 <p>PRIMARY HEALTH CARE PRACTICE GUIDELINES</p>	Practice Guideline: Emergency Management of Opioid Overdose using Naloxone in Clinic & Naloxone Kit Use (Youth & Adult)	Guideline Number PCPG #17
	Approved By: Community Primary Care Council	Pages: 1 of 8
	Approval Date: March 14, 2017	Supersedes: March 2, 2017

1. **INTENT:**

- To identify an Opioid Overdose emergency response in the Youth and Adult population based on evidence informed practice within a clinic or community setting environment. The goal of treatment is to detect and treat promptly by using Naloxone HCL to eliminate the risk of injury and relieve symptoms quickly to improve an individual's outcomes.
- To provide an [opioid overdose prevention: education and naloxone take home kit distribution service](#) that is evidence informed and aligns with Manitoba Health / Public Health Harm Reduction "Naloxone Take Home Kit" within an interprofessional team to improve opioid overdose outcomes^{1,2}
- To support the Manitoba Health Naloxone Take Home Kit harm reduction approach to ensure that individuals who use psychoactive substances are treated with respect and without stigma, and that substance-related problems and issues are addressed and supported systemically.^{1,2}

2. **DEFINITIONS:**

Opioids Natural (alkaloids derived from opium poppy), semisynthetic or synthetic substances that acts at one of the opioid receptor systems to produce analgesic effects, central nervous system (CNS) depression, and potentially cause euphoria. Examples: natural – morphine, codeine; semisynthetic – heroin, oxycodone, hydrocodone; synthetic – methadone and fentanyl.³

Opioid Overdose Toxicity related to intended or unintended inappropriate use of prescribed opioids or illicit opioid drug use. Classic elements include respiratory and central nervous system depression. If left untreated, it can lead to brain damage, cardiac arrest and death.³

NOTE: High doses of stimulant can also increase the effect of heart function by falsely causing the body to think it needs to work harder and faster to the point of exhaustion and collapse but are not addressed in this guideline.

Naloxone HCL Opioid antagonist or "blocker" which reverses effects of natural, semisynthetic and synthetic opioids, and certain mixed opioid receptor agonist-antagonist analgesics including nalbuphine, pentazocine, butorphanol. Naloxone reverses all effects of opioids – respiratory depression, sedation, analgesia and miosis. Naloxone has no effect in the absence of opioid agents.^{4,5}


Opioid Withdrawal Opiate withdrawal is not life-threatening unless there is a concurrent life-threatening medical condition. Observable signs of withdrawal should be noted before initiation of drug therapy. Characteristic signs and symptoms of opiate withdrawal include pupillary dilation, lacrimation, rhinorrhea, piloerection ("gooseflesh"), yawning, sneezing, anorexia, nausea, vomiting and diarrhea. Seizures do not occur. Onset and duration of withdrawal symptoms and the time of peak occurrence depend on the half-life of the drug involved.³

3. **GUIDELINES:**

ASSESSMENT OF OPIOID OVERDOSE IN CLINIC

Opioid Use History

- Current and past opioid use
- History of any previous overdoses
- History of substance misuse (including medications, alcohol, smoking)
 - Assess current drug use, including prescribed medications, over-the-counter medications, herbal products, and illicit drugs

 <p>PRIMARY HEALTH CARE PRACTICE GUIDELINES</p>	Practice Guideline: Emergency Management of Opioid Overdose using Naloxone in Clinic & Naloxone Kit Use (Youth & Adult)	Guideline Number PCPG #17
	Approved By: Community Primary Care Council	Pages: 2 of 8
	Approval Date: March 14, 2017	Supersedes: March 2, 2017

Physical Assessment

- Individuals may not necessarily be demonstrating symptoms of an opioid overdose or drug intoxication at the time of assessment.

Evidence of substance use may be present, including but not limited to:

- Signs of injection drug use (i.e., track marks)
- Signs of inhalation in oral and nasal mucosa
- Evidence of intoxication during assessment (eg. alcohol, stimulants, depressants, other)

TREATMENT OF OPIOID OVERDOSE IN CLINIC

SAVE ME: An acronym used to describe assessment and management at points of care during an Opioid Overdose. Clinicians should become well versed in “**SAVE ME**”. **S = Stimulate, A= Airway, V =Ventilate E= Evaluate, M= Muscular Injection (or Intranasal) E= Evaluate** ^{2, 5}

Opioid withdrawal and re-overdose risk

Because naloxone blocks opioids from acting, it is possible that it can cause withdrawal symptoms in the setting of daily opioid pain medication use or other opioid tolerance. Side effects of naloxone in reversal of opioid overdose include tachycardia, hypertension, pulmonary edema, pain, chills, fever, nausea, vomiting, sweating, diarrhea, irritability, nervousness, restlessness, tremor, convulsions, rhinorrhea, sneezing. Therefore, after giving someone naloxone the individual may refer to themselves as feeling ‘dopesick’ which is a street term and want to use again right away. **It is very important the individual does not use again until the naloxone wears off so that a re-overdose does not occur.**

For detailed assessment, treatment and after care of an opioid overdose in Clinic please refer to Appendix A: Treatment Guideline for Opioid Overdose and the Manitoba Health [Training Manual: Overdose Prevention, Recognition and Response](#)

3.3 NALOXONE TAKE HOME KITS:

APPOINTMENT BOOKING


Based on the sites approach to service delivery will determine whether to book 1:1 or group appointments. Refer to [CSIS INSITE](#) link to create a new appointment, create a reoccurring appointment or create group appointments.

Clinical Support Staff to search for a pre-existing individual record or register a new client if no record currently exists. Client registration is based on the information found on the Manitoba Health card, and / or:

- **Pre-existing Client:** Search for a pre-existing client record using at least 2 client identifiers (i.e., first & last name and PHIN). From the available search results, validate at least 3 client identifiers to ensure the record belongs to the correct individual. Update any demographic information as necessary.
- **New Client:** If no client record is found after performing a search within the EMR, or a record cannot be validated as the same individual, Clinical Support Staff will register the client with a brand new record.

To book appointment if the individual is not a client of the clinic select from the drop down:

- **Appointment Type: New Client Initial Visit**

 <p>PRIMARY HEALTH CARE PRACTICE GUIDELINES</p>	Practice Guideline: Emergency Management of Opioid Overdose using Naloxone in Clinic & Naloxone Kit Use (Youth & Adult)	Guideline Number PCPG #17
	Approved By: Community Primary Care Council	Pages: 3 of 8
	Approval Date: March 14, 2017	Supersedes: March 2, 2017

o **Reason: Naloxone Kit Assessment and / or Naloxone Kit Education**

If the individual is a client of the clinic select one of the following based on the reason the individual provides at the time of the appointment booking:

- o **Appointment Type: Short or Long**
- o **Reason: Naloxone Kit Assessment and / or Naloxone Kit Education**

NOTE: If individual is not comfortable providing Last Name, First Name or concern related to individual providing an alias do not question the individual book appointment, notify the Clinician & document in the **“Notes”** section. As discretion and judgment is to be reasonable in these matters with the philosophy to defer to patient care. Clinicians can then consider other forms of identification See [PCOG#23 Client Identification](#) when formal patient identification is not available due to extreme circumstances and may jeopardize the individuals care. If the individual is not comfortable or refusing to provide their true identity to request the individual to use the same alias to ensure continuity of care and document same.

Assessing for Therapeutic Suitability of Naloxone

To determine if the individual is a potential risk for opioid overdose, Clinicians could consider completing the Opioid Risk Tool that is embedded within the Opioid Manager located in the EMR **“Forms”** under **“Assessment / Plans”** which assists to assess the overdose risk and opioid factors. If the scores indicates a moderate or high risk factor the Opioid Risk Assessment Tool in depth for the Naloxone Kit to be completed.

To receive a Naloxone Take – Home kit, a focused health history and assessment must be completed in order to ensure therapeutic suitability of this medication. Complete Opioid Risk Assessment Tool for the Naloxone Kit (indepth) located in the EMR **“Forms”** under **“Assessment / Plans”** which contains the necessary clinical components of assessment including:

- o Review the individual's medication, psychoactive drug use, and overdose history and other relevant personal health information
- o Consider potential drug interactions, contraindications, allergies, therapeutic duplications and any other potential problems, such as adverse side effects of drug withdrawal symptoms and irritability
- o Consider the individual's ability to administer the drug appropriately and safely


NOTE: CRNM Regulated Health Professions Act RN, RNAP Reserve Act: Limits and conditions for prescribing or ordering naloxone remain in effect until CRNM provides a Practice Standard for Prescribing Medication to support Schedule II non-prescription naloxone. Current practice remains unchanged within Primary Care.

Entering Naloxone in the Active Medications:

Under the Active Medication section enter Naloxone in the medication search engine. Clinicians will need to scroll to the **“Alternative Health Products”** for the Naloxone Take - Home kits **“Product Name”**.

Alternative (9)
Naloxone HCL Initial (0.4mg/ml) Injection x 3 Ampul (MI) (1 Kit contains 3 Ampules)
Naloxone HCL Renew (0.4mg/ml) Injection x 3 Ampul (MI) (1 Kit contains 3 Ampules)
Naloxone HCL Replacement - Confiscated (0.4mg/ml) Injection x 3 Ampul (MI) (1 Kit contains 3 A
Naloxone HCL Replacement - Expired (0.4mg/ml) Injection x 3 Ampul (MI) (1 Kit contains 3 A
Naloxone HCL Replacement - Kit Damaged (0.4mg/ml) Injection x 3 Ampul (MI) ((1 Kit contain
Naloxone HCL Replacement - Lost (0.4mg/ml) Injection x 3 Ampul (MI) (1 Kit contains 3 Amp
Naloxone HCL Replacement - Other 0.4 mg/ml Injection x 3 Ampul (IM) (1 Kit contains 3 Amp
Naloxone HCL Replacement - Stolen (0.4mg/ml) Injection x 3 Ampul (MI) (1 Kit contains 3 Ar
Naloxone HCL Replacement - Used 0.4 mg/ml Injection x 3 Ampul (IM) (1 Kit contains 3 Amp

Once the Clinician has selected the appropriate Naloxone HCL based on the reason for prescribing, enter the lot number listed on the ampoule within the **“Sig”** of the prescription.

 <p>PRIMARY HEALTH CARE PRACTICE GUIDELINES</p>	Practice Guideline: Emergency Management of Opioid Overdose using Naloxone in Clinic & Naloxone Kit Use (Youth & Adult)	Guideline Number PCPG #17
	Approved By: Community Primary Care Council	Pages: 4 of 8
	Approval Date: March 14, 2017	Supersedes: March 2, 2017

IMPORTANT: Reset the prescription expiry based on the date of the ampoule expiry. This also serves as the next refill date. Do not use the expiry date on the Naloxone kit case. This is when the kit expires and is different from when the ampoules expire.

If resources are available, efforts could be made to contact recipients one month prior to the expiry date of the naloxone and will be made available from the *Naloxone Take Home Kit Tracking Report* from the report server. This may be done by roles other than Registered Nurses (outreach workers, students, primary care assistants).

The resulting script appears as follows:

For more details on step by step instructions See CSIS [Active Medications / Medication Tab Section: Naloxone Kit Tool](#)

REMINDER: As Naloxone is classified as a Schedule II the kits may not be entered into DPIN.

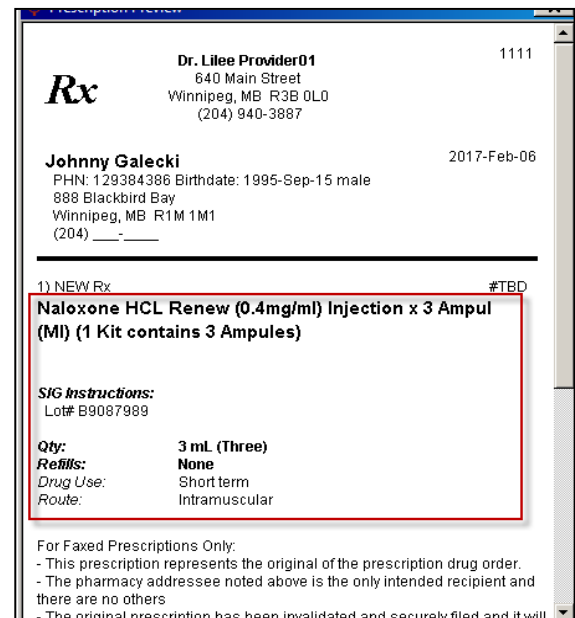
TIP: Clinicians can import these from CSIS prescription favorites See CSIS [Active Medications / Medication Tab: Adding and Exporting Prescription Favorites](#)

Important: Always select the appropriate kit description; (i.e., initial, renew, (replacement stolen, lost etc). As selecting the appropriate reason will result in correct representation to support tracking of Naloxone kits that is required by Manitoba Health.

NOTE: If the Naloxone Take - Home Kit was reported as "Used" the [Opioid Overdose Reporting Form](#) is to be completed by the owner of the kit, someone else who used the kit or the clinical team and sent to Manitoba Health. If the individual refuses to respond to all or any of the questions, indicate the individual declined with an explanation of the reason (if provided) and send the form to Manitoba Health.

If the individual is not comfortable providing information related to the Used Naloxone this should not be considered a factor in providing a replacement kit. As discretion and judgment is to be reasonable in these matters with the philosophy to defer to patient care.

In the rare event the individual experiences a reaction (this could occur with the Overdose Response Form and the Opioid Risk Assessment), consult with a prescriber as the individual may not continue to be eligible for a Naloxone kit as the medication could be contraindicated. However, the kit without the Naloxone could be provide to support step by step instructions that include signs of overdose, how to respond in the event of an overdose and barrier mask and gloves to support resuscitation efforts until EMS arrives.



Rx Dr. Lilee Provider01 1111
640 Main Street
Winnipeg, MB R3B 0L0
(204) 940-3887

Johnny Galecki 2017-Feb-06
PHN: 129384386 Birthdate: 1995-Sep-15 male
888 Blackbird Bay
Winnipeg, MB R1M 1M1
(204) ____-____


1) NEW Rx #TBD

Naloxone HCL Renew (0.4mg/ml) Injection x 3 Ampul (Ml) (1 Kit contains 3 Ampules)

SIG Instructions:
Lot# B9087989

Qty: 3 mL (Three)
Refills: None
Drug Use: Short term
Route: Intramuscular

For Faxed Prescriptions Only:
- This prescription represents the original of the prescription drug order.
- The pharmacy addressee noted above is the only intended recipient and there are no others
- The original prescription has been invalidated and securely filed and it will

 <p>PRIMARY HEALTH CARE PRACTICE GUIDELINES</p>	Practice Guideline: Emergency Management of Opioid Overdose using Naloxone in Clinic & Naloxone Kit Use (Youth & Adult)	Guideline Number PCPG #17
	Approved By: Community Primary Care Council	Pages: 5 of 8
	Approval Date: March 14, 2017	Supersedes: March 2, 2017

FILING: As per WRHA Health Information Management, the Overdose Response Form is to be maintained for a period of 6 months and then shredded, it is not considered part of the individual's electronic medical record as it is being used for Manitoba Health reporting requirements for Epidemiology and Surveillance purposes only.

Educating the Individual and Lay Responders

Education may be provided one-on-one or in group sessions. The mode of education can be tailored to the individual's needs and preferences (i.e., power point presentation, person to person counselling session). The session should be less than 30 minutes in length, unless the individual requires and requests more time. The following educational components are to be covered that are located in Appendix B: Educational Session Tool for the Naloxone Take-Home Kit.

Replacement Naloxone Take - Home Kits

All individuals presenting for replacement naloxone kits should be *offered* an educational refresher session, regardless of the last time the individual received training. Situational counselling needs may arise from witnessing and responding to overdose. Individuals may also be referred to community based counselling services. Refer to the WRHA Stepped Care Service Navigation Guide or the Community Mental Health Resource Guide <https://mbwpg.cmha.ca/>.

If the last health Opioid Assessment was completed in the last 12 months, it does not need to be repeated. If the last Opioid Assessment for the Naloxone Kit was done more than 12 months ago, repeat the Opioid Assessment for the Naloxone Kit to see if there are any significant changes.

For more details on how to complete Naloxone HCL replacement scripts refer to the step by step process [CSIS INSITE](#) tool- Naloxone Kit Prescriptions.

Prescribing and Dispensing Naloxone

Naloxone can only be prescribed and dispensed to the individual under the following conditions:


- Individual demonstrates understanding of appropriate and safe administration. If assessment of knowledge uptake is questionable or unmet **complete a safety plan** with the individual. Educator to consider using a printed resource as a decisional aid (See [Overdose Survival Guide: Tips to Save a Life](#) decisional aid for individuals. Please refer to Manitoba Health Guide (in development) once it is made available.
- It is within the Naloxone Educator's scope of practice to be able to prescribe and dispense under the Regulated Health Professions Act (i.e., Prescriber; Physician, Nurse Practitioner, Physician Assistant & Pharmacist, Dispense; Physician, Nurse Pharmacist)

NOTE: CRNM Regulated Health Professions Act RN, RNAP and RNNP Reserve Act 8: Limits and conditions for dispensing naloxone remain in effect until CRNM provides a Practice Standard for Dispensing Medication to support Schedule II non-prescription naloxone. Current practice remains unchanged within Primary Care.

Manitoba Health Take Home Kit Monitoring and Evaluation

Two data entry elements need to be met to support the [Take-Home Naloxone Kit Tracking Reporting Form](#) - (fillable PDF) to be done from the EMR

- The appointment is booked with the following Types and Reasons indicated as above

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>PRIMARY HEALTH CARE PRACTICE GUIDELINES</p>	<p>Practice Guideline:</p> <p>Emergency Management of Opioid Overdose using Naloxone in Clinic & Naloxone Kit Use (Youth & Adult)</p>	<p>Guideline Number</p> <p>PCPG #17</p>
	<p>Approved By:</p> <p>Community Primary Care Council</p>	<p>Pages: 6 of 8</p>
	<p>Approval Date:</p> <p>March 14, 2017</p>	<p>Supersedes:</p> <p>March 2, 2017</p>

- Select the appropriate reason for Naloxone from either the imported CSIS prescription favorites or **“Alternative Health Products”** this will allow the sites to run a report off the report server for the quarterly Take Home for the Manitoba Health [Take-Home Naloxone Kit Tracking Reporting Form](#) - (fillable PDF)

4. EQUIPMENT AND SUPPLIES:

In Clinic Equipment and Stock Supplies:

Naloxone HCL 0.4 mg/1mL requires three single dose vials / ampoules
 2 retractable VanishPoint® safety syringes (3mL, 25G x 1 inch)
 2 Alcohol swabs
 Ambubag
 Gloves latex free
 (purchased through SAP process)

Naloxone Kit Supplies:

Training supplies will be provided with Take Home Kits: 1 water ampoule, 1 ampoule breaker and 1 Vanish Point syringe Water ampoules = 0.5 mL or 1.0mL ampoules (depending on stock availability) refer to [Manitoba Health Naloxone Kit Order Form](#)
 Supplies for the Naloxone Take – Home Kits refer to [Training Manual: Overdose Prevention, Recognition and Response- Manitoba Health](#)

5. Clinical Team Educational Recommendations:


- Site Leadership to understand the roles and responsibilities with the Manitoba Health criteria and evaluation requirements for the Naloxone Take – Home Program. Distribution Criteria, Naloxone Order Forms and Naloxone Take - Home Kit Tracking form are located at <http://www.gov.mb.ca/fentanyl/service-providers.html>
- [Training Manual: Overdose Prevention, Recognition and Response- Manitoba Health](#) using see one, do one and teach one and provide a return demonstration to the Clinical Lead (Site Champion)
- Treatment Guideline for Opioid Overdose In Clinic Appendix A
- Opioid Assessment for the Naloxone Kit Appendix B to be located in the EMR
- Educational Session Tool for the Naloxone Take – Home Kit Appendix C to be located in the EMR
- [Overdose Response Form](#) - (fillable PDF)
- Naloxone Service Algorithm Individual and Group Appendix D
- HS HR Overdose Naloxone Education for individuals(link)
- A Health Care Provider's Guide to Carfentanil (link)
- [Overdose Survival Guide: Tips to Save a Life](#) decisional aid for individuals. Refer to Manitoba Health Guide (in development) once available

Other Online Resources

- [Manitoba Addictions Helpline](#)
- [Street Connections](#) Note: Overdose & drugs alerts relevant to the Winnipeg Health Region are posted on this website link: streetconnections.ca/alerts to sign up to receive alerts follow this link: <http://eepurl.com/cyKf-9>
- [Toward the Heart](#)
- Refer to distribution locations who provide Publicly Funded Naloxone Take - Home Kits: www.streetconnections.ca or Pharmacies carrying Naloxone Kits in Manitoba for purchase: <http://www.cphm.ca/site/naxolone?nav=public>
- Naloxone HCL Take Home Kits will be stored as per PCOG #14 Medication Storage, Disposal, Restocking and Return

6. APPENDICES:


- APPENDIX A: Treatment Guideline for Opioid Overdose In Clinic
- APPENDIX B: Opioid Assessment for Naloxone Take Home Kit (THK)
- APPENDIX C: Educational Session for the Naloxone Take Home Kit (THK)
- APPENDIX D: Naloxone Service Delivery Algorithm

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>PRIMARY HEALTH CARE PRACTICE GUIDELINES</p>	<p>Practice Guideline: Emergency Management of Opioid Overdose using Naloxone in Clinic & Naloxone Kit Use (Youth & Adult)</p>	<p>Guideline Number PCPG #17</p>
	<p>Approved By: Community Primary Care Council</p>	<p>Pages: 7 of 8</p>
	<p>Approval Date: March 14, 2017</p>	<p>Supercedes: March 2, 2017</p>

SCOPE: Applicable to all WRHA Primary Care Direct Operations Clinics, Teaching Clinics, Quick Care Clinics and WRHA Fee for Service Staff

7. **SOURCE/REFERENCES:**

1. Strike C, Hopkins S, Watson TM, Gohil H, Leece P, Young S, Buxton J, Challacombe L, Demel G, Heywood D, Lampkin H, Leonard L, Lebounga Vouma J, Lockie L, Millson P, Morissette C, Nielsen D, Petersen D, Tzemis D, Zurba N. Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 1. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada. 2013. [CATIE](http://www.catie.ca/sites/default/files/bestpractice-harmreduction.pdf) To see the full version of the Best Practice Recommendations <http://www.catie.ca/sites/default/files/bestpractice-harmreduction.pdf>
2. Harm Reduction Coalition <http://www.catie.ca/sites/default/files/bestpractice-harmreduction.pdf> <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/assessment-stimulation/e> East Coast New York, NY, West Coast Oakland, CA
3. Nelson, L.S., Olsen, D. Opioids. In *Goldfrank's Toxicologic Emergencies (Chapter 38)*. Accessed December 2017 from: <http://accesspharmacy.mhmedical.com.uml.idm.oclc.org/content.aspx?bookid=1163§ionid=65093560>
4. Naloxone Hydrochloride. MICROMEDEX® Last Modified Nov 7th 2016. Accessed Nov 23rd 2016 from <http://www.micromedexsolutions.com/>
5. Naloxone Hydrochloride (AHFS Essentials (Adult and Pediatric)) Lexicomp® last updated: 12/14/16 Accessed March 8, 2017 from: http://online.lexi.com/lco/action/doc/retrieve/docid/essential_ashp/410307
6. Naloxone Hydrochloride eCPS <http://www.e-therapeutics.ca.uml.idm.oclc.org/search> Date of Revision: September 2016
7. Treating Opioid Overdose: BC's Take Home Naloxone Program http://towardtheheart.com/assets/naloxone/train-the-trainer_199.pdf
8. Harm Reduction Coalition <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/assessment-stimulation/>
9. College of Physicians and Surgeons of Manitoba (September 16, 2015). Amendment to Prescribing Principles - Statement 805 for Naloxone. Available at: <http://cpsm.mb.ca/cji39alckF30a/wp-content/uploads/St805.pdf>
10. The Regulated Health Professions Act of Manitoba (S.M. 2009 c. 15), Retrieved from Manitoba Government website: <https://web2.gov.mb.ca/laws/statutes/2009/c01509e.php9>.
11. The Regulated Health Professions Act of Manitoba Consultation panel report retrieved from Manitoba Government website June 15, 2016 http://www.gov.mb.ca/health/rhpa/docs/rhpa_consultation.pdf Reserved Act 8 for RN, RNAP, RN (NP).
12. Manitoba Pharmaceutical Association. (2013). Understanding drug schedules <http://cphm.ca/uploaded/web/Legislation/Practice%20Resources/Understanding%20Drug%20Schedules%20.pdf>
13. [B.C. CDC Non-certified Practice Decision Support Tool](#) BC Centre for Disease Control; Harm Reduction Program (December, 2016)
14. Bennett, T., & Holloway, K. (2012). The impact of take-home naloxone distribution and training on opiate overdose knowledge and response: an evaluation of the THN Project in Whales. *Drugs: education, prevention*

 <p>PRIMARY HEALTH CARE PRACTICE GUIDELINES</p>	Practice Guideline: Emergency Management of Opioid Overdose using Naloxone in Clinic & Naloxone Kit Use (Youth & Adult)	Guideline Number PCPG #17
	Approved By: Community Primary Care Council	Pages: 8 of 8
	Approval Date: March 14, 2017	Supercedes: March 2, 2017

and policy, 19(4), 320-328. Doi: 10.3109/09687637.2012.658104 (adapted from Bennett and Holloway, 2012).
Permission to adopt and adapt these forms has been granted by these parties

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