

VICTORIAN NEEDLE  
AND SYRINGE PROGRAM

# Operating Policy and Guidelines



Department of  
Human Services

**Public Health**



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AND SYRINGE PROGRAM

# **Operating Policy and Guidelines**

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**Public Health**

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# 1. Introduction

## 1.1 Background

The Needle and Syringe Program (NSP) is a strategy for increasing needle and syringe availability to injecting drug users (IDUs) and minimising the transmission of blood-borne viruses such as HIV and hepatitis B and hepatitis C. NSP services are not dependent on compulsory 'one-for-one' exchange as this could compromise the effectiveness of the program due to reduced access to clean injecting equipment. It should be noted, however, that the safe disposal of used injecting equipment, which may include returning them to an NSP, remains a high priority of the Program.

In Victoria the NSP was originally established to minimise the spread of HIV among IDUs and from IDUs to the broader community. More recently, the NSP has expanded its focus to include other blood-borne viruses such as hepatitis B and hepatitis C. Sterile injecting equipment is provided, thereby reducing the practice of sharing needles and syringes. Education about safer using practices, safer sexual practices and safe disposal of used injecting equipment form an integral part of the NSP, as well as referral to drug treatment and other health services.

The NSP operates as a harm minimisation strategy. Harm minimisation is a concept that acknowledges that people may engage in risky activities and seeks to reduce the harm associated with those activities. People must be provided with knowledge and skills necessary to make informed choices about risk behaviours. The low HIV infection rate among IDUs in Victoria and Australia indicates that the NSP is a successful harm minimisation strategy.

The NSP commenced in 1987 with four pilot programs by the former Health Department Victoria. In 1989, following the success of this pilot, the Department adopted a comprehensive strategy for the prevention and management of blood-borne viruses among IDUs. The NSP has since expanded significantly and currently there are over 215 registered NSP sites throughout Victoria.

The importance of the NSP in minimising the spread of blood-borne viruses is recognised in the *National Hepatitis C Strategy 1999–2000 to 2003–2004* as well as the *National HIV/AIDS Strategy 1999–2000 to 2003–2004*. These strategies also include measures to strengthen peer-based health promotion activities and to increase access to education, counselling and referral through the NSP.

The harm minimisation focus of the NSP is consistent with the principles outlined in the *National Drug Strategic Framework 1998–1999 to 2002–2003*:

‘While the practice of injecting drug use continues, the provision of sterile injecting equipment through needle and syringe programs is an important harm-reduction strategy for preventing the spread of blood-borne viruses, such as HIV and hepatitis C.’

The *Victorian Needle and Syringe Program Operating Policy and Guidelines* specify the responsibilities governing NSP sites and should be followed by all services participating in the NSP. It is important to continue to provide confidential services for IDUs and to remove barriers to the access and use of sterile injecting equipment. Any local NSP policies and procedures must be consistent with those contained in this document.



## 2. Needle and Syringe Program

### 2.1 Aim

To minimise the transmission of HIV, hepatitis B and hepatitis C and other blood-borne viruses among injecting drug users, their sexual partners and children, and from them to the non-injecting community.

### 2.2 Objectives

- To establish a comprehensive statewide Needle and Syringe Program.
- To reduce the unsafe practice of sharing needles and syringes and other injecting equipment by IDUs by implementing a harm minimisation approach.
- To promote safe retrieval and disposal of used needles and syringes, with an emphasis on increasing return rates of injecting equipment to NSPs.
- To promote safer sex practices and increase the use of condoms by IDUs.
- To provide linkages and referral for IDUs to other health and welfare services.
- To facilitate two-way education between NSP staff and peer educators.
- To provide education to NSP staff on HIV/AIDS, hepatitis B and hepatitis C and other blood-borne viruses, as well as harm minimisation and drug use issues.
- To promote awareness of IDU issues in the general community.
- To increase access for particular groups such as young people, Aboriginal people and Torres Strait Islander people, gay men and lesbians, the homeless and people of culturally and linguistically diverse backgrounds, through the establishment of NSP services specifically targeting the needs of these groups.

### 2.3 Strategies

- To ensure the availability and distribution of sterile needles and syringes, alcohol swabs, other injecting equipment and portable sharps containers.
- To facilitate the safe retrieval and disposal of used needles and syringes (where possible through access to a 24-hour disposal chute).
- To provide and distribute condoms and water-based lubricant.

- To provide information and education regarding the risk and transmission of HIV and other blood-borne viruses such as hepatitis B and hepatitis C, as well as promoting general health and wellbeing.
- To provide a point of contact and referral for IDUs with other health and welfare services.
- To be a source of information for the general community on IDU issues, HIV and hepatitis infection.
- To facilitate ongoing support and participation for the NSP by establishing networks with police, local government, community groups, health and welfare workers and other stakeholders.

## 3. Guidelines for the Establishment of NSP Sites

### 3.1 General Principles

- The NSP is a centrally coordinated statewide program. Funding is provided through the Victorian State Government.
- Application forms for the establishment of an NSP site can be obtained from the NSP project staff of the Health Protection Services Unit (HPSU) at the Department of Human Services.
- Evidence for the establishment of an NSP site should be obtained through consultation with health and welfare providers, local government, youth services, user groups, local pharmacists, general practitioners, police and other NSPs.
- The NSP is a non-judgemental and confidential service. No personal information is sought apart from age and gender for evaluation purposes.
- NSPs should operate in such a manner as to maximise access and equity of service to all IDUs.
- The establishment and location of an NSP should be based on an overall assessment of the area and should consider:
  - Possible gaps in existing needle and syringe availability.
  - Hours of operation appropriate for the target population (for example, after hours or weekends).
  - Accessibility by the target population (for example, possible difficulties of public transport access).
  - Confidentiality and relative anonymity available to clients.
  - The nature of the user group in the locality (for example, people of specific culturally and linguistically diverse backgrounds).
  - Whether a fixed, outreach or out-of-hours service would be more effective in reaching the target group.
  - Security, particularly for staff working evening shifts.
  - Consultation with local police, health and welfare workers, local residents and traders.

- The Needle and Syringe Program has been established in two modes:

**Primary NSPs** have been established for the primary purpose of ensuring the availability and disposal of needles and syringes, condom distribution, education, referral and liaison with local agencies such as police, local government, health and welfare agencies and other NSP services. It is expected that primary NSPs will establish and maintain networks with local IDUs and secondary NSPs in their region. Primary NSPs are funded by the HPSU.

**Secondary NSPs** are programs operating within an existing organisation for the purpose of distributing needles and syringes, condoms and educational material as well as providing a point for the safe disposal of used injecting equipment. The NSP is supplementary to the primary service objectives of these organisations. A small number of the busiest secondary NSPs receive funding from the HPSU and are referred to as enhanced secondaries.

For both primary and secondary NSPs, all stock (that is, needles and syringes, condoms, sharps containers, educational material) is supplied at no cost by the HPSU. This includes the collection and disposal of used needles and syringes from all registered NSPs.

The NSP aims to target a wide range of IDUs such as:

- Recreational users who do not feel they have a problem with drug dependence.
- Situational users who use only for specific reasons (for example, truck drivers, steroid users or chronic pain sufferers);
- Habitual or dependent users who continue active drug use.

A large section of the target group may not be in contact with mainstream health services. For this reason it is desirable to establish NSP sites in a range of health and welfare settings and through other services. These can include:

- Community health services
- Youth agencies
- Homeless persons residences
- Hospitals
- Aboriginal cooperatives
- Pharmacies.

## 3.2 Procedures

Amendments to the *Drugs, Poisons and Controlled Substances Act 1981* enable NSPs to be legally established in Victoria. Under this legislation pharmacists and their staff are permitted to sell or supply needles and syringes. Other classifications of people may also supply needles and syringes if authorised by Order in Council. People who distribute needles and syringes without authorisation are liable to prosecution under Section 80 of the Act, which deals with the offence of aiding and abetting the administration of a prohibited substance.

Applications to operate as an NSP are reviewed by the HPSU and are submitted to the Order in Council via the Minister for Health.

The application to operate as an NSP requires agencies to provide the following information:

- The address at which the program will operate, or in the case of outreach, the local government areas in which it will operate.
- The hours of operation for the program.
- The category of staff which will be providing the program (for example, health and welfare, reception or administrative staff etc.).
- The auspicing body.

Following initial contact with the NSP project staff at the HPSU, the following process will occur:

- An NSP Application Form and written confirmation will be forwarded to the organisation's nominated staff member who will coordinate the establishment of the NSP.
- A community consultation process may need to occur. This may include consultation with other service providers in the area and/or liaison with local government, police, residents groups, traders, community groups or other NSPs. This consultation process can be important if the program will be located in a residential area.
- The Application and Community Consultation forms are completed and returned to the HPSU along with supporting correspondence from the management of the agency.

- The application is submitted by the HPSU for authorisation under Order in Council.
- Training for staff is organised by the NSP project staff.
- Once an organisation is authorised to operate as an NSP, written confirmation from the HPSU will be forwarded along with a copy of their authorisation.

## 4. Guidelines for the Operation of NSP Sites

### 4.1 Models of Operation

- **Fixed Sites** occupy stand-alone premises and require a Council planning permit to operate. Such premises should be in 'high profile' locations where pedestrian and vehicular traffic flow offers the opportunity for client anonymity. The premises should be discreet, easily accessible and close to public transport and other community services for the purpose of referral.
- **Outreach Services** form part of a mix of local strategies needed to effectively target IDUs. This model of operation may be an out-of-hours service and has the potential of increasing access by IDUs who may not have been in previous contact with, or are unable to access fixed sites. Outreach services may be vehicle based or delivered on foot.

Some NSPs operate one or more fixed sites and/or an outreach service.

### 4.2 Activities of NSP Sites

The following activities are expected to be undertaken by all NSPs:

- Free provision of sterile needles and syringes and other injecting equipment.
- Provision of approved plastic disposal containers for the safe disposal of used injecting equipment.
- A location for the return of used needles and syringes, including a 24-hour access disposal chute where possible.
- The distribution of condoms and water-based lubricant to encourage and facilitate safer sex practices.
- The availability of printed information on a range of health and drug use issues.

In addition, the following is expected of all primary NSPs and encouraged, where possible, at secondary NSPs:

- The provision of referral to drug and other health and welfare agencies at the client's request.
- Localised collection of inappropriately discarded needles and syringes to be undertaken by NSP staff in accordance with Departmental protocol (refer section 4.9).

- Establishing and maintaining links with relevant local agencies such as police, health and welfare organisations, pharmacies and local government.
- Establishing and maintaining networks with local IDUs, local drug outreach workers and other NSP workers.
- Provision of a community education role as appropriate.
- Increasing access to the program by particular target groups as identified in section 2.2.

### **4.3 Staffing**

Staff working at an NSP must be comfortable working within the model of harm minimisation and must be able to adopt a non-judgemental approach. Staff education and training is mandatory before the agency can commence as an NSP.

Consistent with current policies, it is recommended that a minimum of two staff be present in an agency during the hours that the service is being offered. The same recommendation applies to all outreach services.

### **4.4 Staff Identification Cards**

Staff providing outreach services are required to be issued with identification cards. These cards are supplied by the HPSU. Identification cards must be carried at all times when providing an outreach service. Application forms for identification cards are available from the HPSU (see Attachments). A passport-sized photograph must be attached with the completed form. Upon cessation of employment, cards must be returned to the HPSU.

### **4.5 Hours of Operation**

Most fixed-site NSPs operate during normal business hours. However, registered hospitals may offer a 24-hour service from their Accident and Emergency Departments and some primary NSP sites also operate outside of normal business hours. Some outreach services also provide after hours service.

### **4.6 Identification of NSP Site**

A national logo, which features two semi-circular arrows, should be displayed in a prominent position to indicate that the premises are involved in the NSP. Copies of the logo are available through the HPSU.



## 4.7 Location

Provision of a separate or private space is recommended for service delivery, as this can greatly assist in providing a more informal and confidential service. It is a best-practice principle that a dedicated private room is allocated to the NSP. If a dedicated NSP room cannot be provided, another private room should be made available on a needs basis. When a private room cannot be used, needles can be distributed in ready-made packs over the counter at the reception area. It should be noted that as an over-the-counter system does not maximise the opportunity for client interaction or client confidentiality, preference should be given to alternative models of service delivery.

The catchment area for outreach services is limited to those approved by Order in Council. Any equipment distribution that occurs outside of those areas is illegal and staff are at risk of being charged with 'aiding and abetting' the commission of an offence under the *Drugs, Poisons and Controlled Substances Act*.

## 4.8 Range of Stock and Quantity to Be Issued

A comprehensive range of stock can be ordered by either faxing or mailing an order form to the HPSU. Orders are processed weekly and order forms must be received by 4.00 pm on Mondays in order to be processed that week. Forms received after this time will not be processed until the following week.

- **Sterile needles and syringe.** A large range of needle and syringe sizes and gauges are available to accommodate most injecting requirements. The most requested needle and syringe combination is the 1 mL syringe with a 27-gauge needle attached.
- **Alcohol swabs** to clean the injection site before drug use and to wipe other equipment and fingers. At least two swabs should be provided with each needle and syringe that is distributed.
- **Condoms and water-based lubricant** sachets to promote safer sex practices.
- **Sharps disposal containers.** A range of sizes should be stocked due to the different requirements of agencies and clients.
- **Bags** (small paper and large plastic) for carrying injecting equipment, sharps containers.

- **Educational material** covering a range of topics, from safer sex to handling of needles and syringes should be made available for both clients and the broader community. The role of the client as an educator of other IDUs is an important component of the NSP.

Any client or staff comments and/or complaints should be recorded on the Consumables Comment Form (see Attachments) and forwarded to the HPSU.

As individuals vary in their patterns of drug use, so does their need for the above items. Inadequate supply of stock can lead to the sharing of used injecting equipment along with unsafe sexual practices. Clients are encouraged to take more than one needle and syringe to reduce the risk of sharing used equipment with others.

The number of needles and syringes provided should be determined, where practicable, on the basis of frequency of use. Adequate supply for seven days would appear reasonable. However, staff may use discretion and supply more equipment if requested by the client. It is not unusual for clients to be provided with boxes of 100 needles and syringes at any one visit. Staff should encourage clients to refer their friends to the NSP to make use of the services provided.

The mix of stock that best ensures the aims of the NSP are being met will be reviewed on a regular basis and subsequent changes may be made.

## **4.9 Disposal of Used Needles and Syringes**

The retrieval and disposal of used needles and syringes is an essential component of the NSP. Mechanisms to increase return rates should be incorporated into the development and operation of NSPs. Nevertheless, the return of used needles and syringes is not compulsory to obtain sterile equipment.

The retrieval and disposal of discarded needles and syringes is a service that all NSPs provide. The collection and destruction of the used needles and syringes that are returned to NSPs is arranged through HPSU.

- In an NSP transaction, staff must not handle used needles and syringes. Larger sharps containers returned to the NSP site should be placed by the client in a large yellow wheelie bin if available. All sharps returned in the small disposal containers or any other form of container which is not an approved sharps container, must be placed by the client into the 20 L sharps collectors (or other approved sharps container) supplied by the HPSU. All sharps containers are to be stored at the NSP for collection by an approved medical waste service.

- Loose needles and syringes being returned to an NSP should be placed by the client directly into a 20 L sharps collector (or other approved sharps container) supplied by HPSU. Loose needles should never be placed into the large yellow wheelie bins.
- Sharps containers should never be overfilled.

Note: Any returned needles and syringes which are reportedly clean or unused, should also be disposed of in the sharps bins.

If staff are involved in the retrieval of inappropriately discarded injecting equipment, the following points should act as a guide:

- Wear latex or plastic gloves for protection.
- Take the disposal container and lid to the site of the discarded needle and syringe (not the syringe to the container).
- If the needle and syringe is difficult to reach, carefully remove rubbish or other material around it to enable easy access to the needle and syringe.
- If there is more than one needle and syringe, separate them by using tongs or a stick. Do this carefully. Each needle and syringe can then be picked up individually.
- **Never** recap a needle and syringe, even if the cap is also discarded.
- Pick up the needle and syringe by the barrel (plastic end). **Do not** pick it up by the needle end. Make sure the needle is pointing away from you at all times.
- Place the needle and syringe, needle end first, into the container. The container should be placed on a stable surface beside the syringe and not held by hand.
- Secure the lid on the container.
- Remove the gloves and wash hands with warm soapy water.

#### **4.10 Needle Stick Injury**

In the case of a needle stick injury by a discarded needle and syringe the following steps should be taken:

- Flush the area with flowing water (or saline if available).
- **Do not** force or encourage the wound to bleed.
- **Do not** lick or suck the wound.
- Wash well with soap and water.
- Apply antiseptic on the wound and cover it with a water-proof bandaid.
- Seek medical attention for an assessment of the risk of infection and appropriate treatment including advice on post exposure prophylaxis (PEP) and hepatitis B immunoglobulin.
- The NSP Manager or Coordinator must be notified as soon as possible.
- An Incident Report Form (see Attachments) must be completed and a copy forwarded to the HPSU.

#### **4.11 Education Component of the Program**

Experience has shown that the availability of needles and syringes without an education component makes it more difficult to change the risk behaviour of IDUs.

- Staff development, education and training will be coordinated by HPSU and will focus on enhancing skills in blood-borne virus education and other appropriate areas.
- Educational materials have been developed to ensure appropriate and consistent messages throughout Victoria, without duplication and wastage of resources.
- NSP staff will undertake client education. This will vary according to the client and the type of transaction, and may range from the delivery of simple, clear messages during brief contacts, to more systematic education programs.
- Clients presenting for the first time should be provided with information about the operation of the program, including opening hours, with particular emphasis on minimising the risk of HIV, hepatitis B and hepatitis C infection and on the safe disposal of used injecting equipment.

- Clients should also be provided with information regarding the legal status of possessing injecting equipment:
  - It is not an offence for a person to possess a new or used needle and syringe. However, possession of a used needle and syringe may be used as circumstantial evidence to lay other drug-related charges. For this reason some clients may be reluctant to return used equipment to NSP sites and therefore should be informed of other safe methods of disposal and the location of public sharps disposal bins.
  - Victoria Police have an operational policy which requests its members to use discretion and common sense in relation to police activity around known NSP sites.
- Discussion about the client's drug use that focuses on abstinence is not recommended unless raised by the client. The primary focus is HIV, hepatitis B and hepatitis C prevention. Comments concerning their drug use may serve to alienate the client. However, provision should be made for referral to other services on request. Therefore, NSPs need to ensure the development of effective liaison and referral networks with local health, welfare and drug treatment services.

#### **4.12 Monitoring and Evaluation**

Anonymous and confidential records of transactions are kept by NSP staff. Copies of the evaluation forms for fixed sites and outreach services, and instructions for completing them are available through the HPSU. Completed sheets are to be forwarded to Information Services, Drugs Policy and Services on a monthly basis.

Data is analysed by the Information Services Unit and a comprehensive annual report is produced and distributed to all NSPs. Accurate data can also be used to identify regions that require additional NSPs. The NSP Manager or Coordinator should ensure the evaluation sheets are as accurate and complete as possible. However, data collection requirements will need to be balanced against client willingness to provide information.

### **4.13 Incident Reports**

From time to time various incidents may occur at, or in the vicinity of, an NSP site. Such incidents may include unnecessary police presence or drug taking on the premises. An Incident Report Form (see Attachments) has been developed so that agencies can notify the HPSU and assist in formulating an appropriate response.

### **4.14 Age of Client**

Clients of all ages currently access the NSP and it is important that clean injecting equipment continues to be supplied to all those people who request it.

Some NSP staff are concerned about the legal and moral implications of distributing injecting equipment to young people who may be under the age of eighteen years. By providing clean injecting equipment to a young client, the NSP is reducing the risk of the young client contracting a blood-borne virus. If the clean injecting equipment is not provided it is possible that the young client will share a syringe and thus not only be at risk of harm from using the drug, but also at risk of contracting a potentially fatal or debilitating blood-borne virus.

However, where staff are particularly concerned about the safety of a client (and this could be due to the person's age or other factors, such as capacity, and may be unrelated to drug use) they should endeavour to refer the person to an appropriate service. They may also wish to assist a service in contacting the person at risk, if they believe that such assistance is necessary. Services that may be of assistance include:

- Turning Point (Duty Worker)—ph: (03) 9254 8050
- Streetworks—ph: (03) 9699 7533
- Youth Substance Abuse Service—ph: 1800 014 446

Staff may also notify the appropriate Child Protection Service if they believe that a particular young person under the age of 17 years is at risk of significant harm.

Child Protection Services may be contacted on (03) 9616 7777 or after hours on 131 278. It is suggested that staff contact Child Protection Services to discuss the most appropriate way of assisting a young person while at the same time protecting the integrity of the NSP.

It should also be noted that medical practitioners and nurses are required to notify Child Protection Services if they believe that a child is at risk of harm.

The identity of a person who notifies Child Protection Services is protected under the *Children and Young Persons Act 1989* and can only be released in very limited circumstances.

#### **4.15 Blood-Borne Virus Testing**

- Blood-borne virus testing is not a component of the NSP and is not a prerequisite for entry to, or maintenance on, the program.
- When a client requests testing they should be referred to an appropriate agency that provides specialist HIV, hepatitis B or hepatitis C testing and counselling services.
- Free and confidential testing is available, without referral, at public testing sites such as the Melbourne Sexual Health Centre. Free testing is also available for specified high risk groups (this includes IDUs) through most doctors.
- Clients in high-risk groups who are identified as such on the pathology request form by the treating doctor can have their blood specimen sent by the doctor's pathology service to either the State Reference Laboratory or the Microbiological Diagnostic Unit for a free test to be performed. If clients require and consent to a HIV antibody test, they should be offered appropriate counselling or be referred directly to one of the public testing sites.
- Hepatitis B and C antibody tests are screening tests which indicate whether the body has been exposed to the virus. This test is free if clients take their Medicare card to a bulk-billing doctor.
- The hepatitis C PCR test detects the presence or absence of the hepatitis C virus in the blood and also indicates the genotype of the virus. The Medicare rebate only applies to people who meet certain criteria.
- Agencies should not attempt to identify or trace individuals referred to approved agencies for testing or counselling.
- Agencies should not undertake contact tracing (partner notification), but refer clients requesting assistance to specialist agencies such as the Melbourne Sexual Health Centre. If the agency is concerned about an individual's behaviour (for example, that a client is placing other members of the public at risk of infection) they should seek further assistance from the HPSU.

## **4.16 Code of Conduct**

The NSP acknowledges the current illegal status of self-administration of drugs through injection, and identifies any such self-administration that does not impinge on work performance, as being the individual's private business. However, the Department in no way accepts responsibility for illegal acts undertaken by staff and will not tolerate the credibility or reputation of the NSP being brought into disrepute. Agencies that provide an NSP service should have their own staff Code of Conduct policy.

- There is an expectation that staff will not use, sell, purchase or carry illicit drugs while at work.
- There is a responsibility and expectation that staff who have partaken in the use of drugs or alcohol prior to commencement of work will not put their co-worker or the program at risk.
- There is a responsibility and expectation that co-workers will not work with a staff member who presents for work under the influence of drugs or alcohol.



# 5. Program Management

## Health Protection Services Unit

The HPSU is responsible for the overall management of the NSP including:

- The strategic planning and direction of the NSP.
- The development of policy, procedures and guidelines for the establishment and operation of the NSP (including the coordination and authorisation of new NSP sites).
- Statewide coordination and funding of the NSP (including provision of stock and collection and disposal of used sharps).
- Working with NSPs, local councils, pharmacists, other stakeholders and relevant government departments on the safe disposal of needles and syringes.
- The provision of educational materials and ensuring the availability and evaluation of training programs.
- The collection of data, monitoring and evaluation of the NSP.

## Regional Department of Human Services Offices

Regional Department of Human Services Offices have an important role to play in implementing harm minimisation strategies.

Their role includes:

- Raising awareness of harm minimisation issues within the Region.
- Service agreement management of primary and enhanced secondary NSPs, including negotiation of performance measures and targets.
- Encouraging the establishment of NSP sites in appropriate areas or agencies.
- Liaison with local councils to set up disposal facilities in appropriate areas or agencies.
- Liaison with local councils to encourage pharmacies to participate in the Fitpack Program.

## **NSP Sites**

At each NSP, a person must be designated as having management responsibility for the NSP. This person's role includes stock control, staff administration and reporting. Some areas, such as stock control, can be shared among all NSP staff however, a Coordinator should be nominated. It is also important that the designated person disseminate information from the HPSU and monitor training needs.

To ensure all NSP sites are operating within the legislation, any changes to the conditions approved by the Order in Council at registration must be notified to the HPSU by the NSP Manager or Coordinator. The changes that require updating include closure or addition of new sites, changes in operating hours or changes in the categories of staff working as part of the NSP.

Alterations to service delivery will also need to involve client consultation. It is important to ensure the highest possible client satisfaction with the service in order to maximise their participation in the NSP.

## 6. Attachments

1. **Application for Registration**
2. **Community Consultation Form**
3. **Amendment to Registration Form**
4. **Outreach card application Form** UPDATED VERSION (SEPTEMBER 2007)
5. **Consumables Order Form** UPDATED VERSION (OCTOBER 2007)
6. **NSP Resources Order Form** UPDATED VERSION (JANUARY 2008)
7. ~~**STI Resources Order Form**~~
8. **Data Collection Form FS** UPDATED VERSION (JANUARY 2006)
9. **Data Collection Form OS** UPDATED VERSION (JANUARY 2006)
10. **Data Collection Form Hotline** UPDATED VERSION (JANUARY 2006)
11. **Consumables Comment Form**
12. **NSP Incident Report Form**
13. **Victoria Police Force Policy**



# Needle and Syringe Program

## Application for Registration

**Please tick the appropriate registration required:**  Fixed NSP site  
 Mobile/Outreach  
 Both of the above

**Please supply the following information:**

1. The name and address of the premises at which the fixed program will operate, and if an outreach service, a list of the municipalities in which the program will operate (attach a list if necessary)

Fixed Site \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile/Outreach \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The days and hours of operation of the program at the:

Fixed Site \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile/Outreach \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The category of staff who will be providing the service (eg, health and welfare workers, reception and administrative staff etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Needle and Syringe Program

## **Application for Registration *continued***

4. The name and address of the employing/auspicing organisation

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5. Details of Coordinator/Contact Person

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

6. Date application form completed: \_\_\_\_\_







# Needle and Syringe Program

## Amendment to Registration

Changes to any of the following need to be notified to DHS and an amendment to the Order made by the Governor in Council at the time of registration submitted.

Only record details that have changed on this form.

**Registration Number:** \_\_\_\_\_

- 1. Type of registration** (please tick):
- Fixed site
  - Mobile/Outreach
  - Both Fixed and Mobile/Outreach

**2. The name and address of the employing/auspicing organisation:**

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**3. The name and address of the registered premises that each fixed site and/or outreach Needle & Syringe Program (NSP) operate from:**

Fixed Site: \_\_\_\_\_

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Mobile/Outreach: \_\_\_\_\_

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The Municipalities in which the mobile/outreach program will operate (attach a list if necessary):

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**4. The days and hours of operation of the program at the:**

Fixed Site: \_\_\_\_\_

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Mobile/Outreach: \_\_\_\_\_

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# Needle and Syringe Program

## **Amendment to Registration *continued***

**5. The category of staff who will be providing the service (eg health and welfare workers, reception and administrative staff etc):**

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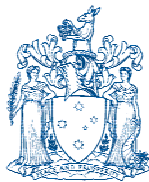
Details of Coordinator/Contact Person

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date form completed: \_\_\_\_\_



# Department of Human Services

## Needle & Syringe Program (NSP) APPLICATION FOR AN OUTREACH WORKER AUTHORISATION CARD

Type of application (please tick):

New application

Change to existing registration\* - Current Card Number: \_\_\_\_\_

Please select reason for change:

Registration renewal

Changed employer

DHS use only

Date rec'd: \_\_\_\_\_

Complete / Incomplete

Approved

Date issued: \_\_\_\_\_

Expires: \_\_\_\_\_

Applicant Name: Mr/Ms/Mrs/Miss \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency's Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Position / Job title: \_\_\_\_\_

Training completed relevant to the NSP (include topics covered, duration of course/s and name/s of trainer/s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Declaration of Applicant:

I declare the above information to be correct and understand that all NSP Outreach Worker cards remain the property of the Department of Human Services. I agree to return the card/s to the Department if I discontinue employment in my current position with the above agency and to adhere to the times and places specified in my agency's Governor in Council authorisation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Verified by Agency Coordinator:

Coordinator Name: Mr/Ms/Mrs/Miss \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* NB: The expired / invalid card must be returned upon receipt of a new card.

**An authorised Outreach Worker must hold a valid and current registration card whilst engaged in an Outreach capacity.**



## HOW TO COMPLETE OUTREACH CARDS

1. Please complete the *Name* of the Authorised Person (the applicant), the *Agency* name and *Signature* of the Authorised Person. Affix a passport-size photo where indicated.

Health Protection Services will complete the *Number* field.

NEEDLE & SYRINGE PROGRAM  
(OUTREACH)  
AUTHORISED PERSON

NAME \_\_\_\_\_

AGENCY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

State Government of Victoria Department of Human Services

Number \_\_\_\_\_

PLACE PHOTO HERE

2. Return both the application form and signed outreach card (including passport-size photo) to:

Health Protection Services  
Drugs Policy & Services Branch  
Department of Human Services  
GPO Box 4057  
MELBOURNE VIC 3001

Please ensure that all relevant fields are completed correctly on both the application form and outreach card. Incomplete applications will not be processed and will be returned to the agency.

3. Health Protection Services will process the application form and complete the details on the back of the card.

The card will then be forwarded to the Agency for collection.

I hereby authorise \_\_\_\_\_, of  
outreach registration \_\_\_\_\_, to supply hypodermic  
needles and syringes as part of the Victorian Needle and  
Syringe Program (Section 80 [5] of the *Drugs, Poisons  
and Controlled Substances Act 1981*).

\_\_\_\_\_ DHS authorisation

Valid \_\_\_\_\_ 200\_\_  
to end

**FOR REGISTRATION RENEWALS:** PLEASE RETURN THE EXPIRED CARD TO THE ADDRESS ABOVE ONCE A NEW CARD HAS BEEN RECEIVED.

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Office use only	
Agency Code:	
Order No:	

Instructions: \_\_\_\_\_

**EMAIL TO:** [nsp.orders@dhs.vic.gov.au](mailto:nsp.orders@dhs.vic.gov.au)  
 (or FAX to Health Protection on 9096-9170)

**SUBMIT BY 4.00PM MONDAY (or 4.00pm the FRIDAY before if Monday is a Public Holiday)**

	Order	x Units
Needle & Syringe	1.0ml x 27g x 13mm	x 500 (carton)
	1.0ml x 29g x 13mm	x 500 (carton)
	3.0ml x 25g x 5/8"	x 100 (box)
	5.0ml x 23g x 1.25"	x 1800 (carton)
Luer SLIP Syringe	3ml Luer Slip	x 100 (box)
	5ml Luer Slip	x 1800 (carton)
	10ml Luer Slip	x 100 (box)
Luer LOCK Syringe	3ml Luer Lock	x 1200 (carton)
	5ml Luer Lock	x 100 (box)
	10ml Luer Lock	x 1200 (carton)
Needle Only	27g x 13mm	x 100 (box)
	25g x 5/8"	x 3000 (carton)
	25g x 1"	x 100 (box)
	23g x 1.25"	x 3000 (carton)
	21g x 1.25"	x 100 (box)
	19g x 1.5"	x 3000 (carton)
	18g x 1.5" Blunt	x 100 (box)
		x 3000 (carton)

	Order	x Units
Pre-packed kits	2 Needle Kit	x 150 (carton)
	5 Needle Kit	x 150 (carton)
	10 Needle Kit	x 100 (carton)
Bag	Brown Paper	x 500 (bundle)
	Plastic Carry	x 100 (bundle)
Card	"Do you know"	x 50 (box)
	Yellow NSP Card	x 100 (box)
Swab	Alcohol Swab	x 4000 (box)
Sexual Health Product	Condom Std Silver 53mm	x 100 (box)
	Condom Maxi 56mm	x 100 (box)
	Condom Slimfit 49mm	x 100 (box)
	Condom Black 53mm	x 100 (box)
	Condom Blueberry 53mm	x 100 (box)
	Condom Strawberry 53mm	x 100 (box)
	Condom Vanilla 53mm	x 100 (box)
	Condom Wildberry 53mm	x 100 (box)
	Sheer Dams Mixed	x 100 (box)
	Non-Latex Condom	x 3 (pack)
Sharps Disposal Container	Female Condom	x 1 (each)
	Premier Lubricant	x 1000 (carton)
	Fitstick	x 1500 (carton)
	150ml Bottle	x 140 (carton)
	250ml Bottle	x 250 (carton)
	1.2L Container	x 30 (carton)
	1.4L Container	x 36 (carton)
1.8L Container	x 30 (carton)	
2L Fibreboard	x 50 (carton)	
20L Pail with lid	x 1 (each)	



Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Office use only	
Agency Code:	_____
Date to WFDS:	_____

Instructions: \_\_\_\_\_

**EMAIL TO:** [nsp.orders@dhs.vic.gov.au](mailto:nsp.orders@dhs.vic.gov.au)  
 (or FAX to Health Protection Services on 9096-9170)

	DETAILS	TYPE	CODE	QTY
General	Safe Retrieval & Disposal of Needles & Syringes	Pamphlet	DTS-NSP357	
	Safe Retrieval & Disposal of Needles & Syringes – Sticker	Sticker	DTS-NSP358	
	Pharmacy's Little Helper: All you need to know about NSPs	Book	DTS-NSP001	
	NSP Info Kit - Your questions answered/A review of the evidence	Booklet	DTS-NSP002	
	Suboxone "A Guide to Treatment"	Booklet	DTS-NSP003	
	"Do You Know" - NSP Advice and Contact Information	Wallet card	DTS-NSP004	
	Subutex "A Guide to Treatment"	Booklet	DTS-NSP005	
	Victoria Police, Drug & Alcohol Strategy Unit - Community Information Bulletin March 2007	Pamphlet	DTS-NSP006	
Safer Using Series	No. 1 Safer Using (Lilac)	Pamphlet	DTS-NSP359	
	No 2 Using Tips (Buff)	Pamphlet	DTS-NSP360	
	No 3 Injecting Tips (Yellow)	Pamphlet	DTS-NSP361	
	No 4 Overdose (Green)	Pamphlet	DTS-NSP362	
	No 5 Tips For Staying Healthy (Light Purple)	Pamphlet	DTS-NSP363	
	No 6 Hiv/Aids (Blue)	Pamphlet	DTS-NSP364	
	No 7 Steroids (Light Orange)	Pamphlet	DTS-NSP367	
	No 8 Hepatitis C (Bright Yellow)	Pamphlet	DTS-NSP368	
	No 9 Safer Using On The Street (Orange)	Pamphlet	DTS-NSP365	
	No 10 Cutting Down & Getting Off - Counselling (Pink)	Pamphlet	DTS-NSP371	
	No 11 Cutting Down & Getting Off - Methadone (Purple)	Pamphlet	DTS-NSP375	
VeinCare	"Maintain Your Veins" Client Book	Booklet	DTS-NSPV400	
	"This Needle Has Never Been Used" Card	Card	DTS-NSPV401	
	"Go Slow Be Gentle" Card	Card	DTS-NSPV402	
	"Avoid" Card	Card	DTS-NSPV403	
	"Always" Card	Card	DTS-NSPV404	
	"Blunt Needle" Card	Card	DTS-NSPV405	
	"Maintain Your Veins" Tear-Off Pad	Pad	DTS-NSPV406	
	"Maintain Your Veins" Staff Briefing Manual	Booklet	DTS-NSPV407	
	"Maintain Your Veins" Poster No 1	Poster	DTS-NSPV408	
"Maintain Your Veins" Poster No 2	Poster	DTS-NSPV409		
Amphetamine Education	Amphetamine Use Briefing Paper	Booklet	DTS-NSPA0001	
	Amphetamine Recovery Guide	Booklet	DTS-NSPA0002	
	Amphetamine Client Card – Blood Borne Virus	Postcard	DTS-NSPA0003	
	Amphetamine Client Card – Body Fuel	Postcard	DTS-NSPA0004	
	Amphetamine Client Card – Dependency	Postcard	DTS-NSPA0005	
	Amphetamine Client Card – Family & Friends	Postcard	DTS-NSPA0006	
	Amphetamine Client Card – Injecting	Postcard	DTS-NSPA0007	
	Amphetamine Client Card – Maintaining Relationships	Postcard	DTS-NSPA0008	
	Amphetamine Client Card – Overdose	Postcard	DTS-NSPA0009	
	Amphetamine Client Card – Polydrug Use	Postcard	DTS-NSPA0010	
	Amphetamine Client Card – Pregnancy	Postcard	DTS-NSPA0011	
	Amphetamine Client Card – Sleep	Postcard	DTS-NSPA0012	
	Amphetamine Client Card – Speed & Your Brain	Postcard	DTS-NSPA0013	
	Amphetamine Client Card – Stopping	Postcard	DTS-NSPA0014	
	Amphetamine Client Card – Toxicity & Strength	Postcard	DTS-NSPA0015	
	Amphetamine Client Card – Types of Speed	Postcard	DTS-NSPA0016	
	Amphetamine Client Card – Workplace & Study Performance	Postcard	DTS-NSPA0017	
	Amphetamine Poster – Mood – Eating – Sleep	Poster	DTS-NSPA0018	

To browse and order resources on blood-borne virus (BBV) and sexually transmitted infection (STI) prevention please visit [http://www.health.vic.gov.au/ideas/resources/online\\_order](http://www.health.vic.gov.au/ideas/resources/online_order).





NSP DATA COLLECTION FORM: FIXED OUTLETS

Agency Data Code = [Agency No]

AGENCY NAME [Agency Name]

\*\* VALID FROM 1 JANUARY 2006 \*\*

DATE	TIME	VISIT STATUS	SEX	AGE	NUMBER OF PEOPLE COLLECTING FOR?		TOTAL NUMBER OF NEEDLES AND SYRINGES (INCLUDE NUMBER IN PACKS)		Repeat Clients HAVE YOU HAD TO SHARE ANY INJECTING EQUIPMENT SINCE YOUR LAST VISIT?  New Clients HAVE YOU SHARED ANY INJECTING EQUIPMENT BEFORE?	HOW DO YOU USUALLY DISPOSE OF YOUR NEEDLES AND SYRINGES?	CONDOMS TAKEN?	EDUCATION/ REFERRAL TO OTHER AGENCIES	COMMENTS  e.g. D = DIABETIC or other prescribed medication
					SELF	NO. OF OTHERS	IN	OUT					
		New Repeat	M F		1 +				N Y		Y N		
		New Repeat	M F		1 +				N Y		Y N		
		New Repeat	M F		1 +				N Y		Y N		
		New Repeat	M F		1 +				N Y		Y N		
		New Repeat	M F		1 +				N Y		Y N		
		New Repeat	M F		1 +				N Y		Y N		
		New Repeat	M F		1 +				N Y		Y N		
		New Repeat	M F		1 +				N Y		Y N		
		New Repeat	M F		1 +				N Y		Y N		



- AGE GROUPS:**
- \_\_\_ 1 = Under 15
  - \_\_\_ 2 = 15-17
  - \_\_\_ 3 = 18-20
  - \_\_\_ 4 = 21-25
  - \_\_\_ 5 = 26-30
  - \_\_\_ 6 = 31-35
  - \_\_\_ 7 = 36-45
  - \_\_\_ 8 = 46+

- DISPOSAL:**  
(include up to 2 categories)
- 1 = Return to this NSP
  - 2 = Return to chute outside this NSP
  - 3 = Return to other NSP
  - 4 = Public disposal unit
  - 5 = Disposal container, then rubbish bin
  - 6 = Rubbish bin (not in a container)
  - 7 = Burn
  - 8 = Chemist
  - 9 = Other (specify)

- EDUCATION/ REFERRAL:**  
(include up to 3 categories)
- 1 = Health
  - 2 = HIV/AIDS
  - 3 = Safe sex information
  - 4 = Drug and Alcohol
  - 5 = Other NSP
  - 6 = Hepatitis C
  - 7 = Safer Using
  - 8 = Welfare/ Accommodation
  - 9 = Other (specify)

Please contact 1300 365 482 for a tailored version













This form is designed to collect data for all **individual client contacts** made by the Mobile Drug Safety Worker and is to be submitted monthly to Drugs Policy & Services Branch.

To record the numbers of Needles & Syringes given out use your Agency's **Fixed Site or Off-Site Data Collection Form**. Do not duplicate information but in the 'Comments' section record 'MDSW'. This will indicate that data have been recorded on the Client Contact Form for this contact (See 'Service Provided').

For **Targeted education sessions / campaigns** a report must be sent to your DHS Regional Office every three months.

These data provide baseline quantitative information about the MDSW positions, however, qualitative information may also be collected by workers in journals or diaries. All information recorded on these forms and in personal journals etc must protect clients' confidentiality.

**Definitions:**

Date	Date of contact with client e.g. 10/07/2004.
Time of day	Time of day you met with client e.g. 10am, 2:35pm.
Contact duration	Report number of minutes e.g. 65 minutes.
Sex	1=Male, 2=Female, 9=Not stated / Inadequately described.
Age	As per Age Group categories.
Cultural identity that the client identifies with*	1= <b>Australian</b> ; 2= <b>Australian Aborigine</b> ; 3= <b>Torres Strait Islander</b> ; 4= <b>Other Oceania</b> e.g. NZ, Polynesia, Fiji; 5= <b>SE Asian</b> e.g. Vietnam, Cambodia, Thai; 6= <b>NE Asian</b> e.g. China, Taiwan; 7= <b>South &amp; Central Asia</b> e.g. India, Pakistan, Afghanistan; 8= <b>North African &amp; Middle Eastern</b> e.g. Iraq, Iran, Israel, Turkey; 9= <b>Sub-Saharan Africa</b> e.g. Kenya, Ethiopia, Angola, Somali; 10= <b>The Americas</b> e.g. Canada, Mexico, Central & South America; 11= <b>European</b> e.g. British; 12= <b>Other</b>
Postcode	The postcode of the suburb where you met with the client.
Contact type*	The place where the contact occurred.
Service provided*	Record up to 3 services. <b>Engagement</b> refers to rapport building and should be used when no other service is provided. <b>Needle &amp; Syringe provision</b> – if you have given the client injecting equipment enter '3' on this form and record numbers given on your NSP Agency data collection form.
Education provided*	Answer this if specific education is provided. Record up to 3 education topics.
Last drug/s injected*	This question refers to the last drug or mixture of drugs (up to a maximum of 3) used on the last occasion drugs were injected.
Referral to other Agencies*	Use this category if a referral is made. Referral means a recommendation has been made and the agency details supplied. Record a maximum of 3 agencies.
Comments / Outcomes	Has there been a specific outcome from this client contact? Record additional information here.

**\*Please provide details if you choose 'Other'**

**Return form each MONTH to**





This form is designed to collect data for all **individual client contacts** made by the Mobile Drug Safety Worker and is to be submitted monthly to Drugs Policy & Services Branch.

To record the numbers of Needles & Syringes given out use your Agency's **Fixed Site or Off-Site Data Collection Form**. Do not duplicate information but in the 'Comments' section record 'MDSW'. This will indicate that data have been recorded on the Client Contact Form for this contact (See 'Service Provided').

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Postcode	The postcode of the suburb where you met with the client.
Contact type*	The place where the contact occurred.
Service provided*	Record up to 3 services. <b>Engagement</b> refers to rapport building and should be used when no other service is provided. <b>Needle &amp; Syringe provision</b> – if you have given the client injecting equipment enter '3' on this form and record numbers given on your NSP Agency data collection form.
Education provided*	Answer this if specific education is provided. Record up to 3 education topics.
Last drug/s injected*	This question refers to the last drug or mixture of drugs (up to a maximum of 3) used on the last occasion drugs were injected.
Referral to other Agencies*	Use this category if a referral is made. Referral means a recommendation has been made and the agency details supplied. Record a maximum of 3 agencies.
Comments / Outcomes	Has there been a specific outcome from this client contact? Record additional information here.

**\*Please provide details if you choose 'Other'**

**Return form each MONTH to**

# Needle and Syringe Program

## Consumables Comment Form

Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comment Concerning: \_\_\_\_\_

Brand / Manufacturer \_\_\_\_\_

Batch Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Nature of Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommended Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Print Name (if appropriate) \_\_\_\_\_

Fax to: Health Protection Services  
9096 9170



# Needle and Syringe Program

## Incident Report Form

Name of Agency: \_\_\_\_\_

Staff member responsible for Report: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Date, time and location of incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_

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Action taken at the time, and any further action taken: \_\_\_\_\_

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Recommendations/work cover issues: \_\_\_\_\_

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Signed: \_\_\_\_\_

**Program Coordinator**

Fax to: Health Protection Services  
9096 9170



# Victoria Police Operating Procedures

## 5.4.6.2 Needle and Syringe Program

*Revised 7 May 2001*

*Updated to 27/08/01*

**Introduction**—Needle and Syringe Programs (NSPs) are a significant component of the harm minimisation approach to drugs in the community. Police activities must not undermine these programs. Effective liaison between police and NSPs must be established and maintained.

**Purpose**—NSPs exist with the full support of the government and Victoria Police. Their purpose is to:

- Reduce the prevalence and transmission of blood borne viruses such as HIV and Hepatitis B and C by providing sterile needles and syringes;
- Provide appropriate access to health, medical and referral services; and
- Provide a means for the safe disposal of needles and syringes.

**Types of NSPs**—the types of programs currently operating include:

- Fixed Location Services—some of these are exclusively NSPs. Others operate from drug and alcohol centres, primary health care centres, Community Health Centres, hospitals, youth centres, community centres, etc. The hours of operation of fixed location NSP services may vary depending on staffing and location.
- Pharmacies—some pharmacies provide syringes and sharps containers and replace them either free of charge or for a small fee.
- Mobile and Outreach Services—these may take different forms. For example:
  - ‘foot patrol’ services where NSP staff walk around an area frequented by injecting drug users and provide clean equipment and information brochures.
  - mobile services which may operate from set locations at set times, or may make deliveries at the request of injecting drug users.

**Identification of NSPs**—NSPs are identified by the symbol of a red and a white arrow following each other in a circular motion.

**Identification of authorised staff**—the staff of mobile and outreach services carry identification bearing their photo and contact details for the NSP where they are based.

**Member discretion**—police members must exercise discretion and common sense to ensure that NSPs can operate effectively and persons wishing to access services provided by these facilities are not deterred from attending. These instructions are designed to complement the conduct of NSPs, and are not intended to prevent police performing normal patrol functions.

When performing or intending to perform police activities near a NSP:

- Any targeted patrol, person check or surveillance in the immediate vicinity of a NSP (including mobile exchange), should only occur:
  - where there is no alternative; and
  - with the authority of a Sub-officer or above.
- The vicinity of NSPs must not be targeted solely for the purpose of enforcing use or possession laws.
- If it is necessary for police to perform duties in the vicinity of a NSP, a Divisional Supervisor or other Sub-officer should consider advising the NSP manager.
- Attending a NSP is insufficient grounds on its own to establish reasonable grounds to search a person under s.82, *Drugs, Poisons and Controlled Substances Act* 1981. Police members may only conduct a search of a person visiting or leaving a NSP where there are reasons for the search other than the person's presence near the NSP. Refer to section 1.8, *Operating Procedures*, on searches of persons.
- It is not an offence to possess needles or syringes. Police may only seize this equipment where it forms part of an offence. To do otherwise is contrary to the spirit and intention of this policy.

**Attendance at NSPs**—police members who have been requested to attend a NSP should respond as they would any other call for assistance. However, where possible police members should avoid visiting NSPs in uniform, unless the circumstances demand otherwise.

**Located needles and syringes**—police members may be called to incidents where a member of the public has located used needles or syringes, or police may locate these items during the course of their duty. Police should contact the Safe Needle Disposal Hotline (contact police communications centre), their nearest NSP, or local government for disposal advice and information. Police members who are exposed to body fluids or receive a needlestick injury should refer to section 12.6.4.3, *Operating Procedures*.

**Liaison between Victoria Police and NSPs**—effective and ongoing liaison between the Force and NSPs will provide a platform for resolving problems should they arise. To create effective links with NSPs:



- Regional Commanders and Divisional Superintendents—should:
  - actively liaise with NSPs and establish effective working relations, and
  - become involved in management and other committees related to NSPs (this may be through delegation).
  
- District Inspectors and Station OICs—should:
  - actively liaise with NSPs and establish effective working relations,
  - become involved in management and other liaison committees related to NSPs (this may be through delegation),
  - inform police members of the location of fixed NSPs so that they can adhere to these instructions,
  - inform police members of the areas where mobile and outreach services, including foot patrols, are likely to be operating in order that police members can adhere to these instructions, regularly invite NSP personnel to speak at station readouts.

