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Related documents:	NDARC Protocol: Child Protection HS015 Work Health and Safety Policy HS323 Biosafety Procedure HS406 Fieldwork Safety Guideline HS917 Fieldwork Procedure HS435 Immunisation Guideline: Tetanus, Hepatitis A, Hepatitis B and Q fever HS427 Immunisation - Questionnaire and Authorisation Form HS079 Immunisation - Decline of Immunisation Form HS659 Personal Protective Equipment (PPE) Guideline HS322 Working After Hours Guideline HS703 After Hours Approval Form Australian Guidelines for the Prevention and Control of Infection in Healthcare , NHMRC Requirements for the packaging and transport of pathology specimens and associated materials (2013) , Department of Health Australian Code for the Transport of Dangerous Goods by Road and Rail , Edition 7.3 August 2014

1. Purpose

Drug and alcohol research participants come from a range of backgrounds and represent a broad spectrum of people. Many research participants are drawn from populations that could be considered 'high risk' in terms of interviewer safety. As the safety of NDARC staff and students is of utmost importance at all times, this document provides guidelines for all those involved in working with this group and is intended to ensure the safe and ethical collection of research data.

2. Scope

This protocol is intended for use as a resource and training manual for NDARC staff and students and a resource and review of interview safety issues for the drug and alcohol field. It should be read and used in conjunction with the NDARC Protocol: Child Protection.

3. Definitions

Terms are defined within the document.

4. Protocol statement

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1. EXECUTIVE SUMMARY

1.1 Introduction

Since it was established in 1986, the National Drug and Alcohol Research Centre (NDARC) has conducted numerous and diverse research projects involving large numbers of research participants. During this time, the number of staff employed by the Centre has expanded and many new staff members have varying experience with populations of drug and alcohol users when they commence at NDARC. Many participants in NDARC's research studies have criminal histories, psychiatric conditions and a range of physical health problems. In March 2001, a Safety Committee was established to examine the issues specific to interviewing drug and alcohol users and to develop a practical set of guidelines to deal with such issues. This document was revised by the NDARC Level 3 Health and Safety Consultation Committee in 2013-2014.

The aim of this report is to document the issues considered by the Committee, including recommendations for training and the development of the NDARC Safety and Interviewing Protocol. The report is intended for use as a resource and training manual for NDARC staff and more generally, a resource and review of interview safety issues for those conducting research in the drug and alcohol field.

1.2 Overview of safety issues

Drug and alcohol research participants come from a range of backgrounds and represent a broad spectrum of people. Many research participants are drawn from populations that could be considered 'high risk' in terms of interviewer safety and dealing with recalcitrant participants is stressful and can result in aggression being directed toward the interviewer. The research population typically includes:

- Participants who are drug dependent and are compelled to continue drug use; this compulsion raises safety issues for drug and alcohol researchers;
- Unemployed drug users with significant drug expenditure, who may feign eligibility to enter a study to obtain reimbursement for participation.
- Drug users who engage in criminal activity, who may use aggression, intimidation or violence to obtain property. Thus, interviewing can result in opportunistic theft accompanied by aggression;
- Those with comorbid mental health disorders, although they typically pose little additional threat. Psychotic and delusional symptoms, such as paranoia or hallucinations, may be experienced during intoxication and/or withdrawal from some drugs, and may be associated with aggression and/or violence due to fear or misinterpretation of what is happening to the person. Symptoms of mental illness tend to fluctuate across the lifespan between acute and non-acute phases, and substance use may also increase the risk of exposure to violence, traumatic experiences that place people at additional risk; and
- Populations with a high prevalence of blood-borne viral infections (BBVI) such as HIV, hepatitis C and hepatitis B. The risk to interviewers is largely manifest through needle stick injury, though the risk is compounded in situations where there is the potential for violence. Other infections such as hepatitis A should also be considered.

Adequate training of interviewers (including casual interviewers) is imperative to ensure that risks to staff are minimised. Training of interviewers is almost ubiquitous in drug and alcohol

research, because it is considered an essential component of ensuring methodological rigour. However, regardless of the extent of an interviewer's experience with the target population, an interviewer's lack of familiarity with specific research methodologies and interview schedules can frustrate even tolerant, and cooperative research participants. In addition to training in the specific research methodology, it is also recommended that interviewers are provided with specific safety training relevant to their project, for example: de-escalation, suicide prevention and self-defence. The need for training is to be identified with the employee's supervisor on employment. Ideally, specific safety training will be provided to interviewers as soon as possible after employment has commenced, however it is not mandatory to undergo such training before entering the field.

1.3 Interview locations

The choice of interview location is an important component of ensuring interviewer safety. An appropriate interview location is one in which (1) the safety of the interviewer is never under threat; and (2) the integrity of the interview is never compromised. Characteristics of good interview locations are those:

- Which are within the confines of an agency, provided that agency staff are aware of the occurrence of the interview and are well within earshot or vision;
- In which the interviewer feels secure and comfortable;
- Which are familiar to the interviewer and have been utilized previously (by the interviewer or NDARC);
- Which are generic fast food restaurant chains where little attention will be attracted;
- Which are in well-lit, busy locations with substantial public thoroughfare; and
- In which the anonymity and confidentiality of the participant will not be compromised.

Regardless of location, it is imperative that interviewers use their judgement and common sense when conducting interviews. Interviewers should also always have a monitor who is available for the duration of the interview, who is aware of the location of the interview, participant's details, and the estimated start and finish time of that interview. As such, the interviewer's phone should be kept on vibrate throughout the interview, so they remain contactable to their monitor but are not distracted by other phone calls or messages. The monitor flow chart should be adapted for use by each project. It is the interviewer's responsibility to find a monitor before their interview, provide them with interview details, and check in at the appointed times (see Appendix B: Monitor flow chart).

Interviewers should carry personal safety alarms to all interviews off-site and interviews at NDARC should only be conducted within interview rooms that are fitted with duress alarms.

Interviews conducted in participants' homes must be conducted in pairs. It is strongly recommended that fieldwork conducted after hours (i.e., 6:00pm to 8:00am Monday to Friday and all day Saturday, Sunday, public holidays and University holidays / shutdown periods) is also conducted in pairs, although this may depend on study constraints and is ultimately at the discretion of the study coordinator based on risks involved.

Interviewing participants in correctional facilities is, in many ways, similar to interviewing in agencies, although there are additional considerations, including: obtaining permission from each facility's Governor separately and carrying written evidence of this permission when entering the facility; completing relevant safety course(s) provided by Corrective Services NSW and closely following safety instructions outlined by Corrective Services personnel.

1.4 Guidelines on violence

Violence experienced by researchers can take different forms ranging from verbal abuse through to physical assault. Violence can be difficult to predict, however, there are strategies that can be utilised to minimise the risk of violence that all interviewers need to be aware of. Further, all interviewers should know how to assess participants for physical signs of intoxication and potentially threatening signs of aggressive behaviour.

In general, interviewers need to:

- Be aware of potential risk factors for violence;
- Be aware of strategies that can minimise the threat of violence;
- Know that potentially violent participants should not be interviewed alone or in their homes;
- Immediately report any verbal or physical violence to the project supervisor, in an online incident form, and fully document the incident in project files;
- Be aware of how to assess participants for signs of intoxication, recognise when participants are too intoxicated to interview, and be comfortable in knowing how to reschedule an interview.

Interviewers need to take particular care:

- When paying participants and handling money;
- Carrying project materials such as iPads, iPods, Laptops and smart phones;
- Not to carry valuable belongings to interviews; and
- To dress appropriately for fieldwork.

1.5 Mandatory reporting

At the outset of any interview, it is useful to outline the limits of confidentiality, so that the person being interviewed has a broad idea of what to expect if certain areas are discussed. This sets up realistic expectations of the interviewer in advance of a mandatory reporting event being raised.

Information about plans to seriously hurt oneself or others, child abuse or other risk of harm could be revealed during an interview. In these cases the risk to self or others must be further evaluated, and additional assistance and referral may be required. Any incidents (whether reportable or of concern) should be reported to the project coordinator as soon as practicable. **Before** making any referrals or deciding on an appropriate course of action, check with the study's project coordinator. They will ultimately be responsible for making the final decision regarding whether the incident is reported.

Any interviewing around self-harm or suicidal ideation needs to be carried out with a high degree of sensitivity, and where possible a collaborative approach with the person about any course of action that will be taken. If information is revealed that a participant has plans to seriously hurt themselves, the interview protocol should be set aside in favour of a detailed suicide risk assessment. If significant depressive symptoms are disclosed these should be discussed with the participant, and more information about specific suicide risk should be obtained (see Appendix A: suicide risk assessment).

If information is revealed that a participant has plans to seriously harm others, the seriousness of the participant's plans should be evaluated to determine appropriate subsequent action. This may include making referrals and calling a crisis clinic, a mental health professional, or other authorities as necessary to protect other individuals and/or the participant. If unsure about whether the participant is at acute risk, tell the participant you need to speak with your supervisor, and step away to call your coordinator or designated study contact (see Section 3.1.1.2 and Appendix B). Remember that you are not responsible for making the final decision regarding mandatory reporting.

If you are concerned that a child (under the age of 16 years), young person, (aged 16 or 17 years), or unborn child has been harmed or is at significant risk of harm, discuss your concerns with your supervisor. You are not responsible to make a report, but you need to discuss the situation with your supervisor so they can make an informed decision.

Alcohol and/or other drug use by a child's parent/guardian do not necessarily place a child at immediate risk of harm. Rather, substance use becomes a concern when it affects the parents'/carers' capacity to provide care for their children.

Some staff may be classified as mandatory reporters who have a legal duty to make a report to the NSW Department of Family and Community Services (FACS; formerly Department of Community Services, DoCS) if they have reasonable grounds to suspect that a child is at significant risk of harm. While those who are not classified as mandatory reporters do not have a legal duty to make a risk of harm report, all staff have an ethical duty to make a voluntary report if they have reasonable grounds to suspect a child, young person, or unborn child to be at significant risk.

All study participants (regardless of whether questions relating to child welfare are asked specifically) should be made aware that you **may** need to make a report to FACS if you become aware of, or form a reasonable suspicion, that a child may be at significant risk, during your interactions with them. Where relevant, studies should disclose this information in the Participant Information Statement.

If you think a child is at significant risk of harm **discuss your concerns with your supervisor**. If you are unable to speak with your supervisor within a reasonable amount of time, or you do not feel comfortable speaking with your supervisor, you may speak with another senior member of NDARC staff. Together you will decide whether a report should be made to the NSW Families and Community Services (FACS), the agency responsible for investigating and responding to concerns about child safety. Please read the NDARC Protocol: Child Protection.

1.6 Biological sampling

Care should be taken whenever collecting or handling biological samples. The main types of samples collected at NDARC are: urine, hair, capillary blood spots and venous blood. Staff undertaking these procedures should be fully trained. In all cases the following procedures should be followed:

- A Safe Work Procedure (SWP) must be completed for any biological sampling and storage;
- Sample containers clearly labelled prior to specimen collection;
- Hands washed before and after collection;

- Gloves shall be worn;
- Dispose of biological waste in a biohazard bin or sharps container if appropriate;
- Biological samples shall be stored in a designated fridge which does not contain food for consumption;
- Spillages must be cleaned up immediately with disinfectant in accordance with the Safe Work Procedure;
- In the case of hair sampling, round-tipped scissors should be used;
- In the case of blood sampling all sharps should be disposed of in a sharps container which is disposed of and replaced regularly.

In the case of venous blood sampling staff should complete venepuncture training. Before commencing a study involving venepuncture the University's Bio- Safety Coordinator in the Health and Safety team should be contacted. Staff must also be familiar with the University's procedures and guidelines on biological safety and infection control.

In the event of needle stick injury or the exposure to blood or blood products the following action should be taken:

- Immediately wash affected area thoroughly with soap and water. If mouth, nose, eye(s): Rinse well with water or saline immediately (use eye wash facility if available)
- Report incident to your supervisor and first aid officer, and go to the University Health Centre or Casualty Department of the nearest public hospital (**within two hours if exposure to HIV**). A blood sample and prophylactic treatment may be required depending upon the exposure.
- Contact NSW Health Needle Stick Injury Hotline (1800 804 823) for confidential advice/counselling.
- Complete the online UNSW incident report in myUNSW.

Refer to Section 3.4 for further information.

2. OVERVIEW OF SAFETY ISSUES IN DRUG AND ALCOHOL RESEARCH

Drug and alcohol research often requires face-to-face interviews with research participants, and this raises a number of health and safety issues for interviewers. This section discusses two key issues central to interviewing: characteristics of drug and alcohol research populations that potentially impact on the safety of interviewers, and the importance of adequate interviewer training.

2.1 Population characteristics

Drug and alcohol research participants come from a range of backgrounds and represent a broad spectrum of people. Due to the nature of the research undertaken many research participants are drawn from populations that could be considered 'high risk' in terms of interviewer safety. Depending on the study, research samples can include people with substance-related disorders; people experiencing comorbid mental health disorders; homeless people; prison inmates; and recently released prisoners. Many research participants have severe substance-use disorders; report poly-substance use; are unemployed with significant drug expenditure; engage in high rates of criminal activity; and/or suffer from a range of physical and mental health disorders, including a high prevalence of blood-borne viral infections (BBVI). The implications for interviewer safety when dealing with such sample characteristics are considered in turn below.

In more recent years, the breadth of research undertaken at NDARC has expanded to include the children of substance using and non-substance using parents. Whilst children are not considered a 'high risk' to interviewer safety, they are a vulnerable research sample, which encompass a unique set of ethical considerations.

2.1.1 Substance-related disorders

There are two groups of substance-related disorders: substance use disorders and substance-induced disorders. Substance use disorders are patterns of symptoms resulting from use of a substance which the individual continues to take, despite experiencing problems as a result. Substance-induced disorders include intoxication, withdrawal and substance-induced mental disorders (e.g., substance-induced psychosis, substance-induced bipolar and related disorders, substance-induced depressive disorders, and substance-induced anxiety disorders).

Substance-related disorders are often described as chronic relapsing conditions and involve activation of the brain's reward system, such that people may neglect other normal activities in favour of taking the drug. An individual with a severe substance-related disorder may be compelled to continue to use drugs, often in an effort to relieve or avoid the withdrawal symptoms associated with cessation of use. This may lead an individual to engage in behaviour that they would otherwise consider unacceptable. This is not to imply that all drug users, or even specific drug users, constitute a threat to interviewer safety; on the contrary, the sheer volume of research conducted among drug users suggests minimal and infrequent risk. Nevertheless, the potential for breaches of interviewer safety should be considered when conducting research among drug users. When planning interviews, the project team should consider the balance between the likely risks they will be exposed to and the potential consequences of these risks. For example, while some risks are rare (e.g., needlestick injury), the potential consequences (e.g., acquiring a blood borne viral infection) could be severe.

2.1.2 Unemployed with significant drug expenditure

A particularly risky situation for interviewers is that in which potential participants are denied entry to a study because they do not meet the eligibility criteria. Being deemed ineligible inevitably causes significant distress for some people turned away. Despite researchers' best efforts, eligibility criteria are often identified by, and rapidly disseminated among, potential participants, and it is not uncommon in these situations for would-be participants to feign entry criteria. This has obvious implications for data quality, but there are also implications for interviewer safety: dealing with disappointed participants is stressful, and the frustration of not being able to participate (and thereby legitimately earn money) can result in some potential participants directing aggression toward the interviewer. In order to minimise the likelihood of such a situation arising, it is recommended that all studies adopt the following techniques:

- Prior to commencing the screening process, make it clear to all potential participants that not everyone is eligible to participate in the study, and that if they are found to be ineligible you cannot tell them why they are ineligible. If possible, direct ineligible participants towards another current/upcoming study.
- Include a number of 'dummy' questions amongst the legitimate screening questions (i.e. questions that are not relevant to the eligibility criteria of the study). This increases the difficulty of correctly identifying what the eligibility criteria are.
- Always screen potential participants on an individual basis, and out of earshot of other interested people. This is important in order to maintain confidentiality, but it also reduces the opportunity for participants to compare answers and subsequently identify the eligibility criteria.

2.1.3 Criminal activity

Although the precise nature of the drug-crime nexus remains to be clarified, it has been well-established that drug users are more likely to engage in crime than those who do not use drugs. Furthermore, a substantial proportion of crime is drug-related and the majority of property crime is committed in order to financially support illicit drug use.

In the context of drug and alcohol research, interviewers are most at risk of becoming victim to a drug-related property crime, rather than a drug-related violent crime. That is, although illicit drug markets are often characterised by violence, intimidation and extortion, the majority of such activity is perpetuated among market participants, rather than directed toward individuals external to the market. Property crime, on the other hand, may be associated with aggression or violence that is intended to intimidate or force the victim into relinquishing the relevant property. The knowledge that interviewers carry money to recompense participants may lead to opportunistic property crime accompanied by aggression. Interviewers' personal property and research equipment may also provide an opportunity for theft. The protection of interviewers from opportunistic property crime carried out under the threat of violence must be considered. Refer to section 3.2: 'Managing risk' for further instructions on how to minimise the likelihood of the being the victim of a crime.

These issues should be considered for all drug users, including those who use alcohol and other licit drugs.

2.1.4 Comorbid mental health disorders

Those conducting research in the drug and alcohol field should consider the high prevalence of comorbid mental health disorders among problematic substance (including alcohol) users (Ward et al., 1998; Degenhardt et al., 2001; Weaver et al., 2001; Burns & Teesson, 2002). Psychotic and delusional symptoms, such as paranoia or hallucinations, may be experienced during intoxication and/or withdrawal from some drugs, and may be associated with aggression and/or violence when the person is scared and misinterprets what is happening around them (see Morrison et al., 1998 for a further discussion). However, having a mental illness does not mean someone will be violent, particularly when they are receiving treatment for their mental health problem (SANE, 2012). For example, the lifetime risk of someone with a mental illness such as schizophrenia seriously harming another person is 0.005%. Certainly, there is no greater risk of someone with a mental illness being violent than the risk conferred by someone abusing alcohol/other drugs. It is much more likely that someone with a mental illness will hurt themselves, or be hurt by someone else. A variety of stressful events or circumstances can put people at increased risk of harming themselves, with psychiatric problems such as depression, other mood disorders, schizophrenia and a general sense of hopelessness playing key roles in the genesis of suicide and self-harm. Comorbid mental health and alcohol/other drug use disorders act together to significantly increase risk of suicidal thoughts and behaviours. Generally, having made a previous suicide attempt (especially in the first 6 months after an attempt) places a person at high risk for a repeat attempt. Having access to the means to harm or kill oneself (medicines, poisons, firearms) also significantly increases risk.

2.1.5 Transmission of infectious diseases

Given the high prevalence of some blood-borne viruses (BBVI) amongst people who inject drugs (PWID) the risk of contracting hepatitis C (HCV), hepatitis B (HBV) and HIV needs to be taken into consideration. The risk of contraction is largely manifest through needle stick injury, and is of particular concern in studies in which blood samples are collected. The risk is compounded in situations where there is the potential for violence. No vaccine exists for HIV or HCV; however, an effective vaccine is available for HBV. Infections other than BBVI may also present a risk to interviewers and should be considered. Hepatitis A (HAV), for example, is associated with poor hygiene, a feature of the chaotic lifestyle of many drug users. An effective vaccine against HAV also exists.

All new staff members will be assessed on their potential risk of exposure to BBV and the need for HBV, HAV and other vaccinations on induction to NDARC; use HS427 Immunisation - Questionnaire and Authorisation Form. NDARC will centrally fund HBV vaccinations where required (vaccination is not compulsory, and the employee can refuse to be vaccinated – this needs to be decided with the employee’s supervisor; use HS079 Immunisation - Decline of Immunisation Form). It is recommended that all projects allocate sufficient budget towards other relevant vaccinations for research staff if they are considered necessary for safely conducting a project (e.g., Hepatitis A, influenza). The UNSW Health Service offers Hepatitis A vaccinations for \$70 each and a combined Hepatitis A + B vaccination for \$80 each (correct at the time of publication; contact the clinic directly for current costs).

2.1.6 Children with drug dependent parents

When interviewing parents the interviewer should be mindful that the majority of parents (whether a history of drug dependence is present or not) are positively motivated to preserve

their child's wellbeing. However, families with a history of substance use disorders are more likely to face additional risk factors such as fractured family and support networks and a history of psychological and financial difficulties. Periods of major change such as the birth of a child, or major developmental changes throughout childhood and adolescence, can exacerbate these difficulties. As such, the child's home life is more susceptible to fluctuations in stability. While this in itself is not of particular concern, increased life stressors, combined with drug dependence, can lead parents with a history of drug dependence to behave in ways they may have previously considered inappropriate.

Furthermore if the parent believes he/she is at risk of having his/her child removed from care and perceives you as an influential authority in this regard, parents may behave in unpredictable ways in order to protect their child. As such, it is important that the interviewer remain neutral whilst interviewing. Furthermore, it is important to note that illicit substance use does not in and of itself warrant mandatory reporting to Family and Community Services (FACS). Mandatory reporting would, however, be appropriate if the parent's behaviour in obtaining drugs or during periods of intoxication places the child's wellbeing at significant risk, such as negligence towards their basic needs. The interviewer should become familiar with reporting criteria (refer to section 3.3 and the NDARC Protocol: Child Protection for more information). It is also important to remember that whilst the interviewer may feel a responsibility to protect the child, the interviewer should always put his/her own safety first.

2.1.7 Interviewing in the presence of children

In many studies, the situation may arise where parents request to have their children present whilst they are being interviewed. While there are no specific guidelines on this issue, such practices should be avoided wherever possible. Refer to section 3.1.6 for further information.

2.2 Interviewer training

The preceding discussion demonstrates that potential aggression and violence among drug and alcohol research participants constitutes a real risk to interviewers. In addition, some acute or chronic effects of substance use or comorbid mental health issues may increase the risk of self-harm among participants, or harms to others (e.g., family members). As such, it is imperative that all interviewers (including casual interviewers) receive adequate training before entering the field. It is the responsibility of the employee's supervisor to ensure that this training is identified and received, and that staff are provided with proper support, including being made aware of the UNSW Employee Assistance Programs if required.

2.2.1 Instrument administration

Comprehensive training of interviewers in the methodology of each specific study is important not only in terms of ensuring the collection of reliable and valid data, but also in terms of the reduction of risk to interviewers. Regardless of the extent of an interviewer's experience with the target population, an interviewer's lack of familiarity with specific research methodologies and interview schedules can frustrate even tolerant, cooperative research participants. Training relevant to the specific study should address instrument administration; biological sampling (where applicable); recruitment strategies; population specific issues; and methodology specific issues.

2.2.2 General safety training

General safety training should be administered to all interviewers as part of their induction prior to their first contact with research participants and should address all of the issues covered in this manual. This includes assessing and minimizing the risk of violence and theft, assessing intoxication, basic suicide risk assessment, dressing appropriately, being aware of appropriate interview locations and the necessity for an interviewer's unimpeded access to an escape route. Sensitivity to the sometimes frustrating nature of assessment questions for the study participants will also be important to comprehend.

2.2.3 Specific safety training

It is also recommended that interviewers are provided with specific safety training relevant to their project, for example: de-escalation, suicide prevention and self-defence. The need for this training is to be identified with the employee's supervisor on employment. Ideally, such specific safety training will be provided to interviewers as soon as possible after employment has commenced, however it is not mandatory to undergo such training before entering the field.

De-escalation: While all interviewers should undergo general training on how to manage agitation or aggression prior to entering the field, NDARC centrally funds an annual training session on how to manage aggressive/challenging clients in collaboration with the Kirketon Road Centre (KRC), which will be advertised to all interested staff. If it is not possible to attend this, additional training should be considered in individual project budgets as required.

Suicide prevention training and risk assessment: Given the sensitive nature of some research questions, it is inevitable that certain participants will disclose feelings of psychological distress and suicidality. As such, it is imperative that all interviewers (including casual interviewers) be trained in basic suicide risk assessment prior to entering the field (see also Section 3.2.1). NDARC advises that each project plan and fund such training.

Additional, comprehensive suicide prevention training must be funded from individual project budgets. These are run by external agencies such as the National Centre for Suicide Prevention Training (<http://www.suicidefirstaid.org.au/>).

Self-defence: Any projects wishing to enrol employees in self-defence course will need to include this in their project budget.

The following section deals with specific issues that should be considered when conducting drug and alcohol research involving interviewing. This section provides the NDARC guidelines on interviewing locations, managing violence, mandatory reporting and biological sampling procedures and precautions.

3. NDARC GUIDELINES

3.1 Interview locations

3.1.1 Interview location

The choice of interview location is an important component of ensuring interviewer safety. An appropriate interview location is one in which:

- The safety of the interviewer is never under threat;
- The integrity of the interview is never compromised; and
- The confidentiality of the participant is ensured.

3.1.1.1 Interviewing alone and/or after hours

The safety of the interviewer is of paramount importance. Interview location is integral to maintaining the interviewer's safety, and should also be addressed by project supervisors when conducting interviewer training.

Although it is optimal for interviews to be conducted in pairs, this is not practical in the majority of situations. Conducting interviews in pairs at participants' homes however, is **mandatory**. If a second person is unable to accompany the primary interviewer to these interviews, the interview needs to be rescheduled to a time when two interviewers are available.

In addition, it is strongly advised that interviews conducted after hours are conducted in pairs. This is dependent on the project and subject to project coordinator's approval. Interviewers should also carry personal safety alarms when conducting interviews outside the Centre. NDARC has a small number of these available for use. They are located in the front office and need to be signed out and returned when finished with to ensure equitable access.

Please note that the UNSW definition of afterhours is: 6:00pm to 8:00am Monday to Friday and all day Saturday, Sunday, public holidays and University holidays / shutdown periods. The UNSW HS703 After Hours Approval Form should be used.

3.1.1.2 Monitoring interviewers

In situations where an interviewer arranges to meet a participant either at NDARC or at an external location, they are responsible for finding a monitor for the duration of their interview, including travelling to and from the meeting point. The monitor should be someone who works on the same project, is available for the duration of the interview to answer phone calls or text messages, and is familiar with the study's monitor flow chart (see Appendix B). A monitor flow chart should be used and adapted by each study as a way in which monitors and supervisors respond in the event that the interviewer does not check in at the prearranged time.

Prior to the interview, the interviewer should provide their monitor with details of the interview, including the participant's name, contact phone number, interview time and place, expected time of departure from NDARC and anticipated end time. Depending on the study, these details can be provided via a shared interview calendar, text message, email, or post-it, providing participant confidentiality is strictly maintained (i.e., participants' full names and other details are not sent in emails or left in other unsecured locations). As outlined above,

the monitor flow chart should be adapted for use by each study, but needs to contain the following steps:

- Interviewer advises monitor when they are on their way to the interview location;
- Interviewer advises monitor when they arrive at their meet point;
- If participant is not already there, interviewer advises monitor when they arrive;
- Interviewer advises monitor when they leave interview location (once in a safe place – i.e., locked car, on bus).

If these steps are taken, the monitor does not need to take further action. Further steps are required when:

- Interviewer advises monitor of arrival but does not contact monitor again or arrive back when indicated;
- Interviewer does not contact monitor at all.

If either of these occurs, the monitor needs to call the interviewer immediately and regularly (e.g., every 10 minutes). If there is no response within a reasonable time, the monitor should attempt to contact the participant and ask to speak to the interviewer. If unable to speak with the interviewer, or unable to get through to the participant, the monitor needs to alert the project supervisor immediately. The project supervisor should alert the project investigators, who can decide as a team how to respond (e.g., phoning the interviewer's emergency contacts, the participant or the police).

In order to remain contactable to their monitor, the interviewer's mobile phone should be placed on vibrate, and kept somewhere where they can feel the phone ring if their monitor calls or texts. Interviewers need to be aware of their monitor's attempts to contact them, and should respond at the first available opportunity (being sensitive to the participant and integrity of the interview). However, interviewers should not make or answer personal phone calls or text messages in front of a participant, except in case of emergency. This is also important in order to maintain the integrity of the interview.

In addition to using the monitor flow chart, there are several smart phone apps that have been developed with the purpose of tracking and monitoring the safety of the phone's owner. Current apps available include:

- Life 360;
- My guardian angel app; and
- Stay safe app.

These apps have the capacity to create emergency contacts (i.e., monitor, project supervisor), send them an 'alert' and track the phone via GPS. Although emerging technology provides new ways in which monitoring interviewers can take place, it is important that participants' confidentiality and anonymity is maintained and protected. As such, care needs to be taken about the level of detail provided to the app (e.g., specific meeting place and time, participant's name etc.), and the potential risk of disclosure. In addition, although available internationally, some apps have been developed in the U.S and some features require additional instruction or research (e.g., the My guardian angel app contacts 911 as police default). It is therefore the decision of individual project supervisors whether their study should utilise monitoring apps for interviewers, and train their staff accordingly.

3.1.1.3 Maintaining the integrity and confidentiality of the interview

The integrity of the interview refers to the fact that, for a participant to provide reliable and valid data, they must feel safe, secure, and assured of their anonymity and confidentiality. This means that the interview location must be relatively private, or at least not one in which someone close by could hear the conversation. For example, although a noisy coffee shop or pub is not private, the background level of noise is likely to provide privacy in the sense that no-one could hear what was said by either the interviewer or the participant. At all times, interviewers need to use their judgement in ensuring the location is suitable for interviewing.

Some participants may bring their partner, friend, or a person unconnected to the study to an interview. Depending on the study, interviews should be conducted outside the presence of partners or those external to the study, so as to maintain the integrity of the information collected. This should be emphasised when making the interview appointment. Interviewers need to be aware however, that asking a participant's partner or friend to sit at a separate table or wait outside may provoke a participant and elicit an aggressive response. In these situations, it is necessary to strike a balance between the integrity of the interview and interviewer safety. It is crucial that interviewer safety is not compromised.

3.1.2 Interviewing at NDARC

In order to maximise access to participants, the majority of research interviews are conducted outside NDARC. Some projects however, conduct interviews with participants within the Centre.

When interviewing participants at NDARC, there are a number of ways to minimise potential risks. Wherever possible, interviews should take place during normal working hours so that there are many people close by. Prior to the interview, book an interview room with a duress alarm, which may involve negotiation with other staff who may have booked the room for phone interviews. As with the external interviews, find a monitor and notify them of the interview time and location, participant's details, and expected finishing time. Best practice would see interviewers alerting their monitor when the participant arrives at the centre, when the interview commences, ends and when the participants leaves the centre, but is at the discretion of each projects' coordinator.

If interviews must take place after hours, ensure your monitor is on-site and is willing to remain on the premises until the interview is completed. The participant should be made aware that there is another person in the building. This can be achieved by ringing your monitor in the participants' presence, advising them that the participant has arrived, and giving an indication of the anticipated finishing time. The degree of reporting between interviewers and supervisors varies between projects, but in general, supervisors should be aware that interviewers are conducting after-hours interviews at the Centre.

3.1.3 Conducting interviews in the field

The majority of projects that conduct fieldwork administer interviews to participants outside NDARC. In these situations, there are several optimal locations that should be used for participant interviews:

3.1.3.1 Interviewing in agencies

One such safe interviewing location includes agencies such as Needle and Syringe Programs (NSPs) or drug treatment agencies, provided that:

- Supervisors or project coordinators are aware of and approve of the interview location;
- The appropriate ethics approvals are in place (e.g. site-specific assessments and associated documentation, where applicable);
- The interviewer has arranged for a monitor to be available for the duration of the interview;
- Interviewers are familiar with the agency and have had an induction into workplace health & safety emergency procedures and safety arrangements for the interviews;
- Agency staff consent to researchers conducting interviews on their premises at that time, and are aware of the study and the eligibility criteria;
- Agency staff are aware that an interview is being conducted and know approximately how long the interview will take;
- Interviewers are familiar with agency protocols regarding client interviews and these protocols are followed or alternatives arranged with the agency;
- The interview takes place in a room that is well within the hearing range of agency staff;
- The interview is conducted in a well-lit and relatively private room, or at least a room where agency staff can supervise, such as the Day Room at the Kirketon Road Centre;
- There is no 'back exit' that participants would be aware of that they could 'escape' from should an adverse event occur.

Even within agencies, it is imperative that the interviewer strictly maintains generic safety standards, such as not showing a participant that they have any more money than is necessary to pay that participant (see 3.2.4).

Our dependence on the cooperation of agencies in order to provide safe interview environments should by now be apparent to all interviewers. It is therefore imperative that interviewers not only consider their own safety at the time they are in the field, but also that they ensure they maintain good relations with agency staff.

In practice, this means that interviewers should make every effort to maintain good humour, to be aware of whether they are causing hassles for the staff or impeding their daily work (such as being in their way, or having many drug users hanging around waiting to be interviewed), and helping the staff whenever possible when not interviewing.

3.1.3.2 Interviewing in locations other than agencies

Apart from agencies, the most appropriate interview location will depend on a number of factors, including the target population, the region where they could be interviewed, the number of interviewers available, and so on. Whenever an interview location other than the Centre or an agency is used, the location **must** be discussed and agreed upon with the project supervisor, which may form part of interviewer training within each project. If interviews are being conducted in new areas, other staff (either in the agency or at NDARC) may have advice on the best places in that region to meet participants. If there is uncertainty about interview locations, interviewers can discuss this with their project supervisor.

In situations where an interviewer goes out alone to meet a participant in a mutually convenient location, the interviewer should suggest a busy, public and centrally located place to meet. If the interview is then conducted elsewhere, i.e., the location changes, the monitor needs to be alerted.

Generic interview locations which may be appropriate in these situations include:

- A busy, well-lit, centrally located cafe or restaurant. Preferably these should be commercial premises where the interviewer has interviewed in the past so that it is known that staff will tolerate interviews taking place. Drinks (non-alcoholic) should be purchased in order to appease management.
- If traveling to an unfamiliar area, a busy, well-lit, generic fast food outlet or café such as McDonalds, Hungry Jacks, KFC or Gloria Jeans in that area should be suggested by the interviewer. Generally these premises do not pay much attention to people sitting for long periods of time. Another good place to meet participants during business hours is the local Centrelink. These are often busy places in town/suburb centres and are easy for both the interviewer and participant to find. In many cases there are coffee shops next to the Centrelink (this should be determined first) or somewhere to sit outside, which meet the above requirements of a good interviewing location.
- Depending on the population, some street-based locations are acceptable but only when strictly necessary.

Depending on the study, it may be necessary to conduct interviews in participants' homes. In these situations, interviews **must** be conducted in pairs, and **never** conducted in the homes of participants who are thought to be potentially dangerous.

3.1.3.3 Conducting interviews in participants homes

Conducting interviews in pairs is mandatory for interviews scheduled at participants' homes. If a second person is unable to accompany the primary interviewer to these interviews, the interview needs to be rescheduled to a time when two interviewers are available. Prior to the home visit, the interviewer should check the following information with the participant and pass it on to the monitor:

- Availability of street parking
- Location of entry door (front, back, side)
- How many people home during the home visit? Who are they? What is their relationship to the participant? Will they be sitting in on the assessment (although as noted earlier this is not usually desirable)?
- Are there any pets at the home? Will they pose a risk? (e.g., vicious dogs, overfriendly large dogs) Can they be restrained or kept separate during the interview?
- Telephone the participant the day before or on the day of the appointment to confirm the arrangements and check that they are in a receptive state of mind.

Home visits are not to be conducted if a participant (or anyone residing at the address) has a history of aggressive behaviour, violence or sexual harassment or if you believe you will be at risk. This includes cancelling an interview on the day if you feel the client's condition has deteriorated since the last point of contact. Most interviews can be conducted over the

phone, so if you are unsure, reschedule for a telephone interview. Check with your supervisor if you have any doubts about conducting home interviews.

In addition, be sure to take the following precautions when conducting interviews at participants' homes:

- Park where you can't be obstructed from leaving or parked in;
- Be aware of potential slip/trip hazards;
- Check pets are restrained or kept separate during the visit;
- Carry ID (although do not show ID containing your address or phone number);
- Check consent remains valid;
- Introduce the second interviewer;
- Check who else is at the premises;
- Identify exit routes;
- Do not sit with your back to the door, keep doorways clearly in sight and the exit doors easily reachable;
- Position yourself so that you are closest to the exit route and it cannot be blocked;
- Before sitting check it is safe to do so e.g. no needles or sharps left on/near the seat
- Keep personal documents, mobile, personal possessions secure at all times.

3.1.3.4 Interviewing in correctional facilities

Interviewing participants in correctional facilities is, in many ways, similar to interviewing in agencies, and the points noted under 3.1.3.1 will often apply. Note that when interviewing in correctional facilities, it is necessary to obtain permission from each facility's Governor separately, and to carry written evidence of this permission when entering the facility. Bear in mind that even if you have written permission from the Governor, access may be denied due to unforeseen events, such as lockdowns. In addition to the points under 3.1.3.1, consider the following when interviewing in correctional facilities:

- All interviewers should complete the online safety course provided by Corrective Services NSW (as noted in your approval letter from the Corrective Services NSW Research Approval Committee);
- When entering a correctional facility, you will be provided with a personal safety alarm that should be worn at all times. **Wear a belt** so that the alarm may be attached to it; if you are unable to securely attach the alarm to a belt, Corrective Services staff may not permit the interview to proceed;
- You will most likely be assigned a space for interviewing. As in other agencies, ensure that the room in which you are interviewing is private, but near to staff, and that you have a clear path to the door. Ensure that surfaces (e.g. desks) are free of items that may be used as weapons;
- Clothing can be an issue with female interviewers and male participants. Loose-fitting clothing and modest necklines are recommended;
- Participants in correctional facilities may be reimbursed for their time, but **never** using cash. Reimbursements are to be arranged through the facility's buy-up system;
- Always follow directions given by Corrective Services personnel.

3.1.4 Interview locations which should be avoided

Although guidelines for interviewing will vary between projects, there are general interviewing locations that should be avoided. Public open-air interviewing must be conducted in busy locations with substantial public thoroughfare. In general, it is preferable to conduct interviews in cafes, fast food outlets, shopping centres or agencies. If this is not possible, interviews can be conducted in pairs, or moved to a more secure location. Quiet parks and locations lacking natural security (for example, high visibility, or public thoroughfare) should be avoided. Illegal premises (e.g., shooting galleries) must **never** be used as an interview location.

Premises or locations in which interviewers are likely to witness illicit activity, such as drug dealing or illicit drug administration, should be avoided insofar as is possible. Clearly this is difficult, given the nature of the target population, but the more public a location is, the less likely it is that illicit activity will occur.

Sometimes it is necessary to strike a balance between maintaining the integrity of the interview and interviewer safety in order to arrive at a reasonable interview location. In situations in which one of the two requirements must be compromised, **the safety of the interviewer must always take precedence**. It is necessary for the interviewer to conduct an interview in which they feel safe. **ALWAYS** consider your own safety the top priority in any interview situation.

3.1.5 Traveling to and from interviews

Wherever possible, interviewers should book an NDARC car for travel to and from interviews through the NDARC car booking system. It may be necessary to negotiate with other projects for use of the car, depending on interview location. Ensure new staff are familiar with the NDARC car usage guidelines. **Under no circumstances** should participants be in the same car as the interviewer, and interviewers cannot provide lifts to participants. Telling a participant that you are unable to provide them with a lift may lead to agitation or anxiety, particularly if the interview has run overtime and the participant has witnessed the interviewer arriving by car. It may be useful to carry cab charges for emergency situations, so as to avoid participants attempting to pressure interviewers for a lift. These should be charged to individual projects.

Whether driving an NDARC or personal car to fieldwork, it is crucial that parking in secure, visible and central locations is obtained. Interviewers need to take care when walking to and from cars and meeting points. Ensure there is good visibility with members of the public around, and advise your monitor of arrival and departure.

If travelling via public transport, it is the interviewer's responsibility to notify their monitor of their plans in advance, and advise them when they leave the Centre, arrive at the interview location, leave the interview location and arrive back at the Centre. Refer to Appendix B 'Monitor flow chart'.

In the event of a breakdown, notify your monitor immediately. If using the NDARC work car, notify reception on 02 9385 0333, and contact roadside assistance if you are a member (NRMA helpline: 13 1111) if using your own car. Contact the participant, and reschedule the interview. Ask your monitor to assist you if you need help. Don't leave any project materials in the car if you need to leave it. Check with your supervisor about whether you need to complete an incident / injury / hazard form.

In the event of a car accident, inform your monitor immediately. Ask them to call the participant and reschedule the interview – they should have all of the relevant details on hand. Ask your monitor to call your supervisor and advise them of the situation. Depending on the nature of the accident, call the police. If you are using an NDARC work car, call Facilities Management on **02 9385 1111**. Collect the details of the other car (name, address, phone number, license number, make, model, car colour, insurance details etc.). Complete incident / injury / hazard form on myUNSW and motor vehicle claim form. Check with your supervisor whether you need to do anything else.

3.1.6 Children at interview locations

In setting up the time/date/location of interviews, project staff should be clear that no other person is to be present during the interview (unless, for example, it is a couples study or a one-on-one interview with young people/children that needs to involve their parents/carers). In some cases, however, participants may attend an interview with their child/young person in tow, or may indicate that their child/young person will be joining them. This presents an issue regarding the frank and open discussion about substance use that is often sought in research involving people with alcohol/other drug use problems. The participant should be made aware that you will be discussing issues that are not appropriate for children to hear. Although there is no gold standard method of handling this, in these circumstances, interviewers should not be responsible for the care of participants' children.

When interviews are being conducting at participants' homes, it is also possible that children are present. As with other interview locations, unless children are involved in the project, interviewers should not be responsible for entertaining or caring for them. Refer to Section 3.3 'Mandatory Reporting' for situations in which interviewers may need to intervene (e.g., witnessing child abuse or neglect), and the NDARC Protocol: Child Protection.

It is possible that children may interfere with the administration of the interview. In so far as is possible, interviewers should continue to conduct the interview. If this becomes too difficult (e.g., participant cannot focus on the interview, the child is overly disruptive or it becomes inappropriate to continue to discuss interview themes in front of the child), the interviewer should conclude the interview and attempt to reschedule. As with overly intoxicated participants (Section 3.2.3), this needs to be done sensitively. Explain to the participant that you are unable to interview them today but are very keen to talk to them when they have more time. Offer to conduct a phone interview (depending on the study), or suggest a home interview if another interviewer can attend with you. If the participant becomes agitated, it may be necessary to placate them by asking a few more questions, feigning interview completion and recompensing the participant for their travel expenses. This however, should be a *last resort*.

3.1.7 Summary

- Interviews conducted at participants homes **must** be done in pairs. Further, it is strongly recommended that interviews conducted outside NDARC after hours are also conducted in pairs, although this may depend on study constraints and is ultimately at the discretion of the study coordinator;
- Depending on the study, conducting interviews in the presence of partners or those external to the study should be avoided, so as to maintain the integrity of the interview;
- Interviewers should carry personal safety alarms to all interviews off-site;

- The monitor flow chart should be adapted for use by each project. It is the interviewer's responsibility to find a monitor before their interview, provide them with interview details, and check in at the appointed times;
- The interviewer's phone should be kept on vibrate throughout the interview, so they remain contactable to their monitor but are not distracted by other phone calls or messages;
- A balance should be found between the confidentiality of the participant, integrity of the interview and the safety of the interviewer, but when in doubt, interviewer safety is paramount; and
- In general, the characteristics of good interview locations are those in which:
 - The interviewer feels secure and comfortable;
 - Are familiar to the interviewer and have been utilized previously;
 - Are generic fast food restaurant chains in which little attention will be attracted;
 - Are in well-lit, busy locations with substantial public thoroughfare;
 - Are conducted within the confines of an agency, provided that agency staff are aware of the interview and are well within earshot; and
 - The participant's anonymity and confidentiality will not be compromised.

In the event of an emergency off site, call 000 and wait until help arrives. In the event of an emergency on-site at NDARC call UNSW Security Ext 56666. Notify your monitor who needs to notify your supervisor and any subsequent participants to reschedule if necessary. Complete an incident / injury / hazard form in myUNSW as soon as practicable.

3.2 Managing risk

3.2.1 Assessing risk of violence

Violence or the threat of violence is a genuine concern for researchers in the drug and alcohol field. The violence experienced by researchers can take different forms ranging from verbal abuse and verbal threat and intimidation, to physical assault and physical assault with an implement. Furthermore, violence can be very difficult to predict. The following guidelines were developed by Teesson, Hodder and Buhrich (2003) and have been adapted for NDARC.

Knowledge of a person's history of violence may help to predict their violent behaviour, and influences how they are to be managed. The best indicator of potential violence is an episode of previous violence (Teesson et al., 2003). However for most research situations, this information will not be available. For this reason, interviewers should be aware of situations where the risk of violence is elevated, such as when the participant is:

- A young, intoxicated male, especially if alcohol, psychostimulants (e.g., cocaine or methamphetamine) or benzodiazepines are involved;
- A person withdrawing from (or coming off) a drug;
- A highly agitated person, e.g. they jump up and down from their seat during the interview, or pace rapidly;
- An angry person, e.g. they burst into an interview, or demand to be interviewed immediately;
- An acutely deluded, manic or paranoid person, e.g. they believe the interviewer is involved in a conspiracy against them;
- A person with a history of violence, especially if they have (ever) been violent in circumstances similar to the present situation. Although this will generally not be known in most situations, it is valuable information and should be recorded in longitudinal studies.

A potentially violent person should never be interviewed alone; at least one colleague should be present. In practice, this means a second person is either located within the interview room with the participant and interviewer, outside the room but next to the door which is to be left ajar, or accompanying the interviewer to the off-site location. There should always be clear access to an exit so interviewers can leave the room quickly if need be. Interviews with potentially violent participants should never be conducted within participants' homes. If unsure, interviews can be conducted over the phone and money transferred to participants' bank accounts or sent in the mail via money order.

In the event of an episode of physical or verbal aggression or violence, the injured person(s) need to be comprehensively supported (both physically and psychologically) at the time of the event (i.e., transported to Accident and Emergency or transported to wherever they are staying). The incident should be **immediately** reported to the project supervisor, police or other emergency service as required. An online incident form must be completed on the myUNSW website as soon as practicable. Debriefing and support counselling should be offered within 48 hours of an episode of violence (<http://www.counselling.unsw.edu.au/>).

In addition, the circumstances of any verbally or physically violent episode should be fully documented and used to prevent similar situations. Depending on the study, incidents should be recorded on project materials. This is particularly relevant for longitudinal studies, where the information can be used to manage future interviews with participants. In addition,

any potential risk alerts should be fully documented so that other staff that may have contact with the participant can be alerted to potential issues or safety concerns.

3.2.2 Minimising risk of violence

Much can be done to diminish the threat of violence. There are several ways to prevent or minimise violence in an interview situation. They include:

- Interviewing in a medium or large sized room, if possible – some participants feel crowded or intimidated in small rooms;
- Using an interview room with two doors, where the participant or yourself can leave the room freely and separately, if necessary;
- If interviewing in a room with only one exit, the interviewer should be seated close to the exit;
- Interviewing with the door ajar, and having a colleague in the room with you, or just outside the door;
- Not sitting or standing within-arm's-length of the client;
- Using chairs without arm rests;
- Removing any throwable objects from the interview desk;
- Remaining aware of your interview style - ensure your posture is not confrontational, keep your tone of voice ushered and respectful;
- Not placing yourself at risk to prevent damage to property or theft of money;
- Terminating the interview if you feel anxious about possible assault, or that you have lost control of the interview;
- If the situation escalates, and you feel comfortable doing so, ask the participant to stop or you will call the police. If repeated requests to calm down have little effect, advise the participant that the interview is over, pay them for their time, and take yourself to a safe place. Call the police if necessary. The procedure to be followed by individual projects should be decided prior to commencing interviewing. It is crucial that the project supervisor is informed of this step if it is taken, and the decision to call the police be made in conjunction with the supervisor, if possible;
- If necessary, activate your personal safety alarm;
- Restraint should be avoided by the interviewer themselves;
- Training in de-escalation or self-defence.

Due to the wide range of possible interview locations (see Section 3.1), it may be difficult to implement all the above recommendations in every interview. They should be used as a guide for a safe interview however, and followed wherever possible. In particular, interviews conducted at NDARC enable a higher degree of control over the external environment.

In order to minimise the risk of violence, the parameters of the interview should be stated at the outset, including eligibility criteria, the limits of confidentiality and mandatory reporting obligations. This is best managed at the consent stage prior to the commencement of the interview. To set these limits the participants should be fully aware of the (estimated) length of time of the interview; **do not** suggest the interview takes half an hour if you know it will take at least 45 minutes and as much as an hour. Outline the nature of the questions that will be asked and if you know the interview to be repetitive (and tedious) you should point this out. Although you may lose a small number of potential participants, you will reduce the chance of a participant becoming agitated and aggressive because they have lost patience. One option is to do a pre-interview verbal contract at the time they sign the consent form in which you should state the nature of the interview.

As a matter of course it is good practice for interviewers to debrief as a group at the end of a day of interviewing. Alternatively, individuals should debrief and discuss protocol issues with their supervisor at regular intervals.

3.2.3 Assessing intoxication

All participants should be assessed for their level of intoxication prior to the commencement of the interview. Intoxication is not always obvious, though a quick (and discreet) assessment can be used to inform your decisions as to whether a participant should be interviewed. Physical presentation is a key indicator of intoxication and the following physical signs should be assessed:

- Gait – stooping, rigid
- Pupils – pinned or dilated
- Speech – slurred, slow, fast or erratic
- Smell – alcohol on the breath
- Clothes – dirty and dishevelled
- Hair and skin – dirty or untidy

A brief psychological assessment can also be carried out. Interviewers should assess a participant's:

- Level of consciousness
- Orientation
- Memory
- Judgment
- Mood – aggressive, forceful, intimidating
- Comprehension
- Perception – hallucinations, paranoia

These points can be tested by going over inclusion criteria with the participant and engaging in conversation long enough to assess the characteristics listed above. Their recognition of the time of day and location can also be used to assess their level of intoxication. If the participant is considered to be too intoxicated (for example, if they are incoherent or falling asleep), the interview can be concluded. In these circumstances, the interviewer needs to be sensitive, and explain that the interview cannot be completed at this time, but that you are keen to interview them and are happy to reschedule the interview for another time. If the interviewer feels increasing aggression may place them at risk, it might be necessary to end the interview sensitively, thank them for their time and reimburse the participant for their travel expenses.

In addition to data being unable to be used, 'paying the participant to go away' is not good practice as it condones the practice for other participants or may be used again by the same participant. There is a fine line between avoiding aggression and encouraging some participants to take advantage of the situation. With more experience the line becomes easier to discern.

3.2.4 Paying participants and handling money

Most research projects at NDARC reimburse participants with cash in recognition of their time and as a contribution to out-of-pocket expenses (e.g., travel costs). In these cases the

money should be handled discreetly (preferably in an envelope) and measures should be taken to reduce the opportunity of theft and associated violence. There are several ways this can be done, although the method chosen will depend on the interview situation and specific study. Six preferred methods are listed below:

- When interviewing in teams in an agency, one team member who is not interviewing takes charge of the money; participants can only receive their money from this person at the completion of the interview. In this case the team member holding the money should not carry all the money at one time - the money should be stored in a safe location at the agency (if possible) and replenished in privacy when necessary. Money should be kept and handed out in discrete amounts and, whenever possible, not given in the presence of other participants.
- If interviewing at locations other than agencies, all interviewers should carry a minimal amount of money, stored in the amounts the participant will be paid (e.g. discrete \$30 or \$40 amounts). The money should be spread out and not kept in one location. For example, if you have four pockets, put discrete amounts in each of the four pockets. Money should not be given to participants publicly or in the presence of other (prospective) participants. This method should also be used if interviewers are interviewing alone at agencies.
- When meeting a participant for a pre-arranged interview the money should be put in an envelope and the envelope handed to the participant at the completion of the interview. As above this should be done as discreetly as possible.
- Certain studies or phone interviews demand payment to be made via internet transfer. This allows interviewers to deposit money directly into a participants' bank account, provided they have the BSB and account number on hand. The use of smart phones means that money can be transferred on the spot without risk of cash being stolen. Although convenient, there is the potential for participants to become impatient with the delay associated with online transfers (usually around 2-3 days). Alternatively, cash can be deposited directly into participants' bank accounts at local branches. Although the money will be available to participants immediately, this means that interviewers will need to carry cash to deposit. This may be useful for some studies who would rather avoid carrying cash in front of participants.
- When conducting phone interviews with participants who do not have bank accounts (e.g., participants who have been recently released from prison), interviewers can obtain money orders from Australia Post in the name of the participant. These can be posted to participants, and exchanged for cash at Australia Post. It may be preferable for some interviewers to pay participants via bank transfer or money order so as to avoid the potential risk of carrying cash. If unsure, discuss with the project supervisor.
- Participant payment can be made via vouchers for food or other services (e.g., Coles Myer, iTunes, Movies, McDonalds vouchers, depending on the study and participant demographics). Vouchers can be posted to participants or given at the time of the interview as alternatives to cash.

Regardless of payment method, participants should be paid once the interview is completed. If an interview is terminated before completion, the participant should be fully recompensed, especially if the participant is agitated or aggressive. If an interview is terminated in this fashion it is often best to feign interview completion rather than to disclose premature termination. For example, the participant can simply be told that the interview is complete and then thanked for their time; this may not always be necessary but should generally be followed to avoid manipulation by other participants.

Finally, all participants must sign a petty cash voucher stating that they have received “contribution to travel” unless other arrangements have been made with the interviewer.

3.2.5 Interview materials

Most projects carry generic packs to each interview that usually contain:

- Participant information sheet
- Consent form
- Participant locator form
- Interview schedule
- Interviewer manual
- Petty cash form
- Money for participant (in small amounts)
- Any referral information specific to the study

In addition to the above items required to conduct each interview, interviewers should also carry the following:

- Interviewer’s mobile phone (personal)
- Interviewer’s mobile phone (work, if applicable)
- Car keys
- Cab charge
- Personal safety alarm
- Small amount of extra cash for buying participant a coffee / soft drink
- Interviewer’s identification (e.g., NDARC ID)

Depending on the demands of specific projects, it may be necessary for interviewers to carry project iPads, iPhones or laptops into the field. In these situations, interviewers need to be aware that they are at increased risk of theft or targeting by participants or other members of the public, and take care to minimise the visibility of such materials. Laptops, iPads and iPhones should not be used by those unconnected with the study (e.g., general public), and they should be clearly labelled, kept covered and in a secure bag when travelling to and from the interview location.

Items that should not be taken into the field:

- Handbags
- Valuable jewellery
- Anything that will cause distress if lost

Carrying valuable items into the field can make interviewers and cars (if items are locked visibly in the car) the targets for theft. It is good practice to avoid taking personal phones, wallets, credit/debit cards, etc., into the field. Most projects will provide a project mobile. If possible, leave your personal effects at the NDARC office or a secure location to minimise risk of loss/theft.

An interviewer should NEVER compromise their own safety in order to prevent damage to property, money or project materials. Interviewer safety is paramount.

3.2.6 Interviewer attire

It is crucial that interviewers dress appropriately when entering the field. This may in practice involve 'dressing down' to some extent, but should involve interviewers primarily wearing jeans, t-shirts, flat (preferably closed-toe) shoes and jumpers. Interviewers should at all times avoid wearing:

- Revealing or low-cut dresses or tops
- Short skirts
- Clothing that is too tight
- Impractical footwear
- Potentially offensive clothing (e.g., use of language, slogans, offensive slang on t-shirts)
- Otherwise inappropriate clothing (e.g., culturally offensive, provocative, impractical)

Depending on the study, it may be useful for interviewers to keep a change of fieldwork clothes at NDARC in the event of unexpected interviews.

3.2.7 Summary

In general, interviewers need to:

- Be aware of potential risk factors for violence;
- Be aware of strategies that can minimise the threat of violence;
- Know that potentially violent participants should not be interviewed alone or in their homes;
- Immediately report any verbal or physical violence to the project supervisor, in an online incident form, and fully document the incident in project files;
- Be aware of how to assess participants for signs of intoxication, recognise when participants are too intoxicated to interview, and be comfortable in knowing how to reschedule an interview.

Interviewers need to take particular care when:

- Paying participants and handling money;
- Carrying project materials such as iPads, iPods, Laptops and smart phones; and
- Dressing appropriately for fieldwork.

3.3 Mandatory reporting issues

Information about plans to seriously hurt oneself or others, child abuse or other risk of harm could be revealed during an interview. In these cases the risk to self or others must be further evaluated, and additional assistance and referral may be required. Any incidents (whether reportable or of concern) should be reported to the project coordinator as soon as practicable. **Before** making any referrals or deciding on an appropriate course of action, check with the project coordinator. They will ultimately be responsible for making the final decision regarding whether the incident is reported.

The following are some of the most commonly encountered issues related to mandatory reporting requirements, among people with alcohol/other drug use problems. It is by no means an exhaustive list. To guide you through decisions to report/not report issues of concern, please refer to the NDARC Protocol: Child Protection.

3.3.1 Disclosure of plans to self-harm or suicide

- If a participant reveals thoughts or plans to hurt themselves, the interview questions should be put aside, in favour of carrying out a more specific suicide risk assessment (see Appendix A; suicide risk checklist). This assessment needs to be handled sensitively and with concern about the person's welfare. Tell the participant that you are concerned about them, and may need to speak to your supervisor;
- If a participant discloses significant depressive symptoms, or their answers to relevant questions during the interview are indicative of depression, discuss this with the participant at the time of reporting, and seek more information from them about suicidal thoughts and intent;
- In either of these cases, a project member should evaluate the seriousness of the participant's plans, to assist informing supervisors' decision on the most appropriate action to take;
- If concerns for the participant's acute welfare remain, inform your supervisor (or next appropriate supervisory contact if study coordinator is unavailable) as soon as possible. Ultimately, it is **always** the supervisor's responsibility to make a **final** decision about whether the issue needs to be taken further. Decisions about calling crisis or treatment centres should **never** be made without seeking advice from the study's project coordinators (see Section 3.1.1.2 and Appendix B for establishing project-specific hierarchies prior to interviewing and who to contact when coordinators are unavailable);
- Your supervisor may decide to make a referral, call a crisis clinic, a mental health professional, or other authorities as necessary to protect the participant and/or other individuals;
- It is at the interviewer's discretion as to whether you complete the session, depending on whether the participant is able and willing to do so. If the interview is terminated, be sure to financially compensate the participant for the interview.

3.3.2 Disclosure of plans to seriously hurt others

- In this case, the interviewer should evaluate the seriousness of the participant's plans to assist informing supervisors' decision on the most appropriate action to take;
- If concerns remain, inform your supervisor as soon as possible. Ultimately, it is **always** the supervisor's responsibility to make a **final** decision about whether the issue needs to be taken further. Decisions about whether the issue needs to be

reported should **never** be made without seeking advice from the study's project coordinators;

- Your supervisor may decide to make a referral, call a crisis clinic, a mental health professional, or other authorities as necessary to protect the participant and/or other individuals;
- It is at the interviewer's discretion whether you complete the session, depending on whether it is appropriate and whether the participant is able and willing to do so. If the interview is terminated, be sure to financially compensate the participant for the interview.

3.3.3 Child / young person abuse, neglect or risk or harm

In the course of their work, interviewers may come across situations in which they become concerned for the welfare or safety of a child (i.e., a person under 16 years of age) or young person (aged 16 or 17 years). NDARC researchers may also receive information or they may make observations that give rise to concerns about a child or young person's safety even when they are not directly interviewing them.

Some staff may be classified as mandatory reporters who have a legal duty to make a report to the NSW Family and Community Services (FACS) if they have reasonable grounds to suspect that a child is at significant risk of harm. While those who are not classified as mandatory reporters do not have a legal duty to make a risk of harm report, all staff have an ethical duty to make a voluntary report if they have reasonable grounds to suspect a child, young person, or unborn child to be at significant risk.

If you think a child is at significant risk of harm **discuss your concerns with your supervisor**. If you are unable to speak with your supervisor within a reasonable amount of time you may speak with another senior member of NDARC staff. Together you will decide whether a report should be made to the NSW Families and Community Services (FACS), the agency responsible for investigating and responding to concerns about child safety.

Alcohol and/or other drug use by a child's parent/guardian do not necessarily place a child at immediate risk of harm. Rather, substance use becomes a concern when it affects the parents'/carers' capacity to provide care for their children.

For more information on what circumstances contribute to **significant risk of harm**, who is considered a **mandatory reporter**, and how to make a report, refer to the NDARC Protocol: Child Protection.

3.4 Biological Sampling

Biological sampling requires particular care and, irrespective of the specimen being sampled, should only be carried out by an interviewer trained in the procedure. Ensure there is a written Safe Work Procedure (SWP) for any type of biological sampling that is conducted, and that relevant staff are competent in performing it. Contact the Level 3 Health and Safety Consultation Committee for assistance in developing a SWP if required. Whenever biological samples are collected **gloves must always be worn** and universal infection control procedures followed – samples should be considered potentially infectious.

Care should be taken when choosing an interview location and should be limited to those locations where there are biohazard disposal facilities (e.g., sharps bins). All biological materials and associated equipment should be disposed of using the appropriate biohazard waste management stream relevant to the area where the sampling occurs. Biological material should be disposed of in designated bio-hazard bins which are clearly marked and not used for general waste. Sharps should always be disposed of in sharps bins, which should be within easy reach when the sample is taken (i.e., you should never have to travel with a sharp in hand to dispose of it). All biohazard waste bins should be emptied regularly or when full, as per local area guidelines.

Sharp instruments used during biological sampling (such as needles, scissors etc.) may be used as a weapon. Never draw attention to sharps, keep sharps packed away until just before use, carry out biological sampling at the end of an interview and dispose of sharps immediately.

The following section details biological sampling procedures commonly employed at NDARC.

3.4.1 Urine

3.4.1.1 Collection of urine

Urine is to be collected in labelled sterile jars or strips, depending on the requirements of the study. Some jars may have heat sensitive strips attached as a safeguard against substitution. In addition to a jar or strip, you will need gloves, a biohazard bag in which to place the sample and a request form for the laboratory containing details of the analysis required. The details will vary depending on the laboratory analysing your sample.

As urine is a biological sample, you should take precaution against coming into contact with it. Universal hygiene precautions should be taken.

- Complete the label to be attached to the jar/strip, and the request form BEFORE collecting the sample. If you are concerned about the label getting wet while the sample is being given, it may be possible for completed labels to be stuck on the jar after the sample is given and the jar wiped down with paper towel. Use a biro as opposed to a felt tip pen to ensure the ink does not run.
- Wear gloves when handling the sample, and avoid touching other things with the gloves to reduce the risk of cross-contamination. For example, remove gloves before touching any item apart from the sample including the fridge door. Take one glove off and open the fridge with that hand while holding the urine sample in the other gloved hand. Dispose of the gloves in a biohazard bin.
- After collecting the sample, wash your hands with soap and water.

- If you are collecting the urine sample off-site, and cannot place it in the specimen fridge immediately, ensure you store the sample(s) in a secure, watertight bag. Prevent any leakage by putting the sample in a small esky.

3.4.2 Blood samples for dried blood spots

3.4.2.1 Equipment to be used for collection

Prepared packs containing all the necessary equipment for the taking of blood samples should be used. This saves time when collecting data and also reduces the risk of running out of or losing equipment at the interview site. Normally the following equipment would be contained in each pack:

- 1 specimen bag
- 2 lancets (or end pieces for glucolet)
- 1 mediswab (alcohol swab)
- 1 blood spot blotting card
- 1 cotton wool ball
- 1 small Band-Aid
- 1 pair gloves
- Sharps bin

Depending on the lancets used, interviewers may also require a spring loaded glucolet. Only one pack should be used per participant, including **a new pair of gloves for each blood sample.**

3.4.2.2 Procedure for the collection of finger prick blood samples

Universal infection control procedures should be adhered to at all times during the collection of blood samples; that is gloves should be worn and all equipment and samples handled with care. Any blood sample may be infected with HIV, HCV or HBV. It is recommended that all researchers undertaking such sampling be vaccinated appropriately, as determined by the HS427 Immunisation - Questionnaire and Authorisation Form.

Household bleach or other suitable disinfectant should be available at all times to wipe up any spilt blood. It is also sensible to carry an anti-bacterial gel wash (alcohol-based with 60-80% v/v ethanol or equivalent) to rub into your hands if you are unable to wash them with soap and water immediately following collection.

The following procedure should be followed:

- From the prepared packs remove the blotting card and write the ID number and date and any other information required by the laboratory (e.g., study name).
- Put on the gloves (both hands) and while getting equipment ready ask the participant to give their hand a shake and massage the end of the finger to increase the blood flow.
- Load the lancet (stilettes or end pieces). This is done by attaching the end piece to the glucolet and removing the needle cover. For disposable devices set the lancet and remove the cap.
- Swab finger with mediswab and allow to dry
- Hold glucolet firmly against finger and push button on glucolet.

- Squeeze out large drops of blood and dab on to the specified area of blotting card. There are typically three circles and, depending on the project, all circles should be filled.
- Apply the cotton wool to the pierced finger, followed by a bandaid (or some other covering).
- Put blood spot card in the specimen bag and seal. Be aware that the blood spot card can mould if it is not dried so it should be dried overnight.
- Dispose of the end piece in a sharps container. Other used equipment should be sealed in a plastic bag and disposed of in an appropriate manner.
- Clean up any blood with a disposable cloth and bleach and dispose of the cloth in a biohazard bin.

Lancets should only be used once. If a second finger needs to be used because there was insufficient blood from the first, a second lancet should be used.

3.4.3 Venous blood samples

All staff undertaking venous blood sampling should be fully trained and accredited in venepuncture. Staff must also be familiar with the following documents from the University's Health and Safety Unit:

- HS323 Biosafety Procedure
- HS435 Immunisation Guide – Tetanus, Hepatitis A, Hepatitis B and Q-Fever
- HS427 Immunisation - Questionnaire and Authorisation Form
- HS079 Immunisation - Decline of Immunisation Form

Where possible, a trained first aider should ideally be on the premises when any procedures are performed. It is therefore important to check who is available before commencing.

The equipment required for venepuncture will differ depending on the required test. Staff must ensure that they have all the required equipment prior to seeing a participant. Generally the following equipment is required:

- Collection tubes, these will differ depending on the test;
- Needles, syringes, butterflies. For PWID, butterflies are recommended;
- Disposable gloves;
- Mediswab (alcohol swab);
- Cotton wool balls;
- Band-Aids;
- Sharps bin and contaminated waste bin (clearly marked); and
- Biohazard specimen bag.

The procedure may differ depending on the project, the sample and the test required. Nonetheless, the generic guidelines listed below should be followed:

- Blood should be taken in an enclosed area where the risk of interruption is minimised. Either a bed or reclining chair should be in the room and available for participants to use if needed.
- Gloves must be worn.
- Hands must be washed before and after the sample has been taken.

- A sharps container must always be used and the lid closed when not in use. The regular disposal of sharps containers and contaminated waste bins should be arranged through the University's Facilities Management, or if off-site, the local manager. Needles must never be recapped.
- All specimens should be placed in a specimen bag clearly marked as a biohazard.
- The storage requirements of the specimen will differ depending on the test, as with all biological samples. Bloods requiring refrigeration should be clearly labelled and stored in the designated specimen fridge in R1 or R3, AND NEVER IN A FRIDGE (OR OTHER STORAGE FACILITY) CONTAINING FOOD FOR CONSUMPTION.
- All other equipment should be disposed of appropriately, as per University HS321 Laboratory Hazardous Waste Disposal Guideline or local area requirements. Biological waste must be disposed of in a biohazard waste bin, which is clearly marked and collected by the waste contractor regularly.
- Care should be taken to ensure any spillages are completely cleaned up with disinfectant, in accordance with the SWP.

In the event of needle stick injury or the exposure to blood or blood products:

- Immediately wash affected area thoroughly with soap and water. If mouth, nose, eye(s): Rinse well with water or saline immediately (use eye wash facility if available)
- Report incident to your first aider and go to the University Health Centre or Casualty Department of the nearest public hospital (**within two hours if exposure to HIV**). A blood sample and prophylactic treatment may be required depending upon the level exposure.
- Complete online myUNSW incident report.

Contact NSW Health Needle Stick Injury Hotline (1800 804 823) for confidential advice /counselling – this is a Free 24 hour on call service). A team of experienced Clinical Nurse Consultants and Medical Officers staff this confidential expert advisory service and can also provide post-exposure expertise in the following areas:

- Risk Management
- Management strategies
- Prophylaxis information
- Counselling
- Appropriate referral

3.4.4 Hair samples

3.4.4.1 Collection of hair samples

The procedure for hair sampling is as follows:

Ensure that the participant is seated. Stand behind the participant, gather 50-100 hairs at the vertex (crown) of the head, and hold them between the index and middle fingers of one hand. Hold scissors horizontally and cut hair as close to the scalp as possible. This needs to be done in a single action without tilting the scissors. Place the hair sample on a square of aluminium foil with the root end easily identifiable. Wrap the sample in foil and place in a sealable plastic bag that is clearly labelled. Be sure to clean scissors with either an alcoholic swab, or other form of disinfectant, between collecting each sample. Alternatively, disposable scissors can be used. This not only prevents cross-contamination of the hair

samples but ensures that hygienic conditions are maintained for both the participant and the person taking the sample.

3.4.4.2 Safety measures

Gloves should always be worn when taking hair samples to minimise the risk of contact with blood in the event of any accidental injuries to the scalp. As there is the potential for scissors to be used as a weapon, it is advisable to collect the sample at the end of the interview and not to draw attention to their presence prior to that time. The use of round-tipped scissors should also be considered.

3.4.5 Transport of biological samples

If you are transporting biological samples by road it must be packaged and labelled in accordance with the Australian Code for the Transport of Dangerous Goods by Road & Rail ([http://www.ntc.gov.au/Media/Reports/\(B3155789-31BC-434C-B17E-B0C0A43E6D6B\).pdf](http://www.ntc.gov.au/Media/Reports/(B3155789-31BC-434C-B17E-B0C0A43E6D6B).pdf)); in particular Division 6.2 Infectious substance.

Biological samples which are known or are reasonably expected to contain pathogens (i.e. a microorganism which can cause disease in humans or animals) are covered by the code. They are usually assigned to UN2814 Infectious substance affecting humans Category A, UN2900 Infectious substance affecting animals only Category A, UN3373 Biological Substance Category B or UN3291 Clinical waste.

Substances which do not contain infectious substances or substances which are unlikely to cause disease in humans or animals are not subject to the Code (e.g. diagnostic specimens, medical research being transport to a diagnostic lab, dried blood spots) and are Exempt/Category C. Please check the Australian code when planning studies involving collection and transport of biological samples, to ensure you comply with requirements.

Human or animal specimens for which there is minimal likelihood that pathogens are present are not subject to this Code if the specimen is transported in a packaging which will prevent any leakage and which is marked with the words “Exempt human specimen” or “Exempt animal specimen”, as appropriate. The packaging should meet the following:

The packaging should consist of three components:

1. Leak-proof primary receptacle(s);
2. Leak-proof secondary packaging; and
3. Outer packaging of adequate strength for its capacity, mass and intended use, and with at least one surface having minimum dimensions of 100 mm × 100 mm;

For liquids, absorbent material in sufficient quantity to absorb the entire contents should be placed between the primary receptacle(s) and the secondary packaging so that, during transport, any release or leak of a liquid substance will not reach the outer packaging and will not compromise the integrity of the cushioning material;

When multiple fragile primary receptacles are placed in a single secondary packaging, they should be either individually wrapped or separated to prevent contact between them.

3.4.6 Storage of biological samples

Find out the requirements for storage for the sample (such as length of time allowed to store before analysis, refrigeration/freezing requirements). This will partly depend on the sample being analysed.

As a general rule, refrigerate the sample as soon as possible in the specimen fridge. **THE SAMPLES SHOULD NOT BE STORED IN A FRIDGE CONTAINING FOOD FOR CONSUMPTION.** The NDARC specimen fridges are located in designated areas of buildings R1 and R3. Check the location with your supervisor. Each fridge should be clearly labelled with the details of the samples within, the project to which they belong, and a relevant contact person. The relevant SWP for the biological specimen(s) in the fridge should be clearly displayed. If you do not have immediate access to a fridge, this should be OK, as long as you do not leave the sample in a hot place, e.g. in the car. A chilled esky may be an option.

Send the sample to the laboratory as soon as possible. It may be possible to freeze the sample, but check storage requirements.

4. References

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5. Appendices

5.1 Appendix A: Suicide risk checklist

This assessment might be used if questions administered during an interview elicit information about a participant's suicidal ideation or plans to self-harm, and has been adapted from Lee, et al., 2007, Rudd, et al., 2001, Schwartz et al., 2004 & Mills et al., 2009.

Questions used to complete this assessment might include:

If participant has indicated they have recently thought about committing suicide, ask:

- Have you made a plan?
- What is that plan?
- Have you attempted suicide in the last three months?
- Do you have everything you need to carry out your plan? (e.g., drugs needed to commit overdose if that's the plan, or money needed to buy them)
- Is there anything stopping you from carrying out your plan? (Protective factors might include commitment to children or family, religious beliefs, future plans)
- Have you spoken to anyone about the way you've been feeling? (e.g., psychologist / counsellor / treatment agency / case worker / family member)
- If no, is there someone you feel you could talk to? What's stopping you from talking to them?
- NOTE TO INTERVIEWER: does the participant have history of suicide attempts?

Level of risk	Suggested response
Non-existent: No identifiable suicidal thoughts, plans or intent	Nil
Mild/Low: Suicidal thoughts of limited frequency, intensity and duration. No plans or intent, mild dysphoria, no prior attempts, good self-control (i.e., subjective or objective), few risk factors, identifiable protective factors	Offer participant referral numbers to relevant services in their area, and provide contact details. Ask participant to seek immediate assistance if fleeting thoughts become more serious or depression deepens
Moderate: Frequent suicidal thoughts with limited intensity and duration, some plans but no intent (or some intent but no plans), limited dysphoria, some risk factors present, but also some protective factors	Offer participant referral numbers to relevant services in their area, and provide contact details. Offer to assist arranging an appointment for the participant. Ask participant to seek immediate assistance if fleeting thoughts become more serious or depression deepens. Discuss with supervisor if unsure.

Severe/High: Frequent, intense and enduring suicidal thoughts. Specific plans, some intent, method is available/accessible, some limited preparatory behaviour, evidence of impaired self-control, severe dysphoria, multiple risk factors present, few if any protective factors, previous attempts

Stop the interview and contact the study's project coordinator.
Provide your supervisor with all of the above information and together, decide whether it is necessary to contact the mental health crisis team.
You may need to contract the participant to call you at a specific time, or answer the phone at a specific time, if you need to leave them. Discuss with your supervisor.

Extreme/Very high: Frequent, intense, enduring suicidal thoughts and clear intent, specific/well thought out plans, access/available method, denies social support and sees no hope for future, impaired self-control, severe dysphoria, previous attempts, many risk factors, and no protective factors

Stop the interview and contact the study's supervisor / project coordinator. This may need to be done in the presence of the participant if they cannot be left alone.
If your supervisor or study coordinator cannot be reached, contact the next CI or designated contact in the relevant study (as established in your study's monitor flow chart – see Section 3.1.1.2 and Appendix B).
Provide your supervisor with all of the above information and together, decide whether it is necessary to contact the mental health crisis team.

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5.2 Appendix B: Monitor flow chart (adapt for your project)

