

**FORB AND THN PROGRAM:
 REPLACING EXPIRED
 NALOXONE**

ALERT: Naloxone with **Lot # 60785 and 60786** are due to expire on December 31, 2019.

Affected Facility Overdose Response Box (FORB) and Take Home Naloxone (THN) naloxone would have been included in **deliveries** made between:
February through May, 2017.

Naloxone may lose its effectiveness after its expiration date, and therefore additional doses may be required to respond to an overdose. Naloxone is not harmful.

Actions Required by Facility Overdose Response Box (FORB) Program Sites:

Action 1: Check Site Inventory and Advise Staff

- Remove the naloxone ampoules from overdose response boxes and 3-dose blue kits to check the naloxone expiry date.
- To replace expired naloxone ampoules sites should order 'Naloxone ampoule' (see FORB [order form](#) below).

Products	Count	Contents	Quantity Ordered	Quantity Shipped
Facility Overdose Response Box Refill Supplies	1	Naloxone, 0.4 mg/mL, 1 mL ampoule		
	1	Vanish Point® 3 mL syringe		
	1	Plastic ampoule breakers		
	1	Box of 200 non-latex gloves		
	1	Individual breathing mask		

Actions Required by Take Home Naloxone (THN) Sites:

Action 1: Check Site Inventory

- Check label on kit and remove the naloxone ampoules from kit to check the expiry date.
- To replace naloxone in kits with expired ampoules sites should order 'Naloxone Bottles Only' (see THN [order form](#) below).

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Products	Contents	Unit of Issue	Quantity Ordered
Completely Assembled THN Kit	1 x Black case 3 x Naloxone, 0.4 mg/mL, 1 mL ampoule 3 x Vanish Point® 3 mL syringe 1 x 1 x Amber medication bottle with label 3 x Plastic ampoule breakers 1 x Pair of non-latex gloves 3 x Alcohol swabs 1 x Individual breathing mask in pouch	1 kit	_____ Kits
Naloxone Replacement Bottles (to refill used kits)	3 x Naloxone, 0.4 mg/mL, 1 mL ampoule 1 x Amber medication bottle with label 3 x Plastic ampoule breakers Kit ID stickers for re-labelling existing kit	1 bottle	_____ Bottles (Kit Refills Only)
Mock Kit (for training purposes)	1 x Black Case 3 x Water ampoules, 1 mL 3 x Vanish Point® 3 mL syringe 1 x Amber medication bottle with label 3 x Plastic ampoule breakers 1 x Pair of non-latex gloves 3 x Alcohol swabs 1 x Individual breathing mask in pouch	1 kit	_____ Kits maximum: 5
Circle Quantity Required			
Loose Supplies (for replacement kits or training purposes)	Vanish Point® 3 mL syringe		100 200 300
	Plastic ampoule breakers		100 200 300
	Water ampoules, 1 mL		100 200 300
	Individual breathing mask in pouch <i>(Available only for kit refills only, quantity ordered should match quantity of 'Naloxone Replacement Bottles' ordered)</i>		
	OD Survival Guide Brochure – English	50 100 150 200 250 300	
	Box non-latex gloves		
	Good Samaritan Drug Overdose Act Wallet Cards – English	50 100 150 200 250 300	
This form is only for approved sites participating in the Take Home Naloxone program.			

Action 2: Advise Clients

- We recommend displaying the expiry sign clearly in or near your site to advise clients of the upcoming expiry
- Encourage clients to check the naloxone expiry date on the ampoules in their kits, or assist clients in doing so.
- Replace the naloxone ampoules using the options below:

Option 1 – Only replace naloxone ampoules

- Record a kit as being replaced on the [distribution record](#)
 - Mark the reason for replacement as **Expiry**
- Ensure remaining kit components are unused and intact. Replace additional components if necessary. If you have any concerns about the state of the supplies, issue a new replacement kit.
 - 1 pair of gloves
 - 2 alcohol wipes
 - 3 VanishPoint syringes
 - 1 administration information sheet
 - 1 breathing mask
- Indicate the new naloxone expiry date on the outside of the kit or create a new label (see below)
- E-mail or fax the completed distribution record to naloxone@bccdc.ca or 604-707-2516

Option 2 – Replace entire kit

If the kit is damaged and requires replacement, issue a new kit.

Please fax completed distribution records to 604-707-2516

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- Issue a new kit and record on the [distribution record](#)
- Tick 'Replacement Kit'
- Mark the reason for replacement 'Expiry'

Use the Distribution record to indicate the reason for a new kit (whole kit or replacement bottle) was distributed:

toward
THE **heart**.com
BCCDC HARM REDUCTION SERVICES

TAKE HOME NALOXONE: DISTRIBUTION RECORD
Fax/email this form **monthly** to 604.707.2516 or naloxone@bccdc.ca

Site ID# _____ Full Site Name _____ City _____

DATE KIT GIVEN OUT	OD RISK	KIT RECIPIENT DESCRIPTION			NOTES **Optional Site Use** (not required by BCCDC)	
		GENDER	AGE RANGE (YRS)			1 st KIT OR REPLACEMENT
MM/DD/YYYY	<input type="checkbox"/> At risk of OD <input type="checkbox"/> Not at Risk	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> < 19 <input type="checkbox"/> 31-60	<input type="checkbox"/> 19-30 <input type="checkbox"/> > 60	<input type="checkbox"/> 1 st Kit <input type="checkbox"/> Replacement (Last Kit Used) <input type="checkbox"/> Replacement (Other Reason)	Expired

Disposal

- Please dispose of expired naloxone ampoules in a sharps container or through your local pharmacy's medications return program
- Unused and intact supplies in the kit may be used for training purposes
- Any used supplies should be disposed or recycled locally.
- Do not return kits to BCCDC for disposal or label/product replacements.

Please fax completed distribution records to 604-707-2516

Got Naloxone?



Take Home Naloxone Program Kits



Facility Overdose Response Program Kit/Box

CHECK the expiration date

Naloxone in FORB response boxes, blue kits, and THN kits with lot # 60785 and 60786 expires **December 31, 2019**



Rx#
0.4mg/mL
L: 60785/60786 Exp: 2019/12/31
oid overdose. Inject 1mL (1 ampoule)
f no improvement in 3-5 minutes inject
. (1 ampoule) intramuscularly.

REPLACE naloxone in your kits

For Take Home Naloxone (THN) kits, bring your whole kit to:

SITE: _____

Contact Name: _____

Phone Number: _____

Expired naloxone may be less effective = slower OD reversal

STAY SAFE and REPLACE

Please fax completed distribution records to 604-707-2516

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