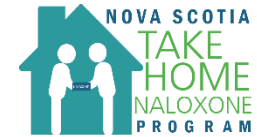




THN Site Registration and Agreement Form



Please fill out ALL PAGES of this form,
email to NSNaloxone@nshealth.ca OR fax to 1-902-567-0651.

Site Identifier			
Site/Location Name:			
Site Information			
Site Address:	Street:		
	City/Town		Postal Code: <input type="text"/>
Phone Number:		Hours of Operation	
Site Access	<input type="checkbox"/> Yes, public may access site <input type="checkbox"/> No, site will services clients of program only		
Site Location disclosure	<input type="checkbox"/> Yes publicly post the site(s) information on the NS Take Home Naloxone Program website <input type="checkbox"/> No do not publicly post the site(s) information.		
Naloxone Kit Delivery Address			
Shipping Address:	Street:		
	City/Town		Postal Code: <input type="text"/>
Phone Number:		Hours of Operation (for delivery)	
Special Delivery Instructions: (e.g. buzzer#)			



THN Site Registration and Agreement Form



Site Staff					
Site Lead (s)	First Name	Last Name	Phone #	Email	Preferred Mode of Communication
Site Lead 1					<input type="checkbox"/> Phone <input type="checkbox"/> Email
Site Lead 2					<input type="checkbox"/> Phone <input type="checkbox"/> Email
Authorized Implementers (Please see Appendix 1 for additional spaces)					
	First Name	Last Name	Email	Regulated or Unregulated	Profession
Implementer 1				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 2				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 3				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 4				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 5				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 6				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 7				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	



THN Site Registration and Agreement Form



Satellite Site Information				
If your organization uses satellite sites, Please list details of all sites receiving supplies from your main THN receiving site:				
Satellite Site Name	Site Address	Site Contact & Phone Number	Site Access	List Site on Website
			<input type="checkbox"/> Public access site <input type="checkbox"/> Program clients only	<input type="checkbox"/> Yes, please List <input type="checkbox"/> No, do Not List
			<input type="checkbox"/> Public access site <input type="checkbox"/> Program clients only	<input type="checkbox"/> Yes, please List <input type="checkbox"/> No, do Not List
			<input type="checkbox"/> Public access site <input type="checkbox"/> Program clients only	<input type="checkbox"/> Yes, please List <input type="checkbox"/> No, do Not List
			<input type="checkbox"/> Public access site <input type="checkbox"/> Program clients only	<input type="checkbox"/> Yes, please List <input type="checkbox"/> No, do Not List
			<input type="checkbox"/> Public access site <input type="checkbox"/> Program clients only	<input type="checkbox"/> Yes, please List <input type="checkbox"/> No, do Not List
			<input type="checkbox"/> Public access site <input type="checkbox"/> Program clients only	<input type="checkbox"/> Yes, please List <input type="checkbox"/> No, do Not List
			<input type="checkbox"/> Public access site <input type="checkbox"/> Program clients only	<input type="checkbox"/> Yes, please List <input type="checkbox"/> No, do Not List
			<input type="checkbox"/> Public access site <input type="checkbox"/> Program clients only	<input type="checkbox"/> Yes, please List <input type="checkbox"/> No, do Not List



THN Site Registration and Agreement Form



All sites must agree to follow the requirements of the Nova Scotia Take Home Naloxone (THN) Program, listed below. This form must be completed by a THN Program Site Lead and signed off by the organizational lead. Please check the boxes below to indicate your agreement with the statement:

- The **Registered Site(s)** agree that **no individual or organization** will be asked to **pay for training or THN kits**.
- Registered Site(s)** agree to offer the THN Program using a **Harm Reduction Approach**, which focuses on making positive changes for people without judgement, coercion, discrimination and does **NOT require** the person to change their substance use.
- The **Site Lead (s) and Authorized Implementers** have reviewed to the current [THN Program Policy](#).
- All **Site Lead(s) and Authorized Implementers** have/will review the product monograph for naloxone before distributing THN Kits.
- All **Site Lead(s) and Authorized Implementer(s)** must **successfully** complete the THN Program **Training and competency** evaluation **with the Program Coordinator, prior to distributing** a THN Program kit **and every 2 years**.
- All **Authorized Implementers** have/will meet with a **Site Lead**, to demonstrate kit distribution prior to training Participants.
- Only **Authorized Implementers** will distribute NS THN kits.
- THN Kits will be provided to **Participants** who request a kit and understand when and why it can be used.
- The **Site Lead(s) and Authorized Implementers** agree to offer training to all **Participants** even if they have carried a naloxone kit in the past.
- Participants** must NOT be pressured into receiving a kit or responding to survey questions.
- Authorized Implementers** will NOT collect or retain any identifiable personal information (including personal health information) from program Participants.
- Authorized Implementers** agree to complete the required Program documentation
NB: Documentation may be **completed online, by mobile device, OR emailing/faxing** the filled pdf/hard copy to the program. If hard copies are used the forms must be destroyed after the Program Coordinator has confirmed they received the forms. If you are unable to immediately fax and/or destroy the form(s), then the Authorized Implementer agrees to store the form(s) in a locked cabinet until this can be done.
- Site Lead(s)** will oversee the documentation and at a minimum report team distribution and product loss (due to expiration/temperature compromise etc) at the end of each month.



THN Site Registration and Agreement Form



- The THN Program **Site Lead(s) and Authorized Implementers** shall keep private, treat as being confidential, and NOT make public, or divulge any information that may be disclosed to them by **Program Participants** while THN Program training and/or kit(s).
- The THN Program **Site Lead(s) and Authorized Implementers** have received Privacy Training as part of their employment.
- If planning to fax documents, the **Site Lead(s)** agrees to pre-program the THN Programs Fax number 1-902-567-0651 into their fax machine to prevent misdirected faxes.
NOTE: you must include the 1 in the fax number even if you are considered local.
- The **Site Lead (s)** agrees to be main contact for the THN Program and will immediately inform the THN Program about:
 - Changes in Site Lead (s)
 - Changes in physical location/site name/contact information
- The **Site Lead (s)** agrees to monitor inventory of supplies and will allow time for shipping to avoid shortages.
 - Supplies are distributed each Monday and may be requested by emailing NSNaloxone@nshealth.ca.
 - Sites will work to keep a 4-to-6-week supply on hand to avoid waste and provide the longest possible expiration dates.

I have read and understand the above information, and have accurately completed the *THN Program Site Registration* and Agreement Form:

Site Lead Name (Print)

Organization/program Leader Name (Print)

Site Lead Signature

Title

Date

Organization/program Leader (Signature)

Date



THN Site Registration and Agreement Form



Appendix 1: Additional Authorized Implementers					
	First Name	Last Name	Email	Regulated or Unregulated	Profession
Implementer 6				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 7				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 8				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 9				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 10				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 11				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 12				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 13				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	
Implementer 14				<input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated	