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| --- | --- | --- | --- | --- |
| Subject | **Number** | **Date****Issued** | **Date Revised** | **Date Effective** |
| Non-Discriminatory Syringe Sales at our Pharmacy |  |  |  |  |
| **Originated By:** | Approved By: |
|  |  |

**Purpose:**

As a part of our continued efforts for patient care and safety at [PHARMACY NAME HERE], beginning [EFFECTIVE DATE], we will be implementing a No Questions Asked Syringe Sale Policy. Increasing access to clean syringes can reduce a patient’s risk of infection and its spread.

**Policy:**

Through this program, syringes and needles will be sold to anyone who comes to [PHARMACY NAME HERE] requesting them. We will not be asking questions about the purpose for the syringes or reasons for purchase. There is no law in North Carolina requiring a prescription for syringes, thus there is no need to ask for one.

**[FIRST & LAST NAME], [TITLE/POSITION]**

*Name & Title*

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*Signature Date*