

Observed Preparation

Equipment (What do clients choose) :

Methodology (How do they put everything together) :

Observations (Our observations of their practice) :

Feedback and Discussion Points (Risk points and concerns to raise) :

Harm Reduction Assessment

The purpose of this form is to accurately record your drug using behaviour, then monitor any issues arising from and chart any changes in that behaviour.

Assessment No: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

<p>a) Drug use.</p> <p>Amount used daily : _____</p> <p><u>Frequency of Injecting</u></p> <p>Day: 1 2 3 4 5 6 7 Daily (score number)</p> <p>Week: 1 2 3 4 5 6 Weekly (score 2)</p> <p>Month: 1 2 3 4 Monthly (score 1)</p>	<p><u>Injected by</u></p> <p>1 – Self 3 – another +3 <i>if flushing</i></p> <p><u>Equipment Type</u></p> <p>1 – 1 ml Microfine (Surface Veins) 2 – 1‘ Orange or Blue Needle (Deep Vein) 2 – White (Surface Vein) 3 – Brown, Orange (Surface Vein) 5 – Other</p>
<p>b) Risk Behaviour.</p> <p><u>Filters</u></p> <p>-1 – SteriFilt 2 – Swan (or similar) 3 – Cotton wool or Cotton Bud 4 – None +5 <i>if re-used or shared</i></p> <p><u>Acidifiers</u></p> <p>-1 – Sterile Vit C. / Citric Acid 2 – Food grade citric acid 4 – De-scalers etc. 5 – Vinegar 5 +5 – Lemon Juice/Lemon</p> <p><u>Needles and Syringes</u></p> <p>-1 - Always use clean needles and syringes, 3 - Will use clean needles/syringes when available, 10– Regularly share needles and syringes</p> <p><u>Hygiene</u></p> <p><u>Space</u></p> <p>-2 - Bleach and clean own surface -1 - Use clean individual space for preparation (magazine etc.) 3 - Re-used personal space +5 <i>if communal space</i></p>	<p><u>Spoons</u></p> <p>-1 – Stericup 2 – Spoon 4 – Tin can or other +3 <i>if re-used</i> +5 <i>if shared</i></p> <p><u>Water</u></p> <p>-1 - Sterile (single use) 1 – Sterile (boiled for ten minutes) 2 – Tap water 3 – Bottled water and public tap water 5 – Other +5 <i>if re-used or +5 if shared since last bbv test.</i></p> <p><u>Oral</u></p> <p>3 - Lick Needle 3 - Lick Arm (injection site)</p> <p><u>Personal</u></p> <p>-3 - Wash hands before preparation/using -2 - Swab site (<i>check technique</i>)</p>

<p><u>Sharing</u></p> <ul style="list-style-type: none"> -1 – Never Share Needles or Syringes 4 – Shared in the last six months 5 – Regularly Share 10 – Always Share 	<p><u>Injecting Sites</u></p> <ul style="list-style-type: none"> 1 - Arms/Hands 3 – Legs/Feet 5 – Femoral Vein (Groin) 6 – Neck 10 – Arterial / Sub-Cutaneous
<p>c) Health.</p> <p>Weight = _____ kg Height = _____ cm</p> <p>Sleep (avg.) _____ hrs</p> <p><u>Weight and Diet –</u> <i>TO BE INCLUDED LATER</i></p> <p><u>Sleep –</u> +1 point for each hour under 6 hrs or over 10 hours average per week.</p> <p><u>Dental</u> Seen dentist in last 6 months? +1 point for every 6 months outside this +5 if 3 years or more since last appointment.</p>	<p><u>Blood Borne Viruses</u></p> <ul style="list-style-type: none"> -1 If tested -2 If tested and received the result -2 If vaccinated against Hep B. <p><u>Deep Vein Thrombosis (DVT)</u></p> <ul style="list-style-type: none"> -1 Had any medical contact -2 In regular medical contact -3 Changed site <p><u>Abscesses& Ulcers</u></p> <ul style="list-style-type: none"> -1 Had any medical contact -2 In Regular medical contact

Needs identified from assessment:

Drug use:

Risk behaviour:

Health: