

Syringe Services Program (SSP) Program Creation Guidance Allegheny County Health Department

Acronyms

ACHD = Allegheny County Health Department BOH = Board of Health PEP = Post-exposure Prophylaxis PrEP = Pre-exposure Prophylaxis PWID = People who inject drugs SSP = Syringe services program

Contact Information

Please direct any questions regarding the SSP program creation or application process to <u>OverdosePrevention@AlleghenyCounty.Us</u>.

SSP requirements & guidance

Find the full Article II: Syringe Services Programs Approval and Reporting here.

Participant registration

Syringe services programs (SSPs) should have a registration process for program participants for the purpose of data collection. Such registration must be voluntary, non-contingent, and non-coercive.

Service requirements summary table

Program service type	Direct services are	Referrals or information for services are
Syringe services	Required	N/A
Infectious disease services	Encouraged	Required
Harm reduction services	Encouraged	Encouraged

Syringe services

SSPs must <u>directly provide</u> the following syringe services:

- 1. Provide injection equipment and other supplies at no cost and in quantities sufficient to reasonably ensure that hypodermic needles, syringes, and other supplies are not shared or reused
- 2. Provide education regarding the proper disposal of sharps waste and other supplies
- 3. <u>Provide one or more</u> of the following disposal options for used hypodermic needles and syringes:
 - a. An onsite hypodermic needle and syringe collection and disposal program that meets applicable state and federal standards
 - b. Furnish, or make available, mail-back biohazard containers authorized by the U.S. Postal Service



c. Furnish, or make available, biohazard containers for use off-site by program participants that meet applicable state and federal standards

Infectious disease services

SSPs may <u>directly provide</u> the following **infectious disease services**:

- 1. Testing options for:
 - a. HIV
 - b. Viral hepatitis
 - c. Other bloodborne infectious diseases transmitted through injection drug use
 - d. Sexually transmitted infections (STIs)
 - e. COVID-19
- 2. Prevention, treatment, and care services for:
 - a. HIV, including PEP and PrEP
 - b. Viral hepatitis
 - c. Other bloodborne infectious diseases transmitted through injection drug use
 - d. Sexually transmitted infections (STIs)
- 3. Vaccinations for:
 - a. Hepatitis A
 - b. Hepatitis B
 - c. Human papillomavirus (HPV),
 - d. Influenza, pneumococcal
 - e. Tdap (tetanus, diphtheria, pertussis)
 - f. COVID-19

If an SSP is unable to provide direct services, staff must either:

- Make referrals to appropriate services for program participants OR
- 2. Inform program participants of relevant services that are available through ACHD and community organizations (see a suggested list of providers in Allegheny County <u>here</u>)

Direct services AND referrals for infectious disease services must be:

- 1. Documented
- 2. Kept confidential

Harm reduction services

SSPs may <u>directly provide</u> the following **harm reduction** services:

- 1. Emergency opioid antagonist (e.g., Narcan) kits and training on overdose prevention, including materials regarding how to recognize an opioid overdose and how an emergency opioid antagonist (e.g., Narcan) can help prevent a fatal overdose
- 2. Substance use disorder (SUD) care, treatment, or recovery services, including, but not limited to, medications for addiction treatment and peer support services, as appropriate
- 3. Mental health services, including peer support services, as appropriate
- 4. Medical treatment services, including provision of antibiotics, wound care, treatment for viral hepatitis, PEP and PrEP, and pre- and post-natal care
- 5. Condom distribution and education regarding safer sex practices
- 6. Assistance with obtaining social services, such as legal services, identification, housing, food, health insurance enrollment, clothing, and transportation services



If an SSP is <u>unable to provide direct services</u>, staff may make referrals to these services, where these services are reasonably available in the community.

Direct services AND referrals for harm reduction services must be:

- 1. Documented
- 2. Kept confidential

SSP reporting requirements

- Documentation of registration and encounters with participants must be retained by the SSP for at least three (3) years.
- SSPs must submit an annual report on or before December 31st of each calendar year. The annual report must include the below elements.

Annual report: Mandatory reporting

- 1. Total number of program encounters
- 2. Total number of individual (unique) program participants
- 3. Total quantity of injection equipment distributed
- 4. Estimated number of used hypodermic needles and syringes collected by or given to program staff, employees, or volunteers for disposal
- 5. For programs that distribute emergency opioid antagonists (e.g., Narcan), the quantity distributed
- 6. Number of participants who received tests for, or who were referred to, services that provide <u>testing</u> for HIV, viral hepatitis, and other bloodborne infectious diseases
- Number of participants who received, or who were referred to, services that provide prevention, treatment, and care services for HIV, including PEP and PrEP, viral hepatitis, other bloodborne infectious diseases, and sexually transmitted infections
- Number of participants who received, or who were referred to, services that provide <u>vaccinations</u> for hepatitis A, hepatitis B, human papillomavirus (HPV), influenza, pneumococcal, Tdap (tetanus, diphtheria, pertussis), and COVID-19.

Annual report: Optional reporting

- 1. Demographic information regarding participants, including, but not limited to:
 - a. Age
 - b. Gender identity
 - c. Race
 - d. Ethnicity
 - e. Area of residence
 - f. Types of drugs used
 - g. Length of drug use
 - h. Frequency of injection
- 2. Number of participants who received, or who were referred to entities that provide:
 - a. Substance use disorder (SUD) treatment
 - b. Medication for addiction treatment
 - c. Mental health services
 - d. Social services



- e. Health care services, including:
 - i. Reproductive health care
 - ii. Treatment for viral hepatitis
 - iii. PEP and PrEP services
 - iv. Wound care services
- f. Recovery support services, including:
 - i. Peer support services
- 3. For programs that permit secondary exchange:
 - a. An overview of populations served
 - b. Municipality or municipalities where secondary distribution has been facilitated