

Lower East Side Harm Reduction Center
25 Allen Street
New York, New York 10002

Policies and Procedures
Manual

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Acupuncture Program

LESHRC provides 5 Point Ear Acupuncture for Detoxification and Stress Management. Staff providing the Acupuncture are Certified Acupuncture Detoxification Specialists (ADS) and are clinically supervised on a monthly basis by a licensed acupuncturist. This program is funded through the federal government’s Ryan White Emergency Care Act for persons living with HIV and AIDS, although a person does not have to be HIV + to receive this service. The service, which is part of our Vital Services Program is supervised by the Program Director and managed on a day to day basis by a certified staff member.

What follows is a description of the procedures to be followed by the staff/volunteers/consultants of the acupuncture program:

- 1) Maintenance of the space: The acupuncture space must be maintained clean and orderly at all times. Staff must take responsibility for informing participants & volunteers not to store any personal belongings in the space for any reason. The space should be swept and mopped every day, preferably before the beginning of a session and then again when the day is over. There must be NO USED NEEDLES on the floor, counters or chairs and the chairs should also be wiped clean every day with spray cleaner.
- 2) Acupuncture treatment will only be dispensed by an acupuncturist certified by the National Association of Detoxification Acupuncture (N.A.D.A.) only. Treatment includes the application of needles and magnetic seeds.
- 3) Participants are not to walk around the space, the agency or in the backyard with needles on their ears, nor should they be smoking while pinned. This goes against the purpose of ear acupuncture.
- 4) For hygienic purposes, no eating is allowed in the acupuncture room. Participants will not drink coffee or other caffeinated beverages during treatment. Caffeine is a stimulant that, like smoking, disrupts the purpose of ear acupuncture.

- 5) Only participants receiving treatment are allowed in the acupuncture space. The space is not to be used as a hangout or for sleeping. Treatment will last a minimum of 45 minutes, unless the licensed acupuncturist is doing a full treatment and recommends otherwise.
- 6) Staff must periodically wash hands with soap and water. Alcohol, lotions or hand cleaning gel do not replace hand washing, but may be used as necessary. Personal hygiene is also important in order to maintain a comfortable environment for the participants and staff/volunteers. Universal safety precautions must be utilized at all times.
- 7) The supply cabinet should be checked and replenished regularly and should only be used for acupuncture supplies. Supplies are to be ordered in a timely fashion.
- 8) The acupuncture space should be neat and orderly. Drawers should be kept free of clutter and non-essential items. Files should be in order and easy to access.
- 9) Only staff is allowed to use the telephone and the computer. If someone needs to make a call they should be referred to their Case Manager who will assist them with the call.
- 10) Participants interested in receiving acupuncture treatment must have an active intake. Only participants enrolled in the Ryan White (RW) Program are entitled to transportation privileges (metro cards). Metro cards will be dispensed by a technician, supervisor or designee who will observe maximum discretion in order to protect participant's confidentiality. Consultants are not allowed to dispense metro cards to participants.
- 11) The Acupuncture technician is responsible for entering the codes of participants in the Uniform Reporting System (URS) in a timely fashion. All entries, including metro card reconciliations, must be submitted by the first Tuesday of the month or no later than the 6th of every month whichever comes first.
- 12) If a technician is out sick, he or she must call at least ½ hour before starting time and ask for the supervisor at extension 139. If the supervisor is not available, leave a message with the Program Director at ext. 114 or another staff person by calling extension 100.
- 13) Vacation and other time off must be requested in a timely fashion in order to plan for coverage. The Coordinator of Complementary and Traditional Therapies will implement the coverage plan. If a consultant is to be used for coverage she/he will be informed about these procedures. Technician and supervisor will have an updated list of names and phone numbers of consultants for coverage purposes.

Executive Director's Signature/Date

Director of Program's Signature/Date

Case Management

The case management model we use is the harm reduction model, which focused primarily on managing services provided by others. The case management staff is expected to help participants gain access to appropriate benefits, shelter, education, training, and educational/employment services. An equally important element of case management is motivating, encouraging and helping participants deal with crisis in their personal lives, monitoring their attendance in program activities, and enforcing the rules required for active agency participation.

Case Management Process

1) *Initial and Ongoing Assessment and Planning.* When a participant completes their Vital Services Program intake session, they will be assigned a case manager who will conduct a comprehensive assessment and work with the participant to develop a self sufficiency plan.

This assessment covers educational needs and progress, aspirations, work experience and occupational interests, and resources, transportation problems, housing situation, history of substance use, health problems, legal problems, family planning practices, and general self-esteem.

Assessment is an ongoing process. The initial intake and assessment interview provide the basis for an initiating a treatment plan, but further events provide more information as circumstance change. Case management staff will monitor a participant's progress and in the process uncover new information about their strengths and weaknesses, which treatment plan changes. Reassessments of activity plans will be repeated as changes occur in participants' personal or family lives, as they progress through program activities or have difficulties and as changes occur in the types of available or necessary services.

2) *Personal Support and Motivation.* A large part of the challenge in working with clients is to assist them in overcoming the personal, family, and community pressures that could discourage participation progress and program participation. The case manager should focus on strengthening the participants' faith in the possibility of building a better life for themselves, and help them build confidence and self-esteem that in many cases has withered over years in school, chaotic family ties, drug abuse, and abusive relationships. Case managers should provide encouragement and empathy that also includes clear and consistent expectations that have been missing from many participants' lives. Emphasis should be put on being consistent, clear, and providing supportive motivation and guidance.

3) *Service Coordination and Advocacy.* An important function of the case managers is to ensure that participants gain access to needed services. To this end case managers should stay abreast of available and desirable benefits, educational services, training courses, program workshops and recreational activities. By staying updated case managers can offer attractive and necessary options to participants that are optimal and easy-to-access by participants. Often, a case manager has to intercede on behalf of clients. For example, a case manager might have to persuade a vocational program to waive a registration fee, defer a payment deadline or enlist the help of relatives. This may also mean accompanying a participant to a fair hearing and other appointments to ensure that the participant's desires and best interest are being considered in all decisions that effect their medical care and entitlements.

4) *Providing Transportation Assistance.* Case Managers help participants identify and/or make transportation arrangements. In many cases they may be required to repeat these efforts when arrangements break down or when client's participation in the program is interrupted and then resumed. All Ryan White participants in our agency are eligible for one metro card a day on the day they receive a service. Only one metro card will be given on any given day when the participant receives a service.

5) *Enforcing Participation Requirements.* The case manager will ensure that eligible program participants complete initial intake sessions. Once a new participant has completed an intake, their assigned case manager with support from other vital service staff members will monitor their progress and attendance at scheduled assessment interviews, appointments, on-site groups, recreational activities, and training courses. When participants fail to attend scheduled activities the case manager will make an appointment with the participant to discuss the situation and explore with the participant problems or issues that may be interfering with making appointments or consistent program attendance.

6) *Maintaining Case Records*

The case manager will use a combination of computerized and manual systems to maintain records concerning assessment and self-sufficiency plans, participant's program activities and attendance, case notes, and transportation (see appendix A, B, C, F,G,H). These systems are designed as a means of follow-up, reassessment, referral, and adjustments to treatment plan. Case manager will also maintain written case narratives.

Executive Director's Signature/Date

Director of Program's Signature/Date

Intake for Vital Service Programs

The process for conducting intakes is as follows:

- 1) The persons first and last name are entered into the URS system to avoid duplicate entries (if the name is not in the system go to step b) if the name is in the system check the date of birth and update the so all information is current.
- 2) Enter the person's code into the system and make sure that it is not in use by another participant. If the code is already being used by another client, add an X, Y or Z.
- 3) Enter participant's information into the URS system. Make sure that all of the drop-down questions are answered correctly.
- 4) Have the participant read, sign and date the agency rules and regulations form (see appendix A).
- 6) The emergency service policy form should be signed and dated by staff and participant. (See policies pg 14)

7) Provide the participant with a schedule of all activities and services and explain which services they are eligible for depending on what program they are enrolled, i.e. Ryan White or CDC.

8) Provide participant with their case manager's name and business card if the case manager is unavailable. If they are available ask the case manager to introduce themselves to the participant to set up an appointment to meet.

Program Director's Signature/Date

Executive Director's Signature/Date

Admission to Ryan White Program

Ryan White Program Criteria for Admission:

- 1) The person has HIV or AIDS and is 18 years old or older.
- 2) The person who states they are HIV + or has AIDS must provide documentation of their HIV+ status within one month of the intake to be enrolled in the Ryan White Program. Anyone who says they are HIV + but doesn't produce document within a month must be referred to Prevention Case Management and enrolled in the CDC program. If afterwards they produce documentation that they are HIV + they should be re-enrolled in Ryan White Program (See appendix A, B, C). Any participant regardless of what they say their status is can receive acupuncture treatments.
- 3) A participant who meets the criteria for the Ryan White Program will receive a Ryan White enrollment card from their Case Manager. This indicates that this participant is eligible for Ryan White services. This participant will be entitled to receive HIV case management, mental health care, crisis intervention, holistic services and metro cards according to the one metro card per day of services policy.

4) A staff person making a referral to another in-house provider will complete the Program Referral Form.

Executive Director's Signature/Date

Program Director's Signature/Date

Participant Contact

Contacting a participant via telephone or correspondence with/without discretion may be necessary. Inform participants at intake what situations may result in our need to contact them and ask what mode of contact they prefer.

Make sure this information is documented and updated in URS, and also included in the Initial Note.

Maintaining confidentiality and safety are a must.

When contacting a participant by:

Telephone: Unless you are speaking directly to the participant, a staff member should limit information to their own name only. Do not leave our phone number with anyone other than the participant. If necessary, call back until participant is reached directly.

Correspondence: Do not send correspondence to a participant unless they have given written permission to do so. Permission must be documented in their case file. When writing to a participant, be as brief as possible, i.e., ‘please call your case worker’, or ‘your case worker would like to hear from you’.

Document every call made or letter written in participant case file, including results, who answered the call and any other feedback.

If any participant has a complaint or expresses dissatisfaction with how a contact was made, inform your supervisor immediately and an investigation will follow.

Executive Director’s Signature/Date

Director of Program’s Signature/Date

Participant Escort

The LESHRC is committed to doing all we can to improve the health and wellbeing of our participants. Sometimes this means that they may need addition help negotiating a referral or appointment. This may require an escort. However all escorts will be decided on an individual basis according to available staff resources and severity of need. All escorts must be approved by a staff member’s supervisor.

It is important to know that not every situation may require an escort and staff should assess whether the situation requires an escort before requesting one for a participant.

Staff Responsibilities are as follows:

- 1) To request escorts for only vital services supports (medical, social services, housing, legal, etc).

- 2) To consult with a supervisor regarding a participant's need for escort services.
- 3) To get permission from the supervisor to actually have an escort provided.
- 4) To always inform co-workers of all scheduled escorts and identify which participants will be escorted.

When conducting an escort to ensure the client's and your safety.

- 1) Check in regularly with a supervisor while out in the field, including calling at the end of the day if you will not be returning to the agency.
- 2) Enter all escort events in the Escort Log (see appendix H).
- 3) Ultimately work with participants toward empowering them to go to appointments on their own

Executive Director's Signature/Date

Program Director's Signature/Date

Follow-up with Hospitalized Participants

When The Lower East Side Harm Reduction Center is informed of a participant's hospitalization or admission into a medical facility, efforts to follow-up should proceed as follows:

- 1) Immediately upon notification the team members assigned to the participant's case will collaborate and agree upon a "point-person" who will contact the facility and work specifically around providing advocacy, support, and discharge planning.
- 2) Upon confirmation of participant's status as a patient/client at a medical facility/hospital, the "point-person" must update the team members working with participant's/case.

3) Work related visits should be limited to the assigned staff member/s work schedule. An entry into the Referral and Follow-Up Log should follow (see appendix G).

4) Any staff may visit the participant when they are not working and off the clock.

Executive Director's Signature/Date

Program Director's Signature/Date

Food Pantry

The food pantry is designed to provide immediate emergency meals to participants who inform us they are hungry. It is agreed that we can't provide participants with food to take home (unless it's a real emergency). Following and assessment a designated staff person should provide the participant with a limit of 3 items for immediate consumption. Food items should be given out in discreet brown bags. Everybody who receives food should be provided with a list of food pantries and soup kitchens.

The HIV Case Manager, The HIV Prevention Case Manager and the designated outreach worker, (presently Tom Smith) are the primary staff members responsible for giving out food. Should all of the above mentioned staff be absent, the responsibility for back-up food distribution will fall on the Director of Operations and Communications and Administrative Assistant.

Every time we give out food an entry in the pantry log book should be made. A URS entry has to be made every time we distribute the food.

If it is noticed that a participant keeps requesting food an inquiry about his/her benefits should be made and an appropriate referral to a case manager should be provided.

Executive Director's Signature/Date

Program Director's Signature/Date

OraQuick Rapid HIV Testing At Venue Sex Parties

Preliminary Steps

1) Prior to the party, guest are informed via email that a trained test counselor and will be available to provide pre and post test screening, counseling, testing and referrals.

- 2) Prior to the party the test counselor runs the standard controls that meet the guidelines from the manufacturer.
- 3) The test counselor provides condoms and lube that are located in a bowl in the party area.

Testing

- 1) The test counselor is located in a private area of the venue that is separate from the partying space allowing counselor and client to conduct counseling, screening, and testing in a confidential setting.
- 2) Before providing a test all interested persons are screened for risk assessment concerning their emotional capacity to receive results regardless of the outcomes.
- 3) Persons requesting testing who state they are or appear to be under the influence of substances will not be tested. A rescheduling date will be offered.
- 4) The test counselor conducts testing on a clean well lit flat surface that is covered with disposable pads to protect the surface from potential leakage or spills. The room temperature is stable at: [59-80 F.].

Equipment for testing is as follows:

- 1) OraQuick Test kit, lancets, alcohol preps, gauze, band aid, disposable gloves, sharp container to dispose of used equipment.
- 2) The testing table is should also contain pamphlets on safer sex practices, HIV facts, Hepatitis: A B, C material and condoms, lubrication and a listing of healthcare providers.

Results

OraQuick Rapid HIV testing takes twenty minutes to forty minutes to get a test result.

- 1) All results are to be given to the client in a confidential private space.
- 2) Negatives results: are explained and time is allotted for questions, referrals and harm reduction education on remaining HIV negative. Follow-up testing may be required depending on the time of last exposure
- 3) Positive or inconclusive results: a detailed explanation of what these results mean and referral for follow-up confirmation testing and referrals to supportive services should be provided by the counselor. The test counselor is prepared to provide crisis counseling and emergency room interventions. All clients are informed of partner notification, domestic violence and N.Y. states anti discrimination act.

Referrals and Education Material

1) As needed, the test counselor provides all levels of risk reduction education, STI's, HIV/Hep C, drug use, and referral materials.

(The protocol for off-site pre and post HIV test counseling and rapid HIV testing are within the guidelines recommended by New York State Department of Health - see appendix I).

Program Director's Signature/Date

Client Care Coordinator's Signature/Date

Emergency Services/Response

The following are guidelines in the event of emergencies requiring medical attention:

- 1) Upon staff's assessment of the need for emergency medical care, 911/EMS will be contacted.
- 2) EMS will determine if emergency room care is needed. Should the participant choose not to go with EMS to the emergency room, they may remain at LESHRC, but, must be continually assessed by staff and if the situation doesn't improve or gets worse a decision must be made on whether to call 911/EMS again.
- 3) Staff will not escort any participant to an emergency room due to overdose.
- 4) However, it may be deemed appropriate to escort a participant to an emergency room for other reasons not requiring EMS. If this is the case the staff person will accompany the participant and stay with them until they have been triaged.
- 5) If a participant is not responding to 911/EMS/medical facility personnel, LESHRC staff will provide those providers with relevant information concerning the participant for continuity of services and care.
- 6) All incidents should be recorded on an In-house Incident Form (see appendix J).

Executive Director's Signature/Date

Program Director's Signature/Date

Fire Safety Plan Fire Prevention

- 1) Make at least two sweeps of the entire building when closing up at night. One smoldering cigarette butt in a trashcan is all that's necessary to start a fire.
- 2) Be certain that all doors within the building are closed when you leave at night. The interior doors were designed to help contain a fire, but they must be closed in order to work.
- 3) Be on the lookout for any fire hazards, and correct them or request they be corrected when you see a hazard.

If you discover a fire:

- 1) Notify the fire department by dialing 911. Give your location, the nature of the fire, and your name.
- 2) Notify supervisors, staff and all other occupants.
- 3) Help others evacuate the building.

Fight the fire ONLY if:

- 1) The fire department has been notified of the fire, AND
- 2) The fire is small and confined to its area of origin, AND
- 3) You have a way out and can fight the fire with your back to the exit, AND you have the proper extinguisher, in good working order, AND know how to use it.

** However if you are not sure of your ability or the fire extinguisher's capacity to contain the fire, leave the area.

If you hear a fire alarm:

- 1) Evacuate the area. Close windows and doors as you leave.
- 2) Leave the building and move away from exits and out of the way of emergency operations.
- 3) Assemble in a designated area away from danger.
- 4) Report to the monitor so he/she can determine that all personnel have evacuated your area.

- 5) Remain outside until a director states that it is safe to re-enter.

Evacuation Routes

- 1) Learn at least two escape routes, and emergency exits from your area.
- 2) Learn how to report a fire.
- 3) Be certain to notify others of a fire.

Extinguishers

- 1) A portable fire extinguisher is a “first aid” device and is very effective when used against a small fire. The use of a proper fire extinguisher that matches the class of fire, by a person who is well trained, can save both lives and property.
- 2) Extinguishers are conspicuously located and readily accessible for immediate use in the event of fire. They will be located along normal paths of travel and egress. Wall recesses and/or mounted cabinets will be used as extinguishers locations whenever possible.
- 3) Extinguishers will be clearly visible. However In locations where visual obstruction cannot be completely avoided, directional arrows will point toward the location of extinguishers and the arrows will be marked with the extinguisher classification.
- 4) Portable extinguishers will be maintained in a fully charged and operable condition. They will be kept in their designated locations at all times when not being used. When extinguishers are removed for maintenance or testing, a fully charged and operable replacement unit will be provided.
- 5) First line supervisors and Safety Committees are responsible for conducting work site surveys at least annually. These surveys should include observations of worksite safety and housekeeping issues and should specifically address proper storage of chemicals and supplies, unobstructed access to fire extinguishers, and emergency evacuation plan is present in work areas and that personnel are familiar with the plan.

Emergency Egress

- 1) Every exit will be clearly visible, or the route to an exit will be conspicuously identified in such a manner that every occupant of the building will readily know the direction of escape from any point in the building. At no time will exits be blocked.

- 2) Any doorway or passageway which is not an exit or access to an exit but which may be mistaken for an exit, will be identified by a sign reading “**Not An Exit**” or a sign indicating its actual use (i.e., “**Storeroom**”). Exits and accesses to exits will be marked by a readily visible sign. Each exit sign (other than internally illuminated signs) will be illuminated by a reliable light source providing not less than 5 foot-candles on the illuminated surface.
- 3) The first line supervisor is assigned the responsibility to assist Persons with Disabilities (PWD) under their supervision. An alternate assistant will be chosen by the supervisor. The role of the two assistants is to report to their assigned person, and to either assist in evacuation or assure that the PWD is removed from danger.
- 4) All Visitors who have disabilities will be assisted in a manner similar to that of employees. The Host of the person with disabilities will assist in their evacuation.
- 5) Each facility shall have an emergency evacuation plan. All emergency exits shall conform to New York City standards.
- 6) Should evacuation be necessary, go to the nearest exit or stairway and proceed to an area of refuge outside the building. Most stairways are fire resistant and present barriers to smoke if the doors are kept closed.
- 7) Emergency Coordinators will be responsible for verifying personnel have evacuated from their assigned areas.
- 8) LESHRC will conduct at least one fire drill a year.

Executive Director’s Signature/Date

Program Director’s Signature/Date

Overdose Response

Team I: First Responders

Raquel Algarin, Program Director – Assessment and activate 911 systems
Tom Smith, Outreach Worker – Call 911 and Clear Space
Kathryn Grooms, Psychiatric Social Worker – Observer and Recorder

Team II: Back Up

Sam Orlando, Health Care Coordinator – Assessment and activate 911 system
Mark Gerse, Deputy Director – Call 911 and Clear Space
Jeanette Luciano, Psychiatric Social Worker – Observer and Recorder

Alberto Alonso will be back up for Observer and Recorder

Steps:

Observer/Recorder is responsible for documentation of time of 911 call, EMS arrival time, steps taken to assist participant, staff present, EMS/Police badge, name, obtaining participant information if available, where participant was transferred to, meeting with participating staff when event is over and presenting observations.

Initial Assessment:

- Is the person alert and responsive?
- Is the person experiencing hallucinations, confusion, convulsions, slow and shallow breath and/or slurred speech?
- Is the person's personality suddenly hostile, violent, and aggressive, and unable to respond to staff without harm to self or others?
- Continue to observe and reassess

If not responsive the responding team will assess and perform the following as needed:

- Is the person breathing? Do they have a pulse?

- Check for breathing by listening, looking and feeling if chest is moving
- If not breathing, apply mouth to mouth, mouth to mask or air bag
- After five breaths, check breathing and pulse
- Check pulse on side of neck (carotid artery)
- If not breathing and no pulse, resume breathing and begin chest compressions
- If working alone, alternate five breaths and then 10 compressions
- After one minute, reassess – check pulse and breathing
- NARCAN – Recorder/Observer documents amount and injection location

Calling 911 and Clearing Space:

- Provide 911 with as much information as possible
- Stay calm!
- Is person conscious?
- Are they breathing?
- Is someone administering life support measures?
- Age
- Name
- Center address and cross streets
- Name of person calling
- Floor
- Do NOT move participant
- Evacuate and secure space EMS Response and Safety
- Incident Report is filed by Observer/Recorder (see appendix J)

Program Director's Signature/Date

Executive Director's Signature/Date

Police

If the police department is called the following should take place:

- Prevention Services Manager, Outreach Coordinator, Program Director and/or Deputy Executive Director should be notified. If necessary they will call the Executive Director.
- Caller should prepare for the police arrival. Due to confidentiality the door to the drop-in space should be closed and the front area should be cleared. Other preparation should be made based on the staff assessment of the situation.

If Police officers enter agency the following should take place:

- Staff should find out the nature of the visit, obtaining the police officers name, badge number and precinct if possible
- Administration should be notified
- In case of emergencies do not interfere and support officers doing their job
- Follow-up with filling up an In-House Incident Form (see appendix J)

If a participant calls the police to our agency:

- Administration should be notified.
- Staff should find out the nature of the visit. If possible obtain the officers name, badge number and precinct.
- If the officer/s is hostile or does not want to cooperate just get the license plate number of their police vehicle and record the time that they entered the agency. This will allow us to call the commanding officer at the precinct and make a complaint against the hostile police without us being confrontational.

Executive Director's Signature/Date

Program Director's Signature/Date

PARTICIPANT SUSPENSION/BANNING POLICY

I. Participants who break agency rules are subject to the following:

Warning – A warning can take place before a suspension or banning. Warnings are given to participants who violate agency rules. The Syringe Exchange Manager, Associate Prevention Manager, and Deputy Executive Director will decide what actions are to take place in the case of warnings.

SUSPENSION – Based on the severity of the infraction and subject to staff discussion a participant accused of stealing, steering, or threats of violence will be suspended for a determined period of time. Suspensions are either short term (1-30days) or long-term (30 days or more).

BANNING –Physical Violence, Sexual Harassment, Willfully destroying agency property,
Using Drugs on premise or Dealing Drugs within LESHRC, will result in a banning.

II. Staff member who takes action is responsible for the following:

- Completing the report form in the STAFF LOG located on the second floor on the bookshelf by Manager desk
- Sending an email to all staff advising them that an entry has been made in the LOG
- Indicate on staff log participant's name/ID, and action taken
- Informing participant of the out come in one week.

III. Participants who disagree with SUSPENSION or BANNING should take the following steps and expect the following resolution.

- A written statement why he/she disagrees with decision. This should be submitted to the ED within two weeks. Staff should assist pt if needed.
- Pt will be informed that the ED will review the claim and make a final decision.
- Pt. will then be informed of the out come in a timely fashion.

Reinstatement- Participants that want to be considered for reinstatement should take the following steps:

- Submit a written statement why they want to return to agency. This should be submitted to Administrative Staff or the Syringe Exchange Manager. They will be charged with making final discussions about these matters.

- Participants will be informed in writing what the discussion of the agency is concerning their request for reinstatement. The participant requesting reinstatement should be informed of the agency's decision in a timely fashion.

Children

Children are not permitted to enter the agency unless pre-arranged with an individual staff member. Children are defined as an individual under the age of thirteen.

In order to make arrangements, participants must speak to a Gateway staff person, case manager and/or counselor prior to having a child enter the agency. The staff person should send out an e-mail to the entire staff making it clear that they have provided permission. This applies to all provided services:

- Needle Exchange
- Drop In Space
- Acupuncture
- Counseling Session
- Groups
- Trainings or Presentation

In compliance with New York's Mandated Reporter requirement, any staff who believes that a child is at risk of neglect or abuse, must discuss the situation with the program director and together if necessary they should make a report to Child Protective Services.

Program Director's Signature/Date

Executive Director's Signature/Date

Television, Movies and Music

- 1) Majority rules when deciding on radio or TV stations.
- 2) Participants will control the volume and/or channel changer for the TV/radio.
- 3) Volume will be no higher than 30 on the TV. The TV will be turned off for one hour if the volume is higher than 30.
- 4) If there is an argument about what channel to watch or listen to on the TV or radio or any intimidation concerning the TV or radio they will be turned off for two hours.

Movie Time

- 1) Movie Time is on Fridays from 3:00 pm to 5:00PM. Movies will be shown in the drop-in area. The staff will be in charge to prepare the area so participants can enjoy the movies with minimum of interruptions. Exit and Entrance areas will be designated by flyers. The staff will also be in charge of keeping the noise out of the drop-in area to the minimum.
- 2) All movies will be rated as; NC-17; R, PG, PG-13 or G, for content, including movies brought by participants. A flyer announcing the Title of the Movie and the Rating will be shown in a visible area. This will give the participant the choice to see the movie or not.
- 3) The person scheduled to work in the drop-in during Movie Time, will be responsible for the set up and the monitoring of the presentation of the movies. These monitoring tasks include, making sure that participants keep quiet, the distribution of snacks (when available), and to keep the drop-in area clean. If this person is not available another staff will be designated by the drop-in manager.
- 4) If a participant finds the scenes of the movies too disturbing, the monitoring staff will escort him or her out of the drop-in area and will call other staff for assistance if necessary.
- 5) No children will be allowed in the drop-in area during Movie Time.

Executive Director Signature/Date

Program Director's Signature/Date

Social Work Interns

The following are the policies that govern the educational consortia between Lower East Side Harm Reduction (LESHRC) and Accredited Educational Institutions (University/ College) regarding the provision of Social Work Internship to students.

I: Applying for SWI.

1) LESHRC will contact the Social Work Program, Department of Field Instruction of the University/College and establish the petition. This contact should be done preferably by a Licensed Social Worker (LSW). LSW will serve as the liaison between LESHRC and the University. H/She will have the responsibility of filling out the forms necessary to apply for Social Work Interns (SWI). LSW will inform the Director of Harm Reduction Program (DHRP) about these contacts. LESHRC will make sure that the LSW has a School Internship Field Instruction (SIFI) certificate issued by an accredited educational institution. The SIFI can also be done simultaneously with the supervision of students if the LSW does not have a SIFI.

2) LSW will interview candidates and will give feedback to DHRP of his/her findings. If a candidate is found not suitable for this setting or the student declines, LSW must inform DHRH and the University about this in order to accommodate another candidate. LESHRC is defined as a Clinical setting. SWI will be under the supervision of the LESHRC Mental Health Program.

3) LSW will coordinate the visit of the University Field Advisor to the program to establish the work agreement concerning process recordings, evaluations and other pertinent matters.

II: Social Work Interns in LESHRC

1) LESHRC will accommodate the first and second year SWI according with available space and the number of LSW in staff. At this point LESHRC has space for two (2) SWIs. The LSW will be responsible for providing a maximum educational and professional environment for the SWI. LSW will provide agency's policies and

procedures, introduction to staff. H/She will coordinate the interviews with each and every head of department of the agency. This must be done during the first two weeks of internship. LSW will also provide orientation about agency's policies on charting, confidentiality, safety as well as the clinical aspects of the Mental Health Program. These include Psychosocial Assessments, Progress Notes, Individual and Group counseling, etc.

2) LSW MUST assist SWI to understand LESHRC mission and philosophy. LSW will provide intense in-house training on Harm Reduction as a modality of intervention in providing mental health services to participants living with HIV/AIDS and may also be experiencing issues of substance use and/or Hepatitis C. LSW will approach pertinent staff to provide SWI with training on Hepatitis C, HIV/AIDS, Needle Exchange, Outreach, Health and Substance Use. If outside training is required, this will be coordinated with LESHRC Training Coordinator and DHRP. Making sure that SWI take Uniform Reporting Systems (URS) training. These trainings are expected to be completed during the first month of internship.

III Supervision and Case Assignment:

1) LSW will provide one hour and a half (1 ½) of individual supervision to SWI as required by the Field Instruction Program. LSW will help SWI to familiarize with required work forms such as process recordings. LSW will inform SWI about the work hours, policy on sick and absent times, etc. It is of paramount importance to delineate the expected work discipline. If the SWI is absent h/she will call LSW and DHRP and leave a message. LSW will assist SWI to understand agency's chain of command and establish the base of effective communication to avoid confusion. DHRP will assist LSW to inform the staff that LSW's have the ultimate responsibility over the supervision of SWI. If SWI assistance is required by any member of LESHRC staff, LSW must be informed and consulted. This is especially important if SWI is required for coverage and/or outreach. This will prevent splitting and miscommunications.

2) LSW will be responsible of the assignment of individual cases to SWI. LSW will take into account SWI experience and educational assets and deficits at the time of the assignments. It would be ideal that the SWI make his/her caseload from the Intake time. HIV status should not be taken into account at the time of case assignment. LSW will be responsible to show SWI about the process of service from intake, charting, on-going interventions and closings. In the event of assigning on-going cases, case managers and other pertinent staff must be consulted. SWI will also be exposed to co-facilitation of existing groups and/or developing their own according to agency's mission. LSW will closely monitor the development of these groups closely in consultation with DHRP. If SWI is to co-facilitate an existing group, LSW will consult with the facilitator about this. One process recording regarding groups is required. It is extremely important to inform the participant(s) about SWI roles, duration of services and coverage.

III. University Time off, Make-ups times, Conflicts Resolution and Evaluations:

1) SWI will abide by the University calendar regarding educational time off, religious observances and required curricular training. SWI MUST furnish LSW and DHRP with the Year Calendar. Sometimes SWI have to be absent for other reasons such as illness and other emergencies. LSW is responsible to address these issues in individual supervision. If SWI need to make-up time any agreements must be informed to the field advisor and to DHRP. Choric and unauthorized absences and lateness will be immediately addressed. If this behavior continues LSW will consult with DHRP and Field Advisor for further actions and/or dismissal.

2) In the event of conflict LSW and SWI will tray to resolve it during individual supervision. Both parties will be responsible to document the resolution. If no resolution is reached LSW will inform DHRP and Field Advisor for a meeting to try to reach a resolution. If SWI does not agree with the outcome, LSW and Field Advisor will notify the Department of Field Instruction for Resolution. The decision of the dept. is final.

3) SWI will have a three months verbal evaluation, a Mid-Term Written Evaluation and a Final Evaluation. LSW will be responsible for all of them. These evaluations will be discussed with SWI during supervision and will be signed. LSW will furnish DHRP with a copy for her/his records. SWI will furnish the field advisor and the Dept. of Social Work with a copy of that evaluation for grade.

Director of Program's Signature/Date

Executive Director's Signature/Date

Needle Exchange Registration

These are the steps that need to be taken when registering a participant into the syringe exchange program:

- 1) Describe the program services LESHRC offers and complete either an Adult Enrollment Form or a Youth Enrollment Form (see appendix J, K) depending on the age of the participant (if the participant is 24 or under use the youth form). Make sure that you explain the safer injection and safer sex information listed on the enrollment form (See appendix J, K) If the participant is 24 or younger-ask if they would like a referral to a youth program (see appendix K).
- 2) Once enrolled, issue the participant a syringe program card. Explain the New York State Laws concerning syringe possession and stress the importance of keeping a copy of the card we give on the participant when carrying syringes and replacing a lost card as soon as possible to avoid unnecessary problems with police. Make sure to mention that syringe possession laws vary from state to state and that the card we issue will only protects the participant in New York State. Explain that should the participant get stopped by police for possession of syringes and they are not in possession of their card, that they should call the exchange so that a staff member can confirm their enrollment.
- 3) Make sure that the participant understands the importance of maintaining a proper supply of sterile syringes so that the person is able to use a new syringe for each injection. Emphasis proper disposal and offer the client a sharps container.
- 4) Additional information about syringe exchange policy and procedures can be found in the Syringe Exchange Manual.

Director of Program's Signature/Date

Executive Director's Signature/Date

Request for Community Service

In order for anyone to do their community service at the Lower East Side Harm Reduction Center (LESHRC) the following has to take place:

- 1) They must reside in the Lower East Side, be enrolled in our Needle Exchange Program (NX) or the Vital Services Program (VS).
- 2) Submit to us court documents with stipulations that have a contact person's name and phone number.
- 3) Community service will be under the supervision of the Prevention Services Manager.
- 4) Upon completion of required community service a letter will be submit to either the court, legal system or other appropriate persons. Release forms will be completed before sending any information.
- 5) A letter of completion will not be provided if the participant does not complete the required number of hours.

Executive Director's Signature/Date

Program Director's Signature/Date

Cell Phones

- 1) Staff members should turn off or put their cell phones on manner mode when coming into the work place.

- 2) When using a cell phone in the office, be mindful not to disturb people working in the office.

Executive Director Signature/Date

Program Director's Signature/Date

Title: Obtaining and Distribution of Mail

Policy:

Vital Services Program and/or homeless participants wanting to receive mail at the Lower East Side Harm Reduction Center (LESHRC) must be enrolled into at least one of our program services. Eligible participants who want to receive their mail at LESHRC must sign a form stating that he/she understands the policy around receiving mail at the agency.

Purpose:

To ensure that all mail received and distributed is given to the correct person as well as protecting participant confidentiality; to ensure that mail service is only provided for participants in need; to maximize participant use of our supportive services

Scope:

This procedure applies to all participants receiving mail at LESHRC.

Procedure:

If a participant requests mail service, they must have received a pre-intake followed by a referral to a case manager. The case manager will assess participants' need for mail service based on their current housing situation. . A form will be provided explaining our mail policy, in addition to the agency rules and regulations. A participant needing mail services will have to then sign the form, stating that the information was received. Staff will continue to monitor if the participant use of our services, and not just receiving an intake so they can receive mail.

Any homeless person who refuses the intake can be referred to the Coalition for the Homeless for mail service.

Secondary Pick-up:

If anyone wants or needs someone else to be able to pick up their mail they must have the following in place:

- A signed letter stating that they allow a specific person or persons to pick up their mail.
- The party picking up mail must have a legal picture ID as well as sign a indicating that they picked up the participant's mail.
- Persons receiving mail must present a picture ID.
- If they do not have one, they can/should work with their case manager to get an ID.
- They can also present their Needle Exchange card and have a staff member look up their information in URS.

Appendices

Appendix A
Agency Rules and Regulations
(To be read and signed at intake)

I, _____ have read and fully understand the rules and regulations of the Lower East Side Harm Reduction Center (LESHRC) and Syringe Exchange Program.

I have the right to receive appropriate and respectable services from staff, peers, interns and volunteers. All information provided by me, will be kept confidential. I also understand under State Law, LESHRC is required to report the following:

- Threats of suicide
- Verbal Abuse
- Physical violence toward others
- Danger to a child (ACS-Administration for Children's Service)

The LESHRC will not tolerate violence, verbal abuse, threats or acts of violence, and/or inappropriate behavior against staff, peers, interns, volunteers and other participants. Nor will LESHRC tolerate discriminatory remarks and/or violent actions against anyone based on gender, race and sexual orientation.

Weapons, drug use (including alcohol and smoking), steering, dealing, or stealing are not allowed on the premises. I also understand that I am not to linger in front of the building.

I must respect the confidentiality of other participants enrolled at LESHRC.

Children are permitted in LESHRC, except as described in our 'Children at LESHRC Policy'

- In the Needle Exchange office
- In the Acupuncture space if under 10 years of age
- In support groups, or counseling sessions, unless arranged by staff
- During movie times on Fridays (monitored by staff)

Participant's Signature: _____ Date _____

LESHRC Staff Signature: _____ Date _____

Appendix B
Authorization for Release of Information Pursuant to HIPPA

Participant Name	Date of Birth	Soc. Sec. #
Participant Address		

I, or my authorized representative, request that information regarding my care and treatment and other social service needs be released as set forth on this form. In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I understand that:

This information MAY include disclosure of information relating to ALCOHOL, DRUG ABUSE/USE, MENTAL HEALTH TREATMENT, and CONFIDENTIAL HIV-RELATED INFORMATION.

I understand that I do not have to allow release of information and that I can revoke this permission at any time before it is released. All information is protected from disclosure by law.

I hereby authorize release of information contained in my record (circle one):

FROM	TO
------	----

Lower East Side Harm Reduction Center – 25 Allen Street NY, NY 10002

FROM	TO
------	----

Institution Name/Contact/:		
Address:		
	Phone	Fax
Participant Signature/Date Relationship to Patient Witness Signature		

INFORMATION *NOT* ALLOWED BY PARTICIPANT (participant to CHECK):

Alcohol/Drug Treatment _____
Mental Health Information _____

HIV-Related Information _____

Participant Signature/Date
Staff Signature/Date

Staff Signature/Date

Appendix C
Verification of Status from HASA

The undersigned hereby verify that all information listed is correct and verified by HASA (The City of New York Human Resources Administration HIV/AIDS Services Administration). 400 Eighth Avenue New York, NY 10001 (212) 971-0626.

Client Name: _____

Date of Birth: _____ Date Of Acceptance: _____

Social Security Number: _____

Case Closure Date: _____

Reason for Case Closure: _____

Center Location: _____

Caseworker Name: _____

Extension: _____

Supervisor Name: _____

Extension Number: _____

Case Manager: _____ Date:

Witness: _____ Date:

**Appendix D
LESHRC Referral Slip**

Date: _____ Participant:

Staff Making Referral:

Agency Being Referred to:

Reason for Referral/ what service are participant interested to receive?

Follow up Plan:

Participant will notify LESHRC when followed through.

Staff will contact participant to confirm referral.

Follow up Confirmation:

Date: _____ Staff

Referral was confirmed. Participant Received Service

Participant did not receive service because:

Attempt made but staff unable to confirm referral.

Return all forms to referral log when complete.

Appendix E
Referral Form to Substance/Alcohol Treatment Facility

Date:

To:

Agency:

Address:

Participant:

SS#:

DOB:

This referral letter serves as an opportunity to introduce you to our client, who is being referred to your agency for substance and/or alcohol treatment at your facility.

In order to maintain continuity of services, please contact the referring provider upon receiving this letter for confirmation of admitting and upon discharge of client's services. Please contact us as soon as possible at 212-226-6333, Monday through Friday, 10am-6pm. Your assistance in serving our client is greatly appreciated.

I, _____ give consent to The Lower East Side Harm Reduction Center to release information to: _____ I also give consent for to release information to The Lower East Side Harm Reduction Center.

I understand that I can withdraw my consent at anytime, and that no further information will be exchanged.

Participant Signature: _____ Date _____

Provider Signature/Title/Ext.: _____ Date _____

I withdraw my consent for release of information:

Participant Signature: _____ Date _____

Appendix H Protocol for HIV Testing

Lab Set-Up and Controls

- 1) At the onset of the day/testing event control labs shall be ran in an appropriated space that is flat with hand washing facilities or hand sanitizer available for use.
- 2) Adequate lighting must be available in the event that lighting is not adequate to read results additional lighting should be easily accessible.
- 3) The temperature shall be maintained to meet requirements that the manufacturers have set forth.
- 4) A thermometer will be placed in the area where the test kits are stored as well as where the controls are kept.
- 5) Temperature must be recorded daily in the testing log.
- 6) If the temperature is found to be outside of the manufacturers specifications all testing will cease until appropriated adjustments have been made.
- 7) The time, date and number of test shall be kept in a log along with appropriated results from the controls.
- 8) If at anytime the results of the control are off, the controls shall be run until the results are corresponding with serum from the control.

Pre-Test Counseling:

- 1) Introduce the session.
- 2) In accordance with the New York State Public health law the test subjects' informed consent form must be obtained in order to proceed with testing.
- 3) While that participant is filling out the necessitated paperwork, the test device and components must be appropriately labeled.
- 4) An explanation must be provided of the testing procedure and the meanings of results.
- 5) Prior to collection of a specimen the participant's preparedness to deal with results must be assessed.
- 6) If at any time there is threat of violence, self-inflicted harm and or mutilation, a test shall not be performed at that time.
- 7) The tester can opt to provide a risk reduction plan with the participant in lieu of testing.
- 8) If there are no immediate threats of violence or harm then the test can be conducted

- 9) Once the specimen has been collected immediately transfer to the appropriate testing component.
- 10) Provide the manufactures test kit information to the person testing.

Results and Post-Test Follow Up:

- 1) Once the results are ready they must be read and recorded in the log book.
- 2) Once the results have been logged, then the results must be given to the person testing.
- 3) It is very important that a person outside of the tester is aware that testing is currently being performed for security reasons.
- 4) If the results are negative explain results to the participant ensuring that the subject understands about the 90 day serum-conversion window period.
- 5) If the need for follow-up is necessary schedule appointments with participant at a later date.
- 6) If the result given is positive or inconclusive, explain results to the subject testing, and immediately refer for confirmatory testing.
- 7) At this time it may be appropriate to have any available counseling meet with the subject testing; however consent must be received prior to bringing in an outside referral.
- 8) If there is a need for follow up make all appropriate appointments.
- 9) Provide harm reduction materials as necessitated as a need in the pretest evaluation.

Disposal:

- 1) Once the test/controls have been completed all materials must be disposed of in a biohazard container.
- 2) Universal precautions must be used at all times while handling samples and bio-hazardous materials.
- 3) In the event of exposure to any bio-hazardous material follow agency wide policies and procedures.

**Appendix I
In-House Incident Report**

Prepared by: _____

Type of Incident: circle or ✓ as many as appropriate

Overdose	Theft	Sexual harassment	Other medical emergency
Dealing	Violence	Community complaints	Threat of violence
Storefront	Walkabout	Other	

Description of Incident:

Participants involved	
When and where did the incident occur	
Brief description of what happened	
Staff Involved	

Response:

Immediate action taken by staff, i.e., participant asked to leave for day, asked to leave for week, etc.	
Long Term Action taken by staff – following discussion w/ supervisor or Vital Service Team, i.e. Warning, Restriction or Banning	
Date Restriction etc. begins	
Date Restriction etc. ends	

Staff to follow up	
Follow up action needed	

**Appendix J
Adult Participant Enrollment Form**

Site (circle one): Storefront - Walkabout

Date: _____

How to make an ID code: 1) first two letters of person's last name 2) first letter of their mother's first name

3) The day they were born 4) extra letter if duplicate (X Y Z W)

Race: Latino (LA) White (WH) African American (AA) Asian/Pacific Islander (AP)
Native American (NA)

First 2 letters of last name	First letter of mom's first name	Date of Birth	Gender	Race: LA, AA, WH, NA, AP	Zip Code	# of years injecting

PARTICIPANT ID CODE (last box for extra letter)

How did you hear about our program? (circle one): Friend/Family Outreach Other _____	
What drugs do you inject?	
How do you inject? (IV, skin pop, muscle)	
What do you know about HIV and HCV transmission?	
HIV and HCV are both transmitted through shared sets, cookers, water, cotton, spoons, or ties. Use new equipment every time. Be especially careful with water—every time you rinse or mix, pour water into a clean cooker and then discard.	
Use a clean surface area (HCV lives outside body—it can hang out on surface areas for weeks). Spray contents from syringe away from where you are setting up your shot.	
If you have to share, bleach your set; BLEACH DOES NOT ALWAYS KILL HCV. <ul style="list-style-type: none"> • Start with cold water (hot water clots blood and is not as clean); pour water into clean cooker and draw up • Have bleach inside syringe for three minutes • Flush with water again; pour water into another clean cooker and draw up. If you can't kill virus, at least wash it away! 	
What do you know about safe injection?	
Wash your hands.	
Rotate your shots; veins can get leaky and weak from overuse or infection can occur. Always move closer to your heart.	

	Use alcohol pad to avoid pushing bacteria into the bloodstream. Wipe once in a single direction; do not use circular motion. Do not use alcohol after injection; blood will not clot.
	Inject towards the heart. 15 for IV, 15 to 45 for skin pop, and 90 for muscle.
	The safest spot to inject is on the upper arm. Less ideal spots are hands, legs, feet, groin, neck; veins here have thin walls, slow circulation, or are dangerously close to nerves.
	You have hit an artery if blood is bright red and frothy and forces back the plunger; it burns. Apply pressure, raise site, and seek medical attention if bleeding does not stop. Avoid arteries by never injecting where you feel pulse or going too deep.
	If you miss a shot, return it to the cooker, add water, do not reheat, and try again with a new or clean syringe. Try to relax before you hit again.
	What do you know about overdose prevention?
	Know your tolerance (it can decrease after only three days of not using); know your supply; be aware of mixing; don't slam your shot (once it's in, you can't get it out); try not to use alone.
	Tell them about our Overdose Prevention and Reversal Program.
	What do you know about safe disposal?
	If you don't want to dispose here, put use syringes in plastic bottle, label "medical waste," and throw away as normal trash.
	Do not flush syringes down toilet.
	If you must break the tip, store it inside plunger.
	Know your rights.
	Registered with us, you can legally obtain and possess needles; best to have ID card on you at all times to minimize harassment. Let us know if you are arrested.
	You can also buy syringes in pharmacies under ESAP; keep receipt and safety insert as proof of purchase.
	NEX operation: 1 for 1 plus 10 up to 50; then 1 for 1. If you are not getting enough syringes to meet your needs, let us know.
	Rules: no violence, drug dealing, steering, threats to staff, using on premises (i.e. bathroom)
	Provide the program schedule and mention the services and groups LESHRC has to offer.

Recorder _____

Appendix K Youth Participant Enrollment Form

Site (circle one): Storefront - Walkabout

Date: _____

How to make an ID code: 1) first two letters of person's last name 2) first letter of their mother's first name

3) The day they were born 4) extra letter if duplicate (X Y Z W)

Race: Latino (LA) White (WH) African American (AA) Asian/Pacific Islander (AP)
Native American (NA)

First 2 letters of last name	First letter of mom's first name	Date of Birth (must be 1979 or later for this registration)	Gender	Race: LA, AA, WH, NA, AP	Zip Code	# of years injecting
PARTICIPANT ID CODE						(last box for extra letter)
How did you hear about our program? (circle one): Friend/Family Outreach Other _____						
What is your purpose for being here and how can we help you?						
Do you inject? If so how old were you when you first injected?						
Have you ever been to a needle exchange?						
Do you know about the services we provide here?						
Have you ever gotten syringes from an exchange for yourself or anyone else?						
If no, how do you normally get syringes?						
Do you know the possible dangers associated with injecting?						
What drugs do you inject?						
How do you inject? (IV, skin pop, muscle)						
What do you know about HIV and HCV transmission?						

	HIV and HCV are both transmitted through shared sets, cookers, water, cotton, spoons, or ties. Use new equipment every time. Be especially careful with water—every time you rinse or mix, pour water into a clean cooker and then discard.
	Use a clean surface area (HCV lives outside body—it can hang out on surface areas for weeks). Spray contents from syringe away from where you are setting up your shot.
	<p>If you have to share, bleach your set; BLEACH DOES NOT ALWAYS KILL HCV.</p> <ul style="list-style-type: none"> • Start with cold water (hot water clots blood and is not as clean); pour water into clean cooker and draw up • Have bleach inside syringe for three minutes • Flush with water again; pour water into another clean cooker and draw up. If you can't kill virus, at least wash it away!
	What do you know about safe injection?
	Wash your hands.
	Rotate your shots; veins can get leaky and weak from overuse or infection can occur. Always move closer to your heart.
	Use alcohol pad to avoid pushing bacteria into the bloodstream. Wipe once in a single direction; do not use circular motion. Do not use alcohol after injection; blood will not clot.
	Inject towards the heart. 15 for IV, 15 to 45 for skin pop, and 90 for muscle.
	Good spots are arms and legs. Less ideal spots are hands, legs, feet, groin, neck; veins here have thin walls, slow circulation, or are dangerously close to nerves.
	You have hit an artery if blood is bright red and frothy and forces back the plunger; it burns. Apply pressure, raise site, and seek medical attention if bleeding does not stop. Avoid arteries by never injecting where you feel pulse or going too deep.
	If you miss a shot, return it to the cooker, add water, do not reheat, and try again with a new or clean syringe. Try to relax before you hit again.
	If you have trouble finding a vein, try a booty bump: break off needle and “bump” liquid into your ass.
	What do you know about overdose prevention?
	Know your tolerance (it can decrease after only three days of not using); know your supply; be aware of mixing; don't slam your shot (once it's in, you can't get it out); try not to use alone.
	Carry naloxone
	What do you know about safe disposal?
	If you don't want to dispose here, put use syringes in plastic bottle, label “medical waste,” and throw away as normal trash.
	Do not flush syringes down toilet.
	If you must break the tip, store it inside plunger.
	Know your rights.
	Registered with us, you can legally obtain and possess needles; best to have ID card on you at all times to minimize harassment. Let us know if you are arrested.
	You can also buy syringes in pharmacies under ESAP; keep receipt and safety insert as proof of purchase.
	NEX operation: 1 for 1 plus 10 up to 50; then 1 for 1. If you are not getting enough syringes to meet your needs, let us know.
	Do you know that there are other services available for youth? Street Works 212-695-2220, 545 8 th Ave 22 fl between 38 th & 39 th St and 33 Essex St between Hester St & Grand St; Safe Space 212-354-SAFE, 133 W 46 th St; Hetrick Martin 212-674-2400, 2 Astor Place 3 rd fl

	Rules: no violence, drug dealing, steering, threats to staff, using on premises (i.e. bathroom)
	Provide the program schedule and mention the services and groups LESHRC has to offer.
	Is there anything else we can help you with?

Recorder _____

**Appendix L
Participant Mail**

Participant Mail

Date _____ **ID Code/Name** _____

I, _____, give consent to the Lower East Side Harm Reduction Center to release my mail to the following individual/s, in the event that I am not able to do so myself:

- 1) _____
- 2) _____
- 3) _____

I am aware of, and will inform this individual/s that they must show ID and sign a form confirming the pick-up.

Participant Signature: _____

Staff Member/Witness: _____

Mail Pick-up Confirmation Form

Date: _____

Mail was picked up by: _____

For participant: _____

Type of ID Shown: _____

Staff Member: _____

Announcement of a participant's death

1. When a staff member is directly contacted by a source who can confirm a participant's death, that staff person should arrange for the rest of staff to gather (in the conference room, for example) and announce/confirm the news.
2. At the meeting a staff member will be appointed as the point person to follow-up with family members, arrangements, etc. All staff will be sent an e-mail following the meeting to confirm the death for staff not in attendance at the meeting.
3. At the meeting it will be decided when administration will meet with participants and when a public announcement will be posted in appropriate areas to inform participants not at the meeting with administration staff.

Program Director's Signature/Date

Executive Director's Signature/Date

Referral Tracking Policy

This system will be put in place so that we can effectively monitor internal and external referrals. This will allow the Follow-up Case Manager to track all referrals made by the vital service team.

Internal Referrals

Internal referral tracking system will work as follows:

1. All referrals will need to be put into the URS system by the staff member making the referral
2. All referrals need to be written in the referral book. (The new sheet will be utilized effective immediately)
3. The Follow-up Case Manager will ask the staff member who the referral is made to for the follow up outcome. (In the event that this staff member is out for an extended period of time i.e. sick, vacation, etc; the Follow- Up Case Manager will ask the staff member who made the initial referral for the outcome of the referral)
4. The Follow-up Case Manager will also track the participant to find out if they were satisfied with the service(s) rendered and document it.
5. The follow up will be documented in URS by the Follow-up Case Manager
6. If the referral is not entered into the URS system but is in the referral book the staff member making the referral is responsible for entering it into the URS system. This is not the responsibility of the Follow-up Case Manager.

External Referrals

External referral tracking system will work as follows:

1. All external referrals need to be put into the URS system by the staff member making the referral.
 2. All referrals need to be written into the referral book. (The new sheet will be utilized effective immediately)
 3. The staff member who makes an external referral is responsible for notifying the Follow-up Case Manager via email of the exact services and the name of the agency that the participant is being referred to. The person who makes the referral is also responsible for making the participant aware that he/she must bring in documentation to the service provider that states the outcome of the referral. (If the participant does not bring in documentation after several attempts have been made and documented go to step #4.)
 4. The Follow-up Case Manager will call the agency or service provider to verify if the participant received services.
 5. If the service provided can only be verified by the participant (for example: clothing, food pantry, detox/and drop-in centers) The Follow- up Case Manager will have to follow up with the participant when they return to the agency. But the referral follow up will be entered into URS by the Follow-up Case Manager.
 6. The Follow- up Case Manager will also track the participant to find out if they were satisfied with the service(s) rendered and document the response.
 7. If the referral is not entered into the URS system but is in the referral book the staff member making the referral is responsible for entering it into the URS system. This is not the responsibility of the Follow-up Case Manager.
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Amendments/Updates to the Policies and Procedures Manual

The program management team, composed of the Executive Director, Deputy Executive Director, Program Director, Gateway Manager, and Complementary and Traditional Therapies Manager, oversee the development of amended, revised, and new policies. The Deputy Executive Director or designated staff member/s draft, revise, or create new policies and shares those drafts with the management team. The DED is responsible for coordinating this process and following discussion, developing and disseminating a final revision to the team. Once the Executive Director has approved the policy, the Deputy Executive Director is responsible for sharing the policy with staff and placing them in the appropriate agency's manuals.

Executive Director Signature/Date

Director of Programs Signature/Date

Client Chart/Records

Services delivered to participants are recorded as soon as possible but usually within 72 hours of the activity. Information about the service is recorded on URS and backed up on hard copy. Files should contain the personal information of the person being served, their enrollment, copies of personal documents relating to services, and follow-up activities when appropriate. Progress notes should be kept in files detailing participant's activities. All files should be kept in the designated locked file cabinet and access should be restricted to a 'need to know' basis. Files should be kept in a secure area and easy to access location. Supervisors will do random reviews of case files on a monthly or quarterly basis depending on the program.

Executive Director Signature/Date

Director of Programs Signature/Date

Community Relations

The LESHRC is committed to maintaining good relations with the communities we serve. We keep our community informed by conducting general outreach to promote our services, conducting presentations at community social service agencies and meeting with Community Boards, Block and Housing Associations, Community Alliances and local precincts. These activities occur frequently over the course of the contract year. Documentation of these activities and feed back from the community will be kept on file either in the form of outreach sheets, attendance sheets, or minutes. The overall responsibility for keeping the community informed is the Executive Director's or their designees.

Executive Director Signature/Date

Director of Programs Signature/Date

Confidentiality

All client information is confidential and only for use by staff that are responsible for the delivery of services. Case records are also available to administration when providing supervision or for other administrative activities. Participants must sign a consent form if they want LESHRC staff to share information with outside providers. Consent forms must include the date signed and participants should be informed that they can rescind the consent at any time. They can do this verbally or in writing. Consents are to be kept in the participant's file for safe keeping. Staff must assure that a participant's confidentiality is protected by providing services in private and confidential settings.

Executive Director Signature/Date

Director of Programs Signature/Date

Community/Consumer Advisory Boards

LESHRC's Community and Consumer Advisory Boards function as an important source of feedback, input, and concerns. The size and composition of these Boards fluctuate according to specific requirements defined for or by each Board according to members' availability. Each Board is comprised of community members and/or participants of the LESHRC. Meetings last one hour and occur at 25 Allen Street. Minutes of the meeting are forwarded to all senior administrative staff. The Executive Director shares the concerns or advice given at these meetings with the Board of Directors. Minutes are distributed electronically to appropriate staff and kept on file electronically and in hard copy.

Executive Director Signature/Date

Director of Programs Signature/Date

Data Collection

Service data should be entered into AIDS Institute Reporting System (AIRS). This is important for a variety of reasons: LESHRC reviews program data on a monthly basis, data is used for monthly, quarterly, yearly reports and also for Continued Quality Improvement activities. The Director of Programs will randomly check hard copies and case records on a monthly and quarterly basis depending upon the program. The Gateway manager will check for accuracies in AIRS entries on an on-going basis and at least quarterly. If warranted, additional spot checks for accuracy of data should also take place.

Executive Director Signature/Date

Director of Programs Signature/Date

Follow-up with Agencies that Refuse Referrals or are not Appropriate with SEP Clients

The LESHRC is committed to ensuring that our participants receive the best quality of care available. This requires that we take participant complaints seriously and follow-up on all complaints. This is especially true when we refer a client to outside agencies. If a participant tells the staff working with them that they were denied services or treated badly somewhere we referred them we conduct immediate follow-up with that agency to find out what took place. We do this either in writing or verbally. If after initial inquiry it is obvious that our participant has been treated badly or denied services, the Director of Programs will contact the administrative staff of the agency or organization that the person was referred to and ask that they investigate the incident and respond to us in writing. If the organizations justification for the mistreatment of our participant is deemed to be unfair and unwarranted we will no longer refer to that agency until we get a written statement that clearly states a corrective action has been taken and further incidents will not occur. The Executive Director will also notify the AIDS Institute about these incidents and ask them to contact the agency in question to deal with the problem.

Executive Director Signature/Date

Director of Programs Signature/Date

Material Development

AIDS Institute materials review will be conducted by Administrative staff to ensure that messages and images contained in materials meet the regulations outlined by the AIDS Institute. All materials that are funded by AI dollars will also be sent to the AIDS Institute for review and approval.

Executive Director Signature/Date

Director of Programs Signature/Date

Organizational Chart

The LESHRC Table of Organization will be revised as needed by the ED or at the request of the BOD. An up-to-date version will be kept in the BOD's manual and the organizations policies and procedures manual. . This chart will also be shared with all staff members during orientation. When our Table of Organization is revised, the new Table of Organization will be shared in writing with the Board of Directors, all program staff and interested funders.

Executive Director's Signature/Date

Program Director's Signature/Date

Peer and Volunteers

LESHRC recruits primarily from within affected communities when hiring interns and volunteers. The Gateway Program Manager and his/her assistant are responsible for hiring, supervision, evaluation, and termination of peers and volunteers. Volunteers offer their time freely while peers are given a stipend. Stipends are distributed monthly. Work schedules vary according to need and availability. All peers and volunteers are required to document their time in the manner that is set up by their supervisors. All personal information about volunteers and peers will be kept in a secure location.

Executive Director Signature/Date

Director of Programs Signature/Date

Program Administration

The Organizational Chart outlines the agency's structure. In addition, job descriptions and updates are provided to staff about organizational structure and management responsibilities. Program administrative responsibilities include supervision, program evaluation, continuous quality improvement activities, monthly, quarterly, and yearly reporting, dealing with grievance, and responsibility to the Board of Directors and overseeing our contracts. All staff are given an orientation that covers job responsibilities, who supervises them, agency mission, what is expected of them and their benefits. After reading and reviewing the employee manual, policy and procedure manuals, and job descriptions staff sign a statement that they understand the information we have given them and agree to adhere to our policies. . These signed copies are kept in a locked and secure location in the employee's personnel files. In addition, the agency's administrative procedures are maintained in the Syringe Exchange Manual, Agency Policy and Procedure Manual, Volunteer/Peer Manual, Finance Manual, and Board of Directors Manuals.

Executive Director's Signature/Date

Director of Programs Signature/Date

Program Eligibility

Our services are divided between two programs. The Gateway Program includes the syringe exchange, drop-in services and outreach. This low-threshold program requires the completion of a brief form and the assignment of an ID number for registration purposes.

The Vital Service Program offer's higher threshold services to participants. An intake completed by a member of the vital service team is needed before services can be provided. HIV + participants are required to provide documentation to be eligible for our Ryan White funded services. Acceptable forms of proof of HIV + status are M11 Q forms, HIV test results, letters from the participant physicians, verification from HASA or ADAPT insurance cards. Participants who do not have these forms of proof will be referred for testing or will be served by CDC or State funded staff.

Executive Director Signature/Date

Director of Programs Signature/Date

Program Operations

The Lower East Side (LESHRC) provides a variety of services for clients that use our program. These include HIV prevention and referrals to care, counseling, harm reduction, substance use and mental health counseling, and peer program services. All services operate on evidence based harm reduction approaches. The services that we offer are listed on our agency brochures and activity calendars. Services are provided on a one-to-one basis or in group settings. Group Interventions last for 1½ hrs and are typically held once a week. One-to-one interventions vary according to the client's needs, time availability and type of services being provided.

Executive Director's Signature/Date

Director of Programs Signature/Date

Service Delivery

Services are provided by appointment or if needed on a drop-in basis. We strongly encourage participants to adhere to their appointments but understand that for some, being on time is problematic. Individuals who miss appointments are dealt with on a case by case basis depending on the frequency of no shows, the participant's ability to make appointments and/or their life situations. Our drop-in services do not require appointments.

Staff record services provided electronically in URS and hard copy. The only exception is the Syringe Exchange program transactions which are only entered electronically on URS.

Executive Director Signature/Date

Director of Programs Signature/Date