

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

**ALERT:** Naloxone with **Lot # 70436, 70457 and 70458** are due to expire on June 30<sup>th</sup>, 2020.

Affected Take Home Naloxone (THN) and Facility Overdose Response Box (FORB) sites naloxone may have been included in **deliveries** made between:  
**May 2018 through March 2019.**

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
<b>Facility Overdose Response Box Refill Supplies</b>	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).

## FORB AND THN PROGRAM: REPLACING EXPIRED NALOXONE

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				
Loose Supplies (for replacement kits or training purposes)	<b>Circle Quantity Required</b>						
	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](mailto: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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NALOXONE**

- 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			1 <sup>ST</sup> KIT OR REPLACEMENT	NOTES <b>**Optional Site Use**</b> (not required by BCCDC)
		GENDER	AGE RANGE (YRS)			
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"/> 19-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> > 60	<input type="checkbox"/> 1 <sup>st</sup> 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.

# Got Naloxone?



Facility Overdose Response Program Kit/Box

## CHECK the expiration date

Naloxone in FORB response boxes, blue kits, and THN kits with lot # 70436, 70457 and 70458 expires

**June 30<sup>th</sup>, 2020**



Rx#  
**0.4mg/mL**  
L: 60785/60786 Exp: 2019/12/31  
aid 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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