# This report is required in accordance with the Take Home Naloxone non-government and private services procedures and is designed to identify areas of the program that could be improved, and areas where Participating Services need more support.

Take Home Naloxone Program Non-government private services

**Quarterly Report Template**

# Please complete this report at the end of each quarter and submit via email to [moh-naloxone@health.nsw.gov.au](mailto:moh-naloxone@health.nsw.gov.au), according to the following schedule:

* From 1 July to 30 September and submit the report in the second week of October.
* From 1 October to 31 December and submit the report in the third week of January.
* From 1 January to 31 March and submit the report in the second week of April.
* From 1 April to 30 June and submit the report in the second week of July.

**Service information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | | |
| Service: |  | | |
| Responsible person name: |  | | |
| Responsible person designation: |  | | |
| Responsible person phone: |  | | |
| Responsible person email: |  | | |
| ***Responsible Person:*** | | ***Yes*** | ***No*** |
| Has a different person been appointed as the ‘Responsible Person[[1]](#footnote-1)’?  *If yes, please provide the new Responsible Person’s details in the table above.* | |  |  |

**Naloxone stock reconciliation:**

Please report:

* The number of naloxone units supplied to clients this quarter
* The stock levels remaining on the last day of this quarter

(*E.g. Use the stock control sheets to calculate both supplied and remaining stock*)

|  |  |  |
| --- | --- | --- |
| ***Number of units*** | ***Prenoxad®*** | ***Nyxoid®*** |
| Supplied to clients |  |  |
| Remaining in stock |  |  |

**Program implementation checklist:**

Please complete the following checklist. If you answered ‘No’ to any of the checklist items, please add a comment about what support you need.

|  | ***Yes*** | ***No*** | ***Comments*** |
| --- | --- | --- | --- |
| Only trained and credentialed workers employed/engaged in eligible designations deliver Take Home Naloxone interventions.  (*E.g. Audit a sample of the THN Intervention forms*) |  |  |  |
| Only trained and credentialed workers have access to naloxone stock. (*E.g. Regularly check that the naloxone storage cabinet is securely locked*) |  |  |  |
| Naloxone is labelled without obstructing existing package information. (*E.g. Check that your team understands where to place the labels on naloxone packaging*) |  |  |  |
| A local governance structure[[2]](#footnote-2) for the program is established/maintained. |  |  |  |
| Organisation records are updated to record the workers trained and credentialed this quarter. |  |  |  |
| Take Home Naloxone intervention records are documented and stored correctly. (*E.g. Check that your team understands that completed THN Intervention Forms are stored either in the client record or file or in a specific* *Take Home Naloxone Intervention Folder*) |  |  |  |
| Have new workers been considered for Take Home Naloxone training and credentialing and/or orientated to the Take Home Naloxone program? |  |  |  |

Please describe any reported adverse client incidents (including serious clinical incidents already reported to NSW Health), related to the Take Home Naloxone program:

*Type text here*

|  |  |
| --- | --- |
| Responsible person signature: |  |
| Date: |  |

1. The Responsible Person is named in the Letter of Agreement. This person has accountability for the Take Home Naloxone Program at the service. [↑](#footnote-ref-1)
2. ‘Local governance structure’ refers to systems your organisation utilises to ensure the Take Home Naloxone Program operates in compliance with the *Take Home Naloxone non-government and private services procedures*, and that staff are supported to perform their responsibilities. Structures and processes will vary between organisations. [↑](#footnote-ref-2)