

Sonoma County Disease Prevention Demonstration Project

PHARMACY SURVEY

Please answer the following questions about your current syringe sale practices:

Approximately how many syringes does your pharmacy currently sell per month?

Do you currently sell safe disposal containers? Yes No

If yes, what type? _____

Is your pharmacy currently collecting and/or storing sharps for disposal? Yes No

If yes, are you currently working with a hazardous waste hauler? Yes No
If so, please indicate name of waste hauler.

Please estimate the volume of waste you are currently generating monthly.

_____ lbs./month

How often is hazardous waste picked up from your pharmacy?

daily weekly twice month monthly less than monthly

Please answer the following questions regarding the planning and implementation of the Disease Prevention Demonstration Project (DPDP) in Sonoma County.

Would you be interested in participating in the planning for DPDP in Sonoma County?

Yes No

If yes:

- by attending meetings
- by reviewing educational materials
- by being available to other pharmacists who have questions

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Would you be willing to participate in the DPDP by:

- Registering with the Health Department? Yes No
- Providing written information to customers purchasing syringes? Yes No
- Providing verbal counseling to customers purchasing syringes? Yes No
- Providing referrals for drug treatment or HIV testing if you had current information? Yes No
- Having a training provided for your staff on HIV, HCV, or syringe disposal or IDU issues? Yes No
- Storing hypodermic needles and syringes so that they are available only to authorized personnel? Yes No
- Furnishing or making available for purchase personal sharps disposal containers? Yes No
- Furnishing or making available for purchase mail-back sharps disposal containers that meet state and federal standards? Yes No
- Providing an on-site safe hypodermic needle and syringe collection and disposal program inside your pharmacy? Yes No
- Providing an on-site safe hypodermic needle and syringe collection and disposal program outside or near the entrance to your pharmacy? Yes No
- Subsidizing the costs for safe disposal of hypodermic needles? Yes No

Pharmacy contact information:

Name and title _____

Pharmacy name _____

Pharmacy mailing address _____

Phone _____ Email _____

Preferred method to be contacted? Phone Email

**Thank you for your participation in this survey.
Please fax completed surveys to Ellen Swedberg at (707) 565-6619.**

