

Naloxone Distribution Program (NDP) Attestation

Organization Name: _____

Name of Primary Contact: _____

Title of Primary Contact: _____

Email of Primary Contact: _____

As the _____ of this facility, that distributes naloxone to individuals at risk of overdose, I attest
Primary Contact's Title
to the following:

1. Our facility has implemented the distribution of naloxone to individuals at risk of overdose as identified through this facility's policy, on or before February 28, 2025. _____ **Initial**

2. I understand that I will need to submit a complete roster of staff names who have completed the necessary training and dates of completion. _____ **Initial**

3. I understand the in-person or online training must cover at minimum the following competency topics:
a. Staff ability to identify and utilize non-stigmatizing language regarding opioids;
b. Staff ability to identify the signs and symptoms of opioid overdose;
c. Staff ability to demonstrate how to administer naloxone based on naloxone product distribution (i.e., intranasal and/or intramuscular application); and
d. Staff ability to identify methods of reducing future risk of opioid overdose. _____ **Initial**

4. I understand that the Naloxone Distribution Program Manager is responsible for hospital/ED NDP operations, including developing and maintaining:
a. A list of all naloxone formulations approved for distribution to patients discharged from the hospital/ED;
b. Institution-specific naloxone kit distribution tracking/logging protocols;
c. Documentation standards for patient records, including patient screening, patient education, and naloxone distributed;
d. Staff education, including evaluation of competency for naloxone administration; and
e. Consultation with the hospital/ED pharmacy director regarding pharmacy regulations that impact their NDP. _____ **Initial**

