



# TAKE HOME NALOXONE: INFORMATION FOR NEW SITES

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# TAKE HOME NALOXONE: PROGRAM GUIDE

## Initiating & Implementing a Program

In British Columbia (BC), naloxone (an opioid antagonist) must be prescribed for a specific person by a physician or nurse practitioner. Yet, a considerable proportion of those at risk of opioid overdose have little to no contact with primary health care services due to perceived barriers like stigma. Community organizations with established relationships with people who use illicit opioids or those prescribed opioids (including methadone) are an integral component of increasing access to naloxone and reducing harms from opioid overdose in BC. We acknowledge that some challenges may arise when implementing a THN program at community-based organizations without affiliated medical staff. However, sites implementing the THN program must operate in the present policy environment as per federal, provincial and medical professional regulatory bodies.

A THN collaborative team consists of a site coordinator and one or more educators, prescribers and dispensers. Due to diverse environments across the province, sites can adapt to best serve their clients. An individual may take on multiple roles, or the roles may be filled by staff affiliated with different organizations. The educator will train participants using the curriculum developed by the BC Harm Reduction (HR) Program (found on [www.towardtheheart.com/naloxone](http://www.towardtheheart.com/naloxone)) and evaluate the participants' knowledge. The prescriber must be confident that the participant has the appropriate knowledge before prescribing naloxone; however, having reviewed the training curriculum and assessment the prescriber can delegate the training to the educator.

While teams may take different forms, all tasks and deliverables listed in the following table must be completed.

You may contact your Health Authority's Harm Reduction Coordinator (see table below) or the BC HR Program (phone 604.707.2400/email [outreach@towardtheheart.com](mailto:outreach@towardtheheart.com)) to discuss your plan and program model.

### Contact Information for Harm Reduction Coordinators:

Health Authority	Name	Phone	Email
First Nations	Janine Stevenson	604.693.6964	<a href="mailto:Janine.Stevenson@fnha.ca">Janine.Stevenson@fnha.ca</a>
Fraser	Erin Gibson	604.362.2811	<a href="mailto:Erin.Gibson@fraserhealth.ca">Erin.Gibson@fraserhealth.ca</a>
Interior	Jeff Walsh	250.320.5710	<a href="mailto:Jeff.Walsh@interiorhealth.ca">Jeff.Walsh@interiorhealth.ca</a>
Island	Griffin Russell	250.755.7691 x53065	<a href="mailto:Griffin.Russell@viha.ca">Griffin.Russell@viha.ca</a>
Vancouver Coastal	Sara Young	604.714.3771 x2321	<a href="mailto:Sara.Young@vch.ca">Sara.Young@vch.ca</a>
	Alex Scott	604.675.3980 x20351	<a href="mailto:Alex.Scott@vch.ca">Alex.Scott@vch.ca</a>



## Steps, roles, responsibilities, and deliverables when initiating and implementing a Take Home Naloxone (THN) program

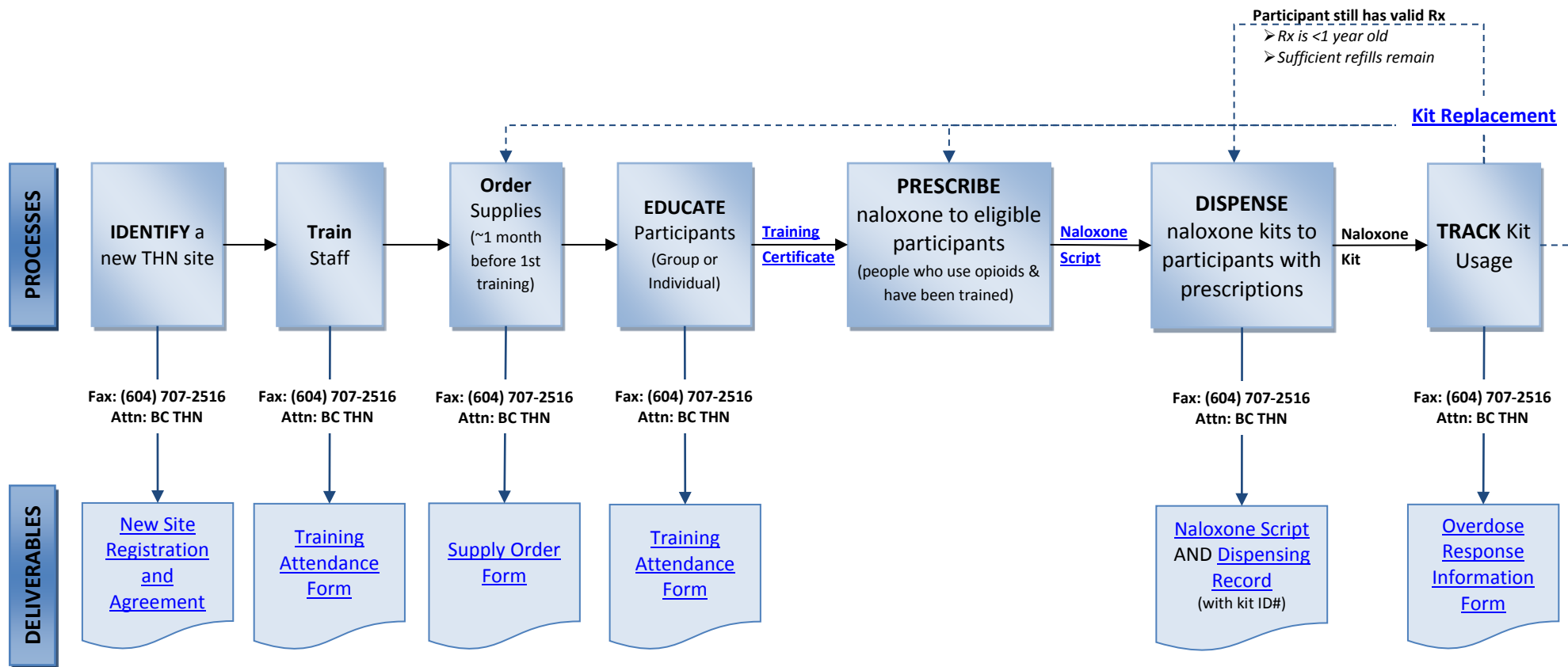
Step	Role	Responsibilities	BC HR Program Guiding Statements/Documents	Deliverable Paperwork (to BCCDC)*
<b>IDENTIFY</b>	Community Organizations & Healthcare Professionals	<ul style="list-style-type: none"> <li>Community-based organizations, outreach and clinic staff collaborate with healthcare professionals to increase capacity for overdose response in their community and identify individuals eligible for THN kits</li> </ul>	<i>"People at risk of opioid overdose are eligible for a THN kit once appropriately trained"</i>	<a href="#">New Site Agreement</a> <a href="#">New Site Registration</a>
<b>EDUCATE</b>	Educator  <i>(Anyone that has reviewed &amp; understands the THN training manual)</i>	<ul style="list-style-type: none"> <li>Assume education responsibilities on behalf of the prescribing physician or nurse practitioner</li> <li>Train participants (individual or group sessions), using standardized curriculum (except if modified by prescriber)</li> <li>Assess knowledge and provide participants with a certificate of completion of training</li> <li>Record those trained using the <i>Attendance Form</i></li> <li>Submit attendance forms <b>at least once per month</b></li> </ul>	<a href="#">Mock Training Webinar</a> , <a href="#">Training Video for Participants</a> , <a href="#">Training Manual for Overdose Prevention &amp; Response</a> , <a href="#">Attendance Form</a> , <a href="#">Pre &amp; Post Quiz</a> , <a href="#">Certificate of Completion</a> and <a href="#">Participant Knowledge Checklist</a>	<a href="#">Attendance Form</a>
<b>PRESCRIBE</b>	Physician or Nurse Practitioner  OR  Nurses following BCCDC's Decision Support Tool	<ul style="list-style-type: none"> <li>Establish or have a pre-existing, professional relationship with the participant and confirm the participant uses opioids</li> <li>Upon receipt of the participant's training certificate (or after conducting training), write a prescription for naloxone</li> <li>Hold all responsibility associated with the prescription</li> </ul> <p><b>***As of May 2015, registered nurses &amp; registered psychiatric nurses can dispense naloxone without a physician order using <a href="#">BCCDC's Decision Support Tool</a>***</b></p>	<p><b>Example Script:</b></p> <p><i>Naloxone 0.4mg IM q 5 minutes prn x 2 doses</i></p> <p><i>(1ml ampoule = 0.4mg)</i></p>	Associated <a href="#">prescriptions</a>  OR  <a href="#">Dispensing record for nurses dispensing without a physician order</a>
<b>DISPENSE</b>	Dispenser  <i>(Pharmacy or medical office)</i>	<ul style="list-style-type: none"> <li>Receive the original, hard copy of the prescription</li> <li>Before dispensing the THN kit, remove the kit ID sticker from inside the naloxone container (matches the ID on the container, the kit, and the <i>Administration Information</i> form) and attach it to the prescription or dispensing record</li> <li>Complete the naloxone label on the container:                             <ul style="list-style-type: none"> <li>✓ Date when naloxone is dispensed (not prescribed)</li> <li>✓ Participant's name, Prescriber's name, address &amp; phone number</li> <li>✓ If Rx# on prescription, write in the Rx# box, if not, leave blank</li> </ul> </li> <li>Inspect kit contents, including naloxone expiry date</li> <li>Record required information on the Dispensing Record</li> <li>Submit Dispensing Record and associated prescriptions <b>at least once per month</b></li> </ul>	<a href="#">Program Guide</a> (this document), <a href="#">Dispensing Record</a>	<a href="#">Dispensing Record</a> (accompanied by associated <a href="#">prescriptions</a> )  OR  <a href="#">Dispensing record for nurses dispensing without a physician order</a>
<b>TRACK</b>	Participants  Site Coordinator  BC HR Program	<ul style="list-style-type: none"> <li>Upon use of the kit, the participant should fill in the <i>Take Home Naloxone Administration Information</i> form and return it to a THN site</li> <li>If the participant does not have a form, provide a blank form. Staff may assist participants with completing paperwork where appropriate</li> <li><b>At least once per month</b> fax forms (even if incomplete) to BC HR Program</li> </ul>	<a href="#">New Site Agreement</a> (this document)	<a href="#">Overdose Response Information Form</a>

**\*Deliverable paperwork must be FAXED to the BC THN program AT LEAST ONCE PER MONTH**  
**Forms can either be given to the site coordinator, or faxed directly by the educator/dispenser to (604) 707-2516 Attn: THN Program**

# TAKE HOME NALOXONE: SITE WORKFLOW

Restock (place [orders](#) ~1 month in advance)

Participant no longer has valid Rx



*Note: Underlined text is hyperlinked*



# TAKE HOME NALOXONE: NEW SITE REGISTRATION FORM

Please fill out **BOTH PAGES** of this Registration Form, and **FAX** along with the New Site Agreement to: 604-707-2516.  
Please print **CLEARLY** with a dark colored pen. Additional staff names can be sent on a separate sheet with this form.

SITE INFORMATION (i.e. the place where the Site Coordinator is located/the Site Coordinator's organization)					
<i>Site Name:</i>					
<i>Address</i>	<i>Street:</i>				
	<i>City:</i>		<i>Postal Code</i>		
PROGRAM PERSONNEL (see Program Guide for requirements and responsibilities)					
1. Who is the site coordinator(s) (max. 2) for BCCDC to connect with for routine follow-up?					
	<i>First Name</i>	<i>Last Name</i>	<i>Phone Number</i>	<i>Email</i>	<i>Preferred Mode of Communication</i>
<i>Coordinator 1</i>					<input type="checkbox"/> Phone <input type="checkbox"/> Email
<i>Coordinator 2</i>					<input type="checkbox"/> Phone <input type="checkbox"/> Email
2. Who will provide education about overdose prevention, recognition and response?					
	<i>First Name</i>	<i>Last Name</i>	<i>Organization (If different from coordinator)</i>	<i>Designation (optional) e.g. RSW, RN, etc.</i>	
<i>Educator 1</i>					
<i>Educator 2</i>					
<i>Educator 3</i>					
<i>Educator 4</i>					
<i>Educator 5</i>					
<b>****Please complete page 2 of this registration form****</b>					

**PROGRAM PERSONNEL continued (see Program Guide for requirements and responsibilities)**

**3. Who will write the prescriptions for naloxone (MUST be a physician, nurse practitioner)**

NOTE: Nurses following BCCDC's DST to dispense naloxone without a physician order should enter their information as a "prescriber"

	First Name	Last Name	Designation	MSP Number	Affiliated Clinic (If different from coordinator)
<i>Prescriber 1</i>			<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> RPN		
<i>Prescriber 2</i>			<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> RPN		
<i>Prescriber 3</i>			<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> RPN		
<i>Prescriber 4</i>			<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> RPN		
<i>Prescriber 5</i>			<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> RPN		

**4. Who will dispense Take Home Naloxone Kits?**

	First Name	Last Name	Designation (optional) e.g. Pharm.D.
<i>Dispenser 1</i>			
<i>Dispenser 2</i>			

**5. Where should naloxone kits be sent?**

<i>Name of Pharmacy/Clinic</i>				
<i>Shipping Address*</i>	Street:			
	City:		Postal Code:	
<i>Phone Number</i>		<i>Hours of Operation (for delivery)</i>		
<i>Special Delivery Instructions (ex. buzzer #)</i>				

**\*Note that kits can NOT be mailed to a PO Box or Bag**

**\*\*\*Please FAX this completed form along with the New Site Agreement to (604) 707-2516\*\*\***

# TAKE HOME NALOXONE: NEW SITE AGREEMENT

Please complete the checklist below: (underlined text is hyperlinked)

## Required

### ➤ Reading

- I will ensure the site meets BC regulations as outlined in the [Program Guide](#)
- I have watched [Take Home Naloxone Program Implementation Guidelines](#) video
- I have reviewed the [Training Manual: Overdose Prevention and Response](#)

### ➤ Coordinator Responsibilities

- I will be the **key point of contact** for BCCDC and will inform the program about:
  - changes in: coordinators (immediately); educators, prescribers & dispensers (annually)
  - changes in physical location or contact info
- I will ensure that new educators, prescribers and dispensers understand their respective [Roles and Responsibilities](#) and have received the appropriate training
- I will fax the following forms **at least once a month** to BCCDC at 604-707-2516
  - [Training Attendance Form](#)
  - [Prescription Script \(should include kit #\)](#)
  - [Naloxone Dispensing Record](#)
  - [Naloxone Dispensing Record for nurses dispensing without a physician order](#)
  - [Overdose Response Information Form](#) (help client complete after he/she uses kit)
- I understand that **new orders for THN kits will NOT be filled until paperwork for kits dispensed from the previous order has been submitted**

### ➤ Setting up your Site

- The [New Site Registration](#) form (above) has been completed (both pages)
- I understand that I will need to submit an [order form](#) for training supplies and THN kits, and should do so approximately one month before my site is ready to begin training participants/clients

## Optional

- My site can be **mapped** for the **public** in the searchable [site finder](#) at [www.towardtheheart.com](http://www.towardtheheart.com)
  - ▶ If **YES**, which address should be mapped?

Street: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

- I would like to receive BC THN program updates by **email**:
  - ✓ **Reminders** about submitting the required paperwork - **monthly**
  - ✓ **Important Information** (ex. expiring naloxone, product shortages) – **as needed**
  - ✓ **Toward the Heart e-zine** – **twice a year**

**Note:** We recommend that new sites tell local law enforcement, paramedics & firefighters about the program to avoid kit confiscation. You may wish to use the [BC THN 1-pager for police](#)

I have read and understand the Take Home Naloxone Information Package for New Sites, and have completed the checklist above:

Coordinator Name (Print)	Signature	Date

\*\*\*\*Please FAX this completed form along with the New Site Registration Form to (604) 707-2516\*\*\*\*