

RAAM Clinic Toolkit

CLINIC SUPPLIES

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INTRODUCTION

As funding permits, a well-supplied RAAM clinic can dramatically improve client experience and engagement. This section covers the different considerations to have in mind when stocking your site.

CLIENT COMFORT

Waiting Room Supports

Waiting room supports can help alleviate some of the discomfort and anxiety some people may feel in attending a RAAM clinic, especially for the first time. Providing a **client handout** on what clients can expect during their first visit (see **[Resources Specific to First Clinical Visit](#)**) can alleviate some of these worries. Snacks and water may also provide some welcome comforts.

Waiting areas are ideally designed to be welcoming. Considerations may include comfortable seating, artwork that reflects the cultures of the client population, and using a location with lower foot traffic/ambient noise.

Client Transportation

Access to/affordability of transportation is a frequent barrier to accessing RAAM clinic services. If resources are available, clients should be offered public transportation vouchers when scheduling follow-up appointments. Ideally, clients are given a taxi voucher if they are unable to safely take public transportation, if urgent care is required, or as deemed necessary by the provider.

Client Emergency Food and Hygiene Supplies Distribution

If clinic resources/community partnerships allow, food and hygiene supply parcels are a welcome support for RAAM clinic clients. Parcels can consist of canned goods, granola bars, fruit cups, protein drinks, menstrual products, shampoo, soap, toothpaste and toothbrushes, etc. Peer support workers or RAAM admin leads are appropriate people for maintaining inventory.

ON-SITE MEDICATION INVENTORY LIST¹

The following medications should be kept on hand at the RAAM clinic if possible. Medication is dispensed by eligible staff (physicians, nurse practitioners, registered nurses, and registered practical nurses) employed at the RAAM clinic and must be stored and audited in compliance with the clinic's medication policy (see [Clinical and Administrative Policies](#)).

| MEDICATION | MINIMUM STOCK | ON HAND | ORDER |
|-------------------------------------|---------------|---------|-------|
| Essential | | | |
| Buprenorphine/naloxone 2/0.5 mg tab | 50 | | |
| Buprenorphine/naloxone 8/2 mg tab | 50 | | |
| Diazepam 5 mg tab | 50 | | |
| Lorazepam 0.5 mg SL/po tab | 50 | | |
| Lorazepam 1 mg SL/po tab | 50 | | |
| Thiamine 100 mg tab | 50 | | |

¹ Adapted from materials provided courtesy of the Northwestern Ontario Regional RAAM Steering Committee.

ON-SITE MEDICATION INVENTORY LIST (CONT.)

| MEDICATION | MINIMUM STOCK | ON HAND | ORDER |
|-----------------------------------|---------------|---------|-------|
| Aspirational | | | |
| Acetaminophen 500 mg tab | 25 | | |
| Baclofen 10 mg tab | 25 | | |
| Ceftriaxone for IM injection 5 mL | 2 | | |
| Clonidine 0.025 mg tab | 25 | | |
| Clonidine 0.1 mg tab | 50 | | |
| Clonidine 0.2 mg tab | 25 | | |
| Dimenhydrinate 25 mg injectable | 2 | | |
| Dimenhydrinate 25 mg oral | 25 | | |
| Gabapentin 100 mg tab | 25 | | |
| Gabapentin 300 mg tab | 25 | | |
| Ibuprofen 200 mg tab | 25 | | |
| Imodium 2 mg tab | 10 | | |
| Keflex 500 mg tab | 28 | | |
| Lactulose 15 mL | 20 | | |
| Lidocaine for IM ceftriaxone | 1 | | |
| Naproxen 500 mg tab | 25 | | |
| Ondansetron 4 mg wafer | 10 | | |
| Nicorette 2 mg gum | 3 boxes | | |
| Nicorette inhalers | 5 | | |
| Nicorette inhalers - trial size | 5 | | |
| Nicorette Quickmist berry flavour | 10 | | |
| Nicorette Quickmist mint flavour | 10 | | |
| Nicotine patches (Step 1) | 20 boxes | | |
| Nicotine patches (Step 2) | 10 boxes | | |
| Ondansetron 4 mg tab | 10 | | |
| Olanzapine 5 mg tab | 10 | | |
| Septra DS tabs | 28 | | |
| Vaccines | | | |
| Tdap | 20 | | |
| Hep A | 20 | | |
| Hep B | 20 | | |

HEALTH CARE SUPPLIES

In addition to medications, RAAM clinics are ideally stocked with supplies that assist with managing urgent health issues that often arise in the RAAM clinic setting. Consider stocking the following:

| EQUIPMENT | |
|---|--|
| <input type="checkbox"/> Fridge with lock | <input type="checkbox"/> Vitals machine with SpO2 and temp |
| <input type="checkbox"/> Ice packs for buprenorphine XR injections | <input type="checkbox"/> Breathalyzer (ideally) |
| <input type="checkbox"/> Urine collection cups for urine drug screening | |

| PHLEBOTOMY | |
|---|---|
| <input type="checkbox"/> Collection tubes | <input type="checkbox"/> Cotton swab |
| <input type="checkbox"/> Tourniquet | <input type="checkbox"/> Alcohol swab |
| <input type="checkbox"/> Vacutainer | <input type="checkbox"/> Collection bag |
| <input type="checkbox"/> Needle (e.g., 23G and ½ inch or butterfly) | <input type="checkbox"/> Label maker |
| <input type="checkbox"/> Bandages | |

| ADDITIONAL TESTING | |
|--|--|
| <input type="checkbox"/> G&C collection kit | <input type="checkbox"/> Urinalysis point of care strips |
| <input type="checkbox"/> Sterile/culture swab | <input type="checkbox"/> HCG point of care strips |
| <input type="checkbox"/> Sterile urine collection containers | |

| WOUND CARE | |
|--|--|
| <input type="checkbox"/> Antibiotics ointments (including individual packets to send home with client) | |
| <input type="checkbox"/> Cleaning solution (e.g., povidone-iodine or chlorhexidine) | |
| <input type="checkbox"/> Medical tape | <input type="checkbox"/> 10 mL syringe |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> 25G needle |
| <input type="checkbox"/> Scalpels | <input type="checkbox"/> Local anaesthetic (e.g., 1% lidocaine) |
| <input type="checkbox"/> Packing (e.g., ½ to 1 cm sterile gauze strip) | <input type="checkbox"/> Suture kit (e.g., scissors, forceps, gauze) |
| <input type="checkbox"/> Gauze | <input type="checkbox"/> Sutures (e.g., 4-0 Prolene) |
| <input type="checkbox"/> Bandages | <input type="checkbox"/> Medical towel or drape |
| <input type="checkbox"/> Sterile/culture swab | |

| EMERGENCY RESPONSE | |
|---|-----------------------------------|
| <input type="checkbox"/> Naloxone (essential) | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Automated external defibrillator (AED) | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Epinephrine IM | |

HARM REDUCTION SUPPLIES AND INFORMATION

List of Harm Reduction Supplies

RAAM clinics should provide the following harm reduction supports to clients when appropriate:

- Counselling and education
- Take-home naloxone
- Safer injection supplies
 - Needles and syringes
 - Sterile water
 - Alcohol swabs
 - Tourniquets
 - Filters
 - Acidifiers
 - Cookers
- Safer inhalation supplies
 - Pyrex stems
 - Brass screens
 - Chopsticks
 - Mouthpieces
 - Alcohol swabs
- Safer sex products
 - Condoms
 - Lube

Obtaining Harm Reduction Supplies

Harm reduction supplies may be available to your clinic from your local public health unit. Equipment is provided by the Ontario Harm Reduction Distribution Program, which works with local PHUs to provide supplies to local harm reduction agencies, including RAAM clinics. [Contact your local PHU](#) for more information.

Principles of Harm Reduction²

Harm reduction...

1. Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
2. Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviours from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
3. Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
4. Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

² From the National Harm Reduction Coalition (<https://www.harmreduction.org>).

5. Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
6. Affirms people who use drugs themselves as the primary agents of reducing the harms of their drug use and seeks to empower people who use drugs to share information and support each other in strategies which meet their actual conditions of use.
7. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
8. Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Harm Reduction Counselling and Education: Tips For Clients

In addition to physical supplies, RAAM clinic clients should be equipped with education on how to use substances more safely.

- Tips to reduce alcohol intake:
 - Set a goal for reduced drinking. The goal should specify the amount on each drinking day and the circumstances (e.g., have no more than three drinks on Thursday, Friday, and Saturday, and no drinking alone). The goal can also include non-drinking days.
 - Record drinks in a calendar, logbook, or smartphone application.
 - Arrive and leave drinking events at predetermined times.
 - Eat before and while drinking.
 - Start drinking later in the day.
 - Switch to a less preferred alcoholic drink.
 - Pace your drinking (e.g., no more than one drink per hour).
 - Sip drinks slowly.
 - Alternate alcoholic drinks with non-alcoholic drinks.
 - Have a 20-minute time-out between the decision to drink and actually having the drink.
- Tips to reduce opportunities to drink:
 - Avoid "triggers" (e.g., pubs, drinking buddies).
 - Avoid stresses (e.g., overwork, interpersonal conflict).
 - Find methods to reduce stress, such as exercise or meditation.
 - Eat and sleep at regular hours.
 - Spend time with supportive family and friends.
 - Have daily contact with a trusted support person.
 - Join a support group if available.
 - Have a contingency plan if you're struggling to keep your goals.

- Advice on preventing opioid overdose:
 - If you have been abstinent for any length of time (even just a few days), take a much smaller dose than usual.
 - Take a test dose unless you got the drug directly from a prescription.
 - Always have a friend with you while using opioids.
 - Always carry naloxone.
 - If someone appears drowsy, has slurred speech, or is nodding off after taking opioids:
 - » Do not leave them alone.
 - » Do not let them sleep, even if someone watches them overnight.
 - » Shake them and shout their name.
 - » Call 911.
 - » Administer naloxone if available and start CPR.

Sharps Disposal Containers

Sharps disposal containers give clients an opportunity to safely dispose of any sharps they may have on them while attending appointments, thus potentially increasing RAAM clinic client and staff safety. Community safety is also improved, as the likelihood of sharps being disposed of unsafely around the facility is decreased.

Sharps disposal containers cannot be tampered with, as they require keys to open. Making them accessible aligns with most health care organizations' policies on harm reduction and preventing sharps injuries.

To prepare your clinic for the installation of new sharps disposal containers:

- Determine the locations of the new containers. Installing them in client washrooms is recommended.
- Install signage for patients to easily locate containers and understand what they are for.
- Inform Environmental Services of additional sharps containers and ensure they have received appropriate training on how to dispose of the containers' contents.
- Environmental Services and Security should receive training on the safe handling of any sharps left outside of the disposal containers.
- Inform the organization's staff of what the new containers are for and who to contact in case of a safety or cleanliness issue.