

NSW Needle and Syringe Program

Summary This Guideline provides the framework for the delivery of the NSW Needle and Syringe Program. It outlines the NSW Needle and Syringe Program; approval and authorisation requirements, service models, operation requirements and development opportunities for the NSW Needle and Syringe Program workforce.

Document type Guideline

Document number GL2023_002

Publication date 18 January 2023

Author branch Centre for Population Health

Branch contact (02) 9424 5907

Replaces GL2017_024

Review date 18 January 2028

Policy manual Not applicable

File number H22/42193

Status Active

Functional group Population Health - Communicable Diseases, Health Promotion

Applies to Local Health Districts

Distributed to Ministry of Health, Public Health System

Audience Community Health Centres;Local Health Districts;Environmental Health Officers;NSW Ambulance Service;Public Health Units;Public Hospitals

NSW Needle and Syringe Program

GUIDELINE SUMMARY

The NSW Needle and Syringe Program is an evidence based public health program that aims to reduce the transmission of bloodborne viruses. It provides sterile injecting equipment, peer support and healthcare navigation to people who inject drugs.

KEY PRINCIPLES

The Guideline outlines Needle and Syringe Program approval and authorisation requirements, service models, operation requirements and workforce development opportunities. This Guideline is applicable to all services and agencies delivering the Needle and Syringe Program in NSW.

NSW Health recognises the important public health contribution made by the Needle and Syringe Program. The following supports the aim and objective of the Needle and Syringe Program:

- Distribution of sterile injecting equipment
- Distribution of condoms and lubricants
- Provision and promotion of safe disposal of used injecting equipment
- Development of a peer workforce
- Development and delivery of education and health promotion programs, including peer support programs
- Provision of information and patient referrals to other health and welfare services, including primary health care and psychosocial support
- Provision of take-home naloxone and other overdose prevention strategies
- Vaccinations
- Hepatitis C (HCV), Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV) testing
- Contribution to blood borne virus and other research and evaluation activities
- Provision of brief interventions

These activities aim to address barriers to accessing sterile injecting equipment, increase health education and reduce the experiences of stigma and discrimination faced by people who inject drugs.

REVISION HISTORY

Version	Approved By	Amendment Notes
GL2023_002 January-2023	Deputy Secretary, Population and Public Health and Chief Health Officer	Update to guideline policy context, needle and syringe program authorisation and approval requirements and service delivery models.
December 2017 (GL2017_024)	Deputy Secretary, Population and Public Health and Chief Health Officer	Update of GL2013_007 including update to policies and guidelines, and guidance on stigma and discrimination, workforce development, community sharps management, and the pharmacy fitpack scheme.
August 2013 (GL2013_007)	Deputy Director General and Chief Health Officer	Revised PD2006_037 to provide evidence based guidelines for delivery of Needle and Syringe Program services.
June 2006 PD2006_037	Director General	Replaced the <i>NSW Needle & Syringe Program Policy and Procedures Manual May 1994</i> .
May 1994	Director General	New Guideline

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1. BACKGROUND

The Needle and Syringe Program is a confidential and anonymous health prevention program that provides people who inject drugs with sterile injecting equipment, peer support and healthcare navigation.

The aim of the Needle and Syringe Program is to reduce the transmission of blood borne viruses and injecting related diseases and injuries among people who inject drugs.

The objective of the Needle and Syringe Program is to increase access to sterile injecting equipment to minimise risk factors that have the potential to transmit blood borne viruses including receptive syringe and needle sharing.

The program works within the harm reduction pillar of the [National Drug Strategy](#) to give people the tools and education to prevent the transmission of blood borne viruses and reduce the physical, psychological and social harms of drug use.

Needle and Syringe Programs also have blood borne virus testing and active referral for treatment opportunities available.

1.1. About this document

The NSW Ministry of Health, Local Health Districts, Non-Government Organisations, and the Pharmacy sector play essential roles in delivering and evaluating the program.

This Guideline applies to all services and agencies delivering the Needle and Syringe Program in NSW.

The Needle and Syringe Program is based on the following set of principles:

- Services are provided in a manner that upholds the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment
- Services are delivered in a way that sustains the value of [person centred care](#)
- Services are culturally safe, equitable, accessible, confidential, and free from stigma and discrimination
- Services are to work within the harm reduction pillar to reduce harm associated with injecting drug use.

1.2. Key definitions

<p>Needle and Syringe Program Outlets</p>	<p>Needle and Syringe Program outlets are different service models that provide people who inject drugs with a range of ways to access sterile injecting equipment.</p>
<p>Primary Needle and Syringe Program Outlets</p>	<p>Primary Needle and Syringe Program outlets are services where the provision of sterile injecting equipment to reduce the transmission of blood borne viruses is the primary purpose of the service.</p>

<p>Secondary Needle and Syringe Program Outlets</p>	<p>Secondary Needle and Syringe Program outlets are services where the provision of sterile injecting equipment to reduce the transmission of blood borne viruses is not the primary purpose of the service. The provision of sterile injecting equipment occurs as part of other services provided.</p>
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1.3. Legal and legislative framework

<p style="text-align: center;">Legislation relevant in conjunction with this Guideline</p>
<p>Anti-Discrimination Act 1977 (NSW)</p>
<p>Children and Young Persons (Care and Protection) Act 1998 (NSW)</p>
<p>Crimes Act 1900 (NSW)</p>
<p>Drug Misuse and Trafficking Act 1985 (NSW)</p>
<p>Drug Misuse and Trafficking Regulation 2021 (NSW)</p>
<p>Health Records and Information Privacy Act 2002 (NSW)</p>
<p>Poisons and Therapeutic Goods Act 1966 (NSW)</p>
<p>Privacy and Personal Information Protection Act 1998 (NSW)</p>
<p>Work Health and Safety Act 2011 (NSW)</p>

2. APPROVAL AND AUTHORISATION

2.1. Authorisation of Needle and Syringe Program outlets

The [Drug Misuse and Trafficking Regulation 2021](#) (NSW) exempts a person who participates in the NSW Needle and Syringe Program from certain offences.

This Guideline sets out the process for approval of outlets for inclusion in the NSW Needle and Syringe Program. Only outlets approved in accordance with this Guideline come within the NSW Needle and Syringe Program.

2.2. Approval of Needle and Syringe Program outlets

It is the responsibility of the Local Health District's or Non-Government Organisation's Harm Reduction Coordinator (or equivalent) or Needle and Syringe Program leadership committee member to consider appropriate services and individuals to notify before the outlet is established.

If a dispute escalates about the establishment of a new outlet, or the relocation of an existing outlet, the Local Health District's or Non-Government Organisation's Chief Executive may seek additional advice from the Centre for Population Health, NSW Ministry of Health.

Approved outlets are listed on the [NSW Health website](#).

2.2.1. Approval of NSW Health sector Needle and Syringe Program outlets

All NSW Health facilities can be approved Needle and Syringe Program outlets.

The Chief Executive (or delegate) of the relevant Local Health District can approve the outlet and authorise staff for a new outlet that is part of the NSW public health system.

The Centre for Population Health, NSW Ministry of Health must also be notified and receive a copy of the Needle and Syringe Program Application Form by email to MOH-BBVSTI@health.nsw.gov.au.

Approval process for NSW Health Needle and Syringe Program outlets

1. Complete the *NSW Health Sector Needle and Syringe Program Application Form* (Appendix 2) and send to the Local Health District Chief Executive (or delegate) for approval
2. The Local Health District must retain a copy of the approval documentation. The Centre for Population Health, NSW Ministry of Health must also be informed of the outcome.

2.2.2. Approval of Non-Government Organisation Needle and Syringe Program outlets

The Chief Health Officer, NSW Ministry of Health may approve a new Needle and Syringe Program outlet that is not part of the NSW public health system, for example a Non-Government Organisation, to participate in the NSW Needle and Syringe Program.

Approval process for Non-Government Organisation Needle and Syringe Program

1. Complete the *Non-Government Organisation Needle and Syringe Program Application Form* (Appendix 3)
2. Send the application to the Centre for Population Health, NSW Ministry of Health MOH-BBVSTI@health.nsw.gov.au
3. The Centre for Population Health will provide correspondence regarding the outcome of the application to the Non-Government Organisation
4. The Non-Government Organisation must retain a copy of the approval and authorisation documentation.

2.3. Relocation of an approved Needle and Syringe Program outlet

The relocation of an existing approved Needle and Syringe Program outlet does not require additional approval when relocating to a different address within the same Local Health District.

Process for the relocation of an approved Needle and Syringe Program outlet

1. Review and update the local Needle and Syringe Program Management plan and identify any risks or conflicts of interest before the relocation
2. Seek approval from the Local Health District Chief Executive (or delegate) for the Needle and Syringe Program outlet relocation. A detailed description of the reasons for the relocation must be included in the brief to the Local Health District Chief Executive (or delegate)
3. Inform the Local NSW Police Station of the relocation of the outlet
4. Review and update all Needle and Syringe Program processes and health service referrals
5. Inform the Centre for Population Health, NSW Ministry of Health of the Needle and Syringe Program outlet relocation by email to MOH-BBVSTI@health.nsw.gov.au.

2.4. Pharmacy sector outlet approval

NSW Health contracts the Pharmacy Guild of Australia NSW Branch (NSW Pharmacy Guild) to support community pharmacies with the Pharmacy Fitpack scheme. The NSW Pharmacy Guild is responsible for approving, recruiting and training new pharmacies to participate in the scheme.

Staff in the pharmacy sector who are acting in the ordinary course of their profession are authorised to distribute sterile injecting equipment. Therefore, approval for each individual pharmacy is not required.

2.5. Authorisation of Needle and Syringe Program staff

The provision of sterile injecting equipment and information regarding the use of the equipment may be performed by a person who participates within approved Needle and Syringe Program outlets in the NSW Needle and Syringe Program as listed on the [NSW Health website](#).

Needle and Syringe Program workers must always carry their Local Health District's or Non-Government Organisation's workplace identification when performing their duties. Peer distribution and outreach services are considered part of the service authorised under this Guideline and approved outlets listed on the NSW Health website.

All staff employed at an outlet authorised in the NSW Needle and Syringe Program are authorised to re-stock dispensing chutes following local management procedures.

3. SERVICE MODELS

3.1. Types of outlets

The Needle and Syringe Program consists of different outlet types and service delivery models to provide people who inject drugs with a range of ways to access sterile injecting equipment. There are three outlet types in NSW:

- Primary

- Secondary
- Community pharmacy.

3.1.1. Primary Needle and Syringe Program outlets

Primary Needle and Syringe Program outlets are services where the provision of sterile injecting equipment to reduce the transmission of blood borne viruses is the primary purpose of the service.

Primary Needle and Syringe Program outlets must:

- Provide culturally safe and [trauma-informed care](#)
- Provide needle and syringes in a range of sizes relevant to clients, and other injecting paraphernalia such as alcohol wipes, water, latex tourniquets, cotton swabs and disposal bins
- Provide condoms and lubricant
- Provide safe disposal services for used injecting equipment
- Provide onsite blood borne virus testing and an active referral to health services for confirmatory testing and treatment initiation
- Provide outreach services to people who inject drugs
- Deliver and evaluate health promotion initiatives, education and brief interventions
- Provide naloxone and education for reducing the risks of opioid overdose
- Facilitate active referrals to other health, welfare and community services. This may include alcohol and other drug services, mental health services as well as services offering opioid substitution therapy
- Facilitate peer connections to drug user organisations through the 1800-PeerLine (1800 644 413)
- Support secondary outlets with staff training, provision of sterile injecting equipment and educational resources
- Support local pharmacies to participate in the NSW Pharmacy Fitpack Scheme
- Collect and report service utilisation and distribution data to the Centre for Population Health, NSW Ministry of Health.

3.1.2. Secondary Needle and Syringe Program outlets

Secondary Needle and Syringe Program outlets are services where the provision of sterile injecting equipment occurs as part of other services provided.

Secondary Needle and Syringe Program outlets may include Community Health Centres, Sexual Health Services, Emergency Departments, Alcohol and Drug Services, Youth Services and Aboriginal Community Controlled Health Services.

Secondary Needle and Syringe Program outlets must:

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- Provide culturally safe and [trauma-informed care](#)
 - Provide a range of needles, syringes, condoms and lubricants
 - Provide safe disposal services for used injecting equipment
 - Facilitate referral to primary Needle and Syringe Program outlets and/or to the Alcohol and Drug Information Service (ADIS)
 - Facilitate referrals to other health, welfare and community services. This may include alcohol and other drug services, mental health services as well as services offering opioid substitution therapy
 - Collect and report service utilisation and distribution data to the Local Health District
 - Facilitate peer-to-peer interaction via 1800-PeerLine (1800 644 413).

3.1.3. Pharmacy outlets participating in the NSW Pharmacy Fitpack Scheme

Community pharmacists may participate in the Needle and Syringe Program through the Pharmacy Fitpack Scheme. Under this scheme, pharmacists can sell Fitpacks or exchange used Fitpacks free of charge.

The NSW Pharmacy Guild administers the NSW Pharmacy Fitpack Scheme in partnership with local pharmacies and supports enhancing service delivery and pharmacy participation. The Ministry of Health receives monthly pharmacy Fitpack distribution data.

3.1.4. Other pharmacy outlets

Pharmacies may also sell needles and syringes, and other injecting equipment independently of the NSW Pharmacy Fitpack Scheme.

3.2. Types of services

Needle and Syringe Programs can be provided in a variety of ways, including:

- Fixed sites
- Outreach services
- Dispensing chutes
- Postal distribution
- Peer distribution.

3.2.1. Fixed sites

Fixed sites are typically provided from a designated building or location and operate within identified hours. The most common settings are hospitals, community health centres and pharmacies.

3.2.2. Outreach services

Outreach services are models that operate within and outside of normal business hours or fixed settings to engage with people who inject drugs who may not access fixed sites.

Examples of outreach services include:

- Fixed site outreach - Needle and Syringe Program workers provide outreach based at an alternate site
- Mobile outreach - by vehicles, including cars, vans or buses
- Pedestrian outreach - by foot.

3.2.3. Dispensing chutes

Dispensing chutes are mechanisms that dispense pre-packaged sterile injecting equipment. The chute can be manual or electronic and mounted internally or externally to a building. The chute must be placed in areas and at a height to deter access by children and have a disposal bin located nearby. Dispensing chutes can also dispense other equipment such as safe sex materials.

The installation of a new dispensing chute not connected to an existing approved Needle and Syringe Program is subject to the Needle and Syringe Program approval requirements.

The installation of a dispensing chute that is connected to an existing approved Needle and Syringe Program does not require additional approval.

When operating a dispensing chute, the following must apply:

- Information regarding disposal options must be displayed on or nearby the chute
- The chute must remain operational when an adjacent fixed outlet is open unless there are specific reasons not to do so
- Signage is to be available indicating operating hours; contact details for the nearest primary outlet; information for the Alcohol and Drug Information Service (ADIS) and 1800-PeerLine (1800 644 413); and the procedure to follow if the chute is malfunctioning
- Regular monitoring and maintenance must take place by the Local Health District or Non-Government Organisation to ensure safe and effective functioning of the chute
- The collection of revenue must meet all relevant Local Health District auditing requirements and money handling policies.

3.2.4. Postal services

Postal needle and syringe services provide sterile injecting equipment to clients from approved primary sites via post. Equipment must be sent in appropriate packaging and sent via a suitable registered postal service. Postal needle and syringe packages must include education materials that cover various topics, including vein care, safe injecting practices, and blood borne virus testing and treatment.

Information for the Alcohol and Drug Information Service (ADIS) and 1800-PeerLine (1800 644 413) must also be included.

Postal needle and syringe services should be prioritised for people living in regional and remote areas where there is limited access to needle and syringe programs or pharmacy outlets. Information about the nearest needle and syringe program and service for blood borne virus testing must be included in all postal needle and syringe services.

3.2.5. Peer distribution

Peer distribution is a method of primary prevention involving a trained volunteer or peer worker. Peer distribution provides an ability to connect to people who inject drugs who may not access fixed Needle and Syringe Programs. Peer distribution activities must include information about how to access primary or secondary Needle and Syringe Programs, how to dispose of used injecting equipment and how to access health services.

Peer distributors must receive appropriate training and ongoing support with Needle and Syringe Program staff and a clear, agreed framework for reporting distribution, demographic and engagement statistics.

3.3. Additional Needle and Syringe Program service expectations

All Needle and Syringe Programs must have procedures in place to enable client input, feedback, and the ability for clients to make an anonymous and confidential complaint.

Primary Needle and Syringe Programs

Primary Needle and Syringe Programs must have the ability to test people who inject drugs for blood borne viruses on site. Primary Needle and Syringe Programs must have an active referral pathway to health services for clients' confirmatory testing and treatment initiation.

Secondary Needle and Syringe Programs

Secondary Needle and Syringe Programs must consider providing other services for people who inject drugs.

Examples of additional health services	
Mental health services	Substance use support
Testing and referral for blood borne viruses and sexually transmissible infections	Hepatitis B vaccination
Brief interventions	Vein care
Podiatry	Dental

Access to additional services outside the Needle and Syringe Program provision must always be voluntary for the client and at the client's request. Additional services must not interfere with timely, anonymous and confidential service to those Needle and Syringe Program clients who do not wish to seek additional care.

4. OPERATING NEEDLE AND SYRINGE PROGRAMS

4.1. Establishing Needle and Syringe Programs

Local Health Districts are to provide basic Needle and Syringe Program services at a range of health facilities, except where the establishment of a Needle and Syringe Program has been identified as running contrary to the facility's primary purpose. Local Health Districts must follow the Approval and Authorisation of Needle and Syringe Program outlets (section 2).

When establishing a Needle and Syringe Program, Local Health Districts must ensure that services are developed and delivered in a coordinated manner and adhere to this Guideline. Pharmacies and Non-Government Organisations must be considered complementary components of a Needle and Syringe Program service network.

Local Health Districts and Non-Government Organisations must consider the following key issues when establishing a new Needle and Syringe Program outlet:

- What is the rationale for establishing a new outlet?
- What type of outlet is most appropriate?
- Is there evidence or data to support the need for a new outlet?
- Will the outlet be accessible for the target population?
- What are the proposed hours of operation?
- Are there any local issues that may negatively impact the new outlet?
- Has consideration been given to the potential impact on other services and the local community?
- What is the impact of not establishing a new outlet in this area?

Local Health Districts and Non-Government Organisations must also engage with local stakeholders when establishing a new Needle and Syringe Program outlet, including:

- Local injecting community
- Local police
- Local Government.

Once a new Needle and Syringe Program outlet has been approved, Local Health Districts must also establish networks and referral pathways with appropriate local health, social and welfare service providers. Local communities must also be advised of the establishment of a new Needle and Syringe Program outlet.

The establishment of new Needle and Syringe Program outlets and service delivery models must consider several factors in the surrounding area, including:

- The level of injecting drug use
- The current service provision and reach of existing Needle and Syringe Programs
- The demographic, social and cultural profile of people who inject drugs

- Blood borne virus prevalence
- Evidence of low blood borne virus testing and treatment uptake
- The level of pharmacy participation.

Local Health Districts must prioritise access to Needle and Syringe Programs for the most marginalised and vulnerable people who inject drugs, including:

- Sex workers
- People living with HIV
- People living with hepatitis C and B
- People recently released from custodial settings or with a history of incarceration
- Young people at risk of injecting or involved in using drugs
- Aboriginal people
- Pregnant women and mothers
- People from Culturally and Linguistically Diverse communities.

4.2. Provision of injecting equipment from a primary or secondary outlet

Primary and secondary outlets are to stock a variety of injecting equipment, including a range of syringe sizes, injecting paraphernalia, needle types and disposal containers.

Needle and Syringe Program outlets may also provide other paraphernalia including winged infusion kits, water for injection, alcohol swabs, tourniquets, spoons and cotton. Condoms and lubricants are to also be available.

Needle and Syringe Program clients are to receive a sufficient amount of injecting equipment. There is no policy basis for restricting the number of sterile needles and syringes provided by Needle and Syringe Program outlets.

To maximise the use of sterile injecting equipment for every injection and promote safe disposal practices, the following must apply:

- Access to sterile injecting equipment be made available through the widest range of hours possible
- Equipment be provided free of charge except for some dispensing chutes
- Education on how to appropriately use equipment
- Service provision to avoid imposing unwanted educational or referral interventions which may discourage future access
- Participation in brief interventions, research and evaluation surveys be based on the client's informed and voluntary consent
- Access to disposal containers and information on how and where to safely dispose of used injecting equipment

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- Clients do not need to return used needles and syringes as a condition of obtaining sterile injecting equipment.

4.3. Access and equity

Stigma and discrimination are fundamental causes of health inequities or disparity. Stigma and discrimination often impact a person's willingness to use health services to seek support or treatment. People who inject drugs are particularly vulnerable to stigma and discrimination within the health care sector and the wider community. For this reason, people who inject drugs may have concerns about accessing Needle and Syringe Program outlets due to fear of being subjected to this behaviour.

Needle and Syringe Programs must be aware of the population profile within the local area to ensure that services are delivered in a socially and culturally appropriate manner and are free from stigma and discrimination. Needle and Syringe Program workers must understand the service's user profile and consider cultural, social and economic determinants, all of which affect health outcomes.

Strategies to reduce barriers to access must be developed and may include:

- Peer workforce and peer distribution
- Outreach services, including postal services
- Dispensing chutes
- Needle and Syringe Program service provision through secondary outlets, including Aboriginal Community Controlled Health Services and youth services.

4.3.1. Access for Aboriginal people

Improving access to Needle and Syringe Program outlets for Aboriginal people is a priority action area in the [NSW HIV](#) and [Hepatitis C](#) Strategies.

Guidance on effectively locating services to maximise access for Aboriginal people may be found in the [National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy](#).

Needle and Syringe Programs are to consider:

- Employing Aboriginal staff
- Effectively engaging and consulting with the Aboriginal community
- Building and maintaining strong relationships with Aboriginal Community Controlled Health Services
- Developing Aboriginal specific information and resources that use Aboriginal culture and knowledge
- Responding to Aboriginal people who may live locally, who are visiting or returning to country, or who are transient, travelling for work, education or other reasons.

Further information about how to consider and incorporate the health needs of Aboriginal people when delivering services can be found in NSW Health Policy Directive *Aboriginal Health Impact Statement* ([PD2017_034](#)).

4.3.2. Access for people recently released from prison

Many people who access the Needle and Syringe Program may spend time in custody, and, on release, a Needle and Syringe Program may be their first point of contact with health-related services in the community.

If a person is known to have recently been released from custody, Needle and Syringe Programs are to:

- Ensure naloxone and overdose education is offered
- Offer sufficient equipment, blood borne virus testing and education
- Provide client referrals to broader health, welfare and relevant peer organisations
- Support continuity of blood borne virus treatment, for example, hepatitis C treatment
- Ensure the availability of relevant resources for people recently released from custody at Needle and Syringe Programs.

4.4. Crisis intervention

Needle and Syringe Program workers are well-placed to identify and respond to challenging behaviours and adopt [trauma-informed practices](#) and a [person-centred care](#) approach.

Needle and Syringe Program workers may need to respond to:

- Medical emergencies such as episodes of psychosis, physical injury, intoxication or overdose
- Challenging behaviours such as verbal abuse, agitation, aggression, or sexual inappropriateness
- Other forms of crisis intervention such as domestic violence and the risk of homelessness.

Needle and Syringe Program workers are to follow state and Local Health District procedures regarding managing these behaviours. Ongoing crisis intervention and [trauma-informed care](#) training must also be provided.

Refer to the following NSW Health Policy Directives for additional information and guidance about crisis intervention management:

NSW Health Policy Directives	
PD2015_001	Preventing and Managing Violence in the NSW Health Workplace – A Zero Tolerance Approach
PD2017_043	Violence Prevention and Management Training Framework for NSW Health Organisations
PD2020_047	Incident Management

4.5. Confidentiality and anonymity

Needle and Syringe Program workers must ensure all clients accessing the Needle and Syringe Program are guaranteed confidentiality and anonymity. The collection of personal information is not required for the provision of injecting equipment.

In circumstances where a Needle and Syringe Program requires the collection of personal information for HIV and hepatitis C testing, Needle and Syringe Program workers must adhere to the following privacy acts:

- [Health Records and Information Privacy Act 2002](#) (NSW)
- [NSW Health Privacy Manual for Health Information](#)
- [Privacy and Personal Information Protection Act 1998](#) (NSW)

4.6. Data collection

Each Local Health District must report Needle and Syringe Program data to the Centre for Population Health, NSW Ministry of Health, as described in the *NSW Health Needle and Syringe Program Minimum Data Set*.

The NSW Health Needle and Syringe Program Minimum Data Set is an important source of information used by the Centre for Population Health, NSW Ministry of Health and Local Health Districts to measure the Needle and Syringe Program efficiency and inform future service planning.

4.7. Advertising and media

To protect the confidentiality of Needle and Syringe Program clients and deter media attention, discretion is to be exercised when considering public advertising and promotion of the Needle and Syringe Program through mainstream media or general publications.

Comprehensive management of media issues and community relations contributes to the ongoing success of the Needle and Syringe Program. In the event of requests from the media regarding the Needle and Syringe Program, Needle and Syringe Program workers must adhere to local policies and procedures regarding media management.

The Centre for Population Health, NSW Ministry of Health must be notified by media units of any significant media issues and kept informed about how they are managed.

4.8. Consumer participation and complaints

Needle and Syringe Programs must have procedures that allow clients to provide feedback and make a complaint.

Guidance on handling any complaints can be found in the NSW Health Guideline *Complaint Management Guidelines* ([GL2020_008](#)) and NSW Health Policy Directive *Complaints Management* ([PD2020_013](#)).

5. WORKFORCE DEVELOPMENT

Ongoing education and training are essential for a highly skilled Needle and Syringe Program workforce.

Needle and Syringe Programs must ensure that workers receive appropriate training to enable skills in effective communication, conflict resolution, de-escalation, and negotiation to effectively respond to situations which may arise. Cultural awareness, [trauma-informed care](#), [person centred care](#), and sensitivity training must be delivered to all Needle and Syringe Program workers.

Needle and Syringe Program workers must also receive training about conducting active client referrals, delivering blood borne virus and harm reduction education and health promotion.

These skills are acquired and maintained through an ongoing process managed by Needle and Syringe Programs through:

- Agency orientation
- Completing induction training
- Structured workplace learning and development.

Workforce development programs are also available from a range of registered training organisations.

6. HEALTH AND SAFETY

6.1. Staff safety

Needle and Syringe Programs must have comprehensive safety procedures for their staff, including:

- Critical incident procedures outlining processes and responsibilities for managing incidents, with a particular emphasis on how immediate assistance will be provided to workers in the event of a violent incident
- Prohibitions on Needle and Syringe Program workers entering private property to dispense or collect used injecting equipment without the consent of the owner or occupier
- Protocols and procedures for outreach services, including processes for assessing risks to staff before working in a community setting
- Arrangements for the safe handling of used sharps and safe transportation of used injecting equipment to disposal facilities. For further information refer to the NSW Health Policy Directive *Clinical and Related Waste Management for Health Services* ([PD2020_049](#)).

For information on NSW Health requirements for occupational screening and vaccination of employees and other personnel against infectious diseases, refer to the NSW Health Policy

Directive *Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases* ([PD2022_030](#)).

Needle and Syringe Programs must also follow existing Local Health District health and safety regulations.

6.2. Needle stick injury

To minimise the likelihood of a needle stick injury, Needle and Syringe Program workers must adhere to NSW Health Policy Directive *Infection Prevention and Control Policy* ([PD2017_013](#)).

The following must be incorporated into agency procedures:

- Needle and Syringe Program workers must never handle used needles, syringes or other injecting equipment. Tongs are encouraged to be used.
- Needle and Syringe Program workers must never hold a disposal container when someone places used needles and syringes or other injecting equipment into it. A disposal container should be placed on a flat surface beside the needle or syringe.
- Used injecting equipment must be deposited directly into a disposal bin by the person making the return
- Needle and Syringe Program workers must wear appropriate clothing and must not wear open-toed shoes.

In the event of a needle stick injury, procedures outlined in the NSW Health Policy Directive *HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed* ([PD2017_010](#)) must be followed. After exposure to blood or other body substances, the Needle and Syringe Program worker must do the following as soon as possible:

- Wash the exposure site with soap and water
- Seek medical care and undertake a risk assessment
- Inform management and complete relevant incident management and reporting forms to ensure appropriate action is taken.

6.3. Management of sharps

All public hospitals and facilities that are authorised Needle and Syringe Program outlets must accept used sharps from community members at no charge, regardless of whether the person is a Needle and Syringe Program client. Persons accessing a disposal bin are not required to provide information or documentation of a personal or medical nature.

Needle and Syringe Programs must ensure that clients and other community members returning used injecting equipment to a Needle and Syringe Program outlet are provided with relevant information about the location of other local public disposal facilities.

Needle and Syringe Programs are to refer businesses or community members who want to dispose of commercial waste to the appropriate commercial waste contractors.

6.3.1. Disposal in household garbage

Needle and Syringe Program workers must educate people accessing Needle and Syringe Programs not to dispose of used injecting equipment in household garbage or public litter bins. Local councils and waste contractors have legitimate occupational health and safety concerns for their staff if inappropriate disposal occurs.

6.3.2. Needle Clean Up Hotline

The NSW Needle Clean Up Hotline (1800 633 353) is a call centre that takes reports from the public and coordinates the clean-up of inappropriately discarded injecting equipment in public places.

Hotline staff will notify the local Health Districts regarding calls about discarded equipment within their district. All Local Health Districts must have procedures in place for responding to hotline calls.

6.3.3. Collection of discarded injecting equipment

Needle and Syringe Programs must regularly collect data on the location and type of inappropriately discarded injecting equipment to build a profile of local hotspots, conduct clean-ups and develop a local management plan.

When Needle and Syringe Program workers are involved in the collection of used injecting equipment, they must adhere to NSW Health Policy Directive *Infection Prevention and Control Policy* ([PD2017_013](#)).

It is recommended that the following be incorporated into agency policies:

- Never place hands into any hidden areas (e.g., drains, cavities or garbage bags)
- Do not attempt to recap, break or bend needles
- Use a sharps container for collection of used injecting equipment
- Ensure no one is standing nearby when collecting used injecting equipment to avoid accidental injury
- Place the sharps container on the ground beside the used injecting equipment to be collected (never hold the container) and pick up the piece of equipment using appropriate equipment (e.g., tongs)
- Place the used injecting equipment in the sharps container, sharp end first
- Place used disposable gloves in a waste container
- Wash hands with water and soap. If tongs or other collection equipment have been used, clean these items with detergent and warm water (while wearing impermeable gloves). Then, treat with a suitable disinfectant solution and air dry.

7. PROTECTION AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

Needle and Syringe Programs must adhere to the [Children and Young Persons \(Care and Protection\) Act 1998](#) (NSW).

Needle and Syringe Program workers must act to reduce potential harm and maximise the opportunity to engage a child or young person in order to assess their individual situation and exposure to harm. Interventions must not discourage the child or young person from accessing the service as this may place their wellbeing at further risk.

Needle and Syringe Program workers must be aware that respecting the confidentiality of a child or young person is not a sufficient reason against making a report to the [Child Protection Helpline](#). The protection of children and young people from abuse and neglect is deemed more important than an individual's right to privacy.

7.1. Role of Needle and Syringe Program workers

It is recommended that Needle and Syringe Program workers undertake the following actions:

- Attempt to engage the child or young person to assess the level of risk, including the risk of exposure to blood borne viruses
- Assess if the sterile injecting equipment is for the child or young person, or if it is for someone else
- Assess whether the provision of sterile injecting equipment is appropriate
- Assess the extent of any other risks faced by the child or young person, and provide appropriate support, advice, referral or other interventions as indicated
- Provide the child or young person with information on alcohol and other drug support services before providing sterile injecting equipment
- Discuss any concerns regarding the safety of a child or young person with their Needle and Syringe Program manager
- Provide advice and referrals to drug and alcohol services and antenatal care services (e.g., sexually transmissible infection testing) to pregnant women
- Report any urgent, critical or life-threatening situations to the police or the Child Protection Helpline.

8. POLICE RELATIONS

The NSW Police Force supports and operates within the [National Drug Strategy 2017- 2026](#) to apply a harm minimisation approach to illicit drugs.

If difficulties arise with police about a new outlet or other Needle and Syringe Program operations, it is essential that these are resolved as quickly as possible. Problems that cannot be resolved through the normal liaison process must be referred to the Local Health District's Chief Executive.

If difficulties arise with police regarding Non-Government Organisations, the Non-Government Organisation management committee (or equivalent) must be consulted. Non-Government Organisations are also encouraged to inform the Local Health District and the Centre for Population Health, NSW Ministry of Health of such issues.

Needle and Syringe Program workers must be aware of any activities which may constitute a breach of the [Drug Misuse and Trafficking Act 1985](#) (NSW). In this regard, Needle and Syringe Program workers must not:

- become involved in interactions between police and Needle and Syringe Program clients
- give assistance to, or become involved with Needle and Syringe Program clients in the procurement of contacts, drugs or money to procure drugs
- give assistance or information to Needle and Syringe Program clients regarding known police activities
- place themselves in a position where they obtain information about any criminal activities of Needle and Syringe Program clients.

Needle and Syringe Program workers must be aware that if they obtain information concerning a serious indictable offence that has been committed, they have a reporting obligation and must consult with senior agency management. The police must also be immediately informed under section 316 of the [Crimes Act 1900 \(NSW\)](#).

This reporting requirement applies where a person has information that would materially assist the apprehension, prosecution or conviction of the person who committed the offence.

9. APPENDICES

1. Implementation Checklist and Compliance Self-assessment
2. NSW Health Sector Needle and Syringe Program Application
3. Non-Government Organisation Needle and Syringe Program Application

9.1. Implementation Checklist and Compliance Self-assessment

Organisation / Facility:			
Assessed by:		Date of Assessment:	
Key Requirements	Not commenced	Partial compliance	Full compliance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes:		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes:		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes:		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes:		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes:		

9.2. NSW Health Sector Needle and Syringe Program Application

Instructions

- Complete the *NSW Health Sector Needle and Syringe Program Application* Form
- Print the completed application form and send to the Local Health District Chief Executive (or delegate) for approval
- Forward a copy of the final approved application form to:
Centre for Population Health
NSW Ministry of Health
MOH-BBVSTI@health.nsw.gov.au

NSW Health Sector Needle and Syringe Program Application

Contact details

Site name	
Site address	
Needle and Syringe Program Coordinator contact	
Telephone	
Email	
Date	

Type of outlet

Primary Needle and Syringe Program Outlet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secondary Needle and Syringe Program Outlet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amendment to existing Outlet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dispensing Chute	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Onsite service inclusions

Face to Face Needle and Syringe Program Service Provision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
External Dispensing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Sharps Disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Naloxone Provision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis C Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis C Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sexual Health Screening	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Counselling	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If other services are provided, please describe

--

Operating hours

Business Hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24/7 Dispensing Chute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If other, please describe

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Governance

Population needs have been considered	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consultation with site conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Management plan in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police informed via written notification	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Needle and Syringe Program Manager/Coordinator Responsible for Needle and Syringe Program outlet

Name	
Title	
Agency	
Signature	
Date	

This section is to be completed by the Local Health District

The application is for:		
Needle and Syringe Program Outlet is Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Local Health District Approver details

Name	
Title	
Agency	
Signature	
Date	

9.3. Non-Government Organisation Needle and Syringe Program Application

Instructions

- Complete the *Non-Government Organisation Needle and Syringe Program Application Form* if the Non-Government Organisation application is not supported by a Local Health District.
- Email the completed application form to:
Centre for Population Health
NSW Ministry of Health
MOH-BBVSTI@health.nsw.gov.au
- The Centre for Population Health will correspond with the NSW Chief Health Officer for approval
- The Centre for Population Health will provide correspondence regarding the outcome of the application to the Non-Government Organisation.

Non-Government Organisation Needle and Syringe Program Application

Contact details

Site name	
Site address	
Needle and Syringe Program Coordinator contact	
Telephone	
Email	
Date	

Type of outlet

Primary Needle and Syringe Program Outlet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secondary Needle and Syringe Program Outlet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amendment to existing Outlet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dispensing Chute	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Onsite service inclusions

Face to Face Needle and Syringe Program Service Provision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
External Dispensing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Sharps Disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Naloxone Provision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis C Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis C Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sexual Health Screening	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Counselling	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If other services are provided, please describe

--

Operating hours

Business Hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24/7 Dispensing Chute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If other, please describe

--

Governance

Population needs have been considered	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consultation with site conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Management plan in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police informed via written notification	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Needle and Syringe Program Manager/Coordinator Responsible for Needle and Syringe Program outlet

Name	
Title	
Agency	
Signature	
Date	