

**STANDARDS FOR BLOOD BORNE
PATHOGENS PREVENTION
SERVICES IN NOVA SCOTIA**

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CDPC CONFERENCE MARCH 3, 2009

WEBLINK

[www.gov.ns.ca/hpp/publications/](http://www.gov.ns.ca/hpp/publications/bbp_integrated_standards.pdf)
bbp_integrated_standards.pdf

HISTORY

- BBP standards were released in 2004
- Developed by DOH and OHP
- Collaborative working group process
- Range of participants: CBO, HCP, DHA

WHY AM I TALKING ABOUT
THESE?

- HPP CONFIGURED INTO RESPONSIBILITY CENTRES 2007
- CDPC RC FORMED 2007
- CDPC COORDINATORS HIRED 2008
- PORTFOLIOS OF EACH COORDINATOR
- PRIMARY RESPONSIBILITY FOR THE BBP STANDARDS BECAME MINE

My Files

- **CDPC PROGRAM RESPONSIBILITIES**
- **Dee Mombourquette, CDPC COORDINATOR**

- STBBI
- Unwilling or Unable to Disclose Policy
- Non-occupational PEP
- TB/LTBI
- Contact (Direct and Indirect)
- Respiratory
- Prison Health
- Immigrant Health
- NS Strategy on HIV/AIDS
- **Standards for BBP Prevention**
- Youth Sexual Health framework
- CD Manual chapter revisions
- IPC Framework
- Immigration Strategy
- Childcare CD guidelines
- School aged and Youth Strategy
- Burial Guidelines
- Partners for Infection Control Manual

- **PARTNERS**

- EH, Personal Health Services
- PHAS ,CD Surveillance team (HPP)
- Provincial Infection Control Centre

- **COMMITTEES**

- PPHLN
- CDC Surveillance Working Group
- Community Services
- Co-chair,CD/ Surveillance Sub Committee
- Immunization Subcommittee
- CNCI(alternate)
- HPP rep on AIRN
- PPHLN
- Chair, PPHLN CD Working Group
- FPT AIDS + FPTSTBBI committee
- PCDPCC
- NS Advisory Commission on AIDS
- NSPBCP – Program Advisory Council (alternate)
- FPT TB committee
- CDPC Conference

- IN 2008, NSACA WORKED WITH A CONSULTANT TO LOOK AT WAYS TO IMPROVE HIV TESTING IN NS
- CONSULTANT RECOMMENDED IMPLEMENTATION OF THE 2004 BBP STANDARDS

WHY WERE THEY DEVELOPED?

- Growing concern with rates
- High human and system costs
- Often preventable
- BBP have much in common:
risk factors, behaviours, populations,
prevention methods

INTEGRATED APPROACH NEEDED

BEGINNING STEPS

- Coordinating committee
- Consultations
- Action plan
- Standards
- Population health framework
- Harm reduction philosophy
- Promotion of wellness

FOUR MAIN AREAS OF FOCUS

- Health education and social marketing
- Methadone maintenance treatment
- Needle exchange services
- BBP counselling, testing and referral services

WORKING GROUP MEMBERS REPRESENTATIVES FROM:

- Addiction Services (DHA and provincial)
- Public Health Services (DHA)
- NSACA
- ACNS
- ACCB
- MMT
- Needle Exchanges
- Hepatitis Outreach Society
- Healing Our Nations
- Offender Health Services (CDHA)
- Planned Parenthood
- Hepatology Clinic
- Health Canada

WORKING GROUP WORK

Standards were drafted based on:

- The best available evidence at the time about effectiveness of these interventions
- Best practice
- Opinions of expert practitioners
- Separate document written: "Evidence to Support Standards for BBP Prevention Services in N.S."

GENERAL STANDARDS

- **Apply to all BBP Prevention services**

Cover topics such as:

- **Accessibility**
- **Planning**
- **Monitoring and Evaluation**
- **Health Human Resources**

GENERAL STANDARDS

some highlights

- **Governance:** DHA
- **Access:**
 - Ensure reasonable access to BBP prevention services for all Nova Scotians
 - Reduce barriers
 - Client centred
 - Safe environments

General Standards Highlights

Monitoring and Evaluation:

- DHA provides ongoing assessment of their communities with regard to available services, community attitudes, needs of high risk populations.
- Develop models of service delivery based on community assessment.
- DHA & CBO have input into a provincial evaluation framework.

General Standards Highlights

Health Human Resources

- DHA, CBO and HPP develop a HHR strategy
- Core competencies
- Training opportunities and resources

COMPONENT-SPECIFIC STANDARDS

1. Health Education and Social Marketing
2. Counselling, testing and referral services
3. Needle Exchange
4. Methadone Maintenance Treatment

Component-specific standards

These sections include information on:

- Context and Issues
- Current situation in N.S.
- Service Description
- Goal Statement
- Standard Statements

HEALTH EDUCATION AND SOCIAL MARKETING

- 7 standard statements
- Provincial social marketing campaign
- Target general population as well as high risk groups
- Health education in various service settings
- Based on best available evidence

COUNSELLING, TESTING AND REFERRAL SERVICES

- 11 standard statements
- Nominal, non-nominal and anonymous HIV testing availability
- Components of counselling and testing
- Immunizations
- Test methods
- Reporting requirements

NEEDLE EXCHANGE

- 13 standard statements
- What NE services must include and could include
- Client education, referrals
- Safe collection and disposal
- Policies and procedures

METHADONE MAINTENANCE TREATMENT

- 14 standard statements
- Access to other services; linkages
- Policies and procedures

WHAT NOW FOR THE STANDARDS?

- Current status: who is using them?
- Get them back on the radar screen
- Awareness, education
- Re-convene stakeholders
- Review standards
- Review evidence

HOW TO ACCESS

- Dig them out
- Talk them up
- Web link: www.gov.ns.ca/hpp/publications/bbp_integrated_standards.pdf
- My email: dee.mombourquette@gov.ns.ca