

Facility Overdose Response Box Program New Site Agreement



This form must be completed by a site manager and E-MAILED to naloxone@bccdc.ca
If you don't have e-mail please fax to (604) 707-2516

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: _____