



Belong To LGBTQ+
Youth Ireland

Harm Reduction Policy

Belong To LGBTQ+ Youth Ireland

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IN CASE OF EMERGENCY PROCEDURE FOR YOUNG PERSON WITH NO
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Revision History

Revision	Date of Release	Purpose
V1.0	December 2024	Initial Release

1. Purpose

This policy aims to establish guidelines and procedures for addressing issues related to drugs and alcohol within Belong To peer support groups, projects, programme-based work and during 1 to 1 support. This policy aims to create a safe and supportive environment for young people while ensuring compliance with legal obligations and safeguarding their well-being.

Within the context of this policy, the term “drugs” specifically pertains to illegal substances, not prescribed by a medical professional, or are used in a manner that constitutes misuse, rather than its broader meaning.

2. Scope

This policy applies to all staff, volunteers, young people, and visitors involved in Belong To.

3. DRUG AND ALCOHOL POLICY

The following procedure is requested to be followed by staff and volunteers if:

- A. a young person shows up under the Influence of drugs and alcohol.
- B. a young person attends a trip or residential under the influence of drugs or alcohol.
- C. drugs or drug paraphernalia are discovered on the premises of a group or activity.

3.1 Policy Statement

a. Zero Tolerance for Drugs and Alcohol:

Belong To maintain a zero-tolerance policy towards the possession, use, or distribution of drugs and alcohol by any individual on the premises and during groups/projects/programmes/1 to 1 support and events. However, we operate under a harm reduction model, meaning we meet young people where they are at. If a young person arrives under the influence of drugs or alcohol, they will be offered support from the youth worker at the time and further support will be offered by the Drug & Alcohol working at a future date. However,

a young person cannot participate in a group while under the influence of any substance during these sessions.

b. Prohibited Activities:

- No young person under the influence of drugs or alcohol shall be permitted on the premises.
- No staff member or volunteer shall consume, possess, or be under the influence of drugs or alcohol while on duty or on the premises.
- No drugs or drug paraphernalia shall be brought onto the premises by any individual.
- No alcohol shall be consumed, possessed, or brought onto the premises without prior written approval from management for specific events or functions where it is legally permissible and appropriate.

c. Support and Education:

We are committed to providing education and support to young people regarding the risks associated with drugs and alcohol abuse. 1 to 1 support, workshops, and resources will be made available to inform and empower young people to make healthy choices.

d. Confidentiality and Privacy:

Any information regarding a young person's suspected or confirmed use of drugs or alcohol shall be handled with the utmost confidentiality and respect for privacy. Information will only be disclosed on a need-to-know basis and in accordance with relevant legal and safeguarding requirements.

3.2 Procedure

a. If a Young Person Shows Up Under the Influence:

Staff members or volunteers who suspect that a young person may be under the influence of drugs or alcohol upon arrival shall:

- Approach the young person in a non-confrontational manner and assess their condition discreetly.
- Escort the young person to a private area away from other participants for further assessment.
- Notify a designated supervisor or manager immediately to address the situation.
- Refrain from accusing or confronting the young person until the situation has been properly assessed by management.

- If there is no management on site, assess the situation and ensure the safety of the young person and other young people. Determine the level of intoxication and whether they require immediate medical attention
- If the young person is a minor, contact their ICE person to inform them of the situation, ensuring that you are following the ICE procedure and not outing the young person. Discuss the next steps and any necessary arrangements for the young person's safety and well-being. For procedures for young people without ICE information or parental information, please see the procedures below.
- If the young person is in a state of distress or poses a danger to themselves or others, seek immediate assistance from emergency services.
- After the event, follow up with the young person to ensure they are receiving the necessary support and assistance. Link them in with Belong To's Drugs and Alcohol worker where they will be offered continued guidance and resources as needed.

b. If a young person attends an external activity or residential under the influence of drugs and alcohol:

- No alcohol or illegal drug substances should be consumed by staff or young people during a group activity or residential trip in Ireland or outside of Ireland.
- If a young person is found with alcohol in their possession, an incident report is to be completed and their parents' guardians are to be informed. Alcohol/ drugs will be removed from the young person and disposed of.
- The Gardaí should be contacted if controlled drugs are being supplied in the premises of these activities.
- A risk assessment will be completed for each individual trip or residential.
- Staff should familiarise themselves with all child safeguarding/ health and safety procedures and have access to DLP contact information in case of emergencies.
- Depending on individual circumstances sending the young person home, escorting them home immediately or contacting their parent/guardian may not be an option given the location and distance from home. It may be necessary to send young people home depending on the context, Individual cases should be

discussed with the Director of Youth Services before making a decision.

- The law regarding alcohol & drugs and drug use will differ from country to country and the relevant information should be supplied to and studied by workers/volunteers/leaders responsible for a trip/exchange before the event occurs.
- This information should also be supplied and explained in detail to the young people involved in any planning or orientation meeting which takes place in advance of the residential/exchange.
- A specific procedure for dealing with a possible incident should be agreed in advance between those leading the event, young people, and parents
- No young person under 18 can attend a trip or residential without parental consent.

c. If drugs or drug paraphernalia are discovered on the premises:

- Prioritise the safety and well-being of all individuals present. If the drugs or paraphernalia pose an immediate danger (such as hazardous substances or needles), take necessary precautions to secure the area and ensure no one is harmed and follow the guidelines set out in the sharps disposal policy, if relevant.
- The staff member or volunteer who discovers the items shall refrain from touching or disturbing them and immediately notify a designated supervisor or manager.
- The manager shall secure the area and ensure the safety of all individuals present
- If there is no management present the staff member should contact An Garda Síochána to report the discovery of drugs or drug paraphernalia. Provide them with detailed information about the situation, including the type and quantity of drugs found, and any other relevant details.
- Document the discovery, and record relevant information about the discovery, such as the location, time, and circumstances surrounding the finding. Take photographs if appropriate and make detailed notes to support with completing the incident report.
- Notify management about the discovery. Keep them informed about the situation and any actions taken and seek their guidance on how to proceed.

- Offer support and assistance to any individuals who may be affected by the discovery, including young people, staff members, or volunteers.
- A thorough investigation shall be conducted internally to determine how the drugs or paraphernalia entered the premises and to prevent future incidents.
- Depending on the severity of the situation, appropriate disciplinary action, including termination of employment or volunteer status, may be taken against any individual found to be involved in the possession, distribution, or facilitation of drugs on the premises.

3.3 Prevention

Preventative Programmes:

Prevention programmes such as workshops and training are vital for implementing effective harm reduction policies. They empower young people with knowledge and skills to mitigate risks associated with various behaviours, ultimately fostering healthier communities and reducing harm. Within Belong To we deliver several preventative programmes to reduce the impact of drugs and alcohol on young people in our service.

One-to-one support:

We offer a dedicated drug and alcohol service for LGBTQ+ youth. The service is free cost, confidential and non-judgemental. This is a service for young people to bring any concerns they have around their drug and alcohol use and to talk to our dedicated Drug and Alcohol Youth Worker.

Harm Reduction Campaigns:

We create campaigns specifically designed to address the needs of LGBTQ+ youth regarding drug and alcohol use and sexual health. Our approach focuses on harm reduction, providing LGBTQ+ youth with guidance on staying safe if they decide to use drugs and alcohol, as well as promoting healthy sexual health practices.

3.4 Harm Reduction

The harm reduction approach to treatment meets the young person where they are at in life. Harm reduction could be described as an approach to working with substance users that fundamentally accepts a reduction in use or associated harms as valid treatment goals. It is accepted that in order to eliminate any possible harms occurring due to substance use, abstinence would be the desired outcome. However, it should be noted that some

people may present as either unwilling or unable to change their behaviour. Harm reduction initiatives have been developed to work specifically with people who engage in problematic substance use.

Examples of harm reduction methods in Belong To:

- Availability of condoms and lube to service users.
- Harm reduction advice and information.
- Harm reduction resources.
- Workshops/ programmes aimed at reducing the harms associated with drug and alcohol use.

3.5 Referral Procedures

- If a youth worker or volunteer has any concerns about a young person drugs and alcohol use, they should be referred to Belong To's Drug and Alcohol worker, where they will be supported with these concerns and any external referrals will be made where appropriate.
- If any child protection concerns or safeguarding concerns arise the youth worker should inform the DLP and follow the procedure lined out in the Child Safeguarding Statement

3.6 Contact Information

For inquiries or concerns regarding this policy, individuals may contact:

- Carmel Walsh (she/her), Director of Youth Services,
carmel@belongto.org
- Brenda Kelly (she/her), Drugs and Alcohol Senior Youth Worker,
brenda@belongto.org

4. SHARPS DISPOSAL POLICY

Sharps are objects or instruments necessary for the exercise of specific healthcare activities, which are able to cut, prick, and cause injury and/or infection. E.g. scalpels, needles, cannula.

4.1 Purpose

For the purpose of harm reduction and infection/exposure prevention, any object which may pose a cut/stick/poke risk to young people or staff may be considered a *sharp*; and disposed of in the clinical waste bin/sharps bin. This may include pieces of wood, glass, metal, safety pins etc., depending on the situation.

4.2 Procedure

a. Staff may discover a sharp or be alerted to a sharp.

- Upon discovery of a sharp, staff should remain at the site of the sharp.
- Should staff be alerted to the presence of a sharp by a third party, they then assume the role of discoverer and follow the below steps.
- The sharp should not be left unattended.
- Staff should request the support of a second staff or a volunteer.
- A second staff or a volunteer should then retrieve the sharps disposal kit from the designated space and bring this to the site of the sharp.
- It is important to remember that the kit comes to the sharp, the sharp does not go to the kit.
- Priority in all risk management scenarios is self-preservation; you must ensure your safety to support the safety of the young people and volunteers you are working with.

b. Upon receipt of sharps disposal kit from a second staff or volunteer managing the environment includes:

- Encouraging all bystanders (young people or otherwise) to leave the area. This is to ensure a safe working space for staff disposing of sharp objects.
- Ensuring any other potential distractions or hazards are minimised.
- Supporting young people who may be having an emotional response to the sharps risk.

- Following the guidance and direction of the Lead staff for any other needs, as they may arise.

c. Staff will then begin the process of disposal.

This includes:

- Placing the sharps container on a secure solid surface, open.
- Donning of the sharp's gloves
- Staff should make the decision whether further tools are necessary (size dependent, tweezers or pickers may be appropriate)
- Staff should lift the sharp into the bin, ensuring at all times it is held as far from the body as possible, at arm's length.
- Staff should ensure the closing of the sharps container.
- Staff should dispose of sharps gloves.
- Staff will then return the sharps kit, including the sharps container, to the designated area.
- Staff will then return to the site of discovery and sanitize the area, before declaring the site risk-free.
- Staff will then make a call to the appropriate manager to report.
- Staff involved in a sharp disposal incident must complete an incident report. Please see the Incident Report salesforce procedure for further guidance.
- Venue management should be alerted to the incident in a timely manner, by Belong To management, to facilitate a risk assessment as per their service guidelines.

5. SHARPS INJURY POLICY

Is defined as a staff member/volunteer/young person who is pricked by a needle or is exposed to a blood-borne virus.

5.1 Types of Sharps Injury

For the purpose of this policy sharps injury may be classified in two ways:

a. Needle stick injury

A needle stick injury is an injury caused by any object which has the potential to transfer a blood-borne virus to the injured.

This may include a needle (with or without an associated syringe attached), a blade, and/or objects or instruments necessary for the exercise of specific healthcare activities.

b. General first aid injury

A general first aid injury is an injury which may or may not draw blood or break skin but does not pose an immediate blood-borne virus transfer risk; and should be treated in line with general first aid support and best practice.

It is important to note, that not all blood spills may pose a blood-borne virus exposure risk but all blood spills should be treated as such as a precaution when sanitizing the area in the aftermath of an injury.

5.2 First Aid following potential exposure to a Blood Borne Virus

Sharp Injuries:

- Encourage area to bleed.
- Wash with any soap and warm water.
- Do not suck the wound.
- Cover with dressing

Bites and Scratches:

- Encourage area to bleed.
- Wash with any soap and warm water.
- Do not use a nail brush.
- Cover with dressing.

Splashes

- Wash with any soap and cold water.
- Contaminated clothing should be removed.
- Wash eyes with sterile normal saline or cold tap water.
- Irrigation should be done before & after removal of contact lenses.
- Rinse mouth thoroughly with cold water.

5.3 Next Steps

- In all injuries where a potential blood-borne virus exposure is present, the exposed should be encouraged/supported to attend the local emergency department for medical treatment and evaluation.
 - For northside locations this would be the Mater Misericordiae Hospital.
 - For southside locations this would be St. James Hospital.
- The injured party should be supported via a taxi to the appropriate emergency department. They should be supported by staff until secondary support from their ICE/ parent or guardian is available to attend. Should this put the event out of the ratio of staff to young people, the event should be ended early. The Director of Youth Services should be consulted to mitigate this scenario and offer support.
- The injured party should be supported to contact them in case of emergency contact.
- All bystanders / other group members should be offered support in the aftermath of a needle stick injury incident; the Drugs and Alcohol youth worker should be consulted for potential follow-up support, including one-to-one support and / or workshop-style harm reduction events.
- Helpful links:
 - [EMI - Health Protection Surveillance Centre \(hpsc.ie\)](https://www.hpsc.ie/a-z/emi/EMIGuidelinesPeP.pdf)
 - <https://www.hpsc.ie/a-z/emi/EMIGuidelinesPeP.pdf>

5.4 Recording of Substance Issues and Sharps Incidents

As with all work in a youth work setting, accurate recording of work completed is important for many reasons. These reasons may be viewed as benefits for the three parties in any incident:

- **Young person** – under the Data Protection Act (2018) any “data subject” (anyone who is subject to their information being stored) has the right to access this information.

- **Worker** – accurate recording of incidents demonstrates worker competence and is evidence of compliance with legal and organisational policy or expectations.
- **Organisation** – accurately and regularly maintained records of completed work and its effectiveness is essential to good practice.

Accurate and up-to-date records of work also provide an element of protection against future litigation and can justify any decisions made. Staff and volunteers within Belong To must be cognizant of and adhere to their responsibilities in relation to data protection. We will ensure that all incidents related to substance use and sharps are recorded in accordance with our incident report procedures.

5.5 Contact Information

For inquiries or concerns regarding this policy, individuals may contact Carmel Walsh (she/her), Youth Service Manager, carmel@belongto.org.

Belong To's dangerous good advisor is Nick Murphy nick.murphy@rentokil-initial.com, 086 8178250.

6. SEXUAL HEALTH POLICY

This policy aims to promote sexual health and well-being among young people accessing Belong To's services

6.1 Scope

This policy applies to all young people involved in Belong To.

6.2 Purpose

a. Education and Awareness:

- We are committed to providing comprehensive sexual health education programs that are age-appropriate, evidence-based, and inclusive of diverse identities and experiences.
- We have a dedicated youth worker who has received training on sexual health issues, including contraception, sexually transmitted infections (STIs), consent, healthy relationships, and LGBTQ+ inclusivity.
- We have a sexual health training programme tailored to meet the sexual health needs of young LGBTQ+ that is facilitated with young people each year and available as an e-learning for professionals.
- We have sexual health resources and information available for young people.

b. Support Services:

- We will offer non-judgmental and supportive one-on-one services for young people who have questions or concerns about their sexual health.
- Referrals to external support services, such as sexual health clinics, will be provided when appropriate.

c. Confidentiality and Privacy:

- We respect the confidentiality and privacy of all young people accessing our services. Information shared regarding sexual health will be kept strictly confidential unless there are concerns about the safety and well-being of the individual.
- We will adhere to legal and ethical guidelines regarding confidentiality, including the duty to report instances of abuse or harm.

d. Inclusivity and Diversity:

- The main objective of our sexual health work is to address barriers to accessing sexual health services faced by LGBTQ+ young people.

e. Evaluation and Continuous Improvement:

- We will regularly review and evaluate the effectiveness of our sexual health programmes and services through feedback from young people, staff, and external stakeholders.
- Feedback will be used to identify areas for improvement and inform future initiatives to better meet the needs of young people.

f. Legal and Ethical Considerations:

- This policy will comply with all relevant laws and regulations in Ireland, including those related to the provision of sexual health services to minors.
- We will uphold ethical standards of practice, including informed consent, respect for autonomy, and non-discrimination.

6.3 Referral Procedures

- If a youth worker or volunteer has any concerns about a young person's sexual health, they should be referred to Belong To's sexual health worker, where they will be supported with these concerns and any external referrals will be made where appropriate. If there is an immediate concern for a young person's sexual health, the young person should be accompanied to the Guide Clinic at James hospital.
- If any child protection concerns or safeguarding concerns arise the youth worker should inform the DLP and follow the procedure lined out in the Child Safeguarding Statement.

6.4 Contact Information

For inquiries or concerns regarding this policy, individuals may contact Carmel Walsh (she/her), Director of Youth Services, carmel@belongto.org; Kelsey Doyle (she/her), Sexual Health Youth Worker, Kelsey@belongto.org

7. Review and Amendments

This policy shall be reviewed periodically to ensure its effectiveness and compliance with relevant laws and regulations. Amendments may be made as necessary with input from stakeholders, including staff, volunteers, and young people.

8. Acknowledgement

All staff members and volunteers shall be made aware of this policy upon commencement of their roles and shall acknowledge their understanding and commitment to adhere to its provisions.

9. Compliance

All staff members, volunteers, young people, and visitors are expected to comply with this policy. Failure to adhere to the provisions outlined in this policy may result in disciplinary action, up to and including termination of employment or volunteer status, and legal consequences where applicable.

10. Approval

This policy has been approved by Belong To's Board of Directors and is effective as of 13 December 2024.

Date of Approval	13 th December 2024
Review Date	December 2027

11. Data Protection

All data controllers must:

- Obtain and process the information fairly
- Keep it only for one or more specified and lawful purposes
- Use and disclose it only in ways compatible with the purposes for which it was initially given
- Keep it safe and secure > Keep it accurate and up-to-date
- Ensure that it is adequate, relevant and not excessive

- Retain it no longer than is necessary for the specified purpose or purposes
- Give a copy of their personal data to any individual, on request

For further information in relation to data protection, contact the Data Protection Commissioner. (www.dataprotection.ie)

It is important that all staff and volunteers are aware of our incident report procedures which is included in the Annex of this policy. All incident reports must be reported and recorded onto Salesforce. If a youth worker, member of staff or volunteer are concerned regarding the protection of a young people, it is important that they report their concerns to the DLP. The DLP will support the staff member/ volunteer on the next steps.

12. ANNEXES

INCIDENT REPORT PROCEDURE

- Following any instance where by emotional, social or physical harm comes to a young person either onsite, en-route to service, or a disclosure of note is made, an incident report is warranted and necessary. This report can be made on salesforce, using the cases tab, and selecting "Young Person at Risk - Reporting on incidents for the Youth Service".
- This document has been designed to be user-friendly, with specific sections for information which is mandatory to include. It is important to note that should an incident report be warranted, it is essential a line manager is contacted; Staff should not leave shift without completing an incident report, in order to ensure that important information is not lost. Please note, any staff who must stay late on shift in order to complete an incident report, may amend their time sheet to reflect this, while including a note on this in the note section of HR Locker.
- Please name the report accurately. The coding system used is as follows IR (Incident report), 01012024 (date, in the format DDMMYYYY), DPH (Location in abbreviation, DPH-Dublin pride hub, OCO- Ombudsman for children office, BTO- Belong To Office. If the location is not a regular place of use by the organization, please explain the abbreviation in the main body of the report)
- For example, an incident which occurred on January 26th, 2023, in the Belong To Office, would be coded and titled as follows IR26012023BTO
- The main body of the incident report must be typed clearly and in formal English. Initials must be used as descriptors of each individual, in each sentence; persons involved are not to be referred to by their pronouns, as this may cause information to be misinterpreted. For example, using "MD walked across the room", rather than, "she walked across the room".
- Please include, to the best of your ability, specific times in the main body of the incident report; keeping note in live time if possible or marking where times are approximate if not. Please remember that, depending on the seriousness of an incident, exact times can be taken from phone calls made, texts sent or received, or CCTV footage.

- Please ensure the content of an incident report is accurate, factual, nonbiased, and does not make any allegation or accusations of guilt or liability; an incident report is simply the senior staff involved's written account of a scenario. Please note where information is second hand (i.e a young person tells you what they saw, heard, did), or where it is your own account. Please note where your account begins, and another staff who was present begins their written account.
- Depending on the situation, it may be relevant to take images of the area/damage/item in question, and/or download CCTV footage, please use the attachments section of the incident report to upload these files. Please ensure files are accurately named for ease of review in future.

PRIORITY RATING SYSTEM

- Following an incident which requires a report, please use the BeLonG To's Risk Matrix to calculate the Priority rating as per the Salesforce Incident report case. In this instance the Vertical column can be taken as the likelihood of ongoing or persisting impact following the incident; whereas the Horizontal column can be taken as the level of impact caused by the incident.
- For example, an incident whereby the impact was Moderately impactful at the time (3), but is Unlikely to cause continued or persistent impact in the aftermath (2), would have a priority score of 6 (3x2).
- The priority rating, as per calculation using the risk matrix, can be marked as following on the salesforce incident report:
 - Critical – 25 to 20
 - High – 20 to 15
 - Medium – 15 to 10
 - Low – 10 to 5
 - Very low – 5 to 1

DEBRIEF & FOLLOW UP

- An incident report must be completed before leaving shift, but may be updated following return to shift if necessary. A key function of an Incident report is to record the debrief of each individual involved, including service users, staff, volunteers and external facilitators. Management will review each incident report, and each incident will be discussed at Team meetings; in the first instance to share the learning from each scenario amongst the team, and for any additional clarity for management before Senior management team meetings and child safeguarding committee meetings.
- A quarterly and annual review of Incident reports will take place, in order to track trends and make adjustments to practices where needed to ensure all precautions are taken where necessary.
- The incident report format on salesforce, is easily amendable by the salesforce administrator, and following an incident, should you require support with an amendment to the format, in order to include additional fields or information, please create a task on Asana for this and it will be handled promptly.

IN CASE OF EMERGENCY PROCEDURE FOR YOUNG PERSON WITH NO ICE/ PARENTAL/ GUARDIAN INFORMATION:

In case of emergency (including drug and alcohol related emergency) a youth worker should follow the following procedure if a young person in our service age 14- 23 years or a vulnerable adult 18 – 23 years, access the Peer Support Groups/ Programmes or One –One Support Services without Parental/Legal Guardian consent:

- The youth worker should phone emergency ambulance services, '999' if a young person or vulnerable adult is at risk of harm or injury due to drugs or alcohol including suicidal ideation.
- The youth worker should accompany the young person or vulnerable adult in the ambulance to the hospital.
- The youth worker must inform the emergency services that the young person or vulnerable adult, accessed Belong To Youth Service without parental/legal guardian consent.
- The youth worker should request to speak to the 'Triage Nurse' within the hospital, or 'Out of Hours Social Worker', and inform them about the young person or vulnerable adult situation.
- The youth worker must inform their line Manager, that Belong To in case of emergency procedure has been enacted. (Line Manager Personal Phone number is available for emergencies)
- Once social workers/ emergency staff take over responsibility of young person, Youth Worker should leave the hospital and inform their line manager of time of departure.
- The youth worker should follow up with the young person or vulnerable adult the next day and check in with them, offer further support if needed. An incident report should be completed the next day by the youth worker and relevant staff involved in the incident.