

# 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 funded by Ohio Department of Mental Health and Addiction Services (Ohio MHAS) 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. However, if the naloxone is distributed as part of a leave-behind program or Quick Response Team, then you would be considered a Project DAWN program.

For questions about this form, please contact ODH at [projectdawn@odh.ohio.gov](mailto:projectdawn@odh.ohio.gov).

## Project DAWN Program Requirements

1. Programs may be open to the public, may provide kits to special populations (such as county jail inmates only or syringe service program clients only), or a combination.
2. Programs must comply with all Ohio Revised Codes, Ohio Administrative Codes, and, if licensed under a Terminal Distributor of Dangerous Drugs license, the pharmaceutical rules and regulations when storing, labeling, documenting, and dispensing naloxone ([see page 2](#)).
3. Programs may serve any population or geographic area within Ohio. There are no restrictions on the number of Project DAWN programs in each county; however, programs within the same area are encouraged to collaborate to maximize resources.
4. Lead agency must be a not-for-profit organization.
5. 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.
6. Programs must register all permanent distribution sites with ODH and notify ODH promptly of any changes. These locations will be posted on the ODH website as a resource to the public unless designated as a private ([see page 5](#)). Only locations in Ohio may be considered Project DAWN sites.
7. 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, physician assistant, or certified nurse practitioner.
8. Programs that dispense naloxone from an automated mechanism (such as a dispensing machine) or place naloxone within a "NaloxBox" for public access must obtain and/or maintain a Terminal Distributor of Dangerous Drugs license.

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 4723.485 Authorization for others to supply naloxone.

ORC 4729.514 Procurement of naloxone by service entity.

ORC 4730.435 Authorization for other individuals to furnish supply of naloxone.

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 4729-5-19-02 Personally furnishing dangerous drugs.

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

OAC 4729-9-22 Records of dangerous drugs.

## Required Project DAWN Reporting Documents

Upon successful registration, programs will receive the below forms and information for reporting. Data are due to ODH on a monthly basis.

- [Monthly Distribution Log](#): Aggregate monthly reporting sheet that reflects number of kits distributed by your program throughout the year.
- [Naloxone Intake Form](#): Individual-level data collected for every person that receives a naloxone kit. This information is submitted to Ohio Department of Health via survey link.

## Instructions

Complete the sections below and email to [projectdawn@odh.ohio.gov](mailto: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

		OH		

## Program Coordinator


## Secondary Contact (optional)


## Third Contact (optional)


## Naloxone Shipping Information (new programs only)

This information will be used to establish your naloxone account with Ohio Pharmacy Services. Please provide the address where you prefer to receive naloxone shipments.

	OH	

## Estimated Monthly Distribution

Please list anticipated number of kits to be distributed per month.

## Distribution Setting(s)

Please select the type(s) of distribution mechanisms/settings/strategies used in your naloxone program:

- |  |  |
|--|--|
| <input type="checkbox"/> Automated Mechanism (dispensing machine)                | <input type="checkbox"/> Mobile Unit **            |
| <input type="checkbox"/> Community Access Points *                               | <input type="checkbox"/> NaloxBox                  |
| <input type="checkbox"/> Corrections/Court System **                             | <input type="checkbox"/> Online/Mail-order         |
| <input type="checkbox"/> Emergency Department/Urgent Care                        | <input type="checkbox"/> Pharmacy                  |
| <input type="checkbox"/> Emergency Medical Services/Law Enforcement Leave-Behind | <input type="checkbox"/> Quick Response Team (QRT) |
| <input type="checkbox"/> FQHC/non-LHD Clinic                                     | <input type="checkbox"/> School/University         |
| <input type="checkbox"/> Hospital System †                                       | <input type="checkbox"/> Street Outreach *†        |
| <input type="checkbox"/> Lay Distribution Network                                | <input type="checkbox"/> Syringe Service Program   |
| <input type="checkbox"/> Local Health Department                                 | <input type="checkbox"/> Treatment/Recovery        |

Other:

## Target Population(s)

Select the population(s) you intend to serve in your program:

- |   |  |
|---|--|
| <input type="checkbox"/> People who use drugs (PWUD)            | <input type="checkbox"/> People in active recovery             |
| <input type="checkbox"/> Friends and family members of PWUD     | <input type="checkbox"/> Students (high school, college, etc.) |
| <input type="checkbox"/> Racial and ethnic minority groups      | <input type="checkbox"/> Educators                             |
| <input type="checkbox"/> People who are displaced/homeless      | <input type="checkbox"/> Healthcare providers                  |
| <input type="checkbox"/> Justice-involved individuals           | <input type="checkbox"/> General public                        |
| <input type="checkbox"/> Survivors of domestic and sexual abuse |  |

Other:

\* Refers to general brick and mortar locations throughout the community, such as churches, libraries, community centers, local businesses, homeless shelters, etc.

\*\* Includes probation, jails, community correctional facilities, drug court, family court, etc.

† Refers to inpatient and outpatient settings, but *not* emergency department distribution.

\*\* Refers to a mobile vehicle that distributes naloxone. If naloxone is furnished through a mobile syringe exchange program, **do not** choose this setting; please categorize as 'Syringe Service Program'.

\*\* Includes hot spot and surge efforts.

## Distribution Site(s)

Please list the permanent location(s) where naloxone is distributed on a regular or ongoing basis. This information will be listed on the ODH website unless marked as "not open to the public". (This is not required if the program distributes naloxone only at events or at sporadic locations in the community) *Note: If your program operates online/mail-order distribution, please only list the site name, county(ies) of service, and direct URL. If servicing all of Ohio, please put "statewide" for county.*

Open to public?

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By submitting this registration form, the agency:

1. Certifies that all information provided is correct.
2. Certifies that agency is a not-for-profit [501(c)] organization.
3. Agrees to allow Ohio Department of Health to contact the agency using the information provided on the registration form.
4. Certifies that all personnel who distribute naloxone are authorized to personally furnish pursuant to an established protocol.
5. Will ensure that all distribution sites have a Terminal Distributor of Dangerous Drugs (TDDD) license, unless agency is exempt.
6. 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.
7. Understands program will be financially responsible for ODH-funded naloxone that is lost or unaccounted for.
8. 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.
9. Agrees to update ODH promptly of any changes in the information on this form.
10. Agrees to maintain a copy of the registration, which will include these terms and conditions.
11. Understands this registration shall be updated annually by January 31st.
12. 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: \_\_\_\_\_