

# INITIATION OF SSP CHECKLIST

## Step 1: Understanding Legal Issues of SSP in Your Catchment Area

- A. In coordination with your VISN SSP Lead, consult with Region Counsel on whether SSPs are legal in the county where your facility and associated CBOCs are located.
- B. Additional questions for Regional Counsel could include:
  - What are the legal implications for VA providers prescribing clean syringes to Veterans?
  - What are the licensing implications for prescribing clinicians?
  - What are the legal implications for Veterans participating a local SSPs?
- C. Brief Facility leadership and clinical service Chiefs early in the process to ensure visibility and preparation for professional practice guidance to their providers.
- D. It is recommended that this information be consolidated into Fact Sheets for providers and patients and updated at least annually, or if there is a change in local law.
- E. VA Police should also be informed about the program and updated as needed.

## Step 2: Ensuring Access to SSPs where Legal

- A. VHA facilities operating in states or counties where SSPs are legal should work on developing an SSP in-house where local resources are available.
- B. Facilities should also implement a referral system to existing local SSPs in states or counties where they are legal.
  - Review available SSPs <https://www.nasen.org/map/> and contact to formalize referral process.
  - Refer to Harm Reduction Order Menu below, which includes SSP referral information.

## Step 3: Standardized Documentation

- A. Determine stop codes based on which service the SSP is housed under
- B. Note Template and Recommended Titles
  - [CPRS Note Template and Harm Reduction Order Menu](#)

## Step 4: Procurement of Supplies

- A. It is recommended that syringes be obtained in a variety of sizes based on the preferences of the Veterans who will be using the equipment.
- B. Determine if your facility will utilize purchased syringes or donated syringes or a combination.
  - Donation of syringes from a community partner: Facilities may accept donated new syringes and injection supplies from community partners and non-profits. Facilities should involve Voluntary Services to coordinate the receipt of donated supplies (see VHA Directive 1620 for guidance). A visual inspection by nursing or pharmacy may

be conducted before supplies are provided to the SSP. SSP will be responsible for storing, tracking, and distributing supplies.

C. Coordinate with Pharmacy for the process of refills and prescriptions for equipment including syringes, sharps containers, condoms, etc.

## Step 4: Distribution

A. Need-based syringes: Stock SSP kits with syringes based on Veteran reported need and drug being injected with refills. Provide sharps container and other supplies as needed.

B. SSP kits to include: sterile syringes, cottons, saline/water, alcohol wipes, citric acid packets, sharps container, condoms, safe injection information, information about SSPs in local communities and VA, etc. Easy to read, visually intuitive safe injection information included. Consider having kits available across facilities and associated CBOCs and CRRCs including substance use and mental health clinics, infectious disease clinics, emergency department, pharmacy etc. Include an automatic refill with kits to ensure continued access.

- Additional considerations to include in kits:
  - Naloxone
  - Fentanyl test strips
  - Multiple sharps containers if requested

C. Disposal: Provide prescriptions for sharps disposal containers with included instruction on best practices for disposal, including community disposal sites.

## Step 5: Education, Training and Outreach

A. Facility Leadership Briefing: Ensure facility leadership and stakeholder service chiefs are briefed early on in the process

B. Provider Education: Conduct education for providers at facility on the program and harm reduction order menu. Include education for primary care, emergency department, mental health (including SUD programs).

C. Patient Education: Develop/revise brochures and education for patients. Distribute via clinics, social media, website, etc. Conduct education sessions as needed including at Doms.

## Step 6: Evaluation

Develop an evaluation process/plan to guide quality improvement efforts

A. Bring together collaborators (ideally from different service lines) to discuss purpose of SSP and goals for the service. For example, what do you hope to change for patients, providers, the healthcare system by making sterile syringes and other harm reduction resources available?

B. Develop a vision for what success looks like. Questions to consider:

- What are your indicators of success?
- Who do you want to provide sterile syringes to? How will you identify patients who would benefit from SSP referral?

- Where do you want to reach these individuals? (Are there specific service lines you are focusing on?)
  - What is your strategy for training clinical teams on the availability of sterile syringes and the evidence for referring to the SSP?
  - What are the processes for reaching these individuals and providing sterile syringes and other harm reduction materials?
  - What do you want to be providing at each encounter? Are there “core components” that you feel are essential to success?
- C. The evaluation plan should align with your vision for success and allow you to determine the extent to which you are reaching your goals. At a minimum, you may want to develop systems for keeping track of the following:
- # of clinical team members who are introduced to SSP and/or provided training on harm reduction approaches. May consider tracking type of provider and service line
  - # of patients who get care at your VA who inject drugs (current and/or ever)
  - # of SSP kits/resources provided to patients. [Consider creating a unique ID to track unique individuals receiving SSPs and encounters if this is not included in the medical record.](#)
  - Documentation of other resources are offered and accepted, such as naloxone, safe injection education, vaccinations, referral to SUD services, etc.
  - Sources of referral for SSP kits (i.e., what clinical teams/service lines are referring patients or who are the prescribers of SSP kits?)
- D. Additional areas of focus for an evaluation might include:
- Anonymous feedback from patients and/or clinical teams regarding the SSP (e.g., surveys, comment cards, questionnaires)
  - Comparison between patients who are referred to SSP and access services and those who are referred and do not access SSP services or are not referred at all. Select outcomes to focus on may include:
    - Bacterial infections
    - Viral infections
    - Hospitalizations
    - Overdose
    - Engagement in healthcare (e.g., makes and keeps appointment with PC, MH, specialists)
    - Engagement in SUD treatment
    - Reduction in high risk injection drug use behaviors (e.g., using unsterile syringes, sharing syringes with others, drug preparation practices that increase risk for bacterial infections, etc.)
    - Referrals to community-based programs for harm reduction services