

## **Syringe Disposal Survey Summary of Findings and Recommendations**

### **INTRODUCTION**

Since 1993, all hospitals and residential health care facilities (nursing homes) in New York State have been mandated by Section 1389-dd(4) of the Public Health Law to accept for disposal “[s]harps, including needles, syringes and lancets” brought to them by individuals in the community, on the condition that the used needles and syringes have been deposited in an approved puncture proof container. Because regulations implementing the law requiring them to establish community sharps disposal programs were never promulgated by the State Department of Health (DOH), hospitals and nursing homes have largely been left to decide on their own what policies and procedures to put in place in order to comply with this mandate.

In 2000, the passage of the Expanded Syringe Access Demonstration Program (ESAP) increased the importance of having safe, easily accessible syringe disposal options available to the public, including injection drug users. Disposal was highlighted by the Legislature as one of the key issues to be taken into account in the independent evaluation to be submitted to lawmakers by 2003 to help them decide whether to extend the ESAP program beyond the initial demonstration period ending March 31, 2003. (See ESAP’s authorizing legislation, in Part G of Ch. 56, Laws of 2000, amending Pub. Health L. § 3381 to add §§ 3381(1)(c) and (6). Section 4 of the legislation sets out the factors required to be evaluated during the two-year demonstration period.)

This emphasis reflected lawmakers’ concerns that increased access to syringes might lead to a rise in the number of syringes being disposed of unsafely, which could lead to an increase in the number of needle-stick injuries to civilians, sanitation workers, and police officers and hence to the spread of blood-borne diseases such as HIV/AIDS and hepatitis B and C. Improving injection drug users’ awareness of, access to and use of available syringe disposal sites may help address these concerns, while also furthering ESAP’s public health and disease prevention goals.

The Legal Action Center therefore decided to examine whether hospital- and nursing home-based programs meant to enable community members to dispose of household sharps – already required by Public Health Law § 1389-dd(4) – are fulfilling their purpose by expanding the number of and improving individuals’ access to convenient disposal sites. In the second half of 2001, the Center carried out a series of surveys, over the telephone and in person, to examine the community sharps disposal policies and practices of a variety of hospitals and nursing homes in each of the five boroughs of New York City. Nineteen facilities were selected using the Community Needs Index and other data to help identify sites located in neighborhoods with high rates of drug use and HIV/AIDS. The facilities surveyed included (1) designated AIDS centers or voluntary hospitals, (2) Health and Hospital Corporation hospitals and facilities, (3) Catholic Medical Center hospitals, and (4) nursing homes, including those for people with HIV/AIDS.

## THE SURVEYS

In total, the Center carried out four surveys. These included:

**(1) an on-site “user” visit**, in which surveyors carrying syringes (in different amounts and various containers) visited the nineteen selected facilities and sought to dispose of their syringes.

The aim of the on-site surveys was to get a sense of what a first-time visitor might experience. Among the issues examined were the ease or difficulty of reaching a facility’s disposal site from the main entrance, the positions of any staff that visitors encountered, facility staff’s awareness of disposal policies, how facility staff treated service users, the length of the disposal visit, and what efforts the facility had undertaken to inform the community about the services it offered.

**(2) a “user” (John Doe) phone survey** of the nineteen selected facilities, in which surveyors called facilities as potential users of disposal services.

The State Department of Health’s Directory of ESAP Providers & Community Sharps Disposal Sites (first published in September 2001) lists a contact number for obtaining information about each facility’s syringe disposal program. Posing as members of the public wishing to bring in syringes for disposal, surveyors called the listed number and asked the facility staff answering their call where to bring syringes, when disposal services were offered, whether and what kind of syringe containers were required by the facility, and whether the facility had a limit on the number of syringes users could bring in.

**(3) a “Coalition” phone survey**, in which survey staff (again using the ESAP Directory’s listed contact number for obtaining information about each facility’s community sharps disposal program) called the nineteen selected facilities on behalf of the “New York State Coalition for Safe Disposal.”

The reason for conducting the “New York State Coalition for Safe Disposal” survey was to allow surveyors to interview facility staff about the facilities’ official community sharps disposal policies and procedures and their experiences with service users. Included in this survey were questions about the facility’s staff training procedures, best entry points for potential users of disposal services, which staff to address upon entry, the location and type of the disposal site, disposal staff, disposal hours, container requirements, syringe limits, phone staff, and the facility’s experience with the sharps disposal program, including the number of service users and whether the facility kept records of those who used disposal services.

**(4) an “AIDS Hotline” phone survey**, in which surveyors, presenting themselves as potential users of disposal sites, called the State Department of Health’s AIDS Hotline ((800) 541-AIDS), the number listed on the informational brochure that ESAP providers are mandated to present to anyone purchasing syringes without a prescription, and asked them about disposal policies at the facilities selected for the other surveys.

## **ISSUES IDENTIFIED**

### **1) Site Visits**

#### Facility Staff

- C *Types of staff encountered:* Included security guards, hospital police and NYC Police Department officers, as well as other non-medical and medical staff.
- C *Attitudes and treatment of service users:* Sometimes friendly and helpful, but often hostile, questioning and suspicious.
- C *Awareness of facility disposal policies and procedures:* The large majority of site visitors had to ask the same questions repeatedly because the staff they asked either did not know the answer to their questions or gave them the wrong information. Many of the successful disposal experiences seemed to be a result of visitors finding a staff member who was not aware of hospital policy or of the legal requirements but was willing to accept the syringes nonetheless.

#### Disposal Site

- C *Location:* Only one of the facilities visited had syringe disposal information posted. The rest required visitors to talk to staff who, as noted, could be unfriendly or uninformed or both. Several facilities placed their disposal areas in hard-to-find and hard-to-reach, out-of-the way areas. In one case, the facility placed disposal services deep in a basement area which could only be accessed with the assistance of staff members. Another facility placed the disposal area outside of the main facility site. Lastly, the actual location of services in some facilities was never discovered because staff agreed to accept syringes.
- C *Time taken; success or failure of disposal:* Because of issues of location and information-gathering, visits ranged in time from “30 seconds” to forty-five minutes, with five of the visits taking over half an hour. Visitors were unable to dispose of their syringes in five of the nineteen facilities surveyed.
- C *Community awareness efforts:* Only the visitor to Harlem Hospital was able to gather any evidence of efforts to inform the community of the facility’s disposal services. In most other locations, there were no postings and staff appeared to have no awareness of any efforts to inform the community at large.

### **2) “Coalition” and “User” Surveys**

#### Contact

- C *Facility contact numbers:* Most of the phone numbers provided by facilities to the Department of Health and listed in the DOH’s ESAP Directory of Community Sharps Disposal Sites as sources of disposal information led to either complicated telephone menus or uninformed and confused operators.

- C *Reaching staff:* Many facilities' staff members were very difficult to get hold of, even after getting hold of numbers. In several cases, "user" callers were eventually forced to leave messages after trying to reach staff for more than a week without success.

#### Facility Staff

- C *Information:* For many of the facilities, the information provided by hospital/nursing home staff in the "user" call differed in a significant way from the information provided to the "Coalition" caller or from the experiences of surveyors on their visits to the hospitals and nursing homes. Furthermore, during the "Coalition" survey, many facilities provided information which callers knew to be incorrect (such as in responses to questions about the amount that services are used or about previous calls received).
- C *Staff attitudes and treatment of callers:* Treatment of callers differed significantly, in many cases, between "user" and "Coalition" callers. Many "user" callers were treated with the same sort of confusion and suspicion reported by some surveyors during the site visits; and some were subjected to inappropriate questions (*e.g.*, were asked for their names or why they used syringes).
- C *Other:* Some "Coalition" callers reported feeling as if facility staff were describing best-case scenarios of what should happen when community members brought syringes for disposal. Others reported unsolicited comments about the importance of disposal and about some of the facility's or the staff member's own efforts. Although most seemed sincere, callers suggested that staff were exaggerating these efforts to satisfy the caller.

### 3) AIDS Hotline

#### AIDS Hotline staff knowledge

- C *ESAP Directory deficiencies:* Hotline staff appeared to rely exclusively on information contained in the State Department of Health's ESAP Directory. The information provided by facilities and published in the Directory was often inadequate or incomplete, *e.g.*, many facilities did not specify their exact disposal site location; others did not publish their disposal site's hours of operation, but said only "Call for Hours."
- C *Geography:* Hotline staff were often unaware of city geography (*e.g.*, that Richmond County = Staten Island).
- C *General disposal information:* Staff almost all provided correct but incomplete replies to questions about the types of containers that could be used for disposal, forcing callers to ask for alternatives or make suggestions of their own.

### 4) Other Problems

#### Issues raised by facility staff

- *Misuse of disposal bins:* A police officer at one facility reported that "kids" had used sharps bins for regular waste.

- *Reported lack of public demand or use:* Many respondents to the “Coalition” calls reported that there was very little demand for or use of their facility’s disposal services. The likelihood of this problem was reinforced by the responses and lack of knowledge of staff at many facilities.

#### Hours of operation

- *Limited/inconvenient hours:* Survey staff and others commented on the limited number of hours disposal services were offered at many facilities. Some facilities limit disposal to daytime hours, others to four hours a day, two days a week. One offered disposal three hours one day a week, and another offered only two hours per week for disposal.

## **RECOMMENDATIONS**

### **1) Disposal Policies and Procedures**

- Bin Location: Place syringe disposal bins in easily accessible and well sign-posted areas. The State Department of Health has already recommended that facilities post the location of (and other details about) their disposal areas in the DOH’s recently published “Guidelines for Health Care Facilities” on ESAP-related issues. The DOH should take further action to put these recommendations in place in all hospitals and nursing homes required by law to offer disposal services. Among other advantages, this would significantly reduce the need for any facility staff involvement. (To prevent misuse, these disposal bins could be placed outside main facility thoroughfares.)
- Staff Training: Provide all existing and new hospital/nursing home staff with training on how to deal with community members seeking disposal services, either through short information leaflets or as a brief addition to already-mandated yearly training sessions. Furthermore, with easier access and better signs, facility staff would usually only have to deal very occasionally with disposal-related issues.
- Hours: If disposal bins were placed either in unsupervised, easily accessible areas or in easily accessible areas already supervised by staff carrying out other duties, there would be little or no need to limit disposal hours.

### **2) Public Information Campaigns**

- Flyers: Inexpensive flyers, containing all the key information about the facility’s disposal policies and procedures (including location, hours, container requirements) should be printed by facilities and distributed in areas where they are likely to be seen by those requiring services. The State Department of Health could further this process by printing a model flyer with the sorts of information facilities might want to include. In addition, the DOH could encourage or require the production of these flyers by all the facilities mandated to provide disposal services.

- Other: Facilities could print media releases and place disposal information in targeted local publications, such as free newspapers to encourage disposal and inform the community.

### 3) **AIDS Hotline**

- Staff Training: AIDS Hotline staff should receive training/leaflets containing the information to be provided (e.g., container requirements) in response to syringe disposal inquiries. In addition/alternatively, supervisors could provide staff with model answers to possible questions.
- Hospital/Nursing Home Information: All facilities should be required to provide the State Department of Health and the AIDS Hotline with accurate, up-to-date information, including location and hours of disposal services, an up-to-date number for direct access to informed staff, and also, preferably, best ways of accessing disposal areas within the facility.

### 4) **Other Options for Improving Access to Disposal Site Information**

- Short-format Local Directories: The State Department of Health could print facility disposal information found in the ESAP Directory in a shorter, more user-friendly format, for example, on a county-by-county (or more narrowly targeted) basis. This information could be included with the safety inserts/informational brochures that registered ESAP providers are already mandated to give to non-prescription syringe purchasers, and/or could be made available to local HIV and other service providers, who could in turn copy and distribute the local directories or disseminate the information they contain about nearby syringe disposal sites to potential service users.
- Internet Access/DOH Website: The State Department of Health currently posts information about registered ESAP providers on the DOH's website. The DOH should also consider posting (and updating as needed) information about available Community Sharps Disposal Sites in all hospitals and nursing homes that are required to have such programs under Public Health Law § 1389-dd(4), as well as information about disposal services offered by others, including ESAP providers that choose to accept syringes for disposal and syringe exchange programs.