

# Facility Overdose Response Box Program Registration Form - Organization



Complete this page IF first time registering your organization with the FORB program

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

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

Services Offered: (check all that apply)

<input type="checkbox"/> Drop-In	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Supportive Housing
<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Outreach	<input type="checkbox"/> Harm Reduction Supplies
<input type="checkbox"/> Take Home Naloxone	<input type="checkbox"/> Counselling	<input type="checkbox"/> Other: _____

## I AM AWARE THAT MY ORGANIZATION WILL BE PARTICIPATING IN THE FACILITY OVERDOSE RESPONSE BOX PROGRAM

Executive Director Name: \_\_\_\_\_

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

## PLEASE DESIGNATE SOMEONE WITHIN YOUR ORGANIZATION TO COMMUNICATE WITH THE BC HARM REDUCTION PROGRAM ABOUT SITE ELIGIBILITY AND APPROVAL AND MAJOR CHANGES TO THE REQUIREMENTS OF THE FACILITY RESPONSE BOX PROGRAM.

Facility Overdose Response Box Contact Person Name: \_\_\_\_\_

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

Please complete these forms and submit by **E-MAIL** to [naloxone@bccdc.ca](mailto:naloxone@bccdc.ca) when enough staff have been trained to ensure there is one staff member with the competencies to administer naloxone scheduled for every shift. If you don't have e-mail please fax to (604) 707-2516.

**Your Initial Facility Overdose Response Box Order will not be sent until this form is received.** Please allow at least 2-4 weeks for delivery of the initial order.

# Facility Overdose Response Box Program Registration Form - Site



Date:
Affiliated Organization:

## PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SITE

Site Name:			
Site Address:			
Street	City/Town	Postal Code	
Services Offered: (check all that apply)	<input type="checkbox"/> Drop-In	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Supportive Housing
	<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Outreach	<input type="checkbox"/> Harm Reduction Supplies
	<input type="checkbox"/> Take Home Naloxone	<input type="checkbox"/> Counselling	<input type="checkbox"/> Other: _____

## PLEASE PROVIDE ESTIMATES FOR THE FOLLOWING INFORMATION ABOUT YOUR SITE STAFF AND CLIENTS:

Number of Staff Employed at Site	Full Time:	Part Time:	Volunteer/ Student:
Number of Clients Seen (Daily):			
Estimated number of staff <u>that will require training in naloxone administration:</u> (so we can provide you with training supplies)			

## PLEASE TELL US WHERE OVERDOSE RESPONSE SUPPLIES SHOULD BE SHIPPED TO:

Shipping Address		
Street	City/Town	Postal Code
Delivery Days & Times		
Special Instructions		

## PLEASE DESIGNATE SOMEONE AT YOUR SITE TO COMMUNICATE WITH THE BC HARM REDUCTION PROGRAM ABOUT PROGRAM DOCUMENTATION AND REQUIREMENTS.

Facility Overdose Response Box Site Coordinator	Name: _____	
	Email: _____	Phone: _____

# Facility Overdose Response Box Program New Site Agreement



## My organization has:

- addressed issues related to occupational health and safety and other risk issues related to participation in the program.
- the proper policies and procedures in place to support staff in responding to opioid overdoses, including providing guidance for staff not trained/confident in administering naloxone.

## My organization will:

- implement and inform staff of the debriefing process for supporting staff following an overdose response, and additional supports available to them.
- develop an ongoing plan for training staff in overdose prevention, recognition and response, including use of overdose practice drills and refresher trainings to maintain competency.

## I, or my designate, will:

- ensure ongoing compliance with Facility Overdose Response Box Program requirements.
- be accountable to the BC Harm Reduction Program by promptly completing and submitting required documentation after naloxone is used.
- take full responsibility for training staff in overdose prevention, recognition and response including administration of naloxone, and ensuring that staff that administer naloxone meet the required competencies for participating in the program.
- keep records of employees that have completed training and meet required competencies.
- maintain employee competency through practice drills and refresher trainings.
- ensure that all staff have basic training in overdose recognition (signs and symptoms) and response (calling 911 and rescue breathing), even if not trained to administer naloxone.
- ensure that newly hired employees receive training in overdose prevention, recognition and response and have the required competencies before they can administer naloxone.
- take full responsibility for monitoring the contents of the overdose response boxes to ensure adequate supply levels and that the medication has not expired.
- notify BCCDC of changes in Facility Overdose Response Box Program Contact Person or Site Coordinators.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

Organization: \_\_\_\_\_ Site: \_\_\_\_\_

# Facility Overdose Response Box Program Training Agreement



**Organization Name:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

Please indicate at least one educator who has provided training on overdose prevention, recognition and response to your staff.

**Educator Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Educator Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Educator Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**At my site, enough staff have been trained to ensure there is one staff member with the competencies to administer naloxone scheduled for every shift.**

**I will submit the Summary Training Record when all planned staff training is complete.**

**Name (Print):** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

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

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

# Facility Overdose Response Box Program Summary Training Record



Please complete the following form **once you have finished staff training.**

**If additional staff are trained after this record has been submitted, please complete a new record** indicating only individuals trained since the previous record was submitted (i.e. **please do not double count people** – do not count individuals a second time if they are re-trained).

Please submit the form **even if your staff received their training before joining the Facility Overdose Response Box Program.** This information will help us evaluate the Facility Overdose Response Box Program.

**Date Training Began:** \_\_\_\_\_

**Date Form Completed:** \_\_\_\_\_

Please record the number of individuals at your site that have the competencies for participating in the Facility Overdose Response Box Program:

	Managers/ Supervisors	Full-time employees	Part-time/ casual employees	Volunteers/ Students
<b>Total Number Trained:</b>				

Please E-MAIL to [naloxone@bccdc.ca](mailto:naloxone@bccdc.ca) – If you don't have e-mail please fax to 604-707-2516

## FACILITY OVERDOSE RESPONSE BOX PROGRAM – INITIAL Supply Order Form

**\*\*Please allow up to two weeks for order delivery\*\***

- These supplies are intended for *use by staff at registered FORB sites only*.
- We provide both individual-sized fabric kits with 3 doses and hard sided plastic tool boxes with 10 or 20 doses (see image to right).
- If you have had no onsite ODs in the last year or if they are rare we recommend either the 3 dose kit or 10 dose box.
- The 3 dose kits are ideal for outreach workers.
- A large facility may need more than 1 kit/box.
- If you have frequent onsite ODs and would like to order additional naloxone to keep at your site, please email [naloxone@bccdc.ca](mailto:naloxone@bccdc.ca) to arrange



Please complete the initial order below to indicate which overdose response supplies you need for your site. Additional orders will be submitted using the FORB supply re-order form.

Site Name and ID:	Date Submitted:
Contact Name:	Delivery Days & Times:
Shipping Address (Including City and Postal Code): <i>**Shipping is by courier, must be physical location not PO Box**</i>	Phone Number:
Special Delivery Instructions:	

Products	Contents	Quantity
Facility Overdose Response Kit (3 dose)	<ul style="list-style-type: none"> <li>• 3 x Naloxone 1 mL ampoule with plastic ampoule breaker</li> <li>• 3 x VanishPoint® syringe</li> <li>• 1 x individual breathing mask   1 x pair of gloves</li> </ul>	
Facility Overdose Response Box (10 dose)	<ul style="list-style-type: none"> <li>• 10 x Naloxone 1 mL ampoule with plastic ampoule breaker</li> <li>• 10 x VanishPoint® syringe</li> <li>• 10 x individual breathing mask   1 x box of 200 gloves</li> </ul>	
Facility Overdose Response Box (20 dose)	<ul style="list-style-type: none"> <li>• 20 x Naloxone 1 mL ampoule with plastic ampoule breaker</li> <li>• 20 x VanishPoint® syringe</li> <li>• 20 x individual breathing mask   1 x box of 200 gloves</li> </ul>	
Training (loose supplies)	• VanishPoint® syringe	
	• Plastic ampoule breaker	
	• Water ampoule, 1mL	
This form is only for approved sites participating in the Facility Overdose Response Box Program		