed and confident, and adopt an attitude of due respect, rather than fear, for the risk of injury that is present.
- Visibility:** hands should never be positioned where they cannot be seen clearly, such as behind toilet cisterns, under bushes etc.

Procedure

The following procedure for the collection of discarded syringes should be used in conjunction with the above principles, commonsense, imagination and your own experience.

1. Place the 'sharp-safe' (syringe) container on the ground, as close to the discarded syringe as possible.
2. If there are any items, leaves or other litter, obstructing the visibility or access to the syringe, it should be cleared using the Easy Reach tongs before any attempt is made to collect the syringe.
3. The syringe should be picked up, preferably by the blunt end, using the Easy Reach tongs, and carefully placed into the mouth of the 'sharp-safe' (syringe) container.
4. **NEVER** hold onto the container with one hand while bringing the syringe towards it with the other. Any action which involves moving a syringe towards your hand or body should be avoided, in the same way that carpenters and chefs are trained never to cut towards their bodies.
5. **NEVER** attempt to re-cap a discarded syringe.
6. Once the syringe is safely inside the container it should be sealed and moved to a secure location within the vehicle or facility.
7. If any other injecting paraphernalia, such as used swabs, spoons etc, is found in the vicinity of the syringe, this should be placed in the Bio Hazard Bag and stored with the 'sharp-safe' (syringe) container.
8. Latex gloves **MUST** be worn during this process and placed in the Bio Hazard Bag after use.
9. Complete the data collection form, noting the location and quantity of syringes found.
10. All syringes and related waste should be transported to Central Depot as soon as practicable.

First Aid Procedures

**IF YOU ARE SCRATCHED OR PRICKED BY A DISCARDED SYRINGE
YOU MUST SEEK MEDICAL ATTENTION PROMPTLY**

HOWEVER, to minimise the risk of infection the following steps should be taken immediately:

1. Rinse the wound with copious amounts of water, preferably running water.
2. Squeeze the injury site to encourage bleeding from the wound.
3. Wash the wound with soap and water or clean wound with the antiseptic swabs from First Aid Kit.
4. Apply antiseptic cream and dressing or band aid.

If the syringe or potentially infected fluid from the syringe comes in contact with the eyes these procedures should be followed:

- * Do not rub eyes
- * Flush the eye out well with running water for approximately 15 minutes.
Ensure that you wash under the lid
- * Cover the eye with a pad

NEVER try to remove a foreign object from the colored part of the eye

NEVER try to remove an object embedded in the eye

5. Report the incident to your Supervisor immediately. They will arrange medical attention promptly.
6. It is advisable to take the syringe with you in the “sharp-safe” container.
7. You will need a tetanus injection if you haven’t had a booster within the last two years. Please advise the Doctor.
8. Complete Accident/Incident Report and any necessary Workcover Report forms as soon as possible. Your Supervisor will assist with this.
9. Completed forms must be forwarded to the Employee Services Section as soon as possible, together with any Medical Certificates.

PROCEDURES ON SAFE HANDLING AND DISPOSAL OF SYRINGES



Group – Marrickville Council Workers (Parks & gardens and street cleaners)

1. **Introduction** – O/HEAD

5mins

- Introduce self including workplace and role
- Ask group what areas they work in and for how long (no need for individual intros)

Show o/head of program outline.

2. **Background**

5mins

Inform group of Disposal Project giving brief history

Explain Pilot Project and process of developing handling procedures

- 'Procedures' document should be available for distribution

3. **Responsibilities** – O/HEAD

10mins

Introduce the idea that there are three public authorities that have a role to play in relation to injecting drug use. They are:





Police - Law enforcement

Although the possession of needles and syringes is not an offence, under Section 12 of the Drug Misuse and Trafficking Act 1985, the possession of used needles and syringes **can be used as circumstantial evidence for the charge of self administration.**

Rounding up every person who injects drugs is not an option!



Health Services

Central Sydney Area Health Service is responsible for providing a range of services to people who inject drugs. These services include treatment and harm reduction programs.

Harm reduction services aim to minimise the transmission of infections by providing resources and education to people who inject drugs. Obviously by supplying syringes and educating people to use a new syringe every time they inject there will be an increase of syringes in the community, however, this also means that the more syringes there are the less infection around.

So, treatment services reduce drug use and Harm Reduction services reduce infection levels.



Councils

Local Councils have a duty of care to the community and are responsible for providing a safe and aesthetically pleasing environment. In other words it's Council's job to keep public places looking good and free from anything that could cause anyone harm. But when you're picking up a needle you need to look after yourself as well and that is why it's important to follow the procedures document.

4. Risks 10mins

Getting stuck with a used needle is a serious matter, and every effort should be made to ensure that it does not happen. Needle-stick injuries are preventable, if proper precautions are observed. The risk of catching any infection from a discarded needle and syringe is very low. To date there are no documented cases of this happening, but take no chances.

**The most likely infectious risks are tetanus and hepatitis B.
Vaccines exist for both of these.**

**There is an unknown level of risk of hepatitis C. and a small, but not negligible risk of HIV.
NO vaccine exists for either of these.**

5. Equipment - O/HEAD 5mins

The equipment needed for handling syringes should be in all vehicles and should be maintained at all times.

First Aid kits are available from Central Depot.

Explain/demonstrate equipment

Exhibit equipment that might be found/explain use

6. Procedures – O/HEAD 20mins

A number of principles have been identified to ensure staff safety when making contact with a discarded syringe.

ALERTNESS - there is no substitute for having your mind on the task at Hand. It requires an attitude of vigilance and due caution.

DON'T HURRY - there is no surer way to injury than unnecessary haste. Working safely means taking sufficient time to observe all the necessary precautions.

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ATTITUDE - fear and tension produce clumsiness and mistakes. To work safely requires that you are relaxed and confident, and adopt an attitude of due respect, rather than fear, for the risk of injury that is present.

VISIBILITY - hands should never be positioned where they cannot be seen clearly, such as behind toilet cisterns, under bushes etc.

Show procedures O/HEAD. Talk through and discuss

7. **Scenarios** – O/HEAD **20mins**

Show one scenario (common situation where a discarded syringe is found) at a time. Situation first, then each question

Group discussion – ask for other examples

8. **First Aid** – O/HEAD **10mins**

Show o/head and discuss procedure.

Re-emphasise the actual RISK.

9. **The End** – O/HEAD **5mins**

Show o/head of program outline and quickly re-cap asking for any more questions or comments.

9. References

and Useful Resources

Smith L., Riley E., Beilenson P., Vlahov D. and Junge B., 1995
Project Red Box
Baltimore City Health Department.

Croft M., 1995
Safe Needle and Syringe Disposal Program
Redcliffe City Council

Carmichael C., 1996
Yarra Syringe Disposal Project
Melbourne Inner City AIDS Prevention Centre

MacDonald M., Wodak A., Ali R., Crofts N., Cunningham P., Dolan K., Kelaher M., Loxley W., van Beek I., and Kaldor J. 1997
HIV prevalence and risk behaviour in needle exchange attenders - a national study
Medical Journal of Australia, 166: 237-240.

Hurley, S.F., Jolley, D.J., Kaldor, J.M. 1997
Effectiveness of needle exchange programs for prevention of HIV infection
Lancet, 349: 1797-1800

MacDonald M & Wodak A 1999,
'Preventing transmission of hepatitis C', In *Hepatitis C: a management guide for general practitioners*
Australian Family Physician, December.

US Department of Human Services and Health, April 20 1998
Research shows needle exchange programs reduce HIV infections without increasing drug use
HHS Press Office
<http://www.hhs.gov/news/press/1998pres/980420a.html>.

Watters JK, Estilo MJ, Clark GL & Lorvick J 1994
Syringe and Needle Exchange as HIV/AIDS Prevention for Injecting Drug Users
Journal of the American Medical Association, vol. 271, no. 2, p. 115-20.

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