

Tennessee Syringe Services Program (SSP) Application

Welcome to the Tennessee Syringe Services Program (SSP) application. This application is for those seeking to establish and operate an SSP in Tennessee. An SSP and any operating location(s) must be approved by the Tennessee Department of Health (TDH) before starting operations.

Any organization (such as a nongovernmental/community-based organization or health department) that promotes scientifically proven ways of mitigating health vulnerabilities associated with drug use, may apply to establish and operate an SSP. The objectives of the program shall be to do all of the following:

Reduce the spread of human immunodeficiency virus (HIV), viral hepatitis, and other bloodborne diseases in this state
Reduce needle stick injuries to law enforcement officers and other emergency personnel
Encourage persons who inject drugs to enroll in evidence-based treatment
Provide overdose prevention services, including access to naloxone
Please note, the law requires that unused needle, syringes, and other injection supplies are provided at no cost and in quantities sufficient to ensure that these supplies are not shared or reused. A program shall strive for a 1:1 syringe exchange. No public funds (such as state or federal funding) may be used to purchase needles, syringes, or other injection supplies. Please review Tennessee's SSP legislation, T.C.A Title 68, Chapter 1, prior to applying.

Please complete the following Syringe Services Program application.

For questions or assistance, please contact SSP.Health@tn.gov.

Please see the PDF version of the Tennessee Department of Health syringe services program application for review.

Is this a new or amended syringe services program (SSP) application?

☐ New application (never submitted an application in TN)
☐ Amended application (previously approved agency with new proposed location(s))

Applicant and SSP Contact Information

Name of the organization or agency applying:

Name of primary applicant (person applying):

Primary applicant's phone number:

Primary applicant's email address:

Do you want to provide a secondary contact?

☐ Yes
☐ No

Secondary contact name:

(optional)

Secondary contact phone number:

(optional)

Secondary contact email address:

(optional)

Syringe Service Program Information

Name of the SSP (if different from agency name):

SSP phone number (for participants to call):

SSP email address (for participants to email to):

SSP or agency website:

(optional)

Proposed SSP Location Details

Every SSP location must meet the state legislation's zoning requirements and be approved by TDH.

Zoning Requirement: Per TN Code Ann. § 68-1-136(g), SSPs must be located at least 1,000 feet from any school or public park, with the exception where it has to be at least 2,000 feet from a school or public park in municipalities with a population between 55,440-55,450.

Will you be operating a mobile SSP?
A mobile SSP operates from a van, bus, pop-up table or other mobile unit to deliver services.

○ Yes
○ No

Important Note: if operating as a mobile SSP, the program must have pre-determined stops/locations where services will be delivered. Each location/stop must be in alignment with the zoning requirements, included in the SSP application, and approved prior to operations. If a program decides to add additional locations after application approval, they must submit an amended application for the new site(s) to be approved before services can be offered (TN Code Ann. § 68-1-136(g)).

○ I understand that all SSP locations must meet zoning requirements and receive TDH approval prior to operations.

Please provide your SSP's location and operation details by **completing and uploading the attached SSP location table.**

SSP Application_Location Table.docx

Upload Document

Please upload documentation showing that the proposed SSP location(s) meets the legislation's zoning requirements (i.e., Google maps, GIS, etc.).

If you need help creating the map documentation, please see the attached SSP mapping guide (SSP Application_Mapping Guide.pdf) or contact SSP.Health@tn.gov.

(Important Note: Please ensure that the uploaded maps illustrates the allowed zoning from a school and a park.)

Upload Document

Programmatic Service Details

Please note that the law requires that unused needles, syringes, and other injection supplies be provided at no cost and in quantities sufficient to ensure that these supplies are not shared or reused. A program shall strive for a one-to-one syringe exchange. No public funds (such as state or federal funding) may be used to purchase syringes, needles, or other injection supplies.

How will your SSP access sterile needles and syringes?
(check all that apply)

☐ Purchase directly from manufacturer
☐ Purchase from third-party vendor
☐ Other:

If Other, please specify:

How will your SSP dispose of used needles and syringes? (check all that apply)

☐ Biohazard company (please list)
☐ Clinic or hospital (please list)
☐ Local health department (please list)
☐ Other:

Please specify biohazard company:

Please specify clinic or hospital:

Please specify local health department:

If Other, please specify:

Please confirm that the SSP will provide injection supplies at no cost, in quantities sufficient to ensure supplies are not shared or reused, and will strive for 1-to-1 exchange policy per §T.C.A 68-1-136(b)(2).

☐ Yes, the SSP will operate under a strive for 1-to-1 exchange policy.

Please upload the written verification that will be given to individuals to demonstrate they are affiliated with your SSP.

Please review the guidance document attached for creating a written verification [SSP Written Verification Guide.pdf].

Upload Document

Note: Tennessee law provides limited immunity that protects SSP employees, volunteers, and participants (i.e., persons affiliated with the SSP) from being charged with possession of syringes or other injection supplies, including those with residual amounts of drugs present.

This immunity only applies to a participant's possession when the participant is engaged in the exchange or in transit to or from the exchange. Also, a person must provide written verification of their affiliation with an SSP (such as a participant ID card) to the arresting officer or law enforcement agency to be granted limited immunity.

Please complete and upload the attached SSP services table to document how your agency will provide services during SSP operations.

SSP Application_Services Table.docx

Upload Document

If you need help to identify a referral source for one or more services, please contact the SSP Team at SSP.Health@tn.gov.

Organizational Capacity Details

Applicants must demonstrate the level of community readiness and program capacity for provision of harm reduction services, including syringe services.

Describe how your agency will develop, implement, and maintain a process for community engagement related to harm reduction and needle/syringe exchange.

(500 word max)

Describe related health and/or behavioral health services your agency currently provides and the number of years these services have been provided.

(500 word max)

Describe your agency's current experience or plan for collecting data.

If you need data collection resources, please contact the SSP team at SSP.Health@tn.gov

(500 word max)

Describe your agency's current practices used to protect confidentiality of clients, records, and data.

(500 word max)

The law requires reasonable and adequate security of program sites, equipment, and personnel.

Please upload the program's safety and security plan which includes confidentiality policies and procedures.

Upload Document

Please review the guidance document attached for best practices in creating a safety and security plan

(SSP Application_Safety & Security Plan Guide.pdf)

Your SSP's safety and security plan must be provided to local law enforcement per [§T.C.A 68-1-136\(b\)\(3\)](#). Please upload confirmation that the SSP's safety and security plan was sent to local law enforcement (e.g., original email with confirmation of receipt).

Upload Document

Please review safety and security guidance for examples on documenting law enforcement receipt of plan.

SSP Application_Safety & Security Plan Guide.pdf

Letters of support are strongly encouraged to demonstrate and ensure community cohesion, but they are not required.

Please upload any letter(s) of support.

(Note: Letters can be from local health department, county representatives, local law enforcement, and other community organizations. Please combine all letters of support into 1 document to upload.)

Please confirm that you have read Tennessee's SSP legislation per §T.C.A Title 68, Chapter 1 and your SSP will operate accordingly.

☐ Yes, the SSP will operate within the Tennessee's needle exchange policy.

In order to maintain permission to continue to run your program, Tennessee requires that all syringe services programs submit an annual report to TDH for the activities conducted during the prior calendar year. The annual reporting form is in REDCap and due no later than March 1st of every year.

☐ Yes, the SSP will follow SSP reporting requirements.

TDH SSP annual reporting template.pdf

Please confirm that the SSP is aware of and will follow the SSP reporting requirements.

TDH SSP Application Final Submission

Note:

- The SSP and any operating location(s) must be approved by the Tennessee Department of Health prior to the start of operations.
- Once approved, SSPs will participate in a one-time SSP orientation call, quarterly SSP check-in calls, and annual SSP site visits.

Questions can be directed to SSP.Health@tn.gov or (629)-259-1528. Thank you for your interest in becoming a Tennessee SSP and providing important services to Tennesseans!
