UTAH SYRINGE EXCHANGE PROGRAM (SEP)

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As required by R386-900, an agency operating a syringe exchange program is required to notify the Department 15 days prior to beginning a program and within 15 days after discontinuing a program.

Enrollment forms can be submitted via:
Mail: UTAH DEPARTMENT OF HEALTH, ATTN: SYRINGE EXCHANGE PROGRAM, BOX 142104 SALT LAKE CITY, UT 84114-2104
Email: syringeexchange@utah.gov
Fax: ATTN: SYRINGE EXCHANGE PROGRAM, 801-538-9913

I. AGENCY INFORMATION*

AGENCY NAME: _____ TELEPHONE: _____ DATE OF APPLICATION: _____

SEP NAME (IF DIFFERENT THAN ABOVE): _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT NAME: _____ TITLE: _____ EMAIL: _____

SECONDARY CONTACT NAME: _____ TITLE: _____ EMAIL: _____

II. SERVICES AGENCY CURRENTLY PROVIDES TO TARGET POPULATION (*select all that apply*)

SUBSTANCE ABUSE AND TREATMENT SERVICES:	☐ DIRECTLY	☐ VIA REFERRAL
HIV OR HCV SCREENING:	☐ DIRECTLY	☐ VIA REFERRAL
SCREENING FOR SEXUALLY TRANSMITTED DISEASES:	☐ DIRECTLY	☐ VIA REFERRAL
VACCINATION SERVICES:	☐ DIRECTLY	☐ VIA REFERRAL
PrEP/PEP SERVICES:	☐ DIRECTLY	☐ VIA REFERRAL
CONDOM DISTRIBUTION:	☐ DIRECTLY	☐ VIA REFERRAL
RISK REDUCTION EDUCATION:	☐ DIRECTLY	☐ VIA REFERRAL
OPIATE ANTAGONIST SERVICES:	☐ DIRECTLY	☐ VIA REFERRAL

OTHER: _____

III. AGENCY DESCRIPTION (*please briefly describe the organization's mission, core services, and target population*)

If you wish to have your agency's information published in the Utah Syringe Exchange Network's (USEN) outreach directory, please provide a short summary paragraph, which summarizes your syringe exchange program, including name, location(s), hours of operation, and types of services offered:

*Indicates a required field

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UTAH DEPARTMENT OF HEALTH

IV. DESCRIPTION AND SUMMARY OF PROPOSED SEP

PROGRAM SERVICE DELIVERY MODE (check one): ☐ Fixed Site ☐ Mobile Site ☐ Both Fixed & Mobile Sites	ESTIMATED ANNUAL NUMBER OF CLIENTS TO BE SERVED:	ESTIMATED ANNUAL NUMBER OF SYRINGES TO BE DISPENSED ☐ AND COLLECTED ☐

SEP location(s), days and hours of operation, and contact information (if more than two locations, provide all of the requested information for each additional location in an attachment):

1	LOCATION NAME: CONTACT NAME:	DAYS AND TIMES OF OPERATION: CONTACT PHONE: EMAIL:
2	LOCATION NAME: CONTACT NAME:	DAYS AND TIMES OF OPERATION: CONTACT PHONE: EMAIL:

V. REQUIRED DOCUMENTS*

In order to conduct a SEP within your agency, you are required to submit the following documents before initiating syringe exchange according to Rule 386-900. Please initial each item to acknowledge that you understand what is required and attach a copy of each of the following:

1. A safety protocol for the prevention of needle stick and sharps injury by the operating agency.
2. A sharps disposal plan, which is the financial responsibility of the operating agency.

In order to conduct a SEP within your agency, you are required to submit the following reports on a quarterly basis, according to Rule 386-900.. Please initial each item to acknowledge that you understand what is required:

1. The number of individual encounters in which syringes were exchanged.
2. Approximate number of **used** syringes exchanged for new syringes.
3. The number of **new** syringes exchanged for used syringes.
4. Number of individuals who received education materials.
5. Number of referrals provided to individuals.

VI. Supply Request

As available and by request, the Department will provide materials to enrolled SEPs quarterly or upon request. Please see http://health.utah.gov/epi/prevention/syringeexchange for order form and more information. You will then be notified within 15 days if supplies are available, an agreement letter will be provided, and delivery arranged.

VII. APPLICANT ACKNOWLEDGEMENT AND ATTESTATION*

A. The operating entity attests that they shall provide and make available to all recipients of syringes verbal and written instruction on:
   1. methods for preventing the transmission of blood borne pathogens, including HIV, HBV, and HCV;
   2. information and referral to drug and alcohol treatment education and referral information;
   3. information and referral for HIV and HCV testing education and referral information;
   4. how and where to obtain an opiate antagonist (naloxone).

B. Applicant attests that in the event that syringe services are discontinued, the discontinuing syringe exchange activities form will be sent to the Utah Department of Health within 15 days of termination of services.

C. The applicant attests that the agency will comply with state laws, regulations, and local ordinances.

By signing the document below, you agree to provide required documentation on a quarterly basis as well as acknowledge the above information.

SIGNATURE: DATE: