



Goodwill Prosperity Center
Helms/McFadden Room
215 Virginia St. W.
Charleston, WV
July 27, 2023
6:00 pm to 7:00 pm

**NOTICE AND AGENDA
FOR
PUBLIC HEARING**

WOMEN'S HEALTH CENTER, WASHINGTON ST LOCATION

1. TO HEAR FROM WOMEN'S HEALTH CENTER CONCERNING THEIR APPLICATION FOR A SYRINGE SERVICE PROGRAM AT THEIR WASHINGTON STREET LOCATION.
2. TO HEAR PUBLIC COMMENT CONCERNING WOMEN'S HEALTH CENTER'S APPLICATION FOR A SYRINGE SERVICE PROGRAM AT THEIR WASHINGTON STREET LOCATION.*

*WRITTEN COMMENT MAY ALSO BE SENT TO THE CLERK'S OFFICE 501 Virginia St. E. Charleston, WV 25301
Nicole.smith@cityofcharleston.org

PER GOODWILL POLICY, NO INDIVIDUALS UNDER THE AGE OF EIGHTEEN (18) ARE ALLOWED TO ATTEND RENTED SPACE EVENTS, WITHOUT PRIOR NOTICE TO AND APPROVAL BY GOODWILL STAFF.



To Whom it May Concern,

I am writing today from the Women's Health Center of West Virginia to officially inform you of our intent to pursue licensure for a syringe service program at our clinic. As part of the state licensure process, we need to secure a letter of support from the Charleston City Council.

In accordance with the process laid out in section 78-384 of the city code, we wish to schedule a public hearing at the Women's Health Center in order to solicit and accept public input about our proposed syringe service program. We would like to schedule this hearing on either July 6th or July 7th at the clinic, located at 510 W. Washington St. It is our hope that with the hearing on this date, the City Council will be able to hold their vote on whether or not to issue a letter of support at their regularly scheduled meeting on July 17th.

In addition to this letter of intent, we will also provide you with a copy of our application to the state as well as our full Harm Reduction Program policy manual. When scheduling our hearing, we would also request that these are posted to the city website in accordance with the aforementioned city code.

Finally, we would like to request that the city provide us with mailing addresses for everyone within a 2 block radius of the Women's Health Center in order to allow us to mail out a notice of the hearing and copy of our application to all residents and businesses in that area.

Thank you for your assistance,

Katie Quinonez
Executive Director, Women's Health Center of West Virginia



**Office of Health
Facility Licensure
& Certification**

**SYRINGE SERVICES PROGRAM (SSP)
INITIAL AND RENEWAL
LICENSURE APPLICATION**

<p>Read the instructions prior to completing the application. Incomplete applications will be denied and returned to the applicant. Send completed applications and attach requested documentation to:</p> <p style="text-align: center;"><i>Office of Health Facility Licensure & Certification Attention: Assisted Living/Syringe Services Provider Program 408 Leon Sullivan Way Charleston, WV 25301-1713 (304) 558-0050</i></p>	LOG NUMBER:
	DATE:
	OFFICIAL USE ONLY

SYRINGE SERVICES PROGRAM (SSP) DEMOGRAPHIC INFORMATION

Operating Name: WHC Harm Reduction Program

Legal Name: Women's Health Center of West Virginia

Physical Address: 510 W. Washington St.

Street Address

Charleston	WV	25302	Kanawha
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	<i>County</i>

Does this municipality have a governing body? Yes or No

Mailing Address: If mailing address is the same as the physical address, check this box:

P.O. Box 20580

Street Address

Charleston	WV	25362
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Phone: 304-344-9834 **Fax:** 304-344-1756

Website Address www.womenshealthwv.org **If no company website, check this box:**

SSP PROGRAM SERVICES		
Check all the harm reduction services the program will offer or refer in accordance with W. VA. CODE §16-64-3(a)(1)-(10):	YES	NO
HIV, hepatitis, and sexually transmitted diseases screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vaccinations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Birth control and long-term birth control	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Behavioral health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overdose prevention supplies and education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Syringe collection and sharps disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Educational services related to disease transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assist or refer an individual to a substance abuse treatment program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Refer to a health care practitioner or treat medical conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Programmatic guidelines including a sharps disposal plan, a staff training plan, a data collection and evaluation plan, and a community relations plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>



**Office of Health
Facility Licensure
& Certification**

**SYRINGE SERVICES PROGRAM (SSP)
INITIAL AND RENEWAL
LICENSURE APPLICATION**

PHYSICAL LOCATION AND HOURS OF OPERATION						
List the hours of operation below for each day of the week. For example, if the location is not open on a particular day, write "closed," and, if the program is open on Monday from 8:00 AM to 4:00 PM, write "8:00 AM to 4:00 PM" under "Monday."						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Closed	1-5PM			9AM-12PM	9AM-12PM	Closed
List any state or federal holidays the location will be open:						

MOBILE SITE LOCATION(S)
If operating more than 3 mobile location sites, attach an addendum with the information below for each.

Mobile Location #1: _____ **Phone:** _____
Street Address

_____ **City** _____ **State** _____ **ZIP Code** _____ **County**

Does this municipality have a governing body? Yes or No

List the hours of operation below for each day of the week. For example, if the location is not open on a particular day, write "closed," and, if the program is open on Monday from 8:00 AM to 4:00 PM, write "8:00 AM to 4:00 PM" under "Monday."						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
List any state or federal holidays the location will be open:						

Mobile Location #2: _____ **Phone:** _____
Street Address

_____ **City** _____ **State** _____ **ZIP Code** _____ **County**

Does this municipality have a governing body? Yes or No

List the hours of operation below for each day of the week. For example, if the location is not open on a particular day, write "closed," and, if the program is open on Monday from 8:00 AM to 4:00 PM, write "8:00 AM to 4:00 PM" under "Monday."						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
List any state or federal holidays the location will be open:						



**Office of Health
Facility Licensure
& Certification**

**SYRINGE SERVICES PROGRAM (SSP)
INITIAL AND RENEWAL
LICENSURE APPLICATION**

Mobile Location #3: _____ **Phone:** _____

Street Address

City State ZIP Code County

Does this municipality have a governing body? Yes or No

List the hours of operation below for each day of the week. For example, if the location is not open on a particular day, write "closed," and, if the program is open on Monday from 8:00 AM to 4:00 PM, write "8:00 AM to 4:00 PM" under "Monday."

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List any state or federal holidays the location will be open:

ADMINISTRATOR INFORMATION

Full Name: Quinonez Katie

Last First M.I.

E-mail

Address: katie@womenshealthwv.org

ACKNOWLEDGEMENT AND VERIFICATION

By signing this application, I hereby certify that all information provided on this application form is true, and I am aware that in order to operate as a SSP, the program is required to comply with the SSP Act (W. VA. CODE §§16-64-1, et seq.) and SSP Licensure Rule (W. VA. CODE R. §§69-17-1, et seq.,) located on OHFLAC's website: <http://ohflac.wvdhhr.org/laws.html>.

STATE OF WEST VIRGINIA, COUNTY OF Kanawha

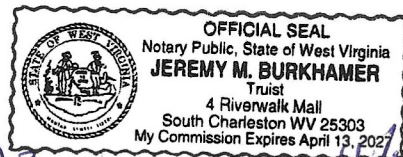
Signed and sworn before me on 6/8/23, being by me duly sworn _____ says that

Katie Quinonez has read the foregoing application and knows the contents thereof, and information provided in the application about the named facility therein contained are correct and true.

**Applicant
Signature:**

Katie Quinonez

Stamp:



Subscribed and sworn to before me the 8th day of June, 2023 My commission expires 4/13, 2027

[Signature]

OHFLAC | 408 Leon Sullivan Way, Charleston, WV 25301 | 304-558-0050

**WOMEN'S HEALTH CENTER OF
WEST VIRGINIA
HARM REDUCTION/SYRINGE
SERVICE POLICY MANUAL**

1 INTRODUCTION AND OVERVIEW

The WHC Harm Reduction Program was established by the Women’s Health Center of West Virginia (WHCWV) in 2023, in an effort to address a serious gap in health care needs and harm reduction services for people who use drugs. As are all services at WHCWV, the WHC Harm Reduction Program focuses on non-judgmental care, informed consent and respecting the dignity of all people. The program is patterned after the best practices and evidenced-based practices of the World Health Organization and the US Centers for Disease Control and Prevention for harm reduction and syringe access. Due to the standards for one-to-one exchange outlined in WV law, these policies do not currently meet the CDC recommended guidelines for operation that best prevent infectious diseases in people who use drugs. Therefore, our efforts are more important than ever to ensure that we do not see increases in overdoses and viral and bacterial infections such as Human Immunodeficiency Virus (HIV) and Hepatitis C in our community.

1.1 WHAT IS HARM REDUCTION AND WHAT IS OUR ROLE?

Harm reduction is a set of values and practical strategies that aim to meet people “where they are” to assist them in reducing harms associated with high-risk behaviors, such as drug use. Harm reduction accepts the reality that people can and will use drugs and engage in other activities that can cause them harm and works to minimize the harmful effects of these behaviors rather than ignore, condemn, or focus on ending the behavior. Harm reduction is focused on providing participants the opportunity to make “any positive change,” and seeks to empower participants by providing information and techniques so they can work towards decreasing potential harm in high-risk behaviors. Harm reduction-based programs have been critical to HIV prevention efforts since the 1980s and continue to play a key role in reducing new HIV infections and promoting the long-term health and well-being of people living with both HIV and Acquired Immunodeficiency Syndrome (AIDS). Empowering patients with the information necessary to make informed decisions about their own bodies has long been a core tenet of the work of the WHCWV.

Our role as service providers working from a harm reduction framework includes:

- Recognizing that drug use, sex, and other activities that may cause harm are not inconsistent with seeking to improve one’s health, community public health, or the health of drug sharing and sexual partners.
- Respecting the autonomy and choices of people we support and working with them to find the best strategies to improve their health.
- Collaborating with our communities, community leaders, and concerned persons to find the best strategies to improve the public health of all communities.
- Providing services that are non-judgmental, non-coercive, and based on the best available scientific evidence when applicable.
- Providing services tailored to the wants and needs of each unique participant.
- Engaging all individuals who access our services with respect, dignity, and empathy.

WHCWV affirms people who engage in high-risk behavior have as equal a right to our services and programs as people who do not. People engaging with WHCWV will be treated with dignity and respect,

and services will be offered in a non-judgmental, non-coercive and equitable manner. We recognize that substance use and other high-risk behavior may, at times, be a barrier to a person benefiting fully from WHCWV's programs and services. WHCWV's response will remain person-centered and when necessary, meeting them "where they are." We will engage and involve individuals in these situations to deliver services that support their overall health and well-being.

WHCWV recognizes that people who use drugs have been at the forefront of developing harm reduction practices and will continue to play an important role developing effective programming to prevent overdose, support people living with HIV/AIDS, and prevent new HIV and Hepatitis C infections. WHCWV recognizes that people who use drugs bring valuable experience to the agency and will do its best to support those who have used or do use drugs to be full participants within our agency as clients and potential future staff or volunteers.

WHCWV will support ongoing training on harm reduction practices for all staff, contract labor, volunteers, students, and board members to ensure that harm reduction is consistently and effectively implemented within the agency. WHCWV will create an environment where access to training programs, up to date information on harm reduction practices, HIV/AIDS treatment facilities, Sexually Transmitted Infection (STI) prevention, and Substance Use Disorder (SUD) treatment is easily accessible either in-house or through a referral partner.

2 SERVICE ENVIRONMENT

2.1 SAFE AND SECURE SPACE

The WHC Harm Reduction Program staff and WHCWV will be responsible for maintaining a safe work environment for all staff, volunteers and participants. The Harm Reduction and Syringe Services will take place in the clinical area of the WHCWV. There is one waiting room and one check-in desk, with an entrance featuring a security door and buzzer for participants. Both the Harm Reduction Program Coordinator's office and exam rooms are located adjacent to the waiting rooms and both will be used for one-on-one encounters with participants. The Hazardous Waste Room is equipped with a key lock to store all returned sharps as well as additional storage. All educational materials and supplies will be stored in the Harm Reduction Program Coordinator's office, with all syringes, naloxone and other safe use supplies kept in a locked cabinet. Overflow supplies are stored in the locked supply closet adjacent to the Hazardous Waste Room. No areas of the clinic are accessible from the waiting room, with most additional doors in the clinic secured with access only by staff key fob. Once they leave the waiting room, participants will be accompanied by staff at all time. All supplies and equipment to provide services will be made available to appropriate staff and not accessible to participants. Common areas and walkways will remain clear of obstruction. Participant interactions will be conducted in private exam rooms or other designated private spaces such as the Harm Reduction Program Coordinator's Office. All syringe exchange will take place in marked, designated areas during service hours and no children will be present in these areas at any time. In the event of a staff member or participant being diagnosed with or showing symptoms of COVID-19, arrangements will be made individually for services to ensure the health and safety of everyone involved.

2.2 EMERGENCY PLAN

For the purposes of this policy, Person in Charge (hereafter referred to as PIC) refers to the Harm Reduction Program Coordinator, Chief Nurse Executive, or the most senior service provider. All incidents and adverse events should be reported on the WHC Harm Reduction Program Incident and Adverse Reporting Form (Appendix A.). For further description of adverse events, see “Community Relations.”

2.2.1 **Location of the Fire and Emergency Plan**

The Fire & Emergency Action Plan can be found in the WHCWV Safety Manual located at the front desk, in volunteer and employee on-boarding packets and posted on the wall in the Harm Reduction Program Coordinator’s Office.

2.2.2 **Reporting & Evacuating During a Fire or Other Emergency:**

This description relates to fires and other life threatening situations and emergencies that require evacuation. In the event of fire, power failure, or other emergency requiring immediate evacuation of the building, staff will follow the procedure below:

Step 1 – Use Fire Extinguisher

- If fire is very limited, use fire extinguishers located by the Washington Street emergency exit, in the back entrance hallway, in the lab, or in the staff lunchroom.

Step 2 – Notify Staff and Patients

- The person first aware of the emergency requiring evacuation will immediately give notice of the need to evacuate by pulling one of the fire alarms located in the entrance foyer, by the Washington Street emergency exit, or by the staff exit.

Step 3 –Call Authorities

- The person aware of the emergency will dial 911 and request assistance.

Step 4 – Evacuate the Building

- Staff members will assume responsibility for the calm communication and evacuation of patients and staff and for closing doors (leave unlocked for firefighters) in their work areas. If possible, they should bring a copy of the patient and staff schedule for the day to the evacuation area to ensure that everyone is accounted for. EXITS are located on the front, side, and rear of building. Area evacuation assignments are as follows:

Greendale Emergency Exit and/or Greendale Main Exit: Receptionist and front office staff assist patients in waiting room, patient restroom, conference room, and front office. Receptionist takes appointment sheets if possible. Administrative office exits to Greendale through the Greendale main exit.

Washington Street Emergency Exit: Lab, Harm Reduction Program Coordinator office, GYN exam rooms, lab medical assistant, Parent Program and nurses’ office exit to Washington Street.

Rear Parking Lot Staff Exit: Procedure and Recovery rooms—attending nurse, medical assistant and/or autoclave technicians, and counselor. Clients needing assistance evacuating with a wheelchair or stretcher may be evacuated through the closest safe exit. Staff in charge of the procedure and recovery areas will ask for assistance from other staff to evacuate clients in those areas. These evacuations will take place through the rear exit or the closest safe exit.

Persons evacuated will be instructed to go to the auxiliary WHC parking lot as a primary location and across West Washington Street in the vacant lot as a secondary location. The supervisor on duty will verify that all areas are cleared. They will also serve as contact with emergency crews. Re-entry will not be allowed until all danger has passed and notification of such has been given by the Fire Department or Police Department, depending on the type of emergency and department handling the call. The supervisor on duty will notify staff and patients when it is safe to return to the building.

2.2.3 Portable Fire Extinguishers

There are portable fire extinguishers at the following locations in the building:

1. By the Washington Street emergency exit
2. In the back entrance hallway
3. In the lab
4. In the staff lunchroom

All portable fire extinguishers are marked by a red fire extinguisher sign directly above. Fire extinguishers should be used only by staff trained to use them to control fires from non-combustible hazards. Training will be provided on a yearly basis. Fire extinguishers are inspected monthly by the WHCWV Office Manager and annually by AirGas, phone number- 304-346-0875.

2.2.4 Pull Alarm Stations

Pull alarm stations are located in the entrance foyer, by the Washington Street emergency exit, or by the staff exit. These bright red metal boxes are activated by pulling the handle down firmly until the alarm is heard. Proceed to the nearest exit to evacuate the building.

2.2.5 Escape Procedures and Exit Routes

All exit doors at WHCWV have panic bars and are marked with lighted signs. Exit is always permitted regardless of whether the door is locked to outside visitors. During an emergency due to fire or other hazard, all employees must exit the building in a quiet and orderly manner. Employees are to leave through the nearest and safest exit door. All exits, stairways, doorways, and hallways must always remain clear and unobstructed. All persons exiting should remain low to the ground in smoke filled areas.

The following staff is responsible for ensuring the building is evacuated quickly and orderly:

- The Office Manager will ensure that all staff, volunteers, and participants are evacuated from the following areas: waiting room, patient restroom, conference room, and front office.
- The Harm Reduction Coordinator will ensure that all employees, patients, and volunteers are evacuated from Lab, counseling office, GYN exam rooms, Parent Program and nurses' office
- The Chief Nurse Executive will ensure that all staff, volunteers, and participants are evacuated from the Procedure and Recovery rooms.

2.2.6 Accounting for Employees, Patients, and Volunteers

Persons evacuated will be instructed to go to the auxiliary WHC parking lot as a primary location and across West Washington Street in the vacant lot as a secondary location. Participants are strongly encouraged to join staff and volunteers in this area but will not be required to do so. The PIC(s) are responsible for ensuring that staff and volunteers comply with this requirement and encouraging participants to comply.

The PIC must then take inventory of staff and volunteers and note any absent parties. The PIC must call the Executive Director of WHCWV as soon as possible to report the fire or emergency.

2.2.7 Facility Lockdown

Any threats to the building/facility, any threats to a person inside the building, an active shooter or violent person in the area, or any other credible imminent life-threatening danger around the building will result in a lockdown.

In the event of a facility lockdown the PIC(s) shall ensure that all doors are locked to the outside and that someone has called 911 and reported the imminent threat. Staff, volunteers, and participants will calmly retreat to the secure area in the recovery room. This area shall be used for a lockdown area because it is located centrally, is secure with no windows and it is also near an emergency exit. In the event this designated space cannot be accessed, the PIC(s) will instruct to stay in place.

The PIC shall call the Executive Director of WHCWV to report the lockdown as soon as possible. All locked down persons in the building shall shelter in place or in the lockdown area until the PIC has announced that the lockdown is over.

2.2.8 Resuming Operations after Fire or Other Emergency

The PIC will ensure the safety of staff, volunteers, and participants on the property and assess any remaining hazards. Re-entry will not be allowed until all danger has passed and notification of such has been given by the Fire Department or Police Department, depending on the type of emergency and department handling the call. The supervisor on duty will notify staff and patients when it is safe to return to the building. The PIC will complete an incident report and take photographs or video of any potential damage.

2.2.9 Response to Medical Emergency

A medical emergency situation can occur anywhere in the clinic. If ambulance transportation to the hospital is necessary, an ambulance from the City of Charleston (911) will be called. It should arrive within 3-5 minutes.

Emergency equipment and medications are located on the crash cart. Oxygen is located in each procedure room. Physicians and nursing staff are responsible for complete knowledge and proper usage, location and maintenance of emergency supplies.

Staff roles are outlined below.

MEDICAL EMERGENCY PROCEDURE PROTOCOL

STAFF ROLES

STAFF MEMBER FINDING PATIENT IN CRISIS

1. Call out in a loud voice "I need help."
2. Ask a coworker to call 911.
3. Begin CPR if indicated. If staff member finding crisis does not know CPR, call for a medical staff person.

PROVIDER

1. Provider informs the medical assistant who calls for the charge nurse.
2. Medical assistant remains in the room for assistance and periodically checks and records vital signs.
3. Provider makes the referral on the telephone to the emergency room regarding the patient status and documents the condition of the patient.
4. Provider talks with family member/friend of the patient (if applicable) regarding the condition and plan of care.

5. Provider takes care of the patient in the other procedure room prior to going to the emergency room.

CHARGE NURSE

1. Remains with patient and provider (reviews provider orders, starts progress sheet, records vital signs and documents as needed).
2. Assesses the situation and advises autoclave technician regarding notification of Chief Nurse Executive and Executive Director's office.
3. Carries out necessary procedures (i.e., starts IV, oxygen, records vital signs).
4. Assigns someone to copy chart for transfer to the hospital and to call an ambulance.

AUTOCLAVE TECHNICIAN

1. Responds to requests from charge nurse.
2. Remains in procedure area.
3. Moves the crash cart into the procedure room.
4. Calls 911 emergency transport when instructed to do so by the charge nurse.
 - a. Request "silent code", ambulance does not arrive with siren and lights flashing.

RECOVERY ROOM NURSE

Remains with patients, closes door, reassures. Does not discharge patients until hallway is clear.

FRONT OFFICE/RECEPTIONIST

The receptionist will copy the patient chart. Front office will assist in suspending patient flow and maintaining clear entrance to facility without creating undue alarm to visitors and clients.

WHC Harm Reduction Program staff will follow the guidance of EMS upon their arrival. In the event of a potential opioid overdose, a trained staff member will administer naloxone if warranted. All WHCWV employees carry current certification in basic CPR. At no time is there to be syringe services without a WHCWV employee present. All WHCWV staff and incoming volunteers will be trained on the administration of opioid antagonist using a combination of WV Health and Human Resources and www.prescribeprevent.com resources. The Harm Reduction Program Coordinator shall provide a voluntary de-briefing session to discuss the group's response to an opioid overdose and any psychological effects of those who witness the emergency.

2.2.10 Handling Accidents

ACCIDENT AND INCIDENT INVESTIGATION:

All accidents and incidents should be investigated by the Department Manager or Supervisor. Serious accidents or any unusual frequency of accidents in any department should be investigated by the Safety Committee.

ACCIDENT REVIEW

Every accident and incident report should be reviewed and studied to determine cause. Proper recommendations to prevent recurrence should be made to the Safety Committee.

The Executive Director should be furnished quarterly safety committee minutes containing the following information:

- Number of accidents and incidents quarterly. Separate reports of employee accidents and patients, visitors and others.
- Predominant causes of accidents should be shown.
- Monitoring to evaluate specific trends relating to causes and type of incidents/accidents.

- Recommendation to the executive director containing actions to reduce the likelihood of a similar accident occurring in the future.

ACCIDENT INVESTIGATION

The detection and elimination of accident hazards through investigation is one of the most effective methods of improving the safety record of an organization. Once the accident sequence is set in motion, little can be done to control the degree of severity. For this reason, all accidents and “near misses” should be investigated.

Documentation of accident investigation is provided by the supervising manager on the incident report form. Additional investigation may be conducted by the Safety Officer. For further explanation about what to do in the event of a needle stick or blood borne pathogens, see “Blood Borne Pathogens Post Exposure Plan.”

2.2.11 Flooding, Natural Disasters, Extreme Weather, and States of Emergency

In the event of forecasted flooding, natural disasters, or extreme weather the facility will be closed until the weather has subsided. In the event of a declared State of Emergency, the facility will follow the guidance of local officials. The Executive Director will determine and inform staff and volunteers as soon as possible when the facility will close due to any of these conditions. Staff and volunteer safety is of the utmost importance and no staff or volunteer should travel to the facility if they do not feel it is safe. Special accommodations shall be made to ensure clients have access to the full array of harm reduction services as soon as possible after a flood, natural disaster, extreme weather or State of Emergency.

2.2.12 Handling Serious Illness

Staff or volunteers that are sick will be instructed to stay home. Staff and volunteers will not be permitted to perform work duties if they have a serious illness that compromises their safety or the safety of others. If it is determined that a WHC Harm Reduction Program staff or participant has a serious and contagious illness, they will be sent home or to a place of isolation immediately.

WHCWV will engage in activities that reduce the spread of contagious illnesses. This includes, but is not limited to, paying for daily cleaning and sanitation services, ensuring access to masks and other Personal Protective Equipment (PPE), and offering access to health insurance to eligible employees.

2.2.13 Addressing the Needs of Special Populations in Emergency

Participants with physical disabilities will be provided services and special accommodations under the Americans with Disabilities Act (ADA). During one of the previously mentioned emergencies that may take place on site the Harm Reduction Program Coordinator will designate a staff or volunteer to support the disabled participant’s needs. Participants who live in substandard housing or who are experiencing homelessness will be provided access to information about city-run emergency shelters during the event of extreme weather situations.

2.2.14 Relocation of Syringe Services in the Event of an Emergency

If relocation becomes necessary due to a fire, flood, natural disaster, and other life-threatening situation the WHC Harm Reduction Program shall operate out of the Unitarian Universalist Congregation of Charleston, WV (hereafter referred to as UUC). The address for the UUC is 520 Kanawha Blvd W,

Charleston, WV 25302. The contact for the facilitation of our use of this facility is Congregational Administrator Sarah Stone. She can be reached at 304-345-5042. Upon identifying the need for relocation, the Harm Reduction Program Coordinator shall notify the congregational administrator of the UUC. The UUC will assign the WHC Harm Reduction Program the most appropriate location in the church to provide services based on the church's programs and needs. The church has many safe, clean, and private areas that could accommodate the WHC Harm Reduction Program. This includes, but is not limited to the meeting area and the front room. All the identified areas can be accessed from the main entrance on Kanawha Boulevard.

2.3 STAFF SECURITY AND SAFETY POLICY

Policy: All WHC Harm Reduction Program staff and volunteers must observe proper safety and security precautions during syringe service operations. The physical environment must remain clear of obstructions and with adequate lighting. Wet floors should be marked as such. All safety concerns are to be addressed by the PIC immediately to avoid general accidents as well as needle stick injuries.

Procedure: Prevention of Needle Stick Injuries:

- All WHC Harm Reduction Program staff and volunteers should be educated regarding the safety precautions for carrying and handling syringes and other sharps, emphasizing the agency's safety policies and procedures during transactions with participants.
- WHC Harm Reduction Program staff or volunteers must never handle used injection equipment without the proper safety equipment.
- The following safety equipment must be available during syringe exchange operations:
 1. Puncture resistant gloves
 2. Standard exam gloves
 3. Spill Kit
 4. Forceps or tongs or grabber
 5. Eye Protection
- Any WHC Harm Reduction Program staff or volunteer who directly handle hazardous waste must wear protective clothing which includes gloves, long sleeves or a lab coat, long pants, and closed toe footwear.
- All used injection equipment should be placed in an approved leak-proof, rigid, puncture resistant sharps container.
- Sharps containers should be placed on a secure surface or on the ground and always kept level. WHC Harm Reduction Program staff and volunteers should NEVER hold a sharps container during the exchange process.
- Injection equipment that falls outside of the sharps container should be retrieved by the participant who is returning the equipment, when possible. If this is not possible, the tongs should be used to pick up any equipment to be placed in the container.
- WHC Harm Reduction Program and volunteers should NEVER re-cap used syringes. Participants should be encouraged to put syringes directly into sharps container after using. Demo syringes used for naloxone training only may be re-capped by the trainer and are to be clearly marked as "Demo Use Only."
- Only one participant at a time should be in the designated sharps exchange area.
- Sharps containers should never be filled above the manufacturer's fill line.
- No one should ever insert hands into the sharps containers or forcibly push used injection materials down into the container.

- All sharps containers must be disposed of in accordance with the company contracted to remove sharps and other biohazards from the clinic. See “Sharps Disposal Plan.”

2.4 BLOOD BORNE PATHOGENS POST EXPOSURE PLAN

DEFINITIONS:

Needlestick: contact with a needle contaminated with blood/body fluid which causes a break in the skin.

Exposure:

1. Exposure to blood or body fluids through needlestick, instruments, sharps, surgery or traumatic events;
2. Exposure of mucous membranes to visible blood or body fluids: or
3. Exposure of skin to visible blood or body fluids, when the exposed skin has an open cut, is chapped, abraded or afflicted with dermatitis or the contact is prolonged or involves an extensive area.

Source Patient/Individual: the individual whose blood/body fluid was involved in injury to another.

POLICY:

All injuries involving needlesticks and/or blood/body fluid exposures are to be reported to the WHC Charge Nurse. Follow-up of all exposures will be coordinated by the Charge Nurse. Confidential counseling and testing of the source individual and the injured person will be coordinated by the Charge Nurse.

The Charge Nurse or supervisor on duty in the department/unit where exposure occurs is responsible for immediate follow-up. Packets are located in an envelope in the lab titled “Exposure Follow-Up Packet” with specific instructions for obtaining appropriate consents and lab work in a timely manner.

All follow-up is confidential. Results of testing are provided in a confidential manner to the exposed employee. Positive test results will be reported to the source individual's treating physician and to the source individual if requested. **All exposure follow-up testing is to be ordered by the Charge Nurse or clinical supervisor to ensure confidentiality and compliance with legal requirements.**

Prophylactic medications such as PreP may be administered based on lab results and review by the WHC Medical Director.

PROCEDURE:

1. Any WHCWV or WHC Harm Reduction Program staff, volunteer, patient, or participant who is potentially exposed to a blood borne pathogen while performing regular duties shall immediately:
 - Wash the affected area with soap and water
 - Flush exposures to the face or eyes at the designated eye washing station
2. Report all needlesticks, blood/body fluid exposures to the Charge Nurse or clinical supervisor immediately. Initial evaluation including source lab work should be completed within two (2) hours of the injury or exposure to maximize opportunity for prophylactic care if needed.
3. Pick up an "Exposure Follow-up Packet" from the lab. The packet contains two sets of materials, one for the source and one for the exposed individual including:
 - Instructions
 - Consent forms, lab slips for both the source and the exposed individual

- Educational information
- Accident/Injury report forms (for employee use)
- Confidential Employee Health forms with areas highlighted to be completed

SOURCE ACTIVITIES:

- CONSENT: Obtain informed consent from source to draw lab results (signed form). The Original copy is placed in the Employee Health file. DO NOT PUT ON PATIENT'S CHART. A script is provided on the top of the form to be read to the source before requesting consent. **If consent is refused – notify the supervisory nursing staff immediately.**
- LAB WORK: Contact lab to draw blood for HIV, HbsAG, and Hepatitis C.
 - **NOTE**: If blood is available in the Lab, it may be used for testing.
 - If Nursing staff draws the blood, two (2) red top tubes are to be drawn. The tubes are to be labeled with the "P" number provided on the top of the consent form, the date, and initials of the person drawing the blood. DO NOT PUT SOURCE NAME ON THE TUBES. Lab slips are provided. **The specimen is to be sent to the lab immediately with the lab slips.**

EXPOSED INDIVIDUAL ACTIVITIES:

- TEST RESULTS: HIV report will be called to the nursing staff within one hour after the specimen is received by the lab. If the source test results are positive, the nursing staff or Charge Nurse will contact the attending physician.
- CONSENT: Obtain informed consent (educational information provided) from exposed individual to have lab work drawn (signed form). Original copy is placed back in the Employee Health file. Testing of the exposed individual is not mandatory but is highly recommended. If testing is refused, the declination section of the form must be signed.
- LAB WORK: Coded numbers are used to maintain confidentiality. Lab work will be drawn at the direction of the Charge Nurse. If the exposed individual refuses consent for HIV, but consents to phlebotomy, blood will be drawn and held for 90 days. If within 90 days of the exposure incident, the employee elects to be tested, the HIV testing should be done as soon as feasible. If venipuncture is refused, the exposed individual is to sign a waiver for refusal.
 - Additional lab work may be required following initial testing at 6 weeks, 3 months and 6 months.
- TEST RESULTS: Source HIV test results will be called Employee Health within one hour after being received by the Blood Bank. Employee Health will notify the exposed individual immediately of source test results. HBsAG and Hepatitis C source results will be faxed to WHC within three days. If tests are positive, the exposed individual will be notified. Results of testing on the exposed individual will be provided to the individual by the Charge Nurse.
- TREATMENT: (medications) If appropriate, prophylactic treatment such as PreP will be initiated at the direction of the WHC Medical Director. Counseling and follow-up will be coordinated by the Charge Nurse.

EXPOSURE PACKET COMPLETION:

Assure the following forms have been completed and are placed back in the employee exposure file by the end of the shift.

- Employee Confidential Record: Complete section #1
 - i. It is essential that both **SOURCE** and **EXPOSED** individual's information is provided and Employee Health accident/injury form
- Source original consent form
- Exposed individual's original consent form

CONFIDENTIALITY:

- Exposure follow up records are maintained confidentially and kept separate from other Employee Health records.

2.5 SHARPS DISPOSAL PLAN

Policy: Women’s Health Center of West Virginia will comply with the rules set forth by the State of WV for the proper storage and disposal of all infectious waste. The policy is designed to protect staff, participants, and volunteers from encountering infectious medical waste.

Procedures: It is expected that MPHR will receive more than 50 pounds of infectious medical waste per month. Therefore, a permit will be obtained and maintained if it is required by the State. The Harm Reduction Program Coordinator and/or the WHC Harm Reduction Program Administrator will be responsible for the ongoing review and development of policies and for obtaining and maintaining the above-mentioned permits. The Harm Reduction Program Coordinator is also considered the Infection Control Manager.

2.5.1 Infectious Waste

Infectious waste includes the following: Cultures and stock of microorganism or biologicals, blood and blood products, pathological waste, sharps, animal carcasses, body parts, bedding and related wastes, isolation wastes, contaminated soil, water, or other debris resulting from the clean-up of a spill.

Sharps will be collected in rigid, leak-proof, puncture resistant containers clearly marked as Biohazard Infectious Waste.

2.5.2 Storage of Medical Waste

Storage of medical waste other than sharps cannot exceed 30 days. All medical waste containers will be stored in a corrugated box in the Hazardous Waste Room which is locked with a key only authorized individuals can access. Container lids should be locked in place and should not be re-opened for any reason. The containers will be stored in this manner until the medical waste disposal company arrives to remove them from the facility. They are currently scheduled once per month.

The storage area is clearly labeled with appropriate international bio-hazard signs and indicates that unauthorized people are not allowed.

Sharps containers should be placed inside a red garbage bag labeled ‘bio-medical waste’ or ‘biohazard.’ Bags should be bound at the gathered end and taped shut prior to storage. WHC Harm Reduction Program staff and volunteers must use appropriate PPE while packaging infectious medical waste for storage.

The storage area should be kept clean and in good repair.

2.5.3 Infectious Waste Removal

Infectious waste is removed from the facility by:

Stericycle, Inc., 88 W Airport Industrial Park R, Parkersburg, WV 26104

Phone: 800-424-9300

The manifests from MWS are paper copies and will be maintained for 6 years as per WHCWV's document retention policy.

NO INFECTIOUS WASTE IS TREATED AT WHCWV.

2.5.4 PPE and SPILL KITS

Policy: In support of Women's Health Center of West Virginia, Inc.'s (WHC's) intention to ensure a safe work environment and regulatory compliance, a program has been developed to provide appropriate personal protective equipment (PPE). In addition

Purpose: To determine, assign and enforce the use of personal protective equipment by assessing workplace hazards.

Procedure:

Managers: Primary responsibility for implementation of the PPE Program in their departments, including

- Identifying and evaluating hazards in their department
- Providing appropriate PPE to employees
- Ensuring employees are trained on the proper use, care, and cleaning of PPE

Employees: Responsible for using PPE and following PPE Program requirements:

- Wearing PPE as required
- Attending required training sessions
- Caring for, cleaning, and maintaining PPE as required
- Informing the supervisor of the need to repair or replace PPE
 - NOTE: Failure to comply may result in disciplinary action

WHC Safety Committee: Responsible for the development, implementation and administration of the PPE Program including:

- Assisting supervisors in conducting workplace assessments to identify hazards which necessitate the use of PPE
- Reviewing, updating and evaluating the overall effectiveness of the PPE Program

Safety Office Staff:

- Functions as a resource to employees, supervisors and the CAMC Safety Committee including:
 - Assisting with hazard assessments
 - Selection of proper equipment, and training
 - Providing regulatory updates

PROGRAM ELEMENTS

Hazard Assessment

- Supervisors will assess the workplace to determine the nature of hazards that may be present, and assign appropriate PPE.
- Once the initial hazard assessment has been completed, the supervisor shall:
 - Purchase and issue the appropriate PPE according to this policy
 - Ensure defective or damaged equipment is not used.
 - Ensure required PPE is used by employees
- Hazards should be reassessed by supervisors when new products, equipment, or procedures are introduced, or as needed.

Protective Equipment Selection

Eye and Face Protection

- Suitable protectors shall be used when employees are exposed to hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.
- Side protectors shall be used when there is a hazard from flying objects.
- Goggles or face shields shall be used when there is a hazard from chemical or biohazardous splashes
- For employees who wear prescription lenses, eye protectors shall either incorporate the prescription in the design or fit properly over the prescription lenses.
- Protectors shall be marked to identify the manufacturer.
- Eye and face protectors shall meet all provisions contained in the American National Standards Institute standard (ANSI Z87.1-1989).

Hand Protection

- Suitable gloves shall be worn when hazards from chemicals, blood, body fluids, cuts, lacerations, abrasions, punctures, burns, and harmful temperature extremes are present.
- Glove selection shall be based on performance characteristics, conditions, duration of use, and hazards present.

Protective Clothing

- Protective clothing shall be worn when hazards from heat, splashes of hot metals, hot liquids, caustic chemicals, blood and/or bodily fluids, impacts, cuts, acids and radiation are present.
- Protective clothing is to be inspected to ensure proper fit and function for continued protection.
- It is important to refer to manufacturers' selection guides for the effectiveness of specific materials against specific chemicals.

Cleaning and Sanitizing

- Protective equipment shall be capable of being cleaned and sanitized (or otherwise disposed of.) PPE shall not be shared between employees until it has been properly cleaned and sanitized.

Purchase of PPE

- WHC will purchase and provide required PPE based on the defined hazards in the work environment.

Training

- Any worker required to wear PPE shall receive training in the proper use and care of PPE. Periodic retraining shall be offered to both the employees and the supervisors as needed. The training shall include, but not necessarily be limited to, the following subjects:
 - Why, when, and what PPE is necessary to be worn
 - Where PPE is located
 - How to properly put on, take off, adjust, and wear PPE
 - The limitations of PPE
 - The proper care, maintenance, and disposal of the PPE
 - Demonstration that the employee understands the training material and is able to use PPE properly
- After the training, the employees shall demonstrate that they understand the components of the PPE Program and how and when to use PPE properly, or they shall be retrained. A record of training is maintained for each employee.

Recordkeeping

- Written records shall be kept of the names of persons trained, the type of training provided, and the dates when training occurs.

Personal protective equipment (PPE) and spill kits will always be available at the clinic. Employees are trained every year on blood borne pathogens and appropriate use of PPE and spill kits. Records of this training are maintained. The Healthcare Provider on site should be called to respond to any medical waste spill or bodily fluid spill that may occur in the facility. All other people should move away from the area until the medical staff can intervene to clean up any spill or medical waste.

A spill kit is located within proximity to the storage area, and it contains all the necessary items to clean a hazardous spill. The exact contents of each kit may vary by brand, but they are to be purchased from a reputable medical supply vendor. Additional supplies will also be available if needed. The Healthcare Provider will be responsible for being aware of and following the manufacturer’s instruction for cleaning spills.

These policies will be modified and updated as needed to comply with current WV State guidelines for medical waste disposal and hazardous spills.

3 STAFF TRAINING AND CREDENTIALING

3.1 REQUIRED TRAINING

The WHC Harm Reduction Program staff may consist of Women's Health Center of West Virginia employees, contracted individuals, volunteers, or local university students on various clinical rotations. For this document, any of these positions may be referred to as “WHC Harm Reduction Program staff and volunteers” unless otherwise specified. Various positions are to only perform tasks and services within

their unique licensure scope of practice where applicable or under the direct supervision of such licensed professional. All service providing staff and volunteers must possess a friendly, non-judgmental attitude towards participants and maintain the dignity and respect of all other staff and participants. Each licensed individual will be responsible for license renewals and annual continuing education requirements. Any new clinical staff or contracted individual shall receive an orientation on their first day with information including, at a minimum, primary job responsibilities and confidentiality requirements. Any individual interacting with participants at the WHC Harm Reduction Program, will have documented training completion at least annually on topics including, at a minimum:

- WHC Harm Reduction Program policies and procedures manual
- Importance of maintaining confidentiality and privacy of participants
- Available services and eligibility requirements of the WHC Harm Reduction Program, including syringe access
- Overview of harm reduction principles and service model used by WHC Harm Reduction Program
- Disposal of infectious waste and syringe safety
- Sharps waste disposal in the facility as well as WV state guidelines for home-generated sharps
- Procedures for making and referring to services not available on-site
- Hierarchy of risk related to certain sex and drug use behaviors and how to reduce those risks
- Education and demonstration of safer injection practices
- Opioid antagonist administration
- Overdose prevention, recognition, and response
- Overview of community concerns and outreach strategies
- Cultural diversity and sensitivity
- Understanding of multiple paths to recovery and how to access these resources
- Infection control and the importance of reporting exposure
- How to handle and when to request assistance for potential verbal or physical threats or other escalating and potentially dangerous situations.

All WHC Harm Reduction Program staff must have the appropriate training to provide services with individual personnel files maintained to document all credentials and training received. Non WHCWV employees must keep a log of the hours they complete. The personnel files for all WHC Harm Reduction Program staff and volunteers must include, at a minimum:

- Application for employment or volunteering (including identifying information and emergency contacts)
- Detailed job descriptions
- Documentation of the date of employment and dates of completion for orientation and required training
- Documentation of licenses, certifications, and continuing education where applicable
- Documentation of any disciplinary actions, performance reviews, or termination notices

3.2 JOB/ROLE DESCRIPTIONS

The following roles are necessary for program operations and will be assigned based on availability of WHC Harm Reduction Program staff and current training completions.

3.2.1 Program Administrator

The WHC Harm Reduction Program Administrator is by default the Executive Director of Women's Health Center of West Virginia, approved by the Board of Directors. The Program Administrator will be in part responsible for; the contribution and development of policies and procedures for program operations, maintenance, and security of the facility, ensuring staff credentialing and training, program evaluations, ensuring program licensing compliance, contributing to management of budget, oversight of data collection, and review of complaint and incident reports. These responsibilities are to be maintained with the assistance of the Harm Reduction Program Coordinator and any other appropriate staff. The Program Administrator is not required to be onsite during all harm reduction/syringe service hours, however, should be available for consultation when applicable. Documentation of the Program Administrator's required education or experience will be provided alongside the application.

3.2.2 Harm Reduction Program Coordinator

The Harm Reduction Coordinator is responsible for assisting the Program Director in all above listed responsibilities and reports directly to the Program Administrator and Chief Nurse Executive. The Harm Reduction Program Coordinator's responsibilities include, but may not be limited to; overseeing accurate implementation of policies and procedures, training and supervision of other WHC Harm Reduction Program staff and volunteers, maintaining WHC Harm Reduction Program staff and volunteer training files, ensuring the safe handling of sterile and contaminated sharps waste (as Infection Control Manager), management and purchasing of inventories, coordination of community events related to harm reduction services, coordination of community syringe litter reports, managing of relations with referral providers, addressing initial complaint and incident reports, and review of education and media materials related to harm reduction and syringe services. The Harm Reduction Program Coordinator should be present during program hours. In the event the Harm Reduction Coordinator cannot be present during program hours, their responsibilities would default to the next highest ranking staff member present or the Program Administrator.

3.2.3 Healthcare Provider

The Healthcare Provider role during program operations would be responsible for providing healthcare or medical services within their specific scope of practice. These services may include wound care and education, naloxone administration and overdose reversal training, hepatitis and HIV screening, infectious disease education, referrals to additional care when applicable, STI screening and education, birth control dispensing and administration, vaccine administration and education, blood collection when applicable, and any other medical service that falls within the scope of practice. This role may be filled by any licensed healthcare provider with the following credentials: Physician (MD), Advanced Practice Registered Nurse/Nurse Practitioner (APRN/NP), Physician Assistant (PA), Registered Nurse (RN), Licensed Practical Nurse (LPN), or Medical Assistant (MA). Medical students and APRN students working toward licensing may perform some clinical tasks under the direct supervision of a licensed MD or APRN.

3.2.4 Additional Assignments or Roles During Service Hours as Related to Operational Flow

The following service assignments may be filled with any of the above-listed positions or any other WHC Harm Reduction Program staff or volunteers based on availability and training.

Reception/Greeter: Will receive training to confirm identification status. Will then direct participants to the appropriate service area.

Syringe Collection: Will supervise the return of used syringes from participants per program policy for “Collection and Distribution of Syringes.”

Runner/Float: Provide direction to participants throughout the service area. Fill in wherever needed based on training completion. Assist in filling supply orders and services with the appropriate staff.

4 HARM REDUCTION AND SYRINGE SERVICES

4.1 AVAILABLE SERVICES

To provide syringe services, the WHC Harm Reduction Program will also offer a full array of Harm Reduction Services. These services shall include at a minimum, sterile syringes and harm reduction services, syringe recovery and disposal, infectious disease screening, vaccinations, birth control and long-term birth control, behavioral health services, overdose prevention supplies and education, infectious disease transmission education, and basic medical evaluations. All services are only to be provided by WHC Harm Reduction Program staff with appropriate credentialing and within their scope of practice. If any service is not available during WHC Harm Reduction Program hours or at WHCWV, a referral will be completed to the appropriate facility.

4.2 REFERRAL POLICY

The WHC Harm Reduction Program recognizes the importance of making referrals as part of a comprehensive harm reduction program. The following includes procedures for these referrals:

Procedures: WHC Harm Reduction Program staff will provide referrals to various services needed by participants. Referrals will be offered for necessary services. No one will be denied syringe access for choosing not to accept offered referrals. In general, participants will be given information to make their own calls for assistance. However, participants who require assistance with scheduling appointments, etc. will be provided with that service.

4.2.1 Medical Referrals

WHC Harm Reduction Program participants shall be asked at every visit if they have any medical concerns. If the medical service cannot be provided by the staff on site, the participant will be provided a document stating where they can obtain the needed medical service (Appendix B). This document will include the contact information for the service and how the service can be obtained. If the participant is uninsured, the participant will be instructed on how to obtain medical services at Cabin Creek Health Systems. Participants will be referred to the Emergency Department or Urgent Care if the medical need is immediate and cannot be handled by professional staff on-site.

4.2.2 Behavioral Health Referrals

WHC Harm Reduction Program participants will be asked at every visit if they have mental health concerns. If a participant expresses interest or a need for behavioral health services, they will be provided a document stating where they can obtain the needed mental health service and how it can be accessed. This document will include the contact information for the service and how the service can be obtained. If the participant is uninsured, the participant will be instructed on how to obtain behavioral health services at Cabin Creek Health Systems.

4.2.3 Referrals to Substance Use Disorder (SUD) Treatment

WHC Harm Reduction Program participants will be asked if they would like information about SUD treatment at every visit. If the participant would like more information about treatment, they will be provided a document with treatment options. This document will include the contact information for the service and how the service can be obtained.

Any participant interested in additional information on SUD treatment, including MOUD, will be able to meet with a healthcare provider at WHCWV and be provided with information about treatment options. They are also able to meet with the Harm Reduction Program Coordinator who can assist them in contacting HELP4WV and receiving information about facilities with openings best tailored to their needs.

4.2.4 General Social Service Referrals

Information regarding SNAP benefits, HUD applications, Medicaid and other general social services will be available for participants at WHC Harm Reduction Program. If social work students are available, they will assist with the actual forms and provide information on signing up for need services.

4.2.5 Other Harm Reduction Referrals and Agreements

Women's Health Center of West Virginia must maintain referral relationships with other service providers to ensure that participants have access to the full array of harm reduction services. These Referral Agreements are generally made with health departments, hospital systems, and Federally Qualified Health Centers. WHCWV has a large referral capacity and network that includes but is not limited to the collection of attached agreements (Appendices D-E) WHCWV will continue to establish more relationships with service providers and obtain additional referral agreements as appropriate.

4.3 INTAKE, ELIGIBILITY, & VISIT PROCESS

Any person in the community who feels they would benefit from WHC Harm Reduction Program services is eligible, with minimal exceptions. To receive syringe services from WHC Harm Reduction Program, an individual must be 18 or older, physically present and able to produce proof of West Virginia identification. Persons under 18 years of age may be eligible to receive general harm reduction services but are prohibited from syringe services. New participants will complete an intake questionnaire with a trained staff member. The intake is used to collect data and assess for potential education and service needs, as well as to review syringe service policies and procedures. Once these policies are reviewed, including the Participant Rights and Responsibilities (located in Section 6), participants will sign the form with their unique identifier to denote their agreement to follow them.

After Intake (for new participants only) and ID verification, the participant will be directed to the designated syringe return area to assess amount being returned and to be distributed per “Syringe Collection and Distribution Policy.” They will then go to an exam room or the Harm Reduction Program Coordinator’s office for privacy where they can more freely discuss any other services, referrals, education, and supply needs with the appropriately trained staff member. They will then receive their supplies and the visit is concluded.

4.4 ID POLICY

- At each visit participants must present proof of WV Identification to receive syringe services.
- The WHC Harm Reduction Program will not make copies of identification to protect participant confidentiality.
- A unique identifying code will be assigned to the participant after ID verification that includes last letter of their first name, first letter of their mother’s name, first three letters of the city they were born in and the day they were born. (If a participant does not know their mother’s name, they can choose another parent or X can be substituted.) For example, Jane was born on January 18th in Charleston, WV to her mother, Mary. Her code would be EMCHA18.

Acceptable forms of Identification:

- WV DMV issued ID
- WV Birth Certificate (or completed application)
- WV Medical Record
- WV Insurance Card
- Verification of homelessness on WV by a WV homeless service worker
- Rental lease
- Utility bill (or other form of official mail such as court documents, government agencies)
- A pay stub or W2 showing a WV address
- A WV hunting, fishing, or any other recreational ID.
- WV DMV Affidavit of West Virginia Residency
https://transportation.wv.gov/DMV/DMVFormSearch/Res-Aff_Affidavit%20of%20WV%20Residency-WF.pdf
- COVID-19 Vaccination Card (or other vaccine record)
- Voter Registration
- Vehicle Registration
- Tax document
- Proof of WV public assistance
- WV bank statement
- WV auto insurance card
- Letter from a WV homeless shelter, hotel, senior citizen's home, rehabilitation center, nursing home, children’s home, orphanage, shelter, battered women’s shelter, or Job Corps, including the facility’s physical address, that explains that the applicant is a resident at their facility (letterhead is preferred, but not required)
- Pharmacy Record showing WV Address
- WV State Harm Reduction Program Identification Card *only for clients who can be verified to have presented one of the above documents

- The WHC Harm Reduction Program card will include the participant's code, WHC Harm Reduction Program contact info, and a notice of the immunity provided by WV law to protect those returning used syringes.

4.5 SYRINGE COLLECTION AND DISTRIBUTION POLICY

Syringes will be furnished and collected from participants according to the agency's protocol with purpose of providing a sterile syringe for each injection and a goal of 1:1 return ratio.

4.5.1 Syringe collection

- Returning participants will be required to return used syringes in proper puncture proof container or to safely deposit syringes in a container provided onsite to be eligible to receive syringes.
- A trained staff member will direct the participant to the exchange area and provide instruction based on the materials being returned.
 - If a participant has loose syringes, not in a container, they will discard each of syringes one by one in a large see-through sharps container on the floor in the designated exchange area. The number discarded will be weighed as they are placed in the container.
 - If a participant has used syringes in a sealed, previously issued sharps container, they will be instructed to remove the lid so WHC Harm Reduction Program staff can visually inspect the contents. Then the participant will be asked to set the container on the scale placed on the floor. WHC Harm Reduction Program staff will note the weight of the container and its contents. The weight of the container will then be subtracted from the total to determine the respective volume of syringes based on previously determined reference weights and measurements.
 - If the participant returns a puncture resistant household container such as a bleach bottle, they will be instructed to remove the cap so WHC Harm Reduction Program staff can visually inspect the contents. The participant will then place the container on a scale. The staff will note the weight of the container and its contents. The weight of the household container will then be subtracted from the total weight to determine respective volume of syringes based on previously determined reference weights and measurements.
- All returned containers will then be boxed up in accordance with the current waste management policy and stored in a locked area until picked up by a contracted waste disposal company.
- New participants will not be required to provide used syringes to receive initial supply.
- Returning participants must return a minimum of 90% of the syringes they were given on their last visit. Participants will be encouraged and incentivized to return with at least 100% of previously distributed syringes. For participants who do not return with at least 90% of their syringes, the following procedures will be followed:
 - First occurrence: A verbal warning by the Harm Reduction Program Coordinator and a reduction in the number of syringes given (I.e., if they were initially given 50 and only returned 25, they will be given 25). An action plan will be created by the participant and Harm Reduction Program Coordinator to mitigate syringe

loss, which may include more frequent visits, different styles of sharps containers or addressing other mitigating factors.

- Second occurrence: A formal written warning by the Harm Reduction Program Coordinator, as well as a further reduction in syringes given.
- Third occurrence: Participant will be suspended from the WHC Harm Reduction Program for four weeks, after which they must complete the initial intake process again. Participants will be provided with safe use kits and any additional materials to help increase safety during this period.

Syringe Distribution

- For New Participants: After intake process is complete, WHC Harm Reduction Program staff will predict the number of syringes needed based on reported number of injections per day, duration of time until next visit, and travel distance.
 - The participant may opt to receive any combination of available syringes to best match their injection needs. See “Syringe Descriptions” for available syringes.
- For Returning Participants: The number of syringes provided to return participants will depend on the noted volumes of returned syringes as noted in the Syringe Collection Procedure.
- Prior to distribution, syringes will be weighed and weight/number of syringes distributed will be written down along with participant’s unique identifying code.
- The participant will then be provided a puncture resistant sharps container of a size that best corresponds to the number of syringes provided.

4.6 SYRINGE DESCRIPTIONS

In the event a discarded syringe in the community must be identified as being distributed by the WHC Harm Reduction Program, the following descriptions can be applied. All syringes distributed by the WHC Harm Reduction Program will also be marked with a small round green sticker.

- Easy Touch Insulin Syringe: Clear barrel, black text, orange needle and plunger caps, fixed/attached needle
 - 1cc (mL) or 100 units-large hash marks in increments of 10 with individual hash marks from 1-100
 - Text on Barrel: Easy Touch (logo), “USE U-100 INSULIN ONLY, SINGLE USE ONLY”
 - 29 gauge, ½” needle, referred to as “longs”
 - 30 gauge, 5/16” needle, referred to as “shorts”

Any discarded syringes found in the community may be returned to WHCWV for proper disposal, even if found to not have been distributed by the WHC Harm Reduction Program.

5 HARM REDUCTION SERVICES OFFERED

5.1 REGULAR HARM REDUCTION CLINIC

The regular Harm Reduction Program Clinic hours will be Monday afternoons beginning at 1:00pm and ending at 5:00pm as well as Thursday and Friday mornings beginning at 9:00am and ending at 12:00pm. The regular Harm Reduction Program is available to anyone who feels that they need services or supplies

on a walk-in basis. Any participants who arrive during Harm Reduction Program Clinic hours will be served if they meet the requirement laid out by the State Code.

5.2 MOBILE HARM REDUCTION OUTREACH (NO SYRINGE SERVICES)

The Harm Reduction Program Coordinator will provide mobile outreach on Wednesdays beginning at 2:00pm and ending at 4:00pm. This outreach will consist of distribution of naloxone, safer use kits and wound care kits, as well as providing referrals and information about various healthcare services to participants. Rotations will vary week to week but will aim to service areas of highest need around Charleston. PLEASE NOTE: NO SYRINGES WILL BE COLLECTED FROM PARTICIPANTS OR DISTRIBUTED TO PARTICIPANTS AT THIS MOBILE OUTREACH. Participants interested in syringe services will be directed to visit the clinic during regular Harm Reduction Clinic hours, as outlined above.

6 PARTICIPANT RIGHTS AND RESPONSIBILITIES

At the WHC Harm Reduction Program, we believe in compassionate and non-judgmental care. We strive to provide the best possible care. By making sure participants understand their rights and responsibilities, we are better able to provide care and meet people “where they are.” During the intake process, the participants will be provided the following list of Rights and Responsibilities, both verbally and in writing. This will also be available at the front desk and in the waiting room.

As our participant, you have the right to:

- Be treated with dignity and respect regardless of race, ethnicity, sex or gender expression, sexual orientation, national origin, religion, class, veteran status, medical status, or physical or mental ability or any other status.
- Be informed verbally and in writing of program rules and regulations and rights and responsibilities.
- Be respected and have the right to privacy and to understand the extent of confidentiality (i.e. threats of harm to self or others and requirements for reporting abuse).
- Understand that participation in any research project is completely voluntary and will not affect the services you are provided.
- Information regarding all services and supplies available, including education on the use of supplies or any other services provided.
- A 30-day advance notice of any changes in program or program hours or location via signage and social media.
- File a complaint by filling out a WHC Harm Reduction Program complaint form (Appendix C) or calling 304-344-9834 and ask to speak to the Executive Director. You may file a complaint directly to the WV Office of Health Facilities and Licensure by calling 304-558-0050 or by visiting <http://ohflac.wvdhhr.org/>
- Based on the new licensure law for syringe access, you have the right to return used syringes to the WHC Harm Reduction Program without prosecution.

- While all services are free of charge, should there be a charge for any supplies or services in the future you will be notified prior to providing the service or supplies.

As our Participant, you have the responsibility to:

- Be responsible for the syringes you are given and return used syringes to WHC Harm Reduction Program in the provided sharps container.
- Treat all members of the WHC staff and clientele with respect and without physical, sexual, or verbal threats, intimidation or solicitation. No violence will be tolerated.
- Do not buy, sell, or use any illicit substances or paraphernalia on the property or in the surrounding areas at any time.
- Do not loiter, sleep or store things on the property or in the surrounding areas.
- Protect the confidentiality of others you encounter at the program.
- Take only what is needed and dispose of used materials and supplies properly.
- Clean up drug-related waste in the community and bring used syringes gathered off the street to WHC Harm Reduction Program for proper disposal.

6.1 CONFIDENTIALITY

WHC Harm Reduction Program participants have the right to confidentiality regarding their use of harm reduction and syringe services, their patient care, and any data collected. However, there are limits to confidentiality in our setting which include the following circumstances.

- The participant is in imminent, credible harm or is a threat to themselves or others (that can be proved by observed actions or language from that participant).
- The participant has admitted to or shows reasonable suspicion to be abusive (physically, financially, or sexually) towards a minor child, elderly person, or person with a disability).

In the event of the above circumstance the appropriate intervention will be made which includes, but is not limited to, making a report to the Department of Health and Human Services 24-hour Child Protective Services and Adult Protected Services hotlines, or contacting the appropriate local authorities such as 911 dispatch.

6.2 NON-DISCRIMINATION

WHCWV is an Equal Opportunity Employer. WHCWV does not discriminate in the provision of services based on race, gender, gender identity, sexual orientation, family status, disability, socioeconomic status, mental health, or housing situation. WHCWV will provide needs-based and person-centered support and services to all populations, including those most vulnerable.

6.3 SPECIAL POPULATIONS

The WHC Harm Reduction Program is committed to serving the most vulnerable populations. The WHC Harm Reduction Program and WHCWV will provide needs-based and person-centered support and services to the following vulnerable populations which include, but are not limited to; youth, transitional aged youth (18-25), sex workers, people who use drugs, people who are discharged from incarceration or

hospitalization, people with psychiatric conditions, members of the LGBTQ+ community, and people of color. The WHC Harm Reduction Program is committed to continually learning and increasing ways to make our services and environment more inclusive to all underserved populations.

6.3.1 Participants with kids

No WHC Harm Reduction Program staff may be responsible for any child present with a participant during syringe services. In the event that a child must accompany a participant, they must provide their own guardian to supervise children while they receive syringe services. At no time should a child be in any area where syringe services are taking place.

7 DATA COLLECTION AND QUALITY ASSESSMENT

7.1 DATA COLLECTION

The WHC Harm Reduction Program will collect data regarding program participants and activities which will allow for reporting to agencies and grants as well as provide useful information for quality assessment and performance improvement. Data reporting and analysis will be completed at different intervals and reported with different processes, depending on the grant or agency in which it is being reported. An annual report may be submitted to the state on a form provided by the Director that includes at a minimum, total number of participants served, number and types of syringes dispensed, collected, and disposed of, number of needle stick injuries, number of participants entering SUD treatment, and number and types of referrals made for SUD treatment and other services. Data is collected and stored indefinitely in a HIPAA compliant database. Data will sometimes be collected on paper in real time and entered in the database by a trained WHC Harm Reduction Program staff member and original papers will be shredded. All data is de-identified and is subject to all state and federal rules for privacy and confidentiality. De-identified data will be made available for investigative and audit purposes when requested. Data to be collected will include at a minimum; birth year, initials, race, ethnicity, zip code, sex or gender identity, preferred language, pregnancy status, referrals made, syringes provided, syringes returned, naloxone distribution, and overdose reversals.

If the participant is willing and eligible to become a patient at the Women’s Health Center of West Virginia, then medical documentation will occur in the regular electronic medical record. No information entered into the electronic medical record system will identify this patient as a WHC Harm Reduction Program participant. It is the participant’s decision to share this information with their medical provider.

Based on WHCWV’s document destruction policies, all patient or participant information will be retained for a minimum of 6 years. Information in the electronic medical record or any database will not be purged but may become inactive in the system. For anyone under the age of 18 years of age, documentation will be held 6 years past the date of their 18th birthday.

7.2 REDCAP AND OFFICE OF HEALTH SERVICES COLLABORATION

Support of Harm Reduction Programming | Data Collection, Data Stewardship, and Evaluation Planning
West Virginia University School of Public Health, Office of Health Services Research

7.2.1 Background

The West Virginia University (WVU) School of Public Health, Office of Health Services Research (OHSR) offers a secure, standardized, web-based harm reduction program (HRP) tracking and reporting system to communities and organizations interested in supporting existing and building new HRPs. This is an ongoing extension of support, intended to be inclusive of but not limited to the requirements of the Office of Health Facility Licensure & Certification through the West Virginia Department of Health and Human Resources. As background, OHSR has over a 40-year history in working with West Virginia communities and health systems to better position and empower partners to make data-driven decisions for priority health care needs. This work includes: health analytics support to primary care systems, local health departments, and other community-based organizations; technical assistance and training on health data quality and integrity; practice-based research training and implementation; informatics support in merging and analyzing data from disparate systems; return-on-investment analyses; and creation of data-centered referral systems across primary care and community partners for collective impact in meeting the needs of communities and demonstrating program effectiveness.

7.2.2 Data Collection and Evaluation

OHSR has worked closely with two states based HRPs to gain an understanding of the data collection and evaluation needs of these programs. To that end, OHSR has worked directly with HRP partners to build a comprehensive, web-based clinical information database allowing HRPs to securely and reliably track and report data on their HRP participants. This database is built within the Research Electronic Data Capture (REDCap) platform, an internationally recognized solution for creating custom, secure, HIPAA compliant data tracking and reporting. The database was built in collaboration with HRP partners and allows partners to track key metrics more easily and more systematically such as:

- Number of new and returning participants
- State and county of residence
- Gender
- Employment status
- Educational attainment
- Insurance status
- Dates of service
- Time history of drug use
- Preference in choice of drugs
- Number of Naloxone kits received
- Number of sharps containers received
- number of syringes and needles dispensed, collected, and disposed of
- Patterns of behavior in terms of sharing needles and other equipment
- Human immunodeficiency virus (HIV) testing and results
- Hepatitis B (HBV) and Hepatitis C (HCV) testing and results
- Experience with overdosing
- Experience in abstaining from drug use
- Referrals made to medication assisted treatment, peer recovery programs and other applicable programming
- Prevention education and materials provided

- Comprehensive/community services provided
- Past recovery program participation

OHSR will work with each HRP to review initial (baseline) data and develop a plan for real-time data monitoring and milestone evaluations of those data (such as monthly, quarterly, 6-month, and/or 12-month reporting intervals). Reporting in REDCap offers each HRP the ability to reliably query their own data, with OHSR providing a central administration of the data – allowing for ongoing checks of data quality and completeness, with feedback to each HRP as needed. Data will be evaluated on participant, site and organization levels, with the ability to interlay geographic information system level analyses to help highlight program reach, impact, and potential gaps.

7.2.3 Data Protections and Data Stewardship

OHSR has extensive experience working with sensitive health related data in health care and community-based settings as well as having an infrastructure in place for securely treating those data. All HRP-related data collected via REDCap will reside on a secure, cloud-based server. REDCap is a HIPAA compliant web-based software, designed for housing sensitive health related data. This software allows for user-level auditing and tracking. Each HRP member accessing REDCap will have her/his own user ID and password, combined with a two-factor authentication for added protection. At the WHC Harm Reduction Program, only the Harm Reduction Program Coordinator and Program Administrator will have REDCap access. REDCap functions with and without internet access. An app version of REDCap is designed to function in off-line environments, providing a reliable means of data collection in situations in which internet is unreliable or not available. Once the device has internet access, the data will be pushed to upload. All data downloaded from REDCap for more in-depth analysis by OHSR for HRP needs will reside on a secure virtual desktop infrastructure called VMware Horizon. This platform is provided to OHSR by the WVU Health Sciences Center (HSC) Information Technology Services. This solution has been deployed across the HSC to support the secure storage and use of sensitive data. All data entered into REDCap by HRPs will remain the property of those HRPs. OHSR aims to help facilitate standardized, reliable data tracking and reporting across West Virginia, with an emphasis on providing ongoing data analysis, evaluation, and feedback to HRP partners. At any point in time, with or without explanation, HRPs can request their data to be downloaded from REDCap and provided to them in common data formats such as comma separated value (.csv), text (.txt), or Excel (.xlsx) for example. Prior to REDCap implementation, OHSR will work with HRP leadership to put in place the necessary memorandum of understanding and business associate agreements needed.

7.2.4 Training and Technical Assistance

OHSR will offer training and technical assistance to HRP partners at time of implementation and ad-hoc based-on partner needs. OHSR is sensitive to varied levels experience with and comfort in using computer-based systems and customizes training to suite partner needs and expectations. If HRP data is housed in another electronic system or spreadsheet, OHSR will also offer technical assistance in importing those data into REDCap to eliminate loss in historic information.

7.3 QUALITY ASSESSMENT

The WHC Harm Reduction Program seeks to provide quality care and services to participants. The program centers the concerns of participants and tries to include people who use drugs in the ongoing development of goals and objectives for effective and quality services.

Procedure: The program administrator is responsible for and will review at least annually the development, implementation, maintenance, and effective evaluation of quality assessments for performance improvement and effectiveness.

This review will include the following:

1. Data collected through the time being reviewed
2. Services provided
3. Participant surveys and feedback
4. Any adverse events or incidents that have occurred during the time being reviewed
5. Any community relations issues or grievances filed during the time
6. Staff performance reviews and annual credentialing information
7. Review of current policies and procedures
8. Infection Control issues
9. Participant outcomes, I.E. overdose reversals, treatment referrals, screenings performed, and people referred for medical care, etc.

The review team will be established by the Program Administrator to look at data and information listed above and to develop recommendations for improvements to the program and/or modification of policies and procedures. This review team may include at a minimum a representative from the WHC Harm Reduction Program staff, a volunteer representative, the Medical Provider, and WHC Harm Reduction Program participants. Representatives from select referral agencies or a WHCWV Board member may also be included depending on the issues that arise during the review.

Quality assessment and performance improvement goals will be developed for the year ahead based on the team's findings.

The results of this review will be available to OHFLAC upon request. The information will also be shared with the WHCWV Board of Directors.

8 COMMUNITY RELATIONS

8.1 COMMUNITY ENGAGEMENT

WHC Harm Reduction Program and WHCWV will document positive interactions between local law enforcement or first responders and program staff members, contracted individuals, volunteers, and participants in their role as program participants. WHC Harm Reduction Program will document positive feedback expressed by participants, community members, neighborhood associations, or local law enforcement officials. WHCWV will document the steps taken by the syringe services program and harm reduction program have taken to address any reasonable concerns. These positive interactions should be reported to the Harm Reduction Program Coordinator or the Executive Director of WHCWV in writing.

WHCWV and the WHC Harm Reduction Program will continue to provide ongoing engagement with the community regarding Harm Reduction. This includes training upon request from any person or agency who is interested in learning about harm reduction topics such as overdose recognition and reversal, infectious diseases, and substance use. WHC Harm Reduction Program staff, volunteers and participants

will also participate in monthly syringe pickups in the area around the clinic and in the surrounding neighborhoods. For more information, see “Community Clean Up”.

The WHC Harm Reduction Program will maintain relationships with the municipalities and counties that the program operates with-in. The WHC Harm Reduction Program will maintain a social media presence to inform participants and community members regarding updates of the harm reduction and syringe service programs, as well as educational materials about harm reduction.

8.2 COMMUNITY, GOVERNMENTAL, AND LAW ENFORCEMENT CONCERNS

It is the intent of WHCWV and the WHC Harm Reduction Program to cooperate fully with investigations regarding legitimate complaints. Incidents involving the WHC Harm Reduction Program, including community objections or concerns, law enforcement or governmental complaints and potential legal action against the WHC Harm Reduction Program, must be reported, addressed, and documented by WHC Harm Reduction Program. WHC Harm Reduction Program staff will adhere to the following process when addressing or reporting community or law enforcement concerns:

8.2.1 Reporting, addressing and documenting community or law enforcement concerns

- Incidents related to the WHC Harm Reduction Program must be immediately reported to the executive director, verbally and in writing within twenty-four hours of the incident. The purpose of the report is to ensure documentation of incidents to identify and address potential problems.
- The executive director shall inform the WHCWV Board of Directors within 48 hours of any incident and provide recommendations for appropriate interventions.
- Appropriate interventions related to the incident will be identified and executed.
- Quarterly review of incidents and adverse effects will include the following review

8.2.2 Governmental Complaints

- WHCWV will make available participant and program records related to the WHC Harm Reduction Program to governmental agencies and will comply with reasonable requests to observe service delivery and interview participants with proper consent.
- WHCWV and the WHC Harm Reduction Program will develop and follow recommended plans of correction, if necessary, based on any governmental investigation findings.
- Any violation that poses a severe safety risk to participants, employees or volunteers will be corrected immediately.

8.2.3 Incident Reporting and Adverse Events.

The WHC Harm Reduction Program has developed and implemented policies and procedures for documenting, investigating, taking corrective action, and tracking instances of known adverse events or incidents. If a WHC Harm Reduction Program staff member has a concern about a participant’s or accompanying minor child’s safety, the individual shall follow the policy and procedure set forth below. All WHCWV or WHC Harm Reduction Program staff will respond to all safety concerns and take appropriate action, including, but not limited to, reporting to the appropriate protective services agency. Incident or adverse events may include:

- Known completed participant suicide and suicide attempts.
- Known participant death or serious injury due to trauma, suicide, or unusual circumstances.
- Selling drugs or substances on the premises.
- Harassment or abuse, including physical, verbal, sexual, and emotional, of participants by staff.
- Theft, burglary, break-in, or similar incident at the syringe services program.
- Physical violence leading to injury; and
- Significant disruption of services due to disaster such as fire, storm, flood, or another occurrence.
- Related accidents or emergencies as stated previously in “Service Environment.”

Incidents or adverse events shall be reviewed on a quarterly basis by the program administrator who may choose to make recommendations and implement changes regarding improvements in the process to prevent further incidents. All adverse events will be fully documented on an adverse event form (see Appendix A) and appropriately reported to the police or correct State Agency as necessary and promptly reported to the harm reduction coordinator and the executive director within 24 hours of knowledge of the adverse event.

A prompt investigation and review of the situation surrounding the incident or adverse event will occur and a timely and appropriate corrective action will be taken. Ongoing monitoring of the corrective action will take place until effectiveness of the action is established.

Within seven days of an incident or adverse event, the program will file a report with the Director of OHFLAC consisting of the following:

- The action or actions implemented to prevent the reoccurrence of the incident or adverse event.
- The time frames for the action or actions to be implemented.
- The person or persons designated to implement and monitor the action or actions; and
- The strategies for the measurements of effectiveness to be established

8.3 COMMUNITY CLEAN-UP

The WHC Harm Reduction Program is dedicated to working with all community members on minimizing syringe litter in the area. We provide guidance to participants on the importance of proper disposal and strive to decrease the stigma of syringe litter with education, demonstration, and participation in community clean-up events. The following are some of the ways the WHC Harm Reduction Program collaborates with the community to decrease syringe litter:

- Make it known to First Responders in Kanawha County, the local health department, and community members that, with notice, trained WHC Harm Reduction Program staff will go to a particular location within Charleston and surrounding areas to retrieve syringes found in the community during business hours. Discarded syringes may be reported by phone, in person, or

email. Outside of business hours, syringe litter may be reported to the 24/7 SOAR Syringe Hotline by texting or calling 304-932-0087. A record will be kept of any syringes collected as a result of these community reports.

- The WHC Harm Reduction Program will work with all First Responders in the surrounding area to provide sharps containers and additional training if needed.
- All sharps collected in the community by First Responders or community members may be returned to WHCWV for proper disposal, either directly to WHC Harm Reduction Program staff or by utilizing the syringe drop box located in the WHCWV parking lot.
- WHC Harm Reduction Program staff, volunteers and participants will also participate in monthly syringe pickups in the area around the clinic and in the surrounding neighborhood.
- Partner with Public Works, City of Charleston, Code Enforcement, and local landlords to remove syringe litter from abandoned properties and encampments.

Appendix A



**Women's Health Center of WV Harm Reduction Program
Incident & Adverse Event Report**

Date: _____

Person Reporting: _____

Participants Involved (list by code or name): _____

Description of Adverse Event (add sheets as necessary):

Signature of Reporting Individual _____

Report Within 24 hours to: Harm Reduction Coordinator or Executive Director

Plan of Correction (add sheets as necessary):

Signature of Harm Reduction Coordinator: _____

Signature of Executive Director: _____

Executive Director Report To:

_____ **Women's Health Center of West Virginia Board of Directors within 48 hours**

_____ **OHFLAC Director within seven (7) days**

Women's Health Center of West Virginia
510 W. Washington St., Charleston, WV 25302
(304) 344-9834

Appendix B



Women's Health Center of WV Harm Reduction Program

Referral Form

Participant Need: _____

(For Example: Medical Care, Behavioral Health/Mental Health Care, Homeless Services, SUD Treatment, Clothing, Food, Family Planning & Birth Control, STI Testing & Infectious Disease Treatment)

	Options to Obtain Needed Services:	Contact Information for Service:	How to Obtain Service:
1.			
2.			
3.			

Participant Code or First Name: _____

Follow Up Info (if applicable)

If yes, how can they be contacted? Text Email Phone Call Contact Info: _____

Follow Up Appointment Date/Time (if requested): _____

Or, does participant want to meet at next exchange? If so circle & write date

M (1-5pm): _____ **Th (9am-12pm):** _____ **F (9am-12pm):** _____

Staff to ask for: _____

Women's Health Center of West Virginia
510 W. Washington St., Charleston, WV 25302

(304) 344-9834

Appendix C



**Women's Health Center of WV Harm Reduction Program
Complaint Form**

I wish to remain anonymous: Yes or No

Participant Code or Name: _____

Email or phone number (if you want a personal reply): _____

Date of Incident: _____

Please describe the issue or incident that occurred:

How could we do better:

Staff Use Only

Reviewed by: _____

Date: _____

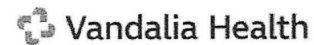
Corrective Action:

Women's Health Center of West Virginia
510 W. Washington St., Charleston, WV 25302
(304) 344-9834

Appendix D



Charleston Area
Medical Center



Referral Agreement Between

Women's Health Center of West Virginia &

CAMC Ryan White Program

Purpose:

The Women's Health Center of West Virginia must maintain referral relationships with other service providers to ensure that participants have access to the full array of harm reduction services, as described below.

On April 15, 2021, Governor Justice signed into law Senate Bill 334, licensing and regulating syringe services programs. This law establishes a new code article, W. Va. Code §§16-64-1, et seq. The law specifies that any syringe services program must be a part of harm reduction program which provides the full array of harm reduction services, which include HIV, hepatitis, and sexually transmitted diseases screening; vaccinations; birth control and long-term birth control; behavioral health services; overdose prevention supplies and education; syringe collection and sharps disposal; education services related to disease transmission; assistance or referral to a substance use treatment program; referral to a health care practitioner or treatment for medical conditions.

The purpose of this document is to demonstrate the existence of these essential referral relationships between the Women's Health Center of West Virginia and the undersigned service providers.

Referral Relationship:

CAMC Ryan White Program (hereafter known as CAMC RWP) and the Women's Health Center of West Virginia (hereafter referred to as WHCWV), hereby enter into this Referral Agreement for the purpose of establishing a collaborative relationship to provide harm reduction services and applicable referrals to participants of the WHCWV Harm Reduction Program.

Areas of Collaboration:

- CAMC RWP shall refer eligible individuals for harm reduction services to WHCWV.
- CAMC RWP and WHCWV will work in collaboration to address public health concerns in Kanawha County.
- WHCWV shall refer individuals to CAMC RWP for HIV testing and treatment, linkage to PrEP and primary outpatient care for those at-risk or infected with HIV.

This agreement shall last for the term of January 1, 2023 to December, 31, 2023, unless terminated by either party.

CAMC Ryan White Program	Women's Health Center of West Virginia
SIGNATURE: <u><i>Christine Teague</i></u> DATE: <u>4-17-23</u>	SIGNATURE: <u><i>Katie Quinonez</i></u> DATE: <u>4-17-23</u>
SIGNED BY: Christine Teague TITLE: Program Director	SIGNED BY: Katie Quinonez TITLE: Executive Director

Appendix E



Referral Agreement Between Women's Health Center of West Virginia & Cabin Creek Health Systems

Purpose:

The Women's Health Center of West Virginia must maintain referral relationships with other service providers to ensure that participants have access to the full array of harm reduction services, as described below.

On April 15, 2021, Governor Justice signed into law Senate Bill 334, licensing and regulating syringe services programs. This law establishes a new code article, W. Va. Code §§16-64-1, et seq. The law specifies that any syringe services program must be a part of harm reduction program which provides the full array of harm reduction services, which include HIV, hepatitis, and sexually transmitted diseases screening; vaccinations; birth control and long-term birth control; behavioral health services; overdose prevention supplies and education; syringe collection and sharps disposal; education services related to disease transmission; assistance or referral to a substance use treatment program; referral to a health care practitioner or treatment for medical conditions.

The purpose of this document is to demonstrate the existence of these essential referral relationships between the Women's Health Center of West Virginia and the undersigned service providers.

Referral Relationship:

Cabin Creek Health Systems (hereafter known as CCHS) and the the Women's Health Center of West Virginia (hereafter referred to as WHCWV), hereby enter into this Referral Agreement for the purpose of establishing a collaborative relationship to provide harm reduction services and applicable referrals to participants of the WHCWV Harm Reduction Program.

Areas of Collaboration:

- CCHS shall refer eligible individuals for harm reduction services to WHCWV.
- CCHS and WHCWV will work in collaboration to address public health concerns in Kanawha County.
- WHCWV shall refer individuals to CCHS for SUD treatment, Hepatitis C treatment, Hepatitis A&B vaccines, behavioral health services and primary care.

This agreement shall last for the term of January 1, 2023 to December, 31, 2023, unless terminated by either party.

Cabin Creek Health Systems	Women's Health Center of West Virginia
SIGNATURE: <u>Craig Robinson</u> DATE: <u>5/16/2023</u>	SIGNATURE: <u>Katie Quinonez</u> DATE: <u>5-22-23</u>
SIGNED BY: <u>Craig Robinson, MPH</u> TITLE: <u>Chief Executive Officer</u>	SIGNED BY: <u>Katie Quinonez</u> TITLE: <u>Executive Director</u>