

North Carolina Safer Syringe Initiative

Syringe Exchange Program Sign-Up Form

*To complete and submit **before** starting program services.*

Please follow directions for completion and submission found at the end of this page. Please send scanned forms, any additional materials, and other inquiries to SyringeExchangeNC@dhhs.nc.gov.

Active SEPs are also required to submit the **NC Syringe Exchange Annual Reporting Form** by July 31st annually. The **Annual Reporting Form** can be found on the [NC Safer Syringe Initiative website](#).

Thank you!

As of July 11, 2016, North Carolina ([G.S. 90-113.27](#)) allows for the legal establishment of hypodermic syringe and needle exchange programs. Any governmental or nongovernmental organization “that promotes scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors” can start a syringe exchange program.

Syringe exchange programs (SEPs) in North Carolina are required to provide the following services:

- Syringe disposal
- Distribution of sterile syringes and new injection supplies at no cost and in sufficient quantities to prevent sharing or reusing
- Education materials concerning:
 - Prevention of disease transmission, overdose, and substance use disorder
 - Treatment options, including medication-assisted therapy and referrals
- Naloxone distribution and training, or referrals to these services
- Consultations/referrals to mental health or substance use disorder treatment
- Security plans addressing site, personnel and equipment security distributed to police and/or sheriff’s departments with jurisdiction over syringe exchange locations

The Division of Public Health (DPH) NC Safer Syringe Initiative (NCSSI) is responsible for SEP support and oversight. New SEPs must submit the **Syringe Exchange Program Sign-Up Form** before initiating services. This allows NCSSI to ensure that programs meet the requirements above and understand the limited immunity provision, and to facilitate connections between new programs and existing services. NCSSI will contact new programs following form submission. Programs will be added to the DPH list of [active SEPs in North Carolina](#).

Programs are required to submit security plans to the local law enforcement agencies with jurisdiction over locations of operation. This helps ensure that local law enforcement are aware of the program and are familiar with the limited immunity provision. Exchanges will not be considered “active” in a given county until the security plan is distributed to appropriate law enforcement agencies. Programs should review security plans, make any needed changes, and redistribute plans annually to local law enforcement. If programs are serving a high number of people from a different region or jurisdiction, programs can share security plans and program information (including example of participant ID/written verification) with additional agencies to promote awareness and familiarity.

DPH is responsible for collecting data annually on program reach and provided services. The annual reporting period closes July 31st and covers the previous year of operations (or, for programs that have been operating for less than a full year at the time of annual reporting, operations to date). DPH recommends reviewing the annual reporting form before starting services to ensure that internal data collection and program monitoring will collect the required information.

Please complete this form electronically if possible. Send completed forms (including scanned forms) and any additional files, including security plans and sample written verification, as email attachments to SyringeExchangeNC@dhhs.nc.gov.

Please contact the NC Safer Syringe Initiative at SyringeExchangeNC@dhhs.nc.gov with any questions.

Program Information

1. Name of the **organization or agency** operating the syringe exchange program:

1a. Name of the **syringe exchange program**, if different from above:

2. Contact information:

	Primary Contact		Secondary Contact
Name	_____	Name	_____
Phone	_____	Phone	_____
Email	_____	Email	_____

3. Syringe exchange **program model** (check all that apply):

- Fixed site:** Exchange run from a permanent, fixed location (including regular shared-space locations)
- Mobile:** Exchange run from a mobile vehicle, operating in one or more locations
- Peer-based:** Exchange run through peer networks distributing in a community
- Integrated:** Exchange services through an existing agency, including health department or treatment program

4. **Physical address(es)** of the syringe exchange program (if applicable):

Location 1: Street Address _____

City/Town _____ Zip Code _____

Location 2: Street Address _____

City/Town _____ Zip Code _____

If you have more than two program locations, please provide additional addresses in an email to SyringeExchangeNC@dhhs.nc.gov.

5. What is the **anticipated start date** of the syringe exchange program?

- Immediately following DPH approval
- On planned date: _____
- Unsure/to be decided (please **contact DPH** when a start date is determined)

6. **Region(s) served** (check all that apply):

Please select counties where the syringe exchange will operate (including fixed and mobile locations, regular outreach sites).

Alamance	Alexander	Alleghany	Anson
Ashe	Avery	Beaufort	Bertie
Bladen	Brunswick	Buncombe	Burke
Cabarrus	Caldwell	Camden	Carteret
Caswell	Catawba	Chatham	Cherokee
Chowan	Clay	Cleveland	Columbus
Craven	Cumberland	Currituck	Dare
Davidson	Davie	Duplin	Durham
Edgecombe	Forsyth	Franklin	Gaston
Gates	Graham	Granville	Green
Guilford	Halifax	Harnett	Haywood

Henderson	Hertford	Hoke	Hyde
Iredell	Jackson	Johnston	Jones
Lee	Lenoir	Lincoln	Macon
Madison	Martin	McDowell	Mecklenburg
Mitchell	Montgomery	Moore	Nash
New Hanover	Northampton	Onslow	Orange
Pamlico	Pasquotank	Pender	Perquimans
Person	Pitt	Polk	Randolph
Richmond	Robeson	Rockingham	Rowan
Rutherford	Sampson	Scotland	Stanly
Stokes	Surry	Swain	Transylvania
Tyrell	Union	Vance	Wake
Warren	Washington	Watauga	Wayne
Wilkes	Wilson	Yadkin	Yancey
Qualla Boundary (Eastern Band - Cherokee Nation)		Other: _____	

7. Populations served by the syringe exchange program (check all that apply):

- Injection drug users (people who inject or otherwise use illicit drugs or drugs not as prescribed)
- Diabetic insulin users
- Sex hormone/hormonal therapy injection users
- People who inject other prescribed medication (including interferon to treat hepatitis)
- HGH, steroid users
- Other: _____

8. How does the program dispose of used syringes, needles, and injection supplies (check all that apply)?

- Biohazard company (please list): _____
- Clinic or hospital partnership (please list): _____
- Local health department (please list): _____
- Waste disposal site (ex. dump or transfer station)
- Other (please list): _____

According to NC law, needles, hypodermic syringes, and other supplies must be dispensed at no cost and in quantities sufficient to ensure that needles, syringes, and other supplies are not shared or reused. This precludes one-for-one exchange (requiring that participants dispose of one used syringe at the SEP for every new syringe received).

9. What is the program’s syringe dispensing policy (check one)?

- Dispense as many as requested (subject to supply limitations)
- Dispense the same number to each participant per visit (ex. packet of 10)
- Other: _____

10. SEPs are required to offer information and educational materials on the following topics: overdose prevention; the prevention of HIV/AIDS and viral hepatitis; drug misuse prevention; mental health treatment, including treatment referrals; and treatment for substance use disorders (SUDs), including referrals for medication-assisted treatment. On which of the following topics does the syringe exchange program offer information and educational materials (check all that apply)?

- Overdose prevention
- How to identify and respond to an overdose, including how to use naloxone
- Drug misuse prevention
- Prevention and treatment of HIV/AIDS
- Prevention and treatment of viral hepatitis (including hepatitis C)

Mental health treatment, including treatment referrals

10a. To which treatment service(s) do you refer participants?

SUD treatment, including referrals for medication-assisted treatment

10b. To which treatment service(s) do you refer participants?

SEPs must provide naloxone kits or make referrals to other sources for naloxone kits for opioid overdose reversal. Visit NaloxoneSaves.org for more information about accessing and administering naloxone.

11. Will the SEP **provide naloxone kits directly**? Yes No
11a. If yes, will they be provided free of charge? Yes No

12. Will the SEP **refer participants to other sources** for naloxone kits (ex. nonprofits, pharmacies, and local health departments)? Yes No

12a. If yes, which one(s)? _____

13. NC law requires SEPs to provide personal consultations for mental health and SUD treatment to people who request it. How will the SEP **provide treatment consultations and referrals** (check all that apply)?

Social worker or other licensed counselor

Peer support specialist

Contact information for external program (ex. local management entity/managed care organization)

Other: _____

SEPs must ensure reasonable and adequate security of program sites, equipment, and personnel. Programs are required to submit security plans to the local law enforcement agencies (police departments and sheriff's offices) with jurisdiction over locations of operation before starting syringe exchange services. Please submit your security plan with this form to SyringeExchangeNC@dhhs.nc.gov.

Please note: Exchanges will be considered active in a given county only after the program has distributed its security plan to the appropriate local law enforcement agencies.

14. Does the SEP have a **written security plan**? Yes No

15. Has the SEP **distributed the security plan to local law enforcement agencies** with jurisdiction over the SEP operating location(s)? Yes No

15a. If yes, which one(s)? _____

NC law protects SEP employees, volunteers, and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of drugs present, if obtained from or returned to an SEP. People affiliated with an SEP must provide written verification (such as a participant card) to the arresting officer or law enforcement agency to be granted limited immunity. The SEP law does not specify verification format or content.

16. Please submit an example of the **written verification the SEP distributes to participants** with this completed form. If you will not be distributing written verification of participation in a SEP, please provide details below on how the program plans to **educate participants about limited immunity**.

17. Is there **any additional information** you wish to share (program schedule, partnerships, other co-located services, etc.)?

Please submit completed form and any attachments to SyringeExchangeNC@dhhs.nc.gov. Thank you!