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**Interviewer Safety in the Drug and Alcohol Field: A
Safety Protocol and Training Manual for Staff of the
National Drug and Alcohol Research Centre**

NDARC Technical Report No. 138

**INTERVIEWER SAFETY IN THE DRUG AND ALCOHOL FIELD:
A SAFETY PROTOCOL AND TRAINING MANUAL FOR STAFF OF
THE NATIONAL DRUG AND ALCOHOL RESEARCH CENTRE**

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EXECUTIVE SUMMARY

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 safety issues specific to interviewing drug and alcohol users and to develop a practical set of guidelines to deal with such issues.

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 a resource and review of interview safety issues for the drug and alcohol field.

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, including:

- 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. Dealing with recalcitrant participants is stressful and can result in aggression being directed toward the interviewer;
- 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 threat. Nevertheless, 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; 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 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, cooperative research participants. Thus,

project specific training should be undertaken by all interviewers. General safety training should be administered to all interviewers prior to their first contact with research participants, and should address issues generic to all interview situations.

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;
- 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.

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, the risk of violence is increased when the participant is:

- a young, intoxicated male;
- a person withdrawing from (or coming off) a drug;
- a highly agitated person;
- an angry person;
- an acutely deluded, manic or paranoid; or
- a person with a history of violence.

Participants should be assessed physically and psychologically for intoxication, this can be done by assessing:

- Gait – stooping, rigid
- Pupils – pinned or dilated
- Speech – slurred, slow, fast or erratic
- Smell – alcohol on the breath, unwashed of bingeing
- Clothes – dirty and dishevelled
- Hair and skin – dirty or untidy
- Level of consciousness
- Orientation
- Memory
- Judgement
- Mood – aggressive, forceful etc
- Comprehension
- Perception – hallucinations, paranoia

Opportunities for violence can be reduced by:

- having pairs of interviewers enter the field together;

- ensuring that agency staff are fully informed about the project and are always on the premises when interviewing occurs and;
- never interviewing a potentially violent person alone;
- fully documenting episodes of aggression and/or violence;
- ensuring the interview room is a medium to large size with two doors;
- not sitting too close to the participant and not placing the participant between you and the door (if only one door);
- keeping a reasonable distance between the interviewer and participant and placing yourself at risk to protect property or money;
- terminating the interview if you feel anxious about possible assault, or that you have lost control of the interview; and
- calling the police (and informing the participant) if necessary.

When a violent event occurs, the injured persons need to be comprehensively supported (both physically and psychologically) at the time of the event. Debriefing and support counselling should be offered.

Mandatory reporting

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 senior project staff, at the time they occur.

If information is revealed that a participant has plans to seriously hurt themselves, the interview should be stopped and the participant informed that a crisis clinic or a mental health professional or other authorities can be called, as needed or required by law. If significant depressive symptoms are disclosed these should be discussed with the participant, immediately if possible, and more information should be obtained.

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 a young person discloses abuse or other risk of harm you are required by law to make a report to the Department of Community Services (DOCS). A young person is "at risk of harm" when they experience the following or when it is likely that one of these things will happen to them:

- their basic needs are not met (e.g., food, shelter, clothing);
- their psychological needs are not met or they are being treated in a way that could lead to psychological damage;
- they do not have access to required medical care;
- they are experiencing physical or sexual abuse or ill-treatment;
- there is domestic violence at home that could result in physical or psychological damage to the young person; and
- they are homeless and this has put them at risk.

Before reporting any of these issues **it is important that you obtain as much information as possible to satisfy yourself that the problem is reportable.** Before proceeding the matter should be discussed with your supervisor.

If this information is revealed, stop the interview and inform the participant that this issue will be discussed further (after the interview or at that point). The participant should be informed that you are required to make a report to the DOCS. Alternatively, inform the participant that they may report their circumstances themselves, though this needs to be done at time of the interview.

Biological sampling

Care should be taken whenever collecting or handling biological samples. There are four main types of samples collected at NDARC: 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:

- samples clearly labelled prior to specimen collection;
- hands washed before and after collection;
- gloves should be worn;
- dispose of waste in a biohazard bin or sharps container if appropriate;
- biological samples should be stored in a designated fridge which does not contain food (housed in the data archive room);
- spillages should be cleaned with bleach;
- in the case of hair sampling, round-tipped scissors should be used;
- Biological waste should be disposed of in a clearly marked contaminated waste bin and emptied regularly; and
- in the case of blood sampling all sharps should be disposed of in a sharps container which is emptied regularly.

In the case of venous blood sampling staff will also need to be accredited in venipuncture. Before commencing a study involving venipuncture the University's Bio-Safety Officer in the Risk Management Unit should be contacted. Staff must also be familiar with the University's protocols and policies on biological safety and infection control.

In the event of needle stick injury or the exposure to blood or blood products the University's Emergency Action Protocol for Needle Stick Injury must be followed:

1. Immediately wash affected area thoroughly with soap and water.
2. Report incident and go to the University Health Centre or Casualty Department of the nearest public hospital **within two hours.**
3. Complete incident report.
4. Contact NSW Health Needle Stick Injury Hotline (1800 804 823).

Development of safety protocols

All institutions undertaking face-to-face interviews and field research with potentially problematic research participants should consider protocols specifically designed to maximise interviewer security. Safety protocols should be institution specific, and ratified by the institution management. Protocols must be comprehensive, yet flexible enough to accommodate a diverse range of research activities. A number of generic principles should be considered in the design of a safety protocol:

- Basic precautions can be taken in four main areas: vaccination, ensuring personal details of interviewers is known, use of mobile telephones, and adequate training and supervision.
- Acceptable interview procedures would include whether and under which conditions a researcher can go into the field alone; the number of people necessary for an interviewing team; requirements for visits to participants' homes; and issues to consider when choosing interview locations.
- Support: interviewers should feel confident about interviewing, and know that their supervisors will support them if they decide to terminate an interview due to potential or actual safety breaches.
- A logbook should be established in which the location and details of interviewers' appointments are recorded. An interview 'monitor', a colleague who will be contactable for the duration of the interview, should be appointed to monitor the interview.
- Protocols should not be restricted to interviews conducted outside the Centre. Guidelines and precautions to ensure the safety of interviewers conducting interviews within the research institution should also be considered.
- An emergency procedure should be devised; particularly what course of action an interview monitor should take if the interviewer does not check in when expected.
- It should be mandatory for interviewers to report adverse events via a standardised written incident reporting mechanism.
- Protocols should include a specification of disciplinary action that will be taken in the case of a breach of the protocol.

Based on these points, a protocol was developed for NDARC in May 2001 and fully implemented at the beginning of 2002.

1. INTRODUCTION

The National Drug and Alcohol Research Centre (NDARC) was established in 1986 to “contribute to the minimisation of the harmful consequences of alcohol and other drugs used in Australia by increasing the effectiveness of the Australian treatment response to drug-related problems” (NDARC Mission Statement). Since that time, the Centre has conducted numerous and diverse research projects involving many of staff and large numbers research participants.

Conducting research in the drug and alcohol field involves a wide range of research methods, many of which require face-to-face interviews with research participants and the collection of biological samples. These participants come from a range of backgrounds and represent a broad spectrum of Australians and many have criminal histories, psychiatric conditions, and a range of physical health problems. When the sample being investigated is drawn from such a broad population and includes these groups a number of issues arise which may be specific, or at least important to, the drug and alcohol field.

As NDARC has expanded over the 15 years since its inception, so have the staff, many of whom have limited experience with drug and alcohol users and the safety risks they may present. To address this burgeoning concern, a Committee was established to examine the problems and develop a practical set of guidelines to deal with the safety issues specific to interviewing. The aim of the Committee was to establish a thorough, yet flexible, set of guidelines. Interviewer safety was considered paramount by the Committee; however flexibility was needed to accommodate the many different types of research undertaken at NDARC.

The Committee consisted of staff with extensive interviewing experience. Committee members represented all levels of staff, including academics, senior researcher officers and postgraduate student representatives. Between them they had worked on a broad range of research projects undertaken at NDARC and the research methods employed therein (Table 1).

Table 1: Research involving committee members

Sub-group represented	Biological samples taken	Drug type	Interview location	Study designs	Recruitment
Injecting drug users	Yes	Heroin, amphetamine, cocaine	Treatment agencies, NSP*, street, NDARC, participant's home	Clinical trials, cross-sectional, cohort	Treatment agencies, NSPs, advertisements in street and other press, street intercept.
Non-injecting illicit drug users	Yes	Cocaine, heroin, amphetamine, party drugs, cannabis	Treatment agencies, NSP, street, participant's home, NDARC	Clinical trials, cross-sectional, cohort	Treatment agencies, advertisements in street and other press, street intercept
Licit drug users	Yes	Alcohol, Benzodiazepines	Treatment agencies, street, participant's home, NDARC	Cross-sectional, cohort	Treatment agencies, advertisements in street and other press, street intercept.
Prison population	Yes	-	Prisons, street, NDARC	cross-sectional, cohort	

*Needle and Syringe Programs

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The report is divided into four main sections:

1. A generic overview of the issues for drug and alcohol researchers including those pertaining to the research population and those pertaining to the training of interviewers.
2. A more specific discussion of the issues to be considered when interviewing at NDARC. This section includes guidelines on interview location, managing violence, mandatory reporting issues and biological sampling (urine, blood spots and hair). These sections serve as protocol in the NDARC context, but may be used as guidelines for other interested external parties.
3. A generic discussion of the issues to be considered when developing safety protocols for interviewing on the drug and alcohol field.
4. The safety and interviewing protocol developed specifically for NDARC

2. OVERVIEW OF SAFETY ISSUES IN DRUG AND ALCOHOL RESEARCH

The fact that the conduct of drug and alcohol research often requires face-to-face interviews with research participants raises a number of occupational 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 dependent and recreational licit and illicit drug users, drawn from clinical and opportunistic (e.g. advertising) samples; people suffering comorbid mental health disorders; homeless people; prison inmates; and recently released prisoners. Many research participants are severely drug dependent; 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 high prevalence of blood-borne viral infections (BBVI). The implications for interviewer safety when dealing with such sample characteristics are considered in turn below.

Drug dependence

Drug dependence (including dependent on licit drugs) is a chronic, relapsing condition in which drug use comes to assume great salience in the user's life, with higher priority given to drug use than to other activities that were once important (Edwards et al., 1981). The dependent user is compelled to continue to use drugs, often in an effort to relieve or avoid the withdrawal symptoms associated with a cessation of use (APA, 1994). Such compulsion may drive dependent drug users to any lengths to ensure that they obtain the drug, including engagement in behaviour that, prior to becoming drug dependent, they may not have considered acceptable. Drug dependence disrupts normal motivational pathways (e.g., Wise, 1988); severely dependent users are motivated to obtain and use the drug above all else. That some dependent drug users may be compelled to the point of desperation to obtain the drug raises safety concerns for all those with whom they have contact, including interviewers. 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.

Unemployed with significant drug expenditure

A particularly risky situation for interviewers is that in which potential participants are denied entry to the study because they do not meet the eligibility criteria. Reimbursement for research participation constitutes a legitimate means by which drug users earn money, and being deemed ineligible inevitably causes significant distress for some of those 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 the quality of the data, but there are also implications for interviewer safety: dealing with recalcitrant 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. Recruitment methods and eligibility criteria require careful cogitation to minimise the likelihood of such a situation arising.

Criminal activity

The precise nature of the drug-crime nexus remains to be clarified. Nonetheless, it is clear that much crime is drug-related, and that most of that is property crime designed to financially support illicit drug use. People who use illicit drugs are more likely to have an arrest record or to report property crime than those who do not (Blumstein et al., 1986). Further, frequency of property offending is positively correlated with extent of illicit drug use (Blumstein et al., 1986; Salmelainen, 1995; Stevenson & Forsyth, 1998).

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. In an illicit market, there is no legal recourse to enforce the payment of debts, to resolve disputes or to counter employee dishonesty, such that violence is one of few options open to illicit drug manufacturers and distributors to support attempts to manipulate the market (Kleiman, 1992). Although the use of specific drugs appears to increase the risk of violent behaviour, including anabolic steroids (e.g., Maycock & Beel, 1997) and amphetamine and related compounds (Doane & Marshall, 1996; Joe-Laidler & Morgan, 1997), for a non-drug market participant, the risk of becoming victim to drug-related property crime is greater than the risk of becoming victim to drug-related violent crime.

However, property crime among drug users may be associated with aggression or violence that is intended to intimidate or force the victim into relinquishing the relevant property. The protection of interviewers from opportunistic property crime carried out under the threat of violence must be considered. Although injecting drug users (IDU) participate in research for a range of motivations (Fry & Dwyer, 2001), the knowledge that interviewers carry money to recompense participants may lead to opportunistic property crime accompanied by aggression. Interviewers' personal property and research equipment provide an opportunity for theft. Interviewers' attire and personal affects should be kept casual to minimise the risk, and should be devoid of items that can be easily stolen and resold, such as leather jackets or gold jewellery. Interviewers who are casually attired can also help participants to feel more comfortable (Power, 1989), which in itself is important in ensuring interviewer safety. Research equipment should be closely monitored and only used in locations where risk is minimal. For example, the use of expensive equipment, such as laptop computers, in interview locations in which the interviewer can exercise little control, should be avoided.

These issues should be considered for all drug users, including those who use alcohol and other licit drugs. A substantial proportion of criminal activity is attributable to alcohol (Briscoe & Donnelly, 2001), and a considerable proportion of Australians report committing at least one alcohol related offence (Spooner & McPherson, 2001).

Furthermore, alcohol dependence (and other licit drugs) can also lead to many of the problems outlined above.

Comorbid mental health disorders

Those conducting research in the drug and alcohol field should consider the high prevalence of comorbid mental health disorders among dependent drug (including alcohol) users (Ward et al., 1998; Degenhardt et al., 2001; Wever et al., 2001; Burns & Teesson, in press). Recent research indicates that those with severe mental health disorders are no more likely to be violent than the general population (Stuart & Arboleda-Flórez, 2001), although the literature is equivocal (e.g., Mullen 1997). However, 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 (see Morrison et al., 1998 for a further discussion). Whether participants suffer comorbid psychiatric disturbance may initially be unclear, necessitating caution. Indeed, this has been highlighted by a recent British study which found that more than half of a national sample of community mental health researchers had experienced some aggression, although physical violence was rare (Powell & Lloyd, 2001).

Transmission of infectious diseases

Given the high prevalence of some blood-borne viruses (BBVI) among IDU (Des Jarlais et al., 1995; MacDonald et al., 1996; Levine et al., 1994), the risk of contraction of hepatitis C (HCV), hepatitis B (HBV) and HIV should be considered by those interviewing IDU. The risk to interviewers is largely manifest through needle stick injury, and is of concern in studies in which blood samples are collected. The risk is compounded in situations where there is the potential for violence. Moreover no vaccine exists for HIV nor HCV; however, an effective vaccine is available for HBV, and should be administered to all IDU interviewers.

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 IDU. Increased prevalence of HAV infection has been reported among some IDU (Delpech et al, 2000; Gilroy et al., 2000). An effective vaccine against HAV exists and should be provided to all IDU interviewers. Other infections may need to be considered, such as influenza, depending on the target population and research method employed.

2.2 INTERVIEWER TRAINING

The preceding discussion demonstrates that the potential for aggression and violence among drug and alcohol research participants constitutes a real risk to interviewers. There are numerous ways in which aggression or violence may be provoked inadvertently, and corresponding ways in which they may be minimised. Adequate training of interviewers is imperative in ensuring that risks are minimised. Training of interviewers is almost ubiquitous in drug and alcohol research, because it is considered an essential component of ensuring methodological rigour. Comprehensive training of interviewers in the methodology relevant to the specific study is important not only in terms of ensuring the collection of reliable and valid data, however, but can also play a significant role in 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. Further, both the research questions and the manner in which they are posed can agitate or distress participants, even in cases in which similarly worded questions have previously been successfully administered. Only systematic training delivered by a person familiar with the administration of the questionnaire to the target population will equip interviewers with the knowledge of potentially provocative questions or attitudes. Some lines of questioning require particular approaches, or should only be pursued once a firm rapport has been established, and many such issues will be population-specific. For example, dependent, street based heroin users (typically) readily volunteer information on drug use, while questions regarding other forms of criminal activity are often considered more sensitive. Thus, all interviewers should be trained in the conduct of new research methods and questionnaires, irrespective of their previous experience. Training relevant to the specific study should address instrument administration; biological sampling (where applicable); recruitment strategies; population specific issues; and methodology specific issues.

There is, however, another component to comprehensive training of interviewers, one that is often overlooked in the drug and alcohol field: training in general principles of, and procedures to ensure, safety. General safety training should be administered to all interviewers prior to their first contact with research participants and should address issues generic to all interview situations. These could include, for example, basic self-defence; recognising non-verbal signs of agitation or distress; the importance of non-confrontational body language; pacifying an agitated participant; and the necessity for an interviewer's unimpeded access to an escape route.

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:

1. the safety of the interviewer is never under threat; and
2. the integrity of the interview is never compromised

The safety of the interviewer

The safety of the interviewer is of paramount importance. Interview location is integral to maintaining the interviewer's safety.

The integrity of the interview

The integrity of the interview refers to the fact that, for a participant 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.

Interviewers should go into the field in pairs wherever possible. However, the interviews should be conducted on a one-on-one basis, except in those circumstances where the methodology demands otherwise (such as focus groups). There should be as little risk of interruption by a significant other as is possible. Thus, a waitress taking a drinks order is likely to be less confrontational to a participant discussing illicit and socially stigmatized activities than interruption by a parent or a partner, for example.

The mobile telephones of both the interviewer and the participant should be diverted to voicemail. If possible, dependent children should be placed in the care of a responsible other for the duration of the interview. Sometimes this will be impossible but it is always desirable.

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. Other participants can always be recruited. ALWAYS consider your own safety the top priority in any interview situation.

3.1.2 Interviewing at the Centre

Although in order to maximise access to participants, the majority of research interviews are conducted outside of NDARC, some interviews take place within the Centre.

When interviewing participants at NDARC, there are a number of ways to minimise the risks you may face. Wherever possible, interviews should take place during normal working hours such that there are many people close by. After greeting the participant in the reception area, take them to the room you have booked for the interview. Before you begin the interview, offer them a cup of tea or coffee or a cold drink, and, as you obtain it for them, ensure that you tell someone that you are about to begin an interview, which room it is in, and how long it is likely to take. The clinic room (room number 26) has a duress alarm; this room can be used for interviewing. Interviewers should familiarise themselves with the room and the location of the duress alarm prior to using the room. Arrangements should also be made with the staff member who occupies the room **prior** to the interview.

If interviews must take place after hours, another staff member must be in the building, must know that you are interviewing and the expected duration of the interview, and must be 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 the other person's extension and letting them know that you are about to conduct an interview and the approximate time it should end. Supervisors should be informed of any arrangements to interview after hours.

3.1.3 Interviewing in agencies

Locations which are likely to be safest are those within agencies such as NSPs or drug treatment agencies, provided that:

- agency staff consent to researchers conducting interviews on their premises at that time;
- 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;
- the agency staff are aware that an interview is being conducted;
- the agency staff are aware of approximately how long the interview should take; and
- there is no 'back exit' that participants would be aware of that they could 'escape' from should an adverse event occur.

Even in such safe locations, it is still imperative that the interviewer vigilantly maintain 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 you not only consider your own safety at the time you are interviewing, but also

that you do all you can to ensure that you maintain good relations with the agency staff in order that they be willing in the future to allow other interviewers to be based there.

This means that you should make every effort to maintain good humour, to be aware of whether you are causing hassles for the staff (such as being in their way, or having many drug users hanging around waiting to be interviewed), and to help the staff whenever you can when you are not interviewing. For example, in an NSP, staff are unfailingly impressed when you offer to help make up fitpacks for them, and this gives you the opportunity to chat to them so they can get to know and trust you.

3.1.4 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 metropolitan 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 project supervisor. If you are interviewing in a region you have not interviewed in before, find out where other staff go to interview in that region. If there is uncertainty about interview locations the issue can be discussed with a member of the Safety Committee.

Consider the situation in which one interviewer goes out alone to meet a participant in a mutually convenient location. In this situation, **the interviewer** should suggest the interview location, and it should be a busy, public, centrally located place with which the interviewer is familiar and has preferably used for interviews in the past.

Generic interview locations which can be appropriate in this situation, in order of desirability, include:

1. A busy, well-lit, centrally located pub or coffee shop that is well known to the interviewer, such as the coffee shops opposite KRC in Kings Cross. Preferably this should be a 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.
2. If you must travel to an area that you are unfamiliar with, a busy, well-lit, generic fast food outlet such as McDonalds, Hungry Jacks or KFC 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. You can be more confident that these generic locations will be secure than a specific place that an interviewer is unfamiliar with, such as Joe's Coffee Shop or the pub on the corner of Smith and Jones St.

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. For example, Redfern Centrelink is situated next to a coffee shop and provides a suitable environment for most interviews.

3. Depending on the population, some street-based locations are acceptable but only when strictly necessary. These should be busy and public places with seating available. For example, the Interchange Steps at Chatswood station or the seats outside Manly Surf Life Saving Club can be acceptable locations depending on the nature of the target population.

3.1.5 Interview locations which are never acceptable

Interviewing in participants' homes is rarely absolutely necessary and should be avoided. In those situations where it is unavoidable (such as the follow-up of a housebound primary caregiver), relevant protocols contained in this Manual should be followed.

Public open-air interviewing must be conducted in busy locations with substantial public thoroughfare. In general, street locations in Kings Cross, Redfern and Cabramatta are undesirable and should be avoided; if you are unable to interview in agencies in these areas then fast-food outlets are most desirable. Quiet parks, shopping malls or train stations should also be avoided.

Illegal 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, must 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.

3.1.6 Summary

In general, the characteristics of good interview locations are those:

- which are conducted within the confines of an agency, provided that agency staff are aware of the interview and are well within earshot;
- in which the interviewer feels secure and comfortable;
- which are familiar to the interviewer and have been utilized previously;
- which are generic fast food restaurant chains in which 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.

3.2 GUIDELINES ON VIOLENCE

3.2.1 Assessing risk

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, verbal threat and intimidation, physical assault, to physical assault with an implement. Furthermore, violence can be very difficult to predict. The following guidelines were developed by Buhrich, Hodder and Teesson (in preparation) 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 (Buhrich et al., in preparation). 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 benzodiazapines 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 via incident forms (Appendix A).

Interviewing should generally be conducted in pairs, except in an agency where agency staff are present and are aware the research is being conducted by a lone interviewer. In these situations agency staff should always be on the premises when interviewing participants. Agency staff should be fully informed about the project and have knowledge of eligibility criteria. Likewise, interviewers should be familiar with agency protocols regarding client interviews and these protocols should be followed or alternatives arranged with the agency.

A potentially violent person should never be interviewed alone; at least one colleague should be present - either within the interview room, or outside the room but next to the door which is to be left ajar. There should always be clear access to an exit so you can leave the room immediately, if necessary.

The circumstances of any violent episode should be fully documented. An incident form (Appendix B) should be completed for all incidents where violence (physical or verbal) has occurred – if in doubt fill out a form; incidents should be discussed with supervisor. The information can be used to prevent similar situations. For longitudinal studies the information can be used to manage future interviews.

3.2.2 Assessing intoxication

All participants should be assessed for 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, unwashed of bingeing
- 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
- Judgement
- Mood – aggressive, forceful etc
- 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. In short, participants should not be interviewed in an ad hoc manner; a brief period of time should be spent assessing participants **prior** to the commencement of the interview

If a potential participant is deemed to be intoxicated then they should **not** be interviewed. However, this will need to be dealt with sensitively; explain to the participant that you cannot interview them at this time, but you would really like to interview them and are happy to arrange another time for them to be interviewed. If this does not work and the participant becomes aggressive, it is sometimes necessary to placate them by feigning their recruitment into the study, asking a brief series of non-threatening questions and then paying them, if the interview involves financial recompense. Although the data is not 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.

3.2.3 Managing 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;
- prohibiting any hot beverages in the interview room;
- 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 money;
- terminating the interview if you feel anxious about possible assault, or that you have lost control of the interview;
- if the situation escalates call the Police. Ask the participant to stop or you will call the Police. If the participant does not comply, call the Police and inform the participant that the police have been called;
- restraint should be avoided unless absolutely necessary.

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; however, they should always be used as a guide for a safe interview, and should be followed wherever possible, especially if interviewing at NDARC where it is possible to control the environment.

In order to minimise the risk of violence, the parameters of the interview should be stated at the outset. 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.

When an episode of aggression or violence occurs, 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 and an

incident form completed. Debriefing and support counselling should be offered within 48 hours of an episode of violence.

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.

3.2.4 Paying participants and handling money

Many research projects, especially those involving IDUs, provide participants with money in the form of cash as a contribution to travel expenses. In these cases the money should be handled discreetly 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. Three preferred methods are listed below:

1. 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.
2. If interviewing in teams 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 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.
3. 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.

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.

An interviewer should NEVER compromise their own safety in order to prevent damage to property or loss of money in the case of theft/robbery of interview payments.

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 Professional Officer.

3.3 MANDATORY REPORTING ISSUES

Information about plans to seriously hurt self or others, child abuse or other risk of harm could be revealed during an interview. Depending on your study, the interview may ask specific questions on these issues (e.g., questionnaires measuring psychological functioning), or they may arise out of discussions about their drug use and life situation. In these cases the risk to self or others must be further evaluated, and additional assistance and referral may be required. All staff members who interview should be made aware of situations in which reporting is considered mandatory and have a list of agencies to which the target population could be referred. Any incidents (whether reportable or of concern) should be reported to senior project staff, at the time they occur if necessary.

3.3.1 How to deal with the disclosure of plans to seriously hurt self

1. If a participant reveals to you plans to seriously hurt themselves, stop the session and inform the participant that this is an important issue that you need to discuss further. Tell the participant that you may call a crisis clinic or a mental health professional or other authorities, as needed or required by law.
2. 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, immediately if possible, and get more information from them.
3. In either of these cases, a project member should evaluate the seriousness of the participant's plans to determine the most appropriate action to take. This may include making referrals and calling a crisis clinic, a mental health professional, or other authorities as necessary to protect the participant and/or other individuals.
4. It is at your discretion whether you complete the session, if it was interrupted, depending on whether the participant is able and willing to do so.

3.3.2 How to deal with the disclosure of plans to seriously hurt others

1. In this case, a project member should evaluate the seriousness of the participant's plans to determine the most appropriate action to take and the project supervisor should be informed. 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.
2. It is at your discretion whether you complete the session, if it was interrupted, depending on whether it is appropriate and whether the participant is able and willing to do so.

3.3.3 How to deal with the disclosure of child abuse or other risk of harm during the session

This may be disclosed by a young person or an adult (aged less than 18 years). You are required by law to make a report to the Department of Community Services (DOCS) when you suspect, on reasonable grounds, that a young person is at risk of harm.

According to the Children and Young Persons (Care and Protection) Act 1998, a young person is “at risk of harm” when they experience or are likely to experience the following:

- their basic needs are not met (e.g., food, shelter, clothing)
- their psychological needs are not met or they are being treated in a way that could lead to psychological damage
- they do not have access to required medical care
- they are experiencing physical or sexual abuse or ill-treatment
- there is domestic violence at home that could result in physical or psychological damage to the young person
- they are homeless and this has put them at risk

If you do not feel capable of handling either of these situations, immediately contact your supervisor. You should have available both your supervisors contact details and those of DOCS.

1. If child abuse or other “at risk of harm” information is revealed, stop the session and inform the participant that this issue will be discussed further after the session. If the discussion cannot wait, the interview will be discontinued at that point.
2. Prior to further discussion of this issue, inform the participant that you are required to make a report to the DOCS.
3. Also inform the participant that another option would be for the participant to call DOCS themselves and make the report. If the participant chooses to call, **it will be done at that time**, on your phone. You will then complete the session, if it was interrupted, provided the participant is able and willing to do so.

Before reporting any of the issues described above **it is important that you obtain as much information as possible to satisfy yourself that the problem is reportable.** Before proceeding the matter should be discussed with your supervisor who should be contactable at all times. In the event that you are unable to contact your supervisor you should to contact another senior staff member.

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. Whenever biological samples are collected **gloves should always be worn** and universal infection control procedures followed – samples should always be considered noxious.

All biological materials and associated equipment should be disposed of using the appropriate biohazard waste management devices. 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 on hand when the sample is taken. All biohazard waste bins should be emptied regularly or when full, as per manufacturer's guidelines.

The following section details biological sampling procedures commonly employed at NDARC. These guidelines should be used as a guide except where research protocols require alternative or different procedures. In such cases the safety of the interviewer will take precedence.

3.4.1 Urine Collection and Storage

Collection

Urines are 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.

1. 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.
2. 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 secure place – a biohazard bin.
3. After collecting the sample, wash your hands in cold, soapy water.
4. 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.

Storage

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. The NDARC specimen fridge is housed in the data archive room. 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.

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

3.4.2 The Collection of Blood Samples for Dried Blood Spots

Equipment to be used for collection of blood sample

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 bandaid
- 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.**

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. All researchers undertaking such sampling should be vaccinated against HBV.

Household bleach should be available at all times to wipe up any spilt blood. It is also sensible to carry an anti-bacterial gel wash to rub into your hands if you are unable to wash them immediately following collection.

The following procedure should be followed:

1. 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).
2. 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.
3. 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.
4. Swab finger with mediswab and allow to dry
5. Hold glucolet firmly against finger and push button on glucolet.
6. 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.
7. Apply the cotton wool to the pierced finger, followed by a bandaid (or some other covering).
8. 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 over night.
9. 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.
10. 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 The Collection of Venous Blood Samples

All staff undertaking venous blood sampling should be fully trained and accredited in venipuncture. Before commencing a study involving venipuncture the University's Bio-Safety Officer in the Risk Management Unit should be contacted. Staff must also be familiar with the following documents from the University's Risk Management Unit:

- Biological Safety and Infection Control Policy
- Management of Biological Hazardous Spills or accidental Release of Biological Agents
- Action Protocol for Needle Stick Injury

A first aid accredited staff member will need to be on the premises when any procedures are performed. It is therefore important to check who is available before commencing.

The equipment required for venipuncture 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 IDUs butterflies are recommended;
- disposable gloves;

- mediswab (alcohol swab);
- cotton wool balls;
- bandaids;
- 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:

1. 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.
2. Gloves should always be worn.
3. Hands should be washed before and after the sample has been taken.
4. A sharps container should 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 Bio-Safety Officer. Needles should never be recapped.
5. 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, though as with all biological samples. Bloods requiring refrigeration should be stored in the specimen fridge in the data archive room and never in a fridge (or other storage facility) containing food.
6. All other equipment should be disposed of appropriately, as per University guidelines. Biological waste must be disposed of in a contaminated waste bin, which is clearly marked and emptied regularly and by appropriate means.
7. Care should be taken to ensure any spillages are completely cleaned up with bleach.

In the event of needle stick injury or the exposure to blood or blood products the University's Emergency Action Protocol for Needle Stick Injury must be followed:

1. Immediately wash affected area thoroughly with soap and water.
2. Report incident and go to the University Health Centre or Casualty Department of the nearest public hospital **within two hours**.
3. Complete incident report.
4. Contact NSW Health Needle Stick Injury Hotline (1800 804 823).

3.4.4 The Collection of Hair Samples

Collection

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.

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 may also be considered.

4. DEVELOPMENT OF SAFETY PROTOCOLS

All institutions undertaking face-to-face interviews and field research with potentially problematic research participants should consider protocols specifically designed to maximise interviewer security. Recommendations for the development of safety protocols are discussed in this section.

Safety protocols should be institution specific, and should be ratified by the institution management to ensure support for their implementation. Protocols must be comprehensive, yet flexible enough to accommodate a diverse range of research activities; the latter requirement entails avoiding protocols that are unduly restrictive. A number of generic principles should be considered in the design of a safety protocol, including basic precautions; acceptable interview procedures; interview monitoring; interviewer support; emergency procedures; incident reporting and review; and disciplinary action. These principles are addressed in turn.

Basic precautions

Basic precautions can be taken in four main areas:

1. Vaccination against transmissible diseases should be considered a fundamental form of protection that is provided to all interviewers. Vaccinations against HAV and HBV should be compulsory, and other vaccinations may be considered depending on the project.
2. An interviewer's personal details should be readily accessible to the project supervisor in emergency situations, including car registration details, home address and phone number and the contact details of next of kin. This precaution may appear elementary, but such details should be regularly updated because they are subject to change.
3. The provision of mobile telephones to all interviewers; these offer an easy and efficient way of ensuring contact at all times (see Wright et al., 1998). Costs associated with vaccination and mobile telephones should be included in project budgets.
4. An emphasis on the importance of basic safety training.

Acceptable interview procedures

An effective safety protocol should stipulate guidelines on acceptable interview procedures. Considerations would include whether and under which conditions a researcher can go into the field alone; the number of people necessary for an interviewing team; requirements for visits to participants' homes; and issues to consider when choosing interview locations. Although all possible scenarios are unlikely to be anticipated, generic policies regarding acceptable procedures should be developed.

Interviewer support

Interviewers should feel confident about interviewing, and this imperative should be emphasised throughout the protocol. If they do not, this should be addressed through more intensive training and supervision. Protocols should repeatedly emphasise that interviewer safety is paramount and must never be compromised. Interviewers should feel secure that their supervisors will support them if they decide to terminate an

interview due to potential or actual safety breaches. They should not feel pressured to obtain data above all else. It must also be made clear that if interviewers are threatened by participants, or other IDU demanding money or property, then they should never inflame the situation by refusing or resisting. Protocols can also provide direction and support to interviewers by clarifying policies on other potentially problematic issues, such as reimbursement of participants, appropriate attire, carrying personal affects, witnessing illegal activity, and interviewing minors.

Interview monitoring

A logbook should be established in which the location and details of interviewers' appointments are recorded. Information recorded should include the time, date and address of interview, the interviewers' contact information (a mobile telephone number), participants' contact information (if available), and the time the interview is expected to finish. An interview 'monitor', a colleague who will be contactable for the duration of the interview, should be appointed to monitor the interview. The monitor could be in the field with the interviewer, or at the research institution. Following completion of the interview, the interviewer should 'check in' with the monitor, or advise them of their safety, and the monitor should be aware of approximately when that 'check in' is expected. In the case of home visits or lone interviewers, a specific protocol should be established. One strategy is for the interviewer, upon arrival at the interview location, to contact the monitor in the presence of the participant and state the expected duration of the interview. This ensures that the participant knows that somebody expects contact with the interviewer within a certain time.

Protocols should not be restricted to interviews conducted outside the institution. Guidelines and precautions to ensure the safety of interviewers conducting interviews within the research institution should also be considered. For example, duress alarms may need to be installed in interview rooms. If interviews are conducted outside of normal office hours, steps should be taken to ensure at least one other staff member is in the building, is aware that the interview is proceeding, knows its expected duration and stays for the duration of the interview.

Emergency procedures

A difficult aspect of the development of safety protocols is devising appropriate emergency procedures, particularly what course of action an interview monitor should take if the interviewer does not check in when expected. These procedures should reflect the risk associated with the research, as well as the reporting mechanisms required by local authorities. Such procedures might involve a hierarchy of action, such as first attempting to make phone contact with the interviewer, through to contacting the police or other relevant authorities. Clear guidelines on appropriate procedures, along with details regarding when those procedures are to be implemented, should be established. The onus is then upon the interviewer to check in to prevent the monitor undertaking unnecessary emergency action.

Incident reporting and review

An incident reporting mechanism is an essential component of an effective safety protocol. It should be mandatory for interviewers to report adverse events in a standardised written form. A supportive debriefing mechanism should be established

for interviewers who experience adverse events. Regular reviews of incident reports may help to identify potentially risky situations that were not immediately obvious, such as specific interview locations or target populations. Incident reports will also allow the institution to evaluate the efficacy of the safety protocol, and may point to areas where the protocol should be revised.

Disciplinary action

Safety protocols serve to protect the institution as well as the interviewers and participants, and should therefore be considered by the institution and its staff as a core feature of their work. To ensure that all staff perceive the importance placed on the protocol, the protocol should include a specification of disciplinary action that will be taken in the case of a breach of the protocol. A hierarchy of disciplinary action may be outlined. These could range, for example, from a verbal warning from the interviewer's supervisor in the case of a first breach of the protocol, to a written warning from the head of the institution in the case of a second breach, to a review of the interviewer's behaviour and the antecedents of the breaches in the case of a third.

In May 2001, the NDARC safety Committee developed the Centre's Safety and Interviewing Protocol, which considered all of the issues raised in this report. The protocol was endorsed by NDARC management and was fully implemented at the beginning of 2002, such that it is now mandatory for all staff to follow the protocol. The NDARC Protocol is given in the following section.

5. NDARC SAFETY AND INTERVIEWING PROTOCOL

1. All staff who will be interviewing should:
 - a. familiarise themselves with the interviewing protocol and training manual;
 - b. undertake the self-defence course prior to commencing interviewing;
 - c. be vaccinated against hepatitis A and hepatitis B;
 - d. have a mobile phone when interviewing;
 - e. ensure that their supervisor has their car registration details, home phone number and address and the name and contact details of next of kin.

2. All interviewer training should be conducted in the light of this protocol and should utilise the NDARC Training Manual.

3. Ideally interviewing should always be planned to be carried out in a minimum of pairs. The exception to this is interviewing at an agency/service. However it should be ensured that agency staff will be on the premises at all times. When it is not possible for interviews to be done in pairs, interviewers may arrange to conduct interviews alone in an appropriate environment (see list of locations below), in which case the log and phone-in system would be used (see below). This should generally be avoided and only be done by experienced interviewers. One-on-one counselling should be conducted at NDARC or a clinic. Where this is not possible the log-in system should be used.

The characteristics of good interview locations are those:

- which are conducted within the confines of an agency, provided that agency staff are aware of the interview and are well within earshot;
 - in which the interviewer feels secure and comfortable;
 - which are familiar to the interviewer and have been utilised previously;
 - which are generic fast food restaurant chains in which 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.
4. Interviews in participant's home should be avoided. If home visits are unavoidable, they must be done in pairs and approved by the supervisor.
 5. The Interviewer Logbook should be completed before conducting an interview. The Logbook consists of forms held in of a folder and kept at the NDARC reception desk. The Interviewer Logbook should contain the following information (Appendix B):
 - a. name of monitor;
 - b. time and date of interview;

- c. name of agency (if the interview is not being conducted at an agency the participant's name should be left with the monitor for the purposes of maintaining confidentiality);
 - d. address of place of interview;
 - e. interviewer's mobile phone number and contact land line number (even if participant's personal number);
 - f. time the interview is expected to finish.
6. If an interview has been arranged for a time and place other than at an agency or NDARC, a staff member on the project **not** interviewing (this may be the project co-ordinator or chief investigator) should be designated as monitor for the day (or applicable period). The monitor should be contactable at all times (therefore not going into meetings and turning phone off etc) throughout the interviewing period. The interviewer should call the monitor in the presence of the participant when they arrive and state the expected length of time for which the interview is to run. At the completion of the interview the interviewer will call the monitor to 'check-in'. This should only be done when the interviewer has left the house or site and are safely in the car/taxi.
7. All monitors must be aware of the time frame given for interviewing. That is if an interviewer has not checked within an hour of the expected completion time they must attempt to contact the interviewer, first by mobile then by landline. If the interviewer cannot be contacted within the specified period of time (see below) a *concern for welfare* will be filed with the police. It is therefore necessary that all interviewers check in on time and notify the monitor if the interview runs over time.

The *concern for welfare* will be lodged:

- a. One hour after a home interview;
 - b. One hour after any interview conducted alone (except at an agency);
 - c. Two hours after any interview conducted in pairs (except interviewing in the participant's home, where the time period is one hour);
 - d. At the close of day when interviewing in an agency but have not called in. If interviewing in teams with the project coordinator this may not be necessary.
8. If interviewing is being conducted in teams (more than two interviewers) and the project coordinator is present, checking in is not necessary. The coordinator should, however, be sure that s/he is always aware of staff whereabouts. This is only acceptable when the project coordinator is present.
9. If interviewing at NDARC the two counselling rooms, which contain duress alarms, can be used. If interviewing at NDARC after hours, at least one other staff member should also be in the building and aware that the interview is taking place and how long it is expected to last.
10. If an interviewer has doubts about the interviewee, or the situation, the interview should not take place or, if appropriate, be rescheduled for an appropriate setting with additional staff.

11. All interviews should be terminated if the participant becomes agitated, violent or aggressive in any way. If the participant receives money for the interview they should be paid even if the interview is not completed. Duress alarms should be used in this situation for office interviews.
12. The researcher should not enter situations where they will knowingly witness illegal activity or interview a minor (unless ethics approval has been obtained).
13. All adverse events should be reported to the project supervisor and recorded on the incident form (Appendix A). Incident forms are filed with a nominated senior member of staff. The senior academic and nominated safety committee members will review incident reports quarterly. This process will be done in consultation with the Director where necessary. This process will inform safety protocol management and modifications to this protocol may be necessary following consultation with the safety committee.
14. Researchers should be appropriately dressed when interviewing. This will vary depending on the interviewing situation. Generally interviewers will dress casually and wear covered shoes. The type of dress should reflect the population. When dealing with populations which exhibit high rates of crime care should be taken with regard to attire, cash and accessories and the potential of theft of these items.
15. All staff being interviewed for positions involving interviewing should be made aware of the nature of the project and the type of interviewing the position will entail.
16. All research budgets should take into account the need for extra staff or other expenses, such as mobile phones and hepatitis A and hepatitis B vaccinations, which may be incurred to ensure staff safety. Where the project is unable to pay for this NDARC will cover the costs. This will need to be cleared by the Director first.
17. Project supervisors will review monthly with the interviewers any concerns they might have about conducting interviews that are not already addressed by the NDARC Interview Safety protocol.
18. The safety committee will conduct an audit of interviewing every six months. Members of the committee will put together a list of projects involving interviews and check with supervisors and coordinators that protocols are being adhered to. Interviewers may also be approached (or approach the committee) about interview protocol.

Staff safety is paramount. Under no condition should staff safety be compromised for the attainment of data. If a project is unable to operate within the terms of this protocol the issue should be taken to the research committee by the chief investigator. The research committee will make a recommendation to the Director as to whether the project can operate outside the protocol based on 1) the safety of the researchers involved; 2) the project's merit; 3) the experience/ track record of the researcher. It is the researcher's responsibility to have the project raised at the research committee meeting. The researcher should supply the committee with a brief (1 page) outline of

the project prior to the meeting date. The researcher should then provide an informal presentation of the project at the meeting. The final decision will be made by the Director. Any breach of this decision will result in disciplinary action.

A breach of (a) the safety protocol or (b) the decision of the research committee regarding safe practice for a particular project may result in disciplinary action, including (but not limited to) guidance, formal counselling, warning, or termination of employment.

Key Points

1. All researchers conducting interviews should familiarise themselves with the *NDARC Interviewing/Safety Protocol* and the *NDARC Interviewer Training Manual* prior to commencing any interviewing.
2. All researchers conducting interviews should have a mobile phone so they are contactable.
3. When interviewing all researchers should complete the interviewing log, which can be found at reception. This includes interviews that are conducted at NDARC.
4. In addition to filling out the log the researcher should also verbally alert a member of staff/project team (the monitor) that they are interviewing and provide them with the details from the log. This includes interviews conducted at NDARC.
5. All interviews should be terminated if the participant becomes agitated, violent or aggressive in any way or if the interviewer feels threatened. If the participant receives money for the interview, they should be paid even if the interview is not completed. It is however, appropriate to quickly wind-up the interview rather than simply terminate abruptly.
6. Researchers should be appropriately dressed when interviewing. This will vary depending on the interviewing situation. Generally interviewers will dress casually and wear covered shoes.
7. If the researcher (or monitor) has any doubts about the safety of the interview situation, the interview should not proceed.
8. The researcher should not enter situations where they will knowingly witness illegal activity or interview a minor (unless ethics approval has been obtained).
9. Project supervisor will review the effectiveness of the interview log system with the interviewer and/or monitors.

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7. APPENDICES

Appendix B: Incident Form

1 st Name:	Project:
Surname Name:	
Date of Incident: / /	Time (approx): am/pm
Location where incident occurred:.....	
To whom was the incident reported:	
Interview monitor name:	
Participant involved in incident:	
Description of Incident:	
Description of illness or injury if any:	

Action Taken:

.....
.....
.....

Recommendation to prevent similar incident:

.....
.....

¹First name is enough if a contact number is also provided; ²Landline where possible

