

NEO System Guide

Neo 360 is the online system IEP sites in Scotland use for capturing data about IEP (Injecting equipment Provision) transactions. Accessing an NX is anonymous and confidential.

1. Home Page

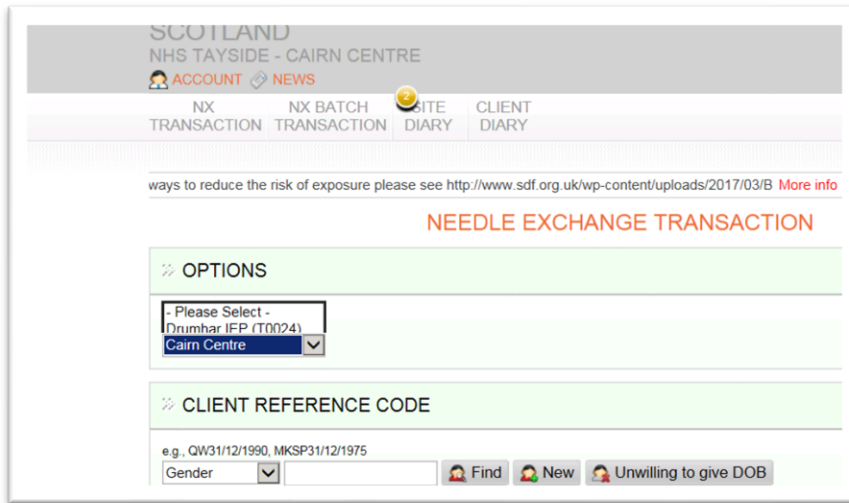
After logging in you will see the home page. Click on NX transaction to input a transaction (circled in red).



The screenshot shows the Neo 360 home page for NHS Tayside - Cairn Centre. The page header includes the Neo 360 logo, the text "SCOTLAND NHS TAYSIDE - CAIRN CENTRE", and "LIVE SYSTEM Version 9.1 Logged on as sessional (Not you?)". A navigation menu contains "NX TRANSACTION" (circled in red), "NX BATCH TRANSACTION", "SITE DIARY", and "CLIENT DIARY". A red "Botulism Alert" banner is visible. The main content area is titled "HOME PAGE" and includes sections for "WELCOME STAFF SESSIONAL" (with creation and last visited dates), "NHS TAYSIDE NEWS" (with a table of news items), "SUPPORT INFORMATION" (with contact instructions), and "1ST SUPPORT CONTACT" (with contact details for Pauline Cunningham). The footer contains copyright information and links to "Privacy Policy" and "GDPR".

Start Date	Headline
11 Apr 2019	Botulism Alert

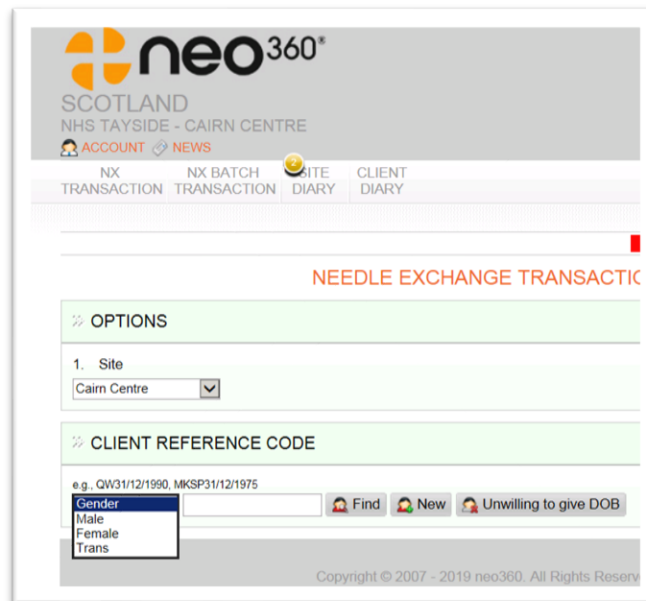
Full Name:	Pauline Cunningham
Email:	pauline.cunningham@nhs.net
Office:	01382 204248



2. Select an IEP Site

Ensure the correct IEP site is selected in 'Options', for example, when in the advanced IEP service in Dundee, we would choose 'Harm Reduction Service', but this would change depending on which service you are from.

3. Select gender of the individual.

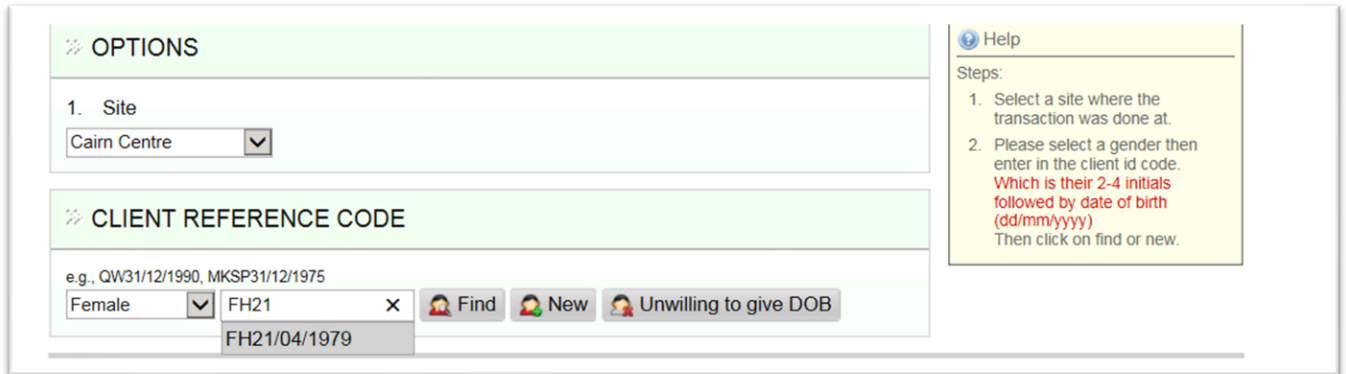


4. Enter Client Reference Code.

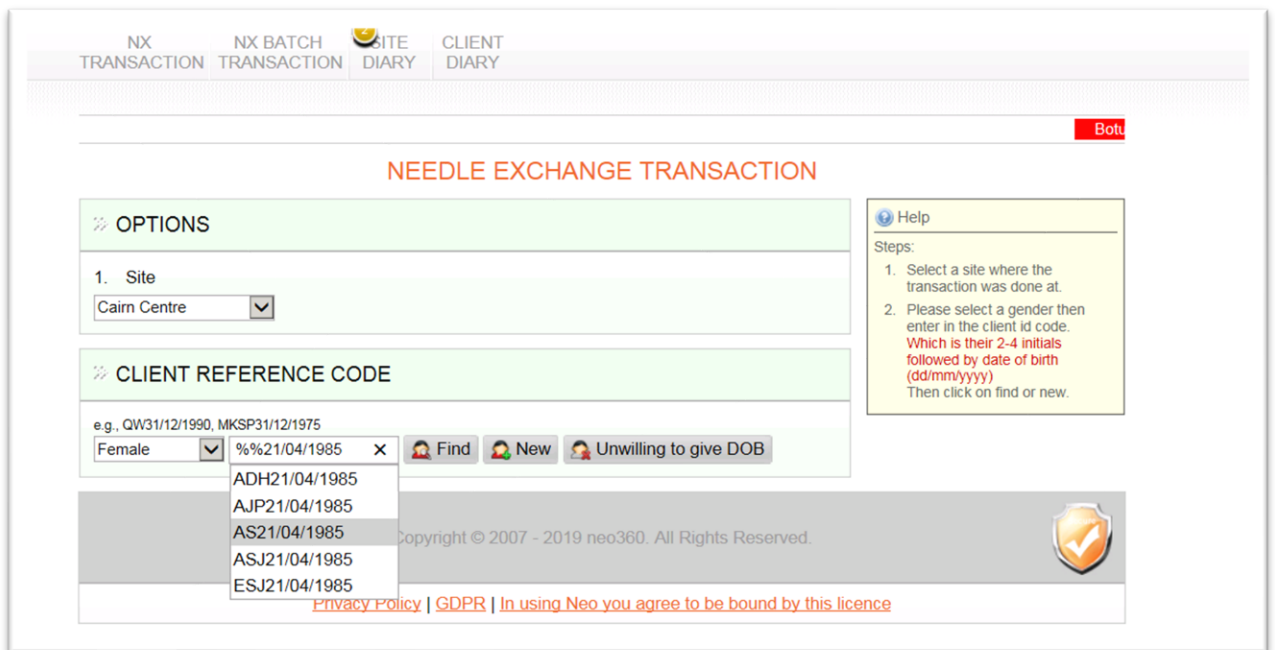
We ask service users to use an ID code so they can remain anonymous. We use ID codes to find out how many people use services, how many times a week people use them, whether people take enough needles, whether people dispose of needles etc. It is important people use the same ID code so our records are accurate. An ID code consists of initials (2 or 3) and date of birth. Typing the first few letters and numbers should bring up a drop down list of relevant codes to click on.

The client ID is usually the first initial of their forename and surname, and sometimes also the 4th initial of their surname (eg. 'Fiona Holt' may use the initials FH or FHT),

however individuals can use any initials and date of birth, as long as they keep this consistent every time they collect IEP. The DOB must also be formatted as (dd/mm/yyyy) in order for the system to show relevant client IDs.



If you cannot find an individuals ID code, using “%%” before the DOB will bring up some of the initials associated with the DOB. However it only displays a small list (not all) so is not perfect. It is important to always use ‘**Direct Entry**’ which means to key in the ID code while the individual is with you prior to handing out any equipment.



After clicking on ‘Find’, the Client Details/Transaction page should show up. If the individual is new to the service, click ‘New’ and complete Client Details page (see below).

Some individuals prefer to stay completely anonymous and not give any reference code. In this instance, click on 'Unwilling to give DOB' - you will still need to select the gender.

We can reassure individuals that their data is anonymised and is not shared with services such as DDARS, GP or social work.

5. Client Details Page

This page will display when **registering a new client**.

It also will display every so often when an individual accesses the service and will **require updating with the individual before they can be provided with any equipment**.

The yellow stars highlight all the required fields to be completed in order to progress to the next page.

'Structured treatment' (yes or no) refers to whether the individual is receiving Medication Assisted Treatment (MAT) such as methadone/buprenorphine/buvodal injection.

When asking people if they are on medication assisted treatment, it is important to reassure individuals that this data is anonymous and will not be shared with other services. Individuals may be reluctant to pass over any details in case it impacts on their MAT or the treatment they receive- therefore it is important to reassure that this is not the case. We can give harm reduction advice around the risks of using on top of MAT however as a confidential service we would never share this information with drug workers or other services etc.

CLIENT DETAILS

FH21/04/1979 (F), AGE: 40

🔍 DETAILS

★ Registered On: Thursday, 07 June 2018 10:52

★ Gender:

★ Initials:

★ Date of Birth: (DD/MM/YYYY)

★ Referral Date: (DD/MM/YYYY)

First Injected On: (MM/YYYY)

★ Structured Treatment:

🔍 DEMOGRAPHICS

★ Ethnicity:

★ Housing Status:

★ Postal District: ⓘ

🔍 SUBSTANCES CURRENTLY INJECTING

Just type in the first few letters of the postal district to bring the list up

Substance	Route	Frequency
<input type="text" value="- Please Select -"/>	<input type="text" value="- Please Select -"/>	<input type="text" value="- Please Select -"/>

6. Demographics

Select Ethnicity and Housing Status from the lists and enter the first half of their post code only. We do not take full postcodes as this can identify an individual. Use of postcode data helps us see prevalence of drug use in certain areas and also helps us target certain areas that have higher transaction rates. It is important to highlight this to individuals, as they can sometimes be reluctant to provide this information.

★ Registered On: Thursday, 07 June 2018 10:52
 ★ Gender: Female
 ★ Initials: FH
 ★ Date of Birth: 21/04/1979 (DD/MM/YYYY)
 ★ Referral Date: 07/06/2018 (DD/MM/YYYY)
 First Injected On: / / (MM/YYYY)
 ★ Structured Treatment: - Please Select -

❖ DEMOGRAPHICS

★ Ethnicity: - Please Select -
 ★ Housing Status:
 ★ Postal District:

❖ SUBSTANCES CURRENTLY USED

Substance: - Please Select -
 + Add Substance

❖ ANATOMICAL INJECTION

Location	Date Assigned

❖ DEMOGRAPHICS

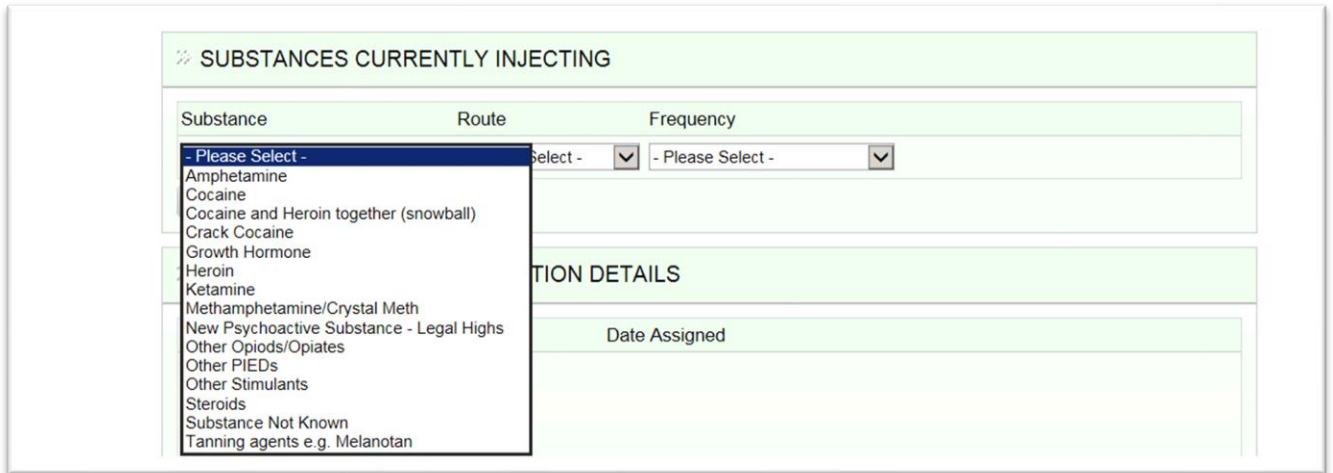
★ Ethnicity: - Please Select -
 ★ Housing Status: - Please Select -
 ★ Postal District: Homeless - Temporary/Unstable Accommodation
 Owner/Rented
 Roofless - Sleeping Rough

❖ DEMOGRAPHICS

★ Ethnicity: - Please Select -
 ★ Housing Status: - Please Select -
 ★ Postal District: DD1

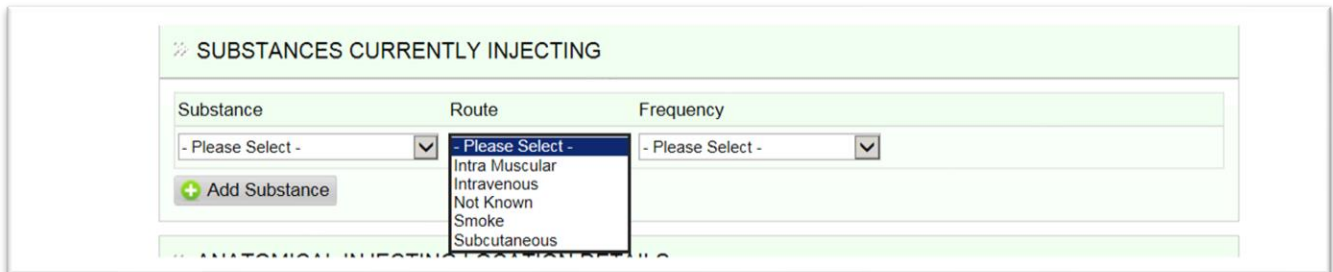
7. Substances Currently Using

Selecting the substance used is a good opportunity to ask the individual what they are using which is required for adequate harm reduction advice. If adding more than one substance, click 'Add Substance' to add additional substances. Any substances injected or smoked can be added in this section.



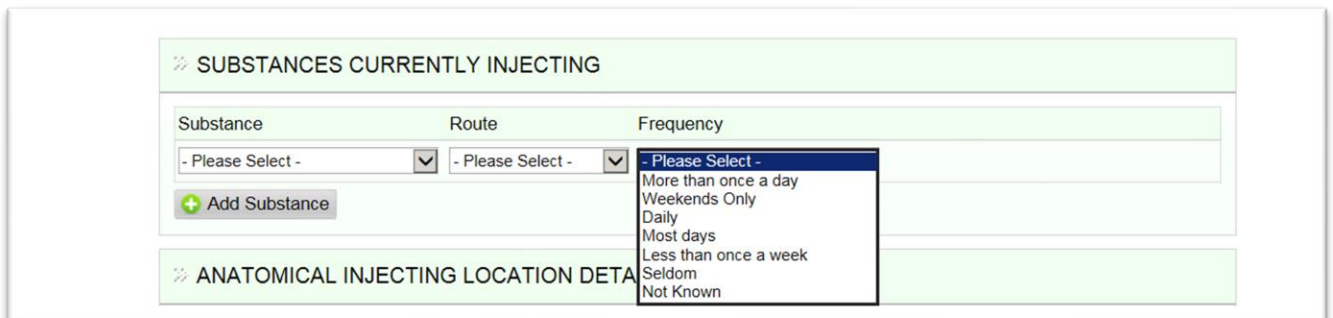
The screenshot shows a form titled "SUBSTANCES CURRENTLY INJECTING". It contains a table with three columns: "Substance", "Route", and "Frequency". The "Substance" dropdown menu is open, showing a list of options including Amphetamine, Cocaine, Crack Cocaine, Heroin, Ketamine, and others. The "Route" and "Frequency" dropdowns are currently set to "- Please Select -".

The 'route' should also be selected (i.e. how they take their substance).



The screenshot shows the same form, but now the "Route" dropdown menu is open, displaying options such as "Intra Muscular", "Intravenous", "Not Known", "Smoke", and "Subcutaneous". The "Substance" and "Frequency" dropdowns remain at "- Please Select -".

The 'frequency' can also be added. 'Not known' can be selected if the individual is unsure.



The screenshot shows the form with the "Frequency" dropdown menu open, listing options like "More than once a day", "Weekends Only", "Daily", "Most days", "Less than once a week", "Seldom", and "Not Known". The "Substance" and "Route" dropdowns are still at "- Please Select -".

8. Anatomical Injecting Location Details

This section is very useful for starting conversations about correct needle size, safer injecting and alternatives to injecting. For example if someone is injecting into risky sites such as the neck or groin, a discussion can be had around other methods such as offering foil for smoking and UYB (up yer bum).

If someone is smoking only, 'other' can be selected. Notes can be detailed such as 'currently not injecting – smoking only'. If someone is collecting on behalf of another individual and is not sure where their injecting site is, we can select 'other' and detail in the notes box.

(IV) next to an anatomical location = Intravenous

(IM) next to an anatomical location= Intramuscular (most common in those using IPEDs)

⌘ SUBSTANCES CURRENTLY INJECTING

Substance	Route	Frequency
- Please Select -	- Please Select -	- Please Select -

+ Add Substance

⌘ ANATOMICAL INJECTING LOCATION DETAILS

Location	Date Assigned
<input type="checkbox"/> Arms (IV)	
<input type="checkbox"/> Feet (IV)	
<input type="checkbox"/> Glute (IM)	
<input type="checkbox"/> Groin (IV)	
<input type="checkbox"/> Hands (IV)	
<input type="checkbox"/> Legs (IV)	
<input type="checkbox"/> Neck (IV)	
<input type="checkbox"/> Other	
<input type="checkbox"/> Shoulder (IM)	
<input type="checkbox"/> Stomach (subcut)	
<input type="checkbox"/> Thigh (IM)	

⌘ NOTES

USED 0 OF 5000 CHARACTERS

9. Blood borne virus (BBV) monitoring

This section can be used to ask if someone has had a Hep B vaccination – (if not, it can be offered if available in your service or signpost to GP). We can also ask at this stage if the individual knows their BBV status. If they don't, we can ask **when they last had a blood test**. This can lead to providing brief interventions around getting tested. This can include carrying out a Dry Blood Spot Test (DBST) on site at your service or referring to the specialist Blood Borne Virus Nursing team. It is important to note that this may be the only time an individual ever accesses your service, so onsite testing is highly recommended to get the most out of a single visit.

USED 0 OF 5000 CHARACTERS

⇒ BLOOD BORNE VIRUSES MONITORING

	Vaccinations	Status	Last BBV Test
HEP A:	- Please Select -	- Please Select -	- Please Select -
HEP B:	- Please Select -	- Please Select -	- Please Select -
HEP C:	<i>Not Applicable</i>	- Please Select -	- Please Select -
HIV:	<i>Not Applicable</i>	- Please Select -	- Please Select -

⇒ PARAPHERNALIA

	Option	Selected
★ Paraphernalia Sharing:	- Please Select -	
★ Needle Sharing:	<div style="border: 1px solid #ccc; padding: 2px;"> Frequent Never Occasionally </div>	
★ Needle Reuse:	- Please Select -	

10. Paraphernalia

This section asks the individual about their history of sharing or reusing equipment. Paraphernalia consists of pots (spoons), filters, water, syringes etc. Some do not realise BBVs can be transmitted through sharing of pots, water etc. therefore asking individuals about sharing needles or paraphernalia opens up conversations around whether someone has put themselves at risk or not.

Some individuals may re-use their own needles. This carries many risks as the needle blunts as soon as it is used once. If someone has a 'missed hit' i.e. misses the vein and has to go back in, they should replace the needle head. The needle will also be more prone to spreading infections if it is used again. A blunt needle will be more difficult to get into a vein, will cause vein damage and may cause someone to go into a larger more risky vein such as the groin. Individuals should be encouraged to take extra needle heads for this purpose.



11. Geographical Injecting Location Details

This section asks the individual **in the last 6 months what locations did they inject?** It is useful to read the options out to people. More than one location can be selected. This data is useful as it can show links between people who live in hostels and outdoor injecting for e.g. This type of data is important to capture as it can lead to the provision of better and more adequate services.

⌘ GEOGRAPHICAL INJECTING LOCATION DETAILS

In the last 6 months, in what locations did you inject?

Location	Date Assigned
<input type="checkbox"/> Car Park	
<input checked="" type="checkbox"/> Friends Home	
<input checked="" type="checkbox"/> Outdoors (park, street, etc)	
<input checked="" type="checkbox"/> Own Home	
<input type="checkbox"/> Prison	
<input type="checkbox"/> Public Toilet	
<input type="checkbox"/> Safe Consumption Facility	
<input type="checkbox"/> Shelter/Hostel	
<input type="checkbox"/> Squat / Abandoned House	
<input type="checkbox"/> Stairwell / Close	

⌘ CONSENTS

The sharing of anonymous information with participating services and agencies

The sharing of anonymous statistical reports with participating services and agencies

The sharing of anonymous quality assurance reports with participating services and agencies

⌘ OPTIONS

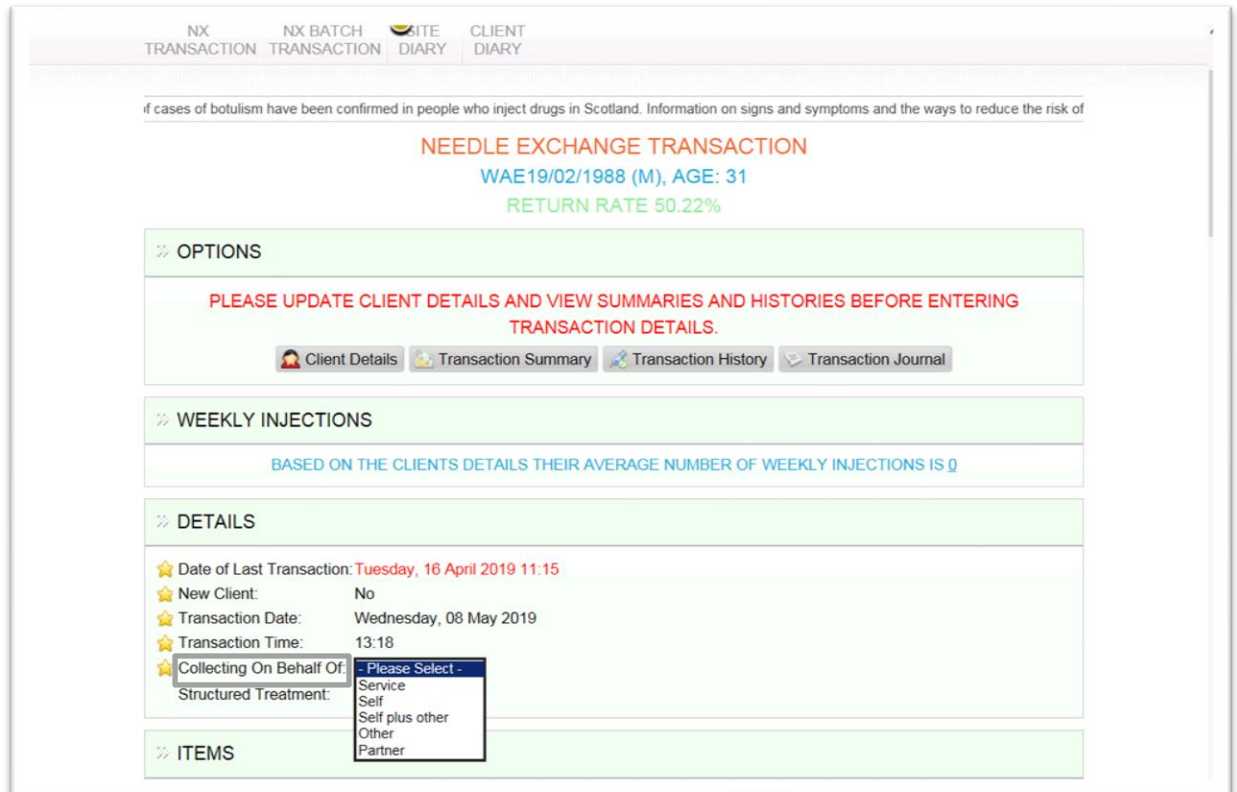
12. Consents

It is important to ask the individual if they consent to the use of this anonymous data (see above). If this is ok, click all three boxes and then click 'Update'.

13. Needle Exchange Transaction

This page is where we record the equipment issued and any other data.

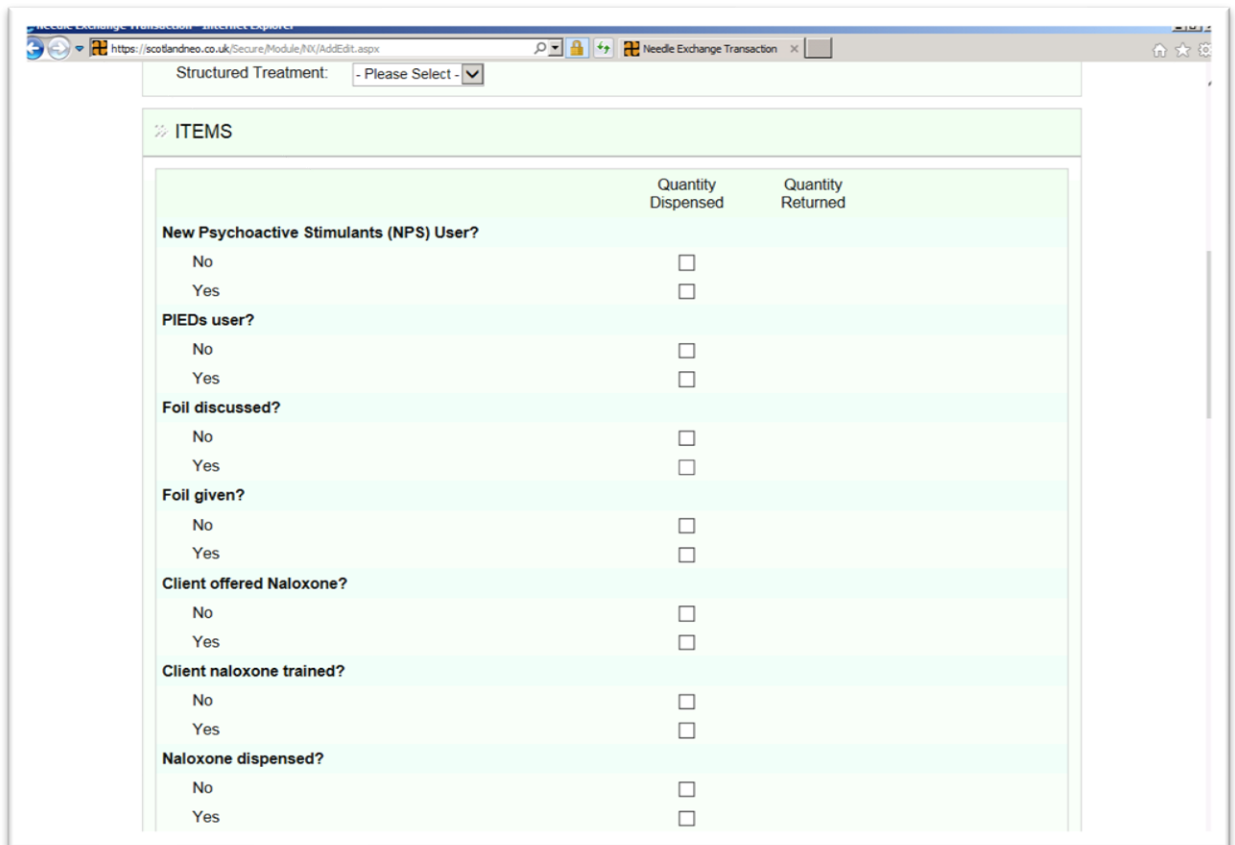
A required detail is 'Collecting On Behalf Of' so we ask individuals who they are collecting for each time they visit.



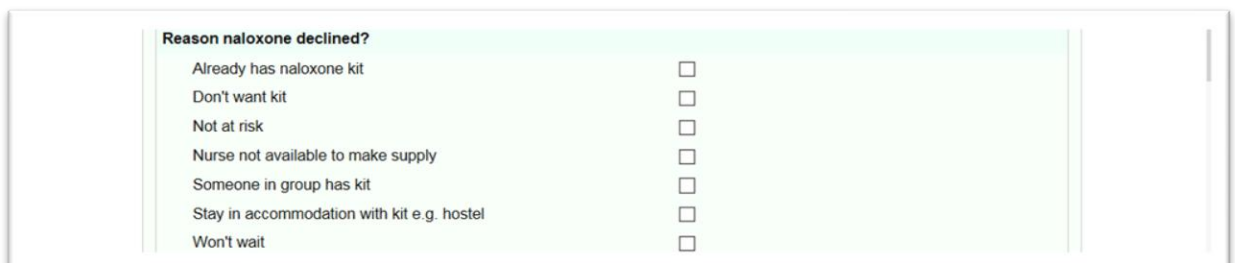
The screenshot shows a web application interface for recording a needle exchange transaction. At the top, there are navigation tabs: 'NX TRANSACTION', 'NX BATCH TRANSACTION', 'SITE DIARY', and 'CLIENT DIARY'. Below the tabs, a warning message states: 'if cases of botulism have been confirmed in people who inject drugs in Scotland. Information on signs and symptoms and the ways to reduce the risk of'. The main heading is 'NEEDLE EXCHANGE TRANSACTION' in orange, followed by client information: 'WAE19/02/1988 (M), AGE: 31' and 'RETURN RATE 50.22%'. There are four expandable sections: 'OPTIONS', 'WEEKLY INJECTIONS', 'DETAILS', and 'ITEMS'. The 'OPTIONS' section contains a red warning: 'PLEASE UPDATE CLIENT DETAILS AND VIEW SUMMARIES AND HISTORIES BEFORE ENTERING TRANSACTION DETAILS.' and four buttons: 'Client Details', 'Transaction Summary', 'Transaction History', and 'Transaction Journal'. The 'WEEKLY INJECTIONS' section shows 'BASED ON THE CLIENTS DETAILS THEIR AVERAGE NUMBER OF WEEKLY INJECTIONS IS 0'. The 'DETAILS' section lists transaction information: 'Date of Last Transaction: Tuesday, 16 April 2019 11:15', 'New Client: No', 'Transaction Date: Wednesday, 08 May 2019', and 'Transaction Time: 13:18'. A dropdown menu for 'Collecting On Behalf Of' is open, showing options: 'Please Select -', 'Service', 'Self', 'Self plus other', 'Other', and 'Partner'. The 'ITEMS' section is currently empty.

14. Items

If the individual is collecting equipment for heroin use (they will take citric, pots, swabs and water) we will always offer them smoking foil as an alternative to injecting opiates. We will also offer everyone Naloxone (other than those collecting for PIEDs).



	Quantity Dispensed	Quantity Returned
New Psychoactive Stimulants (NPS) User?		
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	
PIEDs user?		
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	
Foil discussed?		
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	
Foil given?		
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	
Client offered Naloxone?		
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	
Client naloxone trained?		
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	
Naloxone dispensed?		
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	



Reason naloxone declined?	
Already has naloxone kit	<input type="checkbox"/>
Don't want kit	<input type="checkbox"/>
Not at risk	<input type="checkbox"/>
Nurse not available to make supply	<input type="checkbox"/>
Someone in group has kit	<input type="checkbox"/>
Stay in accommodation with kit e.g. hostel	<input type="checkbox"/>
Won't wait	<input type="checkbox"/>

We detail whether someone is trained in how to administer Naloxone and whether it is dispensed or not. If Naloxone is declined we can detail the reason why using the

checklist. However we encourage everyone to take a kit, regardless of whether someone in the group has a kit or if the hostel they stay in has a kit.

15. Foil

There are options to detail the units of foil distributed. There are 3 types of foil – 20 or 5 pack of sheets or a 5m roll. The 5m roll and 20 pack are approx. equivalent in amount, so it is just preference whether individuals want set sized sheets or want to choose their own size from the roll. The 5 pack sheets are most often used as tooters, and individuals are more likely to accept the offer of these when this is explained. **All individuals should be offered foil as a harm reduction method for reducing the amount of injecting the individual does.** There is also a reduction in overdose risk by using foil so it is very important we encourage all individuals to take foil.

Foil	
Foil 20 pack	<input type="text"/>
Foil 5 pack	<input type="text"/>
Foil 5m roll	<input type="text"/>

16. Items continued – Packs

‘Packs’ consist of pre-packed combinations of equipment. It is important to know what sizes of needles and syringes the packs contain so you can give the correct advice. For example 2ml syringes are not the best for heroin use as there is a greater risk of overdose. So offering a 1ml pack for heroin use would be correct harm reduction advice.

Packs	
One Hit Kits Pack of 5	<input type="text"/>
Red Pack 20	<input type="text"/>
Yellow Pack 5	<input type="text"/>
Blue Pack 20	<input type="text"/>
Green Pack 5	<input type="text"/>
Sportspack 1 20	<input type="text"/>
Sportspack 2 20	<input type="text"/>
Single One Hit Kit	<input type="text"/>
One Hit Kits 20	<input type="text"/>

17. Needle returns

Estimated Needle Returns	<input type="text"/>
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Entering needle return numbers allows us to calculate our return rate and evidences how many people are using our sharps bins and returning them to us.

We provide large and small sharps bins for personal use. Large sharps bins can contain approx. twenty 2ml needles and syringes and approx. thirty 1ml fixed needles or more if the syringes are removed. Individuals should be offered a sharps bin **every time they collect injecting equipment.**

18. Items Continued – Paraphernalia

To promote good hygiene individuals are encouraged to take extra swabs.

The only item we would strongly discourage taking extra of is citric acid/vit c as excessive use can burn veins. Only one sachet should be used per ‘charge’ and even then, a full sachet is not needed. The reason there is too much in a sachet is due to spillages when the sachet is torn open. Individuals should be advised to add a sprinkle at a time until the liquid goes clear.

If an individual takes 10 needles, they should be given 10 citric acid, 10 spoons, 10 swabs and 10 waters.

Swabs are to be used prior to injecting and should not be used on the injection site after injecting as this can slow the process of healing. A clean tissue can be used afterwards instead to clean any blood etc.

Paraphernalia	
Citric Acid	<input type="text"/>
Spoons	<input type="text"/>
Filters	<input type="text"/>
Condoms	<input type="text"/>
Clinell Swabs	<input type="text"/>
Alcohol Swabs	<input type="text"/>
Steri Cups	<input type="text"/>
Vit C	<input type="text"/>
Water	<input type="text"/>

19. Items continued – Sharps Bins

Sharps Bins	
0.2l	<input type="text"/>
0.3l	<input type="text"/>
0.45l	<input type="text"/>
0.6l	<input type="text"/>

You will have access to 3 types of sharps bins – single use, small (0.2l) and large (0.6l). Individuals should always be offered a sharps bin and if collecting lots of needles, several bins should be provided. The following can be used as a rough guide –

Large 0.6l can hold (approx.) -

30 1ml fixed needles & syringe

20 2ml syringes and needles

25 1ml syringes and needles

Small 0.2l can hold approx. half these amounts.

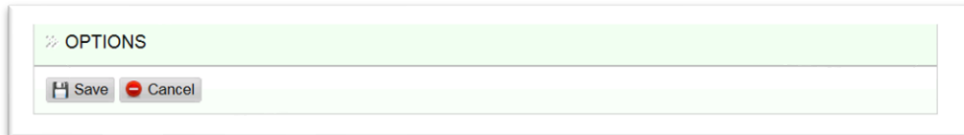
20. Notes

The notes section is where we record notes of concern i.e. ‘requires blood test but could not wait’. We DO NOT detail any personally identifying information or anything not related to harm reduction.



21. Saving transaction

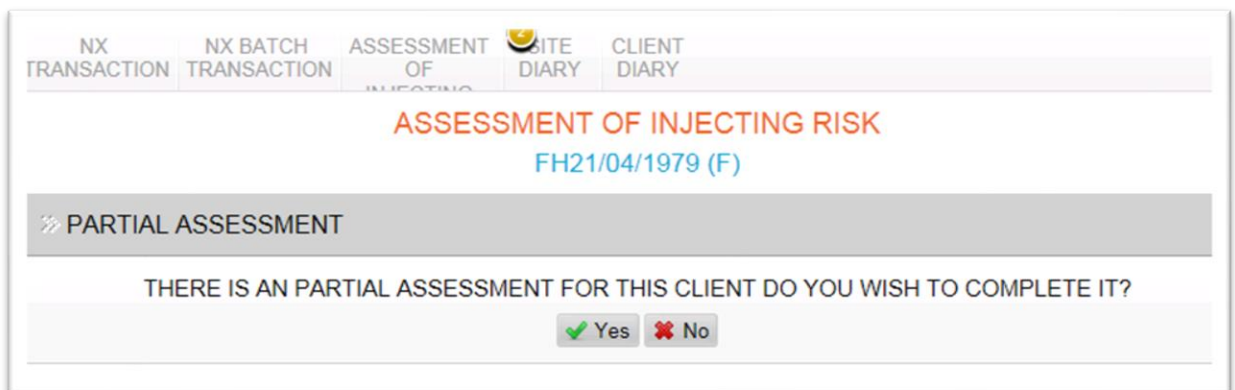
Once everything has been entered click SAVE to submit the data.



AIR Tool

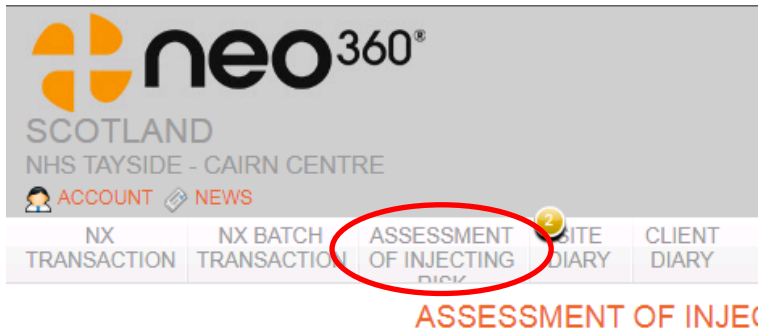
After completing a transaction with the individual you will be asked if you wish to complete an **Assessment of Injecting Risk** (AIR Tool). This assessment is sensitive and confidential so an adequate private space should be considered prior to starting the assessment. The assessment can take from 15 – 45 minutes to complete depending on the length of discussion time. However it can be saved as you progress through the assessment so does not have to be completed in one go.

Air Tools are for those who have injected within the last 6 months. Those injecting regularly are likely to benefit most from this assessment.



Above is an example of an assessment that has been started and is partially complete.

Air Tools can also be completed separately from a transaction by selecting the 'Assessment of Injecting Risk' box in the top row. This would ask for the client's details (initials and DOB) the same as if it was an IEP transaction.



The beginning of the Air Tool tells you when the individual last completed one (if ever). Within the enhanced IEP service, we aim to carry this out every 6 monthly, so having the date of last completion helps to know when an individual would benefit from another Air Tool. If there is no date appearing on the file, it is likely they have never completed an Air Tool.

Information: The information box gives some brief harm reduction advice that can be discussed when completing the Air Tool. These information boxes are above questions throughout the assessment to aide conversations.

ASSESSMENT OF INJECTING RISK
 FH21/04/1979 (F), AGE 43
 LAST ASSESSMENT COMPLETED ON 01 SEPTEMBER 2022

INFORMATION

This NEO module is designed to assist experienced IEP staff conduct an assessment of injecting risk. This assessment should be used in an interactive way to promote discussion and engagement. It has been designed to improve our response when providing a service to those injecting street drugs. It will have limited use with those injecting IPEDs.

Guidance for staff

- Promote less risky injecting sites if possible.
- Promote route transition, such as smoking, if possible.
- Provide Naloxone and overdose awareness if appropriate
- Offer condoms, if drugs are used for sexual enhancement.

Red = high risk of overdose

Q1. The first question asks the Individual what substances they have used in the last 6 months and route of administration for all that apply. It is important to reiterate at this stage the anonymity and confidentiality of the Air Tool to get the truth about

their drug use. Appropriate harm reduction advice can be given depending on the options selected.

➤ SUBSTANCE OVERVIEW

★ 1. Which of the following drugs have you taken over the past 6 months, and how did you take these drugs?

	Injected	Smoked	Swallowed	Other
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (Street)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (Prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine / Suboxone (Street)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine / Suboxone (Prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (Street)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (Prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregabalin (Prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregabalin (Street)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gabapentin (Prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gabapentin (Street)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine Powder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine Freebase / Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine and Heroin (Snowball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (Cannabis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2-7. Asks about Naloxone and overdoses in the last 6 months.

- If someone discloses an overdose at this stage, you can try and find out more about the situation and if they are in touch with other services who can help them.
- If they have used Naloxone on someone else, you can find out more about this eg. Did they call an ambulance etc. (if not, emphasise the importance of doing this..even if the person responds well to Naloxone)
- If they disclose not having a naloxone kit on their person, try and encourage them to take one away after the Air Tool has been completed.

ASSESSMENT OF INJECTING RISK
FH21/04/1979 (F), AGE 43
LAST ASSESSMENT COMPLETED ON 01 SEPTEMBER 2022

NAVIGATION

Substance Overview

NALOXONE

2. Have you been supplied with take-home Naloxone in the past year?
 Yes
 No

3. Are you carrying any take-home Naloxone today?
 Yes
 No

4. Have you overdosed in the last 12 months?
 Yes
 No

5. Have you had Naloxone used on yourself in the last 12 months?
 Yes
 No

6. Have you used Naloxone on another person in the past 12 months?
 Yes
 No

7. Do you have Naloxone where you inject?
 Yes
 No

OPTIONS

Q8-10. Frequency of injecting. These questions look to assess whether the appropriate injecting equipment is being used for each site. The sites are colour coded for staff reference to indicate the low, medium and high risk sites. The corresponding sites all have to be listed as in either 'good' or 'poor' condition to move to the next page.

If someone is using in high risk sites due to lack of veins, you can signpost to South Ward Road where we have the Acuvein to help identify potential safer sites.

If the individual states they have 'poor' site conditions, you can signpost to the harm reduction nurses at the South Ward Road or to A&E if it needs seen urgently.

FREQUENCY OF INJECTING

★ 8. Over the past 6 months which of the following sites have you used for injecting?

	IV	IM	Subcutaneous
Arms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What size of needle have you mainly used?	<input type="text"/>		
Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What size of needle have you mainly used?	<div style="border: 1px solid black; padding: 2px;"> Fixed 1ml Needle & Syringe 30g 1/2" Yellow 27g 1/2" Grey 27g 3/4" Grey 26g 1/2" Brown 25g 5/8" Short Orange 25g 1" Long Orange 23g 1" Short Blue 23g 1 1/4" Long Blue 22g 1 1/2" Black 21g 1 1/2" Green Other </div>		
Legs		<input type="checkbox"/>	<input type="checkbox"/>
Groin		<input type="checkbox"/>	<input type="checkbox"/>
What size of needle have you mainly used?			
Neck		<input type="checkbox"/>	<input type="checkbox"/>
Breasts		<input type="checkbox"/>	<input type="checkbox"/>
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

★ 9. How frequently do you inject drug?

More Than Once a Day
 Daily
 Most Days
 Less Than Once a Week

★ 10. Is the health of the injecting site good or poor?

Q11-12. If any complications disclosed, signpost to appropriate service if appropriate and encourage other routes of administration. Discourage flushing as it can lead to quicker vein damage/collapse.

★ 11. Over the past 6 months have you experienced any of the following complications which may relate to your injecting?

Abscesses
 Infections
 Cellulites
 Ulcer
 DVT
 Open Wounds
 Blocked or Collapsed Veins
 Missed Hits
 None
 Other (please specify):

★ 12. Do you ever flush the blood back and forth whilst the needle is still in the vein?

Never
 Occasionally
 Often

Q13. This question looks at the location of where individuals inject and allows reflection on safety and hygiene where they inject.

PREPARING DRUGS FOR INJECTION

★ 13. Please provide us with more details of your injecting locations. Ticking a box indicates 'YES' Leaving a box blank indicates 'No'

	Is the area clean?	Is there any facility for washing hands?	Is the area safe?	Is the area exposed to the elements?	Is the area well lit?	Is the area warm?	Do you inject with others?
<input checked="" type="checkbox"/> Own Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friends Home							
<input type="checkbox"/> Shelter / Hostel							
<input type="checkbox"/> Safe Consumption Facility							
<input type="checkbox"/> Prison							
<input type="checkbox"/> Public Toilet							
<input type="checkbox"/> Car Park							
<input type="checkbox"/> Stairwell / Close							
<input type="checkbox"/> Outdoors (Park, Alleyway, Street etc)							
<input type="checkbox"/> Squat / Abandoned House							
<input type="checkbox"/> Other							

Q14. Asks about raising vein techniques

PREPARING FOR INJECTION

★ 14. Do you ever use any of the following techniques for raising a vein?

- Tourniquet
- Warm Water
- Gentle Exercise
- Fist Clenching
- Swinging Arms (Windmill Motion)

Q15-18. The ‘Hand And Site Cleaning’ section also focuses on hygiene practices. If ‘occasionally’ or ‘often’ is selected a drop down section will appear asking more details about how they prepare their hands and site.

If the individual does not often wash hands, re-enforce the importance of good hygiene to prevent infections.

HAND AND SITE CLEANING

★ 15. Do you clean your hands prior to preparing your drugs for injection?

Never *(Go To Question 17)*

Occasionally

Often

★ 16. How do you clean them?

Warm water and soap

Alcohol type hand cleanser

Cold water and soap

Warm water no soap

Cold water no soap

Other (please specify):

★ 17. Do you clean your injecting site prior to injecting?

Never *(Click Save and Go To Question 19 on Next Page)*

Occasionally

Often

★ 18. How do you clean it?

Warm water and soap

Alcohol swab

Cold water and soap

Warm water no soap

Cold water no soap

Other (please specify):

Q19-20. For harm reduction on acidifiers we should encourage individuals to use only a small amount of the sachet and explain the risk of using more.

You should not attempt an Assessment of Injecting Risk if you have not had adequate training on how to conduct the assessment.

USE OF ACIDIFIER

★ 19. Do you use an acidifier to break down your drugs for injection?

Never *(Click Save and Go To Question 21 on Next Page)*

Occasionally

Often

★ 20. How much to you tend to use?

The whole contents of a single use sachet

2 or more single use sachets

Only a small amount of the sachet

Other (please specify):

Q21-23. These questions try and identify the water used when injecting. Anything other than water ampoules supplied with IEP or freshly boiled water in a kettle carries risk of infection. Good practice discussions can be had.

» USE OF WATER

★ 21. What source of water do you use to prepare your drugs for injection?

- Water for injection ampoules
- Water from a cooled kettle
- Cold tap water
- Warm or hot water from a tap
- Bottled water
- Water from a cup that others have access to
- Other (please specify):

★ 22. Do you use water to flush out your syringe after injecting?

- Never *(Click Save and Go To Question 24 on Next Page)*
- Occasionally
- Often

★ 23. What water do you use?

- Water for injection ampoules
- Water from a cooled kettle
- Cold tap water
- Warm or hot water from a tap
- Bottled water
- Water from a cup that others have access to
- Other (please specify):

Q24-33. Sharing/reusing equipment questions to identify if the individuals practice is putting them at risk of a BBV

NEEDLE REUSE, SHARING AND BATCH PREPARATION

- ★ 24. Do you ever share needles / syringes with anyone else?
- Never
 - Occasionally
 - Often
- ★ 25. Do you ever share spoons, water or filters with anyone else?
- Never
 - Occasionally
 - Often
- ★ 26. Do you ever reuse your own needle / syringe?
- Never
 - Occasionally
 - Often
- ★ 27. Do you ever reuse your own spoon, filter or water?
- Never
 - Occasionally
 - Often
- ★ 28. Do you ever prepare (for injecting) a larger amount of drugs to share with others?
- Yes
 - No (*Go To Question 31*)
- ★ 29. Are there occasions when this is made with your previously used syringes, spoons, filters or water?
- Yes
 - No
- ★ 30. Is this solution backfilled or frontloaded into other peoples syringes?
- Backfilled
 - Frontloaded
- ★ 31. Do you ever have your drugs for injection prepared by others?
- Yes
 - No (*Click Save and Go To Question 34 on Next Page*)
- ★ 32. Are there occasions when this is made with someone else's previously used spoons, filters or water?
- Yes
 - No
- ★ 33. Is this solution backfilled or frontloaded into your syringes?
- Backfilled
 - Frontloaded

Q34-37. Blood Borne Virus questions.

BBV TESTING

- ★ 34. Have you been tested for HIV in the last 6 months?
- Yes
 - No
- ★ 35. Are you aware of your current HIV status?
- Yes
 - No
- ★ 36. Have you been tested for HEP C in the last 6 months?
- Yes
 - No
- ★ 37. Are you aware of your current HEP C status?
- Yes
 - No

Notes. Once the Air Tool has been completed, it is advised to note down any actions taken eg. DBST carried out/Naloxone given/Signposted to use Acuvein/Polydrug use and overdose awareness discussions had with individual.

NOTES / ACTIONS

38. Please record any notes or actions regarding this client.

USED 0 OF 2000 CHARACTERS

To see previous completed AIR Tools from an individual, you can proceed as if you were away to start a new assessment for them, and click 'History' in the bottom right corner.

Direct Entry

The NEO system now requires all staff to use 'direct entry' which involves entering the individual's information whilst they are present, prior to them obtaining IEP equipment. This allows us more opportunity to provide brief interventions around harm reduction.

Main principles –

- Ensure correct and smallest possible needle sizes are issued
- Ask – how are your sites?
- Always offer an alternative to injecting (Foil, UYB)
- Always offer a sharps bin
- Always offer Naloxone
- If Naloxone is declined, ask – are you carrying a kit, is there naloxone where you will be using, are you using alone, is your kit in date, is it unopened etc.? Reinforce that Naloxone isn't just for use on them. They can also save someone else's life.

- Encourage Naloxone supply again, depending on the answers to the above questions!
- Enquire **when** the individual last had a blood test (opens up conversations around risks, testing and harm reduction)
- Ensure individuals are aware of other services (Drug treatment, STI testing, recovery groups etc.)
- Ensure privacy and confidentiality is respected
- Ensure a non-judgemental, compassionate attitude

For more information or advice about this document please contact FHolt@hillcrestfutures.org.uk