

Project DAWN Registration Form



Purpose

This form should be completed by opioid education and naloxone distribution programs (OENDPs) in Ohio to register as a Project DAWN (Deaths Avoided With Naloxone) community naloxone distribution program with the Ohio Department of Health (ODH). OENDPs must register as Project DAWN programs to be eligible for ODH-funded naloxone.

Agencies, organizations, or businesses that desire to keep one or more doses of naloxone on the premises to administer in case a suspected overdose occurs, but do not distribute take-home naloxone kits, are not considered Project DAWN programs. These agencies should consider establishing a service entity protocol.

Agencies that provide naloxone to law enforcement or first responders to administer in case a suspected overdose occurs, but do not distribute take-home naloxone kits, are not considered Project DAWN programs.

For questions about this form, please contact ODH at projectdawn@odh.ohio.gov.

Project DAWN Program Requirements

1. Programs may be open to the public, may provide kits to special populations (such as prison inmates only or syringe access program clients only), or a combination.
2. Programs must comply with all Ohio Revised Codes, Ohio Administrative Codes, and pharmaceutical rules and regulations when storing, labeling, documenting, and dispensing naloxone (see page 2).
3. Each program must have a current Terminal Distributor of Dangerous Drugs (TDDD) license from the State of Ohio Board of Pharmacy, unless the agency is exempt according to the Board.
4. Programs may serve any population or geographic area within Ohio. There are no restrictions on the number of Project DAWN programs in each county.
5. Lead agency must be a not-for-profit organization.
6. Lead agency must identify a staff member to fulfill the role of Program Coordinator. This person will be the main point of contact with ODH and will take responsibility for required documentation. The agency must notify the ODH Coordinator promptly of program personnel changes.
7. Programs must register all permanent distribution sites with ODH and notify the ODH Project DAWN Coordinator promptly of any changes. These locations will be posted on the ODH website as a resource to the public. Only locations in Ohio may be considered Project DAWN sites.
8. All individuals who dispense naloxone as part of the program must either be a licensed prescriber, or be authorized to personally furnish naloxone under a protocol signed by a physician.
9. Naloxone funded by ODH must be provided at no cost to the client.
10. Programs may not bill client insurance for naloxone funded by ODH, but may bill insurance for naloxone funded through other sources.
11. A client intake form must be completed for every naloxone kit dispensed and data submitted to ODH according to established procedures.

12. Programs must report distribution data to ODH according to established procedures, including number of kits distributed; number of persons trained; and number of known overdose reversals.
13. Programs must advise all clients to call 911 every time that naloxone is administered.
14. Training provided to program clients must be described in the naloxone protocol. Each program may determine the length, content, and format of training (verbal, video, written material). ODH encourages programs to tailor training to meet the needs of the program and the client. Training may include:
 - Risk factors for overdose
 - How to recognize an overdose
 - How to respond to an overdose, including naloxone administration
 - Information about naloxone

Select Ohio Laws on Community Naloxone Distribution

ORC 2925.61 Lawful administration of naloxone.

ORC 3707.562 Administration of naloxone; protocol.

ORC 4729.514 Procurement of naloxone by service entity.

ORC 4731.941 Authority to personally furnish supply of naloxone.

ORC 4731.943 Authority for service entity employee, volunteer, or contractor to administer naloxone.

OAC 4729-5-17 Personally furnishing dangerous drugs.

OAC 4729-9-11 Security and control of dangerous drugs.

OAC 4729-9-22 Records of dangerous drugs.

Instructions

Complete the sections below and email to projectdawn@odh.ohio.gov. The Ohio Department of Health will confirm receipt of the form and will notify the agency once the application is approved.

- ☐ Initial Program Registration
- ☐ Update of Existing Program

Lead Agency

Program Coordinator

Secondary Contact (optional)

Distribution Setting(s)

Please select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Jail/Prison | <input type="checkbox"/> Syringe Access Program |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Treatment/Recovery |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Mobile Unit |
| <input type="checkbox"/> Quick Response Team | |

Other: ☐

☐☐

Distribution Site(s)

Please list locations where naloxone is distributed on a regular or ongoing basis. This information will be listed on the ODH website. (Not required if the program distributes naloxone only at events)

Open to
public?

1.				
2.				
3.				
4.				
5.				
6.				

By submitting this registration form, the agency:

1. Certifies that all information provided is correct.
2. Agrees to allow Ohio Department of Health to contact the agency using the information provided on the registration form.
3. Certifies that all personnel who distribute naloxone are authorized to personally furnish pursuant to a physician-established protocol.
4. Will ensure that all distribution sites have a Terminal Distributor of Dangerous Drugs (TDDD) license, unless agency is exempt.
5. Agrees to maintain and report information to ODH according to established procedure, including client intake form data; the number of naloxone kits distributed; number of people trained; and number of known overdose reversals.
6. Agrees to allow Ohio Department of Health to use the information provided on the registration form and supporting documents to track the agency's distribution efforts and conduct other public health and epidemiological surveillance activities.
7. Agrees to update ODH promptly of any changes in the information on this form.
8. Agrees to maintain a copy of the registration, which will include these terms and conditions.
9. Understands this registration shall be updated annually by July 1st.
15. Acknowledges that registering as a Project DAWN program does not guarantee that naloxone will be provided to the agency, and ODH has discretion for determining the statewide distribution of ODH-funded naloxone.

Signature: _____

Name: _____

Date: _____