

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

PRIMARY SITE INFORMATION (Site that will order on behalf of the Satellite site and transfer supplies)

Primary Site Name:			
Primary Site Address:		City:	

SATELLITE SITE INFORMATION

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

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

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

RESPONSIBILITIES

Primary Site	<ul style="list-style-type: none"> Provide THN kits and training supplies, as needed, to the Satellite Site Advise the BCCDC of kits transferred to Satellite Sites using the Kit Transfer Record
Satellite Site	<ul style="list-style-type: none"> Assist clients in completing the Overdose Administration Form found in each kit, where possible

****Please E-MAIL this completed form along with the New Site Agreement to naloxone@bccdc.ca****

****If you do not have e-mail, please fax to (604) 707-2516****

TAKE HOME NALOXONE: SITE AGREEMENT

Please complete the *required* checklist below:

➤ **Setting up your Site**

- ☐ The Primary Site indicated in this form has agreed to order kits on behalf of the satellite site listed in this application

➤ **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 inform the program about:
- changes in: coordinator information (immediately)
 - changes in physical location or hours of operation
- ☐ I will ensure that site staff have received the appropriate training
- ☐ I understand that I will submit my order to my Primary Site for processing on our behalf

- **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

Training & Resources

- ☐ I have reviewed the [Training Manual: Overdose Prevention, Recognition and Response](#)

About THN Trainers: A Take Home Naloxone trainer can be anyone who has reviewed and understands the material in the training manual and who is able to demonstrate the preparation and giving of an intramuscular (IM) injection.

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, please provide an address for public mapping below:

Street:	Postal Code:	Phone Number:

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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