

**TAKE HOME NALOXONE:
NEW SITE REGISTRATION FORM**

SITE INFORMATION (i.e. the location of the site you are registering)

Site Name:												
Organization Name:												
Address	Street #		Street Name:		Street Type:		Direction:		Unit:		Floor:	
	City:							Postal Code				

SITE COORDINATOR (who the BCCDC will contact about orders or updates)

	First Name	Last Name	Phone Number	Email (required)
Coordinator 1				
Coordinator 2				

SITE DELIVERY ADDRESS (for order deliveries)

Is the address the same as the site information? If YES, skip to delivery instructions

Site Name:												
Address	Street #		Street Name:		Street Type:		Direction:		Unit:		Floor:	
	City:							Postal Code:				

Please note that we review all shipping addresses before approving site registrations, if you have any questions around shipping and deliveries please email naloxone@bccdc.ca

DELIVERY INSTRUCTIONS

Phone Number:		Special Delivery Instructions (ex. buzzer #, side entrance of building):									
Hours of Operation (For Delivery) Note: Delivery Hours are Monday to Friday between 9am and 5pm. Please indicate availability between these hours.	Monday:		Closed for Lunch:								
	Tuesday:		Closed for Lunch:								
	Wednesday:		Closed for Lunch:								
	Thursday:		Closed for Lunch:								
	Friday:		Closed for Lunch:								

****Please E-MAIL this completed form along with the New Site Agreement to naloxone@bccdc.ca or fax to (604) 707-2516****

TAKE HOME NALOXONE: NEW SITE AGREEMENT

Please complete the *required* checklist below:

▪ **Required Training Materials**

- I have reviewed the [Naloxone 101 Course](#) -AND/OR- the [Naloxone Training Manual](#)
I have reviewed the [Naloxone Key Takeaways](#)

About THN Trainers: A Take Home Naloxone trainer can be anyone who has reviewed and understands the the above training materials and who is able to demonstrate the preparation and giving of an intramuscular (IM) injection. Take Home Naloxone trainers, who intend to train others, should also review the following resources:

- [Participant Training Checklist](#)
- [Take Home Naloxone Training Quiz](#)
- [Toward the Heart A-Z Resources](#)
- [SAVE ME Steps to Respond to Suspected Opioid Poisoning](#)
- [Should You Give Naloxone](#)

▪ **Coordinator Roles & Responsibilities**

Coordinator 1 will be the primary contact for all BCCDC correspondence. Coordinator 2 will only be contacted when Coordinator 1 is unreachable by phone or email.

Coordinator 1 Responsibilities:

- I will be the **key point of contact** for BCCDC and will immediately inform the program about:
 - changes in coordinator information
 - changes in physical location or hours of operation
- I will ensure that site staff have received the appropriate training
- I understand that my site may be contacted if there are questions around order volumes

▪ **Reporting:** *distribution data is an important way to evaluate the THN program. Sites will be contacted on an annual basis to complete a survey on the total number of kits given out over a two week period. Sites will receive an invitation to participate with detailed instructions on how to report.*

- [Overdose Response Information Form](#) (help client complete after they use a kit) this can be emailed to naloxone@bccdc.ca or faxed to 604-707-2516

▪ **Setting up your Site**

- The New Site Registration and New Site Agreement form have been completed
- I understand that I will need to submit a THN 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
 - *Please note that this phone number will be public on the Toward The Heart site finder*
 - ▶ If **YES**, which address should be mapped?

Street:	Postal Code:	Phone #:

I have read and understand the Take Home Naloxone Site Agreement, and have completed the checklist above:

Coordinator name (Printed)	Coordinator Signature	Date

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