

Service Agreement between

Lifeline

Stoke on Trent

And

Community Pharmacy

Start date 1st January 2016
End date 1st January 2018

For the Provision of a

Needle Exchange Service

Version 1

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Author: Lorraine Maden

Part A) Service Level Agreement

1. INTRODUCTION

1.1 This document defines the service requirements for the provision of a Needle Exchange Service ('the service') by the Community Pharmacy ('the pharmacy') that must be met in order to receive payment in line with the Service Level Agreement in Part A) from Lifeline for provision of the service as stated in the Service Specification in Part B). The service will be provided to drug users ("Service Users") in Stoke-on-Trent who are requiring sterile needles, syringes, injecting paraphernalia, harm reduction advice and signposting to other relevant health and social agencies.

1.2 Any contractual agreement undertaken between Lifeline and the pharmacy assumes understanding and compliance with Best Practice guidance for commissioners and providers of pharmaceutical services for drug users (NTA, 2006), compliance with GPhC Code of Ethics and any locally set clinical governance and quality standards as agreed by the Pharmacy and Lifeline.

1.3 This service specification will, as required, be subject to continued review and amendment in consultation between Lifeline and local LPC representing the interests of pharmacies. The Pharmacy will be expected to cooperate fully with this review.

2.0 FUNDING CONDITIONS

2.1 Payment will be made subject to Lifeline being satisfied that the service has been provided in accordance with the requirements of this Agreement monthly in arrears by Lifeline, upon receipt of an invoice from the pharmacy that arrives no later than the 5th day after the end of the month.

2.2 Lifeline has the option to terminate funding and demand repayment should the pharmacy:

- Fail to comply with the requirements of the Specification in Part B or breach any of the Conditions contained in this Agreement
- Fail to remedy a default to Lifeline's satisfaction within a reasonable period of time following service of a default notice
- Enter into receivership or become insolvent
- Withdraw, for any reason, the provision of the service.

3.0 QUALITY STANDARDS

3.1 The pharmacy will demonstrate a relevant quality assurance standard to Lifeline, or will work towards achieving such a standard within an agreed timescale.

3.2 Lifeline expects the pharmacy to be able to provide evidence of full compliance with the obligations set out in this Service Level Agreement, Lifeline's clinical governance and quality standards arrangements, and other reasonable future arrangements deemed necessary as and when required.

3.3 All clinical governance, reported incidents and patient safety standards in regard to this enhanced service will be monitored and audited.

3.4 The pharmacy will ensure that Lifeline is indemnified against any claim arising from a service user or any person acting on behalf of the service user arising from the provision of the service.

3.5 The pharmacy will provide and maintain a safe and suitable environment for Service Users, comply with all statutory requirements, legislation, Department of Health Guidelines, Professional Codes of practice and all Health and Safety Regulations.

3.6 Incidents and near misses should be reported to Lifeline that relate directly to Lifeline Service Users.

4.0 EXIT STRATEGIES AND SUSTAINABILITY

The pharmacy accepts that Lifeline is unable to guarantee future funding and may, owing to budgetary considerations, be obliged to reduce funding by the giving of not less than one month's notice. Such reductions shall be timed to cause least disruption for service users. If Lifeline invokes this clause to reduce payment then the pharmacy shall be entitled to cease providing the service without further notice at its sole discretion and incurring no penalty.

5.0 ACCOUNTABILITY TO POLICY AND PERFORMANCE BOARDS

Representatives of the pharmacy may be required to attend the Policy and Performance Meetings and shall be obliged to attend to answer questions relating to the service and to account for funding received. These meetings will be held at a time and place that do not disrupt the provision of the pharmacy's services.

6.0 CONFIDENTIALITY AND PROVISION OF INFORMATION.

6.1 The pharmacy undertakes that they:

- Shall keep confidential all information concerning service users.

- Shall keep safe at all times all papers and documents placed in their possession concerning service users.
 - Shall comply with the requirements of all legislation relevant to the service and in particular with the Data Protection Act 1998, Human Rights Act 1998 and Freedom of Information Act 2000.
- 6.2 Lifeline may require the pharmacist to supply it with any relevant information required to carry out monitoring and evaluation of the service. Any service user information supplied can be anonymised where appropriate and will not be used for any purpose other than monitoring, evaluation and validation.

7.0 EQUAL OPPORTUNITIES

The Pharmacy will adopt an equal opportunities policy relating to service provision, staffing and management of the organisation, which is consistent with the definition of Discrimination stated below, and which complies with all relevant statutory obligations. Staff should work in line with their own organisation's "Equal Opportunity Policy" and "Equality and Diversity Scheme". All aspects of the Service will be sensitive to the individual service needs of Service Users. Their cultural, religious and linguistic needs should be met and recognised, utilising resources and specific services for support where appropriate.

Discrimination - Through either direct or indirect action, giving less favourable treatment or applying an unjustified requirement because of age, race, gender, disability, sexual orientation, marital status, blood borne virus status, irrelevant convictions, ethnic origin or religious belief.

8.0 PAYMENT AND DEFAULT

- 8.1 Payment will be made to the Pharmacy on a per harm reduction visit basis. The payment schedule will be as follows:

£1.50 per harm reduction visit completed.

Each pharmacy will also be paid a retainer of £200 per annum to fund establishment costs and staff.

- 8.2 Failure by the Pharmacy to comply with the terms of this Agreement may result in the payment being withdrawn and/or Lifeline being entitled to repayment.

- 8.4 Lifeline shall be entitled to suspend payment and/or vary the amount of the payment if it considers the Pharmacy has committed a serious breach of the Agreement and shall forthwith notify the Pharmacy in writing accordingly.
- 8.5 Without prejudice, if the Pharmacy fails to comply with the provisions of this Agreement Lifeline may serve a default notice stating the action required to remedy the default within a period of time (to be specified by Lifeline) in which to take the action. If the Pharmacy remains in default following the expiry of the period specified Lifeline may proceed to terminate the Agreement.
- 8.6 The service and payment may be varied or discontinued if:
 - (i) The Pharmacy and Lifeline agree, or
 - (ii) A change in Lifeline service priorities is required either by changes in legislation or by other circumstances, including the cessation or reduction of the budget or other changes in Lifeline service priorities that require either reduction in funding or discontinuation of funding. If Lifeline invokes this clause to reduce payment then the pharmacy shall be entitled to cease providing the service at its sole discretion and incurring no penalty. Any changes to payment formula will be agreed with the Local Pharmaceutical Committee (LPC) representing the interests of contractors.

9.0 ARBITRATION

Any dispute, which cannot be resolved by negotiation, shall be referred to a nominated arbitrator for example the Chair of the Local Law Society.

10.0 NOTICES

Notices may be given by Lifeline or the Pharmacy either personally or by recorded delivery post to any address given for that purpose. A notice given by post will be deemed to have been given the first working day after it was posted.

11.0 TERMINATION

- 11.1 This Agreement will end at the end of the Term or earlier:
 - (i) On the dissolution of the Pharmacy
 - (ii) On the expiry of at least one month's notice given by the Pharmacy to Lifeline of its intention to terminate the Agreement
 - (iii) On the expiry of at least one month's notice given by Lifeline to the Pharmacy of its intention to terminate the Agreement

- (iv) On absence of regular accredited Pharmacist, Pharmacy Manager or Dispensing Technician to oversee the service.

12.0 THIRD PARTY RIGHTS

- 12.1 Nothing in this Agreement confers or purports to confer on any third party any benefit or any right to enforce any term of this Agreement.

13.0 SEVERABILITY

If any provision of this Agreement is held invalid, illegal or unenforceable for any reason by any court of competent jurisdiction, such provision shall be severed and the remainder of the provisions hereof shall continue in full force and effect as if this Agreement had been executed with the invalid illegal or unenforceable provision eliminated. In the event of a holding of invalidity so fundamental as to prevent the accomplishment of the purpose of this Agreement Lifeline and the Pharmacy shall immediately commence good faith negotiations to remedy such invalidity.

14.0 WAIVER

The failure of Lifeline to insist upon strict performance of any provision of this Agreement or failure to exercise any right or remedy to which it is entitled hereunder shall not constitute a waiver thereof and shall not cause a diminution of the obligations of the pharmacy under this Agreement or otherwise.

A waiver of any default shall not constitute a waiver of any subsequent default. No waiver of any of the provisions of this Agreement shall be effective unless it is expressly stated to be a waiver and communicated by Lifeline to the pharmacy in writing.

ACCREDITATION

- 15.1 Accreditation for the Pharmacy to provide the service is based on the presence and control of an accredited Pharmacist, Pharmacy Manager or Dispensing Technician as defined in Part B).
- 15.2 Accreditation for the Pharmacy to provide the service will cease and the service suspended if there is no regular accredited person available to oversee the service. Service may recommence on installation of a regular accredited person.
- 15.3 It is the responsibility of the Pharmacy to ensure that an accredited person is available to oversee the service on a regular basis and if not Lifeline should be informed.

Name	Job Title	Date of Accreditation

16.0 AUTHORISATION

This Agreement is authorised by the following:-

Date.....

Signed by.....

Name.....

Position.

For and on behalf of Lifeline

Date.....

Signed by.....

Name.....

Position.

Pharmacy Name
And Address
.....
.....
.....

For and on behalf of the Pharmacy

Part B) Service Specification

1) Introduction

This service specification is intended for the provision of needle exchange services from the Community Pharmacy. The Community Pharmacies providing these services are often in contact with drug misusers who are not in touch with other specialist drug treatment services.

Injecting is the most hazardous way of taking drugs. It is the main source of both the short- and long-term risks of drug related death.

Injecting drug use is an important risk factor for a number of infectious diseases, including hepatitis A, B and C, HIV, as well as bacterial infections (including life-threatening septicaemia) and fungal infections.

Needle exchange and harm reduction initiatives are developed within a wider approach that advocates the following goals:

- Stopping sharing injecting equipment
- Moving from injectable to oral drug use
- Decreasing drug misuse
- Promoting recovery.

Needle exchange facilities are harm reduction initiatives and should be easily accessible, low-threshold services. Needle exchange facilities are also important public health measures. They have a health remit, as well as a social welfare role within the wider community.

The provision of these services includes the distribution and collection of sterile injecting equipment and their safe disposal, and the ongoing provision of a range of other harm reduction and health promotion support for the users of services.

Preventing the spread of blood-borne viruses is viewed by the CCG and partners as being a major contribution to individual and public health.

2) Aims

- To maximise the access and retention of all injectors, especially the highly socially excluded.
- To assist the users to remain healthy until they are ready, able and willing to cease injecting and ultimately achieve a drug-free life with appropriate support.
- To protect health and reduce rate of blood-borne infections and drug related deaths among service users.

- To offer user-friendly, non-judgmental, client-centred and confidential harm reduction focused service.
- To reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support.
- To promote safer injecting practices.
- To provide and reinforce harm reduction messages.
- To help service users access drug treatment to refer to other specialist drug (and alcohol) treatment services.
- To help service users access other health and social care and to act as a gateway to other services, especially blood borne virus testing, vaccination and treatment.
- To ensure the safe disposal of used injecting equipment.
- To improve the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment.
- To contribute to the reduction of drug-related deaths (immediate death through overdose and long-term such as blood- borne infections) and reduce the rate of blood-borne infections among drug misusers.
- To provide a convenient needle exchange service without an appointment being necessary during all opening hours.

3) Objectives

Lifeline is committed to commissioning services that fulfil the requirements of the national drug strategy, whilst meeting local need. Key aims of the service commissioning are to:

- Work with well-established pharmacy based provision of needle exchanges to increase provision to 25% of pharmacies within Stoke-on-Trent to be involved.
- Ensure communities have access accurate information about the risks of drug misuse.
- Increase the safety of communities from drug related crime.
- Reduce the harm drug misuse causes to individuals and to communities.
- Protect communities from the health risks, and other damage associated with substance misuse, including spread of blood borne viruses.

4) Description of the Service Provided

The service offered by the Pharmacy will include all of the following:

- Distribution of a range of free sterile needles, syringes and equipment as deemed appropriate by purchaser following national legislation and local policy with written information on harm reduction (for example on safer injecting or overdose prevention), plus provision for referral to

Lifeline (for example secondary care, vaccinations and drug treatment) using the attached referral form in the appendix.

- The pharmacy will stock equipment to account for different injecting practices or use of different substances. This may change due to national and local legislation.
- The pharmacy will provide an introduction to the scheme and explain the rationale behind the service-to-service users.
- The service user will be provided with access to a user-friendly and confidential service from a quiet discreet area.
- The pharmacy will encourage 100% returns and facilitate the safe disposal of used equipment. The pharmacy should explore where needle exchange paraphernalia is being disposed. However non-returns should not impact on provision of equipment.
- At least one sharps bin will be provided for every transaction. Each sharps bin will hold around 20 barrels.
- Information on the risks of unsafe disposal of injecting equipment.
- Consistent efforts to maximise return of used injecting equipment
- Risk reduction advice and health promotion. This includes advice on a range of issues including the prevention of drug-related death, safer injecting technique, overdose prevention, blood-borne infections, contraception and safer sex, alcohol misuse, nutrition etc
- Referral to other treatment services for effective health and social care as appropriate.
- Provision of information on the use of acidifiers encouraging the understanding of the health implications of overuse.
- Advice/interventions that prevent or curtail transition into injecting. These interventions should be targeted at current injectors and current smokers of substances than can be injected
- Advice/interventions on drug-related harm that does not involve injecting (e.g. harm related to smoking crack).
- The pharmacy will record needle exchange activity and provide an explanation of the purpose of monitoring and what it is used for.
- The pharmacy will use the online reporting service contracted by Lifeline to report the number of individuals seen, the total number of contacts, total number and stock given out by type.
- The pharmacies will liaise with the equipment provider using contact details provided to arrange and agree order and delivery of stock. This will be provided on a next working day basis from Exchange Supplies via their online ordering using items listed on their favourites section only unless instructed otherwise by Lifeline.
- The pharmacy will inform Lifeline the frequency of delivery and pick up of waste containers for disposal of returned personal sharps bins according to intensity of business. The pharmacy will allocate a safe place to store sterile equipment and used equipment returns for safe onward disposal. The storage containers provided by Lifeline clinical waste disposal service will be used to store return used equipment.

- They are not to be used to store diabetics' returns or similar as these will have a separate waste disposal service contract.
- Core opening hours will be those normally operated by the pharmacy.

5) Exclusions

Needle exchange and harm reduction initiatives are open access services, and people should only be excluded for behaviour that has breached accepted rules and standards at the discretion of the service but within a structure of service users' rights and responsibilities. As with any other customer the police may be called. These incidents should be reported to Lifeline within one working day. Pharmacists retain the right to refuse to serve a needle exchange user.

Referral to alternative services should be made where possible.

6) Young People and Needle Exchange

A person aged 18 years or under who requires treatment for substance misuse will normally access a young person's service. It is recognised, however, that those in the transitional period between childhood and adulthood can develop at different rates, and therefore have different treatment needs.

A young person aged 16 – 18 years and requesting the services of needle exchange may access the service but should also be referred to young persons services and supplied with appropriate literature.

It is not appropriate, in the first instance, for the Pharmacy to provide needle exchange services to any young person under the age of 16. They should be referred direct to Lifeline Stoke Wood House (Rosie Greaves is the YP Contact) (Hanley) 01782 283113 and supplied with appropriate literature.

7) Access and Referral Pathways

Access to needle exchange facilities and harm reduction initiatives is voluntary.

The services provided by the Pharmacy form an integral part of shared care of substance misusers and as such, need to have clear links to other aspects of service provision. Pharmacies should provide, as a minimum, written information about harm reduction and harm reduction services (e.g. advice, information and support agencies) to facilitate referral to these agencies whenever appropriate.

Direct input from the pharmacist or other pharmacy staff is recommended, wherever possible. Liaison is encouraged, within the bounds of local information sharing guidelines, with the whole range of health and social care organisations and refer to existing schemes (e.g. health centres, GPs, the probation service, the youth service, other substance misuse treatment services etc).

The Pharmacy should actively encourage service users to have hepatitis B immunisation and complete courses and to undertake hepatitis C screening as appropriate.

The Pharmacy must be willing to participate in health promotion and referral initiatives as appropriate.

8) Competencies and Training

Lifeline training events will be held regularly and will be available to all pharmacists and pharmacy staff, even if they are not currently involved in provision of the service.

Training for pharmacists and pharmacy staff will include health and safety plus appropriate related topics including basic drugs awareness, referral, health promotion, approach to treatment, local issues / developments and national guidance.

Attendance at the first session on initiation of accreditation and service provision and then at least one session per year is compulsory for the Pharmacist(s) / Pharmacy Manager / Dispensing Technician(s) accredited to oversee the service in each participating pharmacy.

It also a requirement for the Pharmacist(s) and / or Pharmacy Technician(s) at each pharmacy to complete the CPPE Distance Learning Package on "Substance Misuse and Misuse" OR have previously completed "Opiate treatment: Supporting pharmacists for improved " within 6 months of commencing service provision. Lifeline should be furnished with a copy of the certificate of completion and the CPPE Declaration Of Competence for providing the Needle and Syringe Programme NSP.

It is the responsibility of the accredited Pharmacist(s) / Pharmacy Manger / Dispensing Technician(s) of the participating pharmacy to ensure all their staff including locums involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. This will be demonstrated through continuing professional development and personal development plans. This will be monitored as part of Contract and Performance Management by Lifeline. The staff must also have been provided with appropriate health and safety training, including the safe handling of injecting equipment, an overall understanding of the service and

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its harm reduction ethos and the importance of maintaining confidentiality by the Pharmacy Contractor.

The area of the pharmacy used for the provision should provide a sufficient level of privacy and safety for the service user, public and staff. A consultation area/private room is not essential; however if used a risk assessment must be undertaken.

9) Policies

There is a professional requirement for all participating Pharmacies to put in place and operate written standard operating procedures covering this locally commissioned enhanced service. This will include handling of returned needles and needle stick injury procedure and infection control.

The Pharmacy should ensure Hepatitis B vaccination is available to all staff (pharmacy, dispenser and counter staff) involved in the delivery of this service.

10) Monitoring and Review

Monitoring is an integral part of the contract or service agreement review and continuation or termination of the contract.

The Pharmacy will be required to collect basic anonymous information from service users at each visit. This information will be recorded on a computer on a web based monitoring facility, as appropriate. Recording of information should take place in a timely manner by the 5th of the following month.

On a monthly basis copies of the monitoring forms will be sent to Lifeline by the web provider to generate payment. Any events not recorded on the system will not generate payment.

Service reviews are undertaken by Lifeline where and when required, including those investigating client satisfaction of services too ensure compliance with this Service Level Agreement.

11) Returned Injecting Paraphernalia

It is of vital importance that service users are encouraged to return their used equipment in the sharps bins provided.

It is important that the returns column on the monitoring form is accurately completed at each visit.

Needle exchange waste will be collected from the pharmacy on a monthly basis or less frequently depending on service use.

12) Local Contact Details

If you have any concerns in relation to your contract or other issues please contact

**Lorraine Maden MRPharmS
Substance Misuse Pharmacist Lifeline North-West
07809 105973**

Referrals can be made via post, fax or telephone.



Kevin Woodhouse Service Manager

Stuart Fisher RMN Clinical Coordinator

Address: Lifeline Stoke-on-Trent, Wood House, Etruria Road, Stoke-on-Trent, Staffordshire, ST1 5NQ.

Tel: SPOC 07809 105 452
Wood House (Hanley) 01782 283113
Tunstall 01782 818570
Fax: 01782 286 268

Appendix A

Needle Exchange Health and Safety Policy

Offering drug treatment and harm reduction services to the clients does not usually compromise the health and safety of the staff and other customers. By treating the clients with courtesy and establishing mutual respect, the risk of violence or intimidation is very small.

Blood-borne infection is the main area of risk. It is estimated that a needle stick injury creates a 1 in 3 chance of hepatitis B infection, a 1 in 30 chance of acquiring hepatitis C and a 1 in 300 chance of acquiring HIV. Vaccination against hepatitis B and strict adherence to a standard operating procedure will minimise the risks. There are as yet no vaccines for hepatitis C or HIV.

The risk of having a needle stick injury or coming into contact with contaminated and/or clinical waste is very small if your staff are properly trained to deal with discarded sharps and body fluid spillage.

1. Dealing with Discarded Sharps

If any discarded needles, syringes or any other contaminated sharps are found, the pharmacist on duty must be informed immediately.

The following procedure (1.3 - 1.13) is only applicable to removing sharps on the premises. Discarded contaminated sharps found external to the premises (e.g. in the rear garden) should be reported immediately to the local Environmental Health Department. Do not attempt to touch or remove the sharps.

Only appropriately trained staff that are fully vaccinated against hepatitis B and understand this procedure should deal with these incidents.

Customers and all other staff must be warned not to touch or attempt to move such items and should stay well clear from the affected area.

Any cuts or abrasions on the skin must be covered with waterproof and breathable dressing.

When dealing with these incidents, appropriate protective disposable gloves, apron and goggles should be worn.

The sharps should only be removed with tweezers to a sharps container. The area should then be wiped with an appropriate disinfectant or a solution of bleach.

Ensure that the manufacturers' guidelines are followed when using disinfectant or bleach. Also ensure that the area is well ventilated whilst doing this. It may also be necessary to test the products on a small area of surface to ensure that the floor or work surface is not damaged in any way.

Once the area has been adequately cleaned, any swabs or wipes used should be treated as contaminated clinical waste, and disposed of into a sharps container.

Personal protective equipment should only be removed at the end of the procedure and must also be disposed of as contaminated clinical waste into a sharps container.

After removal of all personal protective equipment the hands should be thoroughly washed with bactericidal soap and water.

Finally the incident should be recorded within the pharmacy Accident Book.

2. Dealing with Body Fluid Spillage

On discovery of any kind of body fluid spillage e.g. blood, vomit etc., the pharmacist on duty must be informed immediately.

Persons clearing up the spillage must understand this procedure and be fully vaccinated against hepatitis B. Customers and all other staff must stay well clear from the affected area.

Any cuts or abrasions on the skin must be covered with a waterproof and breathable dressing.

When dealing with these incidents, appropriate protective disposable gloves, apron and goggles should be worn.

A sharps container should be carried by the handle to the location of the spillage.

Soak up as much of the spillage as possible, using absorbent material e.g. paper towels.

All used absorbent materials should be immediately 'double bagged' within two sealed plastic bags and placed in a sharps container.

After collecting all the spillage, the area affected should be sprayed with disinfectant or wiped with a bleach solution. Ensure that all manufacturers' guidelines are followed while using these products, and that the area is well ventilated.

Once the area has been adequately cleaned, any material or equipment used should be treated as contaminated clinical waste and be placed in the sharps container.

Personal protective equipment should only be removed at the end of the procedure and must also be disposed of as contaminated clinical waste into a sharps container.

On removal of all personal protective equipment the hands should be thoroughly washed with bactericidal soap and water.

The incident must be recorded within the pharmacy Accident Book.

3. Required Equipment

The following items should be available for dealing with contaminated waste:

Disposable latex gloves

Disposable non-latex gloves for staff who are allergic to latex

Disposable goggles

Disposable apron

A long tweezer (or 'Reacher')

A disinfectant spray or bleach

4 Needle Stick Injury

In the unlikely event of a needle stick injury, the following procedure should be followed.

The wound should be encouraged to bleed immediately.

The affected area should be washed thoroughly with bactericidal soap and water.

For further advice and any necessary treatment, immediately contact:
local A&E Department.

Note: Prophylactic treatment is required within **1 hour** of incident.

The incident should be recorded within the pharmacy Accident Book.

The scheme manager should be informed immediately.

5 Spillage Contact to Skin, Eyes or Mouth

In the very unlikely incident where splashes of blood or other body fluid spillage get in the eyes or mouth, or get in contact to the skin, this procedure should be followed.

The affected area should be irrigated with copious amount of water.

If the skin is affected, it should be washed with bactericidal soap and water.

For further advice and any necessary treatment, immediately contact:
local A&E Department.

The incident should be recorded within the pharmacy Accident Book

6 Dealing with Abusive Clients

Inviting drug users into the pharmacy does not necessarily increase the risk of disturbance or violence. Past experience shows that such risk can be minimised by treating all Clients with due respect and courtesy.

As an employee you have a responsibility never to place yourself, your colleagues or members of the public at risk.

Your workplace should be an environment where discussions about fear and other problems are not to be seen as marks of failure but as part of good practice.

Develop your own communication technique. It will help you to deal with verbal abuse without causing further aggression. Talk yourself out of problems.

Pacify rather than provoke the Clients who are focusing their aggression on you.

Stop and assess the situation. Think before you speak - consider the consequence of what you are about to say.

Consider whether the hostility is directed at you, the pharmacy or the individual themselves and try to react accordingly.

If you are in danger decide whether it is possible to leave the situation without further endangering yourself.

Consider whether another employee could handle the situation more effectively.

Never underestimate a threat of any kind and do not respond aggressively.

Stay calm; speak gently, slowly and clearly. Do not argue or be enticed into further argument. Avoid taking an aggressive stance (e.g. hands on hips or leaning forward).

Do not hide behind your authority, status or jargon. Tell them who you are, ask the person's name and attempt to discuss the problem with them as reasonable adults.

Keep your distance and try to avoid looking down on the aggressor.

Never touch an aggressor unless in self-defence. Remember the law – you are allowed to use **reasonable force** to defend yourself, or to make a citizens arrest.

Encourage the person to move - to go for a walk and think about the problem or offer to compromise and talk through it.

If the threat of violence is imminent, try to keep away from potentially dangerous locations or articles.

If you have a CCTV System attempt to stand where it is filming.

Make a mental note of potential escape routes. Keep yourself between the aggressor and a door or barrier, such as a desk.

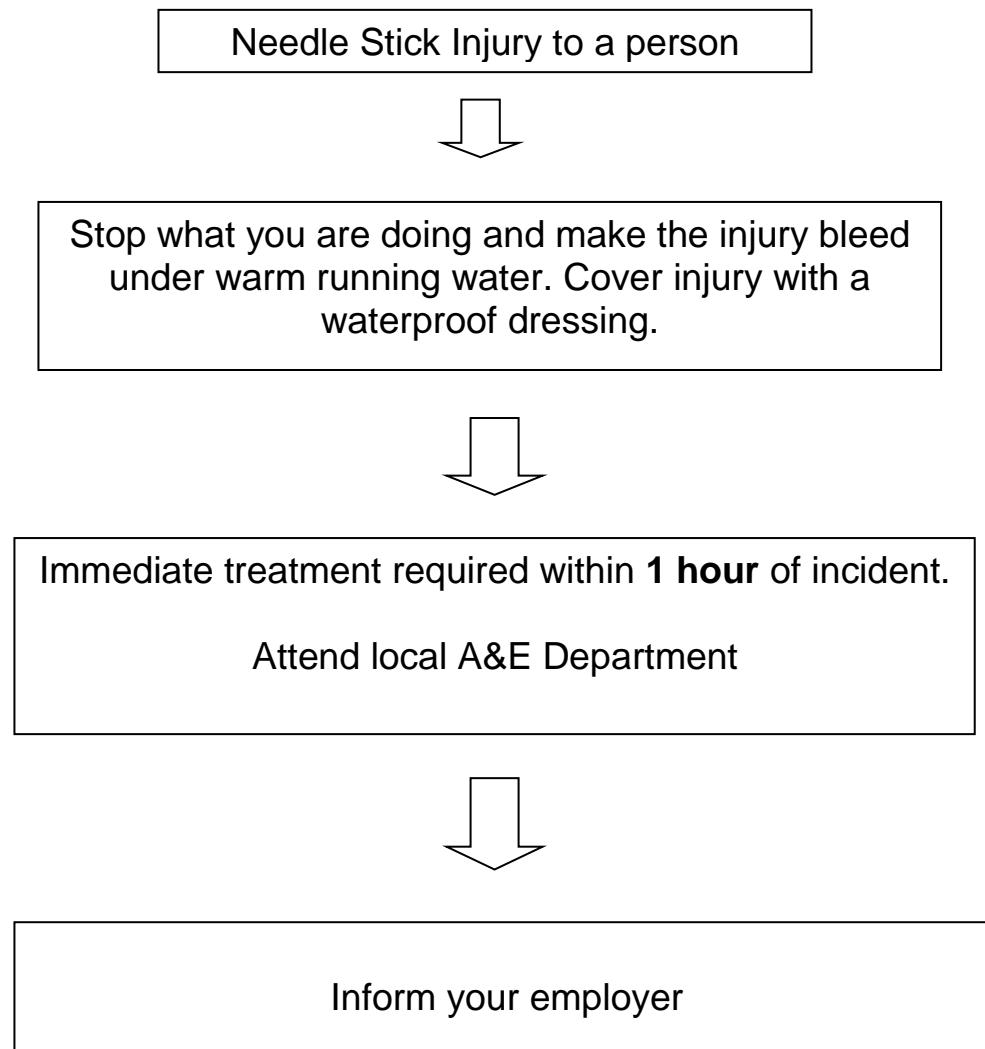
Never turn your back – move gradually backwards if you need to escape.

If you manage to calm a situation down – do not let it flare up again. Choose your words and actions carefully, making a cautious but confident approach.

Go to the assistance of a colleague, but stay in the background.

7. Needle Stick Injury Emergency Escalation Procedure

Although safety policies and procedures on the use of sharps are continually being monitored and improved, the risk of a needle stick injury can never be completely eliminated. In the rare event that such an incident occurs, the following emergency escalation procedure should be followed:



Appendix B
Hepatitis B Immunisation
Employee Declaration

Please sign the appropriate part of the declaration below and retain it within your pharmacy

1. I confirm that I have read and understood the information provided on hepatitis B and will undertake a course of Hepatitis B immunisation. I understand it is my personal responsibility to ensure I complete this course.

Signature_____ Print Name_____ Date _____

Or

2. I confirm that I have read and understood the information provided on hepatitis B and I understand that if I choose not to receive the Hepatitis B immunisation as recommended and participate in the needle exchange service I will be doing so entirely at my own risk.

Signature_____ Print Name_____ Date _____

Or

3. I confirm that I have read and understood the information provided on hepatitis B and can confirm that I have already been immunised against the Hepatitis B virus.

Signature_____ Print Name_____ Date _____

Appendix C
Referral Forms

Referrer's Details

Title		Name:
Organisation/Address:		
Postcode		Phone No:

Client Details

Name	Address	Contact No
DOB	Gender	
Contact via :	Phone	Letter

GP Details

GP Name:	Surgery Name:	
	Surgery Address:	
Tel No:		Last visit to GP?

Is your GP currently prescribing you anything for your drug/alcohol use? Y/N

Drug/Alcohol Information

Type of Drink/Drug:

Frequency Used:

£ per week:

Method of use:

Identified Risks (circle as appropriate):

Pregnancy/Safeguarding/Domestic Violence/Physical Health/Mental Health/Disability/IV Drug Use

Consent to Share Information

In order for you to be provided with the support you require it may be necessary to share the information between ourselves (the referee), and Lifeline who you wish us to make a referral to. The information contained within the referral will be used by Lifeline to ensure you receive the best possible care they can provide by tailoring the work they do to meet your specific needs. All agencies work within the confines of the Data Protection Act 1998 and subsequent 2003 amendment of the Act to ensure they only share information which is relevant to the work they are doing with you. The only time information can be shared without your knowledge is in circumstances where there is concern about risk of harm to yourself, members of the public or children.

If you have anybody in particular you do not wish this information to be shared with please indicate below

.....
.....

Is there anybody you would like us to keep in touch with regarding your recovery? Do you have concerned family, friends or loved ones that you would encourage us to contact and keep informed?

Name:

Relationship:

Contact Details:

Are you currently involved with any other services?

.....
.....

I do/do not give permission for anonymous details to be passed onto the National Drug treatment Monitoring System (NTDMS). Anonymous details will also be used to monitor service levels and quality.

Client Name:

Client Signature:

Date:

