

## I. Introduction

Organized community-based needle exchange programs, also referred to as Syringe Services Programs or SSPs, are community-based prevention programs that provide a lifeline to people who use drugs or who have a substance use disorder. They provide a range of harm reduction services, including access to new needles and syringes and disposal of used needles, syringes, and injection equipment; linkage to substance use disorder treatment; and access to vaccination, testing, and care and treatment for infectious diseases.

## II. Program Requirements

### Approval

SSPs shall be approved by the Commissioner of Health under 18 V.S.A. § 4478. SSPs shall comply with these operating guidelines and shall operate in a manner consistent with the provisions of 10 V.S.A Chapter 159 (waste management; hazardous waste) and any other applicable laws.

### Approach to Services Delivery

1. SSPs will provide equitable, low-barrier access to anonymous and confidential services.
2. Services delivered will be free and person-centered.
3. SSPs will be participant-driven and empower individuals to be agents of their own change.
4. Services delivered will incorporate the lived and living experiences of people who use drugs.

### Delivery of Syringes and Supplies

1. SSPs shall provide wide access to syringes and supplies through a layered approach to delivery, including through the modalities identified below. SSPs shall provide services using the Primary and Secondary Exchange modalities. SSPs are encouraged, but not required, to use the Peer-Delivered Exchange and/or Partnership Delivery modalities, described below, in addition to the Primary and Secondary modalities. SSPs should consider participant and community needs and SSP capacities when determining whether to use these additional, optional modalities.
  - a) Primary Exchange (*required*) – SSP participant goes to location-based or mobile-based syringe exchange and picks up syringes and/or supplies OR participant arranges to meet SSP staff for syringes and/or supplies.
  - b) Secondary Exchange (*required*) – SSP participant picks up syringes and/or supplies at the Primary Exchange to distribute to other individual(s), who are usually known to SSP.
  - c) Peer-Delivered Exchange (*optional*) – A trained and supervised SSP participant serves as a peer outreach and delivery provider, bringing syringes and/or supplies from the SSP to a wider community of peers who use drugs, who are usually not known to the SSP, and who are not SSP participants themselves.
  - d) Partnership Delivery (*optional*) – Other community service organizations make syringes

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and/or supplies available to their participants based on an arrangement with an SSP, such as through sponsorship of a staff member or volunteer to be trained by the SSP.

2. SSPs shall distribute overdose reversal medications.
3. SSPs shall provide drug- checking test strips, which SSPs shall use in accordance with [guidelines established by the Health Department](#).
4. SSPs shall emphasize use of opt-in screening tools and minimal use of forms to reduce barriers to participant access to needed services.
5. SSPs shall adopt plans for handling and disposing of used needles and syringes that are consistent with OSHA's Bloodborne Pathogen Standards, 29 CFR § 1910.1030.
6. SSPs shall develop and maintain protocols for infectious disease, post-exposure treatment.
7. SSPs shall operate in compliance with HIPAA, 42 C.F.R. Part 2 and all applicable laws regarding participant confidentiality.

Syringe Services Program Staff and Volunteers

SSP staff and volunteers shall

1. Be trained annually and regularly supervised by their organization on the following topics:
  - a. Safe needle and injection supply disposal.
  - b. Confidentiality of participant information, including 42 C.F.R. Part 2, HIPAA, and other applicable laws.
  - c. Harm reduction.
  - d. Substance use practices and consumer impacts, particularly related to opioid use, identification of opioid overdoses, and use of overdose reversal medications
  - e. Substance abuse treatment referral.
  - f. Medical referral.
  - g. Referral to other community resources.
  - h. Assessment and response to emergency situations.
  - i. Setting and maintaining boundaries.
  - j. Infection control procedures, needlestick protocol, and standard universal precautions (including info on blood-borne pathogens, hepatitis B immunization and TB screening).
2. Provide, or refer their participants to, free, confidential HIV/HCV testing in either community-based or medical settings.
  - a. Program staff and volunteers who have completed Health Department training may provide HIV/HCV testing in accordance with the Health Department testing protocol.
  - b. Program staff and volunteers who are not trained to provide HIV/HCV testing directly to participants shall instead refer and link participants to other options for testing, including other test providers or other internal staff or volunteers who are trained to provide HIV/HCV testing.
  - c. Staff and volunteers shall refer pregnant people and people with other medical conditions to medical or other appropriate testing providers outside the SSP.
  - d. Staff and volunteers shall document participant tests provided, and referrals and links to testing services.
  - e. If SSP staff or volunteers performs the HIV/HCV testing, the SSP shall submit

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reports to the Department of Health in accordance with 18 V.S.A. § 1001.

3. Refer individuals to prevention programs related to transmission of HIV, viral hepatitis, and other blood-borne and sexually transmitted infections if such programs cannot be offered on site. SSPs shall also provide information and referrals including to substance use treatment programs, case management services, and other relevant health care options.
4. Attend training offered by the Health Department regarding referral tracking.
5. Develop safety protocols to guide outreach workers in keeping themselves safe while they are engaged in syringe exchange. At a minimum, each SSP that performs outreach shall
  - a. Require that outreach workers carry an ID card during all exchanges.
  - b. When possible, arrange for outreach to be done in teams.
  - c. Require outreach workers to follow the SSP's safety protocol.
  - d. Develop a tag in/tag out system to ensure that responsible parties at the SSP are aware of each outreach worker's whereabouts.
  - e. Work with parties involved (business community, private landowners), to ensure the outreach site is approved for use.

Community Engagement

1. SSPs shall demonstrate good faith efforts to maintain open communication about the SSP's operations with community in the SSP's service area, including local government, health care providers, law enforcement, and others.
2. SSPs shall convene an advisory committee that meets quarterly for the first two years of the program's operation.
  - a. If after two years of operation, community support among local residents, business, and law enforcement continues to exist., the SSP will be allowed to hold meetings of the advisory committee at least once a year and as needed.
3. The advisory committee shall consist of individuals who support the presence of a SSP in the community and prioritize the safety of the participants, as well as community members. The advisory committee shall, at a minimum, include members from
  - a. The SSP.
  - b. Local businesses.
  - c. Local law enforcement.
  - d. Community members.
4. The advisory committee shall provide guidance to the SSP on the services and methodology that works best for the local community and will support communication between the SSP and the community.
5. The following people from the SSP's service area may be invited to attend the advisory committee meetings:
  - a. SSP staff.
  - b. Health care workers.
  - c. Members of the public.
  - d. People with a history of drug use.
  - e. Staff from drug treatment facilities.

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- f. Business owners.
  - g. Community leaders.
  - h. Law enforcement.
  - i. Other individuals and organizations within the SSP's service area.
6. SSPs shall record in writing community and law enforcement concerns related to the operation of the SSP in the community. When possible, SSPs shall attempt to resolve the concerns with the community. Recorded concerns about the SSP's operations should be reported to the Health Department and the advisory committee.
  7. SSP providers may temporarily deliver SSP services out of a site in its service area other than the one the Commissioner approved the SSP to operate out of (i.e., a "host site"), at the discretion of the host and the SSP. The SSP shall not operate at a host site for more than seven (7) consecutive days and shall not operate at the host site more than fourteen (14) days in one year. If the SSP wishes to operate at the host site beyond seven (7) consecutive days or more than fourteen (14) days in one year, the SSP shall seek approval to use the location as a satellite location in accordance with subsection 8, below.
  8. SSPs may establish regular or frequent operations (i.e., more than seven consecutive days or more than fourteen days in one year) at a location in its service area other than the one the Commissioner approved the SSP to operate out of (i.e., a satellite location). Prior to establishing operations at a satellite location, a SSP shall consult its advisory committee and obtain approval from local businesses close to the satellite location and the Vermont Department of Health .
  9. SSPs may offer participation incentives to participants, as determined by each SSP and as appropriate for local circumstances. No SSP is required to offer incentives.
  10. SSPs shall share knowledge with participants of low-barrier treatment providers that adhere to a harm-reduction philosophy so that they will be able to provide a range of treatment referral options within and outside of the SSP service areas.

Participants

1. SSPs shall require all individuals, prior to accessing SSP services, to enroll as a participant and to provide the information necessary for the SSP to construct a unique identifier that maintains the participant's confidentiality.
2. SSPs shall construct a unique identifier for each participant using the following participant information:
  - a. First three letters of mother's first name.
  - b. Two-digit day of birth.
  - c. Middle initial.
  - d. Last two digits of birth year.
  - e. M, F, or T for client participant's gender.
3. SSPs shall provide identification cards and a copy of the Vermont paraphernalia law (18 V.S.A. § 4478) for staff, volunteers, and participants involved in transporting, exchanging, or possessing needles/syringes.
  - a. The card shall identify the agency operating the SSP.

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- b. Cards issued by SSPs to participants shall include the participant's unique identifier.
  - c. Cards issued by SSPs to individuals shall provide the contact information of a SSP representative who is available to respond to questions or concerns.
4. SSPs shall make Health Department contact information available to participants or local residents who have program questions, comments, or suggestions.
5. SSPs shall only exchange syringes and safe injection supplies through a person-to-person interaction between participants and program staff and volunteers. SSPs shall not send syringes or other injection supplies to participants through the mail.
6. SSPs shall apply harm-reduction principles and work to establish trusted relationships with program participants.
7. As participants express readiness, SSPs shall provide information and educational materials on a range of health issues of concern for people who use drugs. Topics may include, but are not limited to, overdose prevention, safer injection, wound-prevention techniques, wound care, safe disposal of , preventing needle sticks, and the risks, prevention, testing and treatment of infectious diseases, including HIV and viral hepatitis.
8. SSPs shall provide syringes to any enrolled participant who is 18 years of age or older.
9. SSPs shall develop appropriate referral mechanisms for individuals under 18 who do not meet one of the requirements to enroll in an SSP, as described below. Individuals under 18 shall be permitted to enroll in an SSP only under the following circumstances:
  - a. An individual age 12-17 may enroll in an SSP only if
    - i. The individual has documented parental consent authorizing the individual to enroll in the SSP;
    - ii. In accordance with 18 V.S.A. § 4226, the individual has documentation from a physician verifying that the individual is dependent on regulated drugs, as defined in 18 V.S.A. § 4201; or
    - iii. The individual provides documentation that they are an emancipated minor in accordance with 12 V.S.A. § 7151.
  - b. SSPs shall collect documentation of parental consent, physician verification, or emancipation status before services are provided to an individual ages 12-17 years.
    - i. The Health Department has sample physician and parental consent forms to use for this purpose.
    - ii. An emancipated minor must provide documentation of their emancipation status, , such as a marriage certificate dated prior to July 1, 2023, military papers demonstrating that the minor is on active duty with any of the U.S. Armed Forces, or a court order.
    - iii. SSPs shall keep participant documentation for individuals between the ages of 12 and 17 in a secure, locked file.
10. SSP participant identification cards for participants ages 12-17 shall contain the same information as cards for adults.
  - a. SSP identification cards shall not be issued unless documentation of parental consent, physician verification, or emancipation status is on file.

State oversight and reporting

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1. An SSP shall collect and maintain the following data. This data will be reported annually in aggregate form to the Health Department.
  - a. Number of program participants.
  - b. Year of birth of participants.
  - c. Gender of participants.
  - d. County of residence of participants.
  - e. Race of participants (report required only when data group size is greater than three).
  - f. Number of syringes distributed each month.
  - g. Number of syringes collected each month.
  - h. Number of hepatitis C tests performed.
  - i. Number of tests that were positive for hepatitis C.
  - j. Number and type of referrals made to participants.
  - k. Names, positions, training, and titles of current employees and volunteers.
  - l. Any other data demonstrating program effectiveness.
  
2. The SSP shall provide information about staff and volunteer training occurring at the request of the Health Department. Information must include:
  - a. Which individuals received training, including the name, title, and position of the staff member or volunteer.
  - b. The training topics.
  - c. The name of the organization or the title of the person who provided the training.
  
3. The Health Department shall conduct site visits of the SSP once a year at a time to be chosen by the Department. The Department shall inform the SSP prior to the site visit.
  - III. Approval to Operate

Prior to operating an SSP, applicants must receive approval from the Commissioner of Health. To obtain approval, applicants must submit an application, available from the Department's HIV/STI/Hepatitis C Program, demonstrating the ability to operate a SSP in compliance with Part II of these Operating Guidelines.

Approval to operate a SSP expires one year from the date of approval, as noted in the letter of approval sent to the SSP by the Commissioner of Health. Applications for continued approval must be resubmitted annually.