

**PROVIDER AGREEMENT**

**County of San Diego Naloxone Distribution Program**

This is Appendix #02 of Policy #[13466 Overarching Naloxone Distribution Program Policy for County and Non-County Entities](#) and Appendix #02 of Policy #[13381 Naloxone Distribution Program Policy for County of San Diego \(CoSD\) Employees](#).

**Naloxone hydrochloride, otherwise known as Narcan, is distributed by the California Department of Healthcare Services (DHCS) for use by healthcare practitioners and community members to prevent opioid overdose deaths in California. As a condition for receipt of naloxone under the County of San Diego Standing Health Officer Order to Dispense Naloxone Hydrochloride providers must agree to the following conditions:**

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| 1. | For each naloxone kit distributed, provider will provide and track mandatory training to those receiving a naloxone kit in accordance with California Civil Code, § 1714.22, to include the following:<br>(A) The causes of an opioid overdose.<br>(B) How to contact appropriate emergency medical services.<br>(C) How to administer an opioid antagonist.<br>[NOTE: While mouth-to-mouth resuscitation is mentioned in the Civil Code, it is not generally recommended by the American Heart Association during the COVID-19 pandemic] |
| 2. | Provider will keep a monthly inventory of naloxone kits and report the following to the County of San Diego monthly: naloxone kits received, naloxone kits distributed, and make best efforts to track the number of overdose reversals which have taken place through naloxone kits distributed by provider.   |
| 3. | Provider will facilitate naloxone kit distribution to identified clients at risk of overdose, and/or to individuals likely to be in contact with someone at risk of an overdose, as part of the County’s effort to expand community distribution.   |
| 4. | Provider will follow naloxone storage guidelines and dispose of expired naloxone in the manner outlined in the County’s Naloxone Policy and Procedures.   |
| 5. | Provider will develop organizational internal policies and procedures   |
| 6. | Provider will coordinate with the Medical Operations Center (MOC) to renew supplies of naloxone to its site and ensure safe delivery.   |
| 7. | Provider understands that it can order naloxone directly from the DHCS Naloxone Distribution Project and that they are not limited to receiving naloxone directly from the County.  |
| 8. | Provider understands that the requirements described in this document are specific to community naloxone distribution and do not supersede any contractual obligations or other regulatory requirements applicable to provider’s program.   |
| 9. | Provider has assigned one or more staff members to ensure compliance with the conditions above conditions.  |

**Provider’s authorized representative listed below acknowledges that the information in this form is true and correct and that Provider shall comply with the conditions herein.**

<b>Name, title:</b>	<b>Signature:</b>
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**Site/Clinic Name:**

<b>Contact Name:</b>	<b>Phone:</b>
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**Address/City/Zip Code:**

<b>Email Address:</b>	<b>Date:</b>
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