

HEALTH ADMINISTRATION REGULATION 2015
APPROVAL UNDER CLAUSE 17(2) - DISCLOSURE OF INFORMATION

I, **A/Prof Sarah Thackway**, Executive Director, Epidemiology and Evidence of the NSW Ministry of Health, pursuant to clause 17(2) of the Health Administration Regulation 2015, hereby approve the release of information described in Schedule 1 below, to Kirsten Buckingham, acting Director, Specialised Supply Section, Dept of Health.

Signed this 24/2 day of 2020 [YEAR]



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A/Prof Sarah Thackway
Executive Director, Epidemiology and Evidence

SCHEDULE 1

De-identified unit record data as follows:

1. A dataset of the THN Pilot Evaluation Data Collection comprising records relating to National Health (Take Home Naloxone Pilot) Special Arrangement 2019 held by the Center for Population Health of the New South Wales Ministry of Health for the period February 2020 to May 2021, including the following fields:

Information required	Field type/format	Suggested text for form/portal
Date of THN supply	Numerical	DD/MM/YYYY
Access site postcode	Numerical	XXXX
Access site type	Single choice	Hospital pharmacy Community pharmacy State health NGO health Other
THN formulation and quantities	Multiple options possible	Phebra Prenoxad pre-filled syringe (1-2) Mundipharma Nyxoid Intranasal spray (1-2) Pfizer Ampoule (1-2) Juno Ampoule (1-2)
Consent statement	Single choice	Participant received PIS and consents for de-identified data to be used for evaluation purposes Y N
Initial supply or refill	Single choice	Have you received this medication before? Initial Refill
Reason for refill	Single choice	Used THN on self Used THN on other Lost/damaged THN N/A
Participant type	Multiple options possible	At risk of experiencing OD At risk of witnessing OD
Source of opioids used	Multiple options possible	Prescribed opioids (e.g. prescribed by your GP for you) Pharmaceutical opioids sourced elsewhere (e.g. morphine, fentanyl) Illicit opioids (e.g. heroin, opium, fentanyl) Witness only (I don't use opioids)
Other medications/substances in use	Free Text up to xx characters	
Brief education/advice provided	Single choice	Y N

Information required	Field type/format	Suggested text for form/portal
Resources provided	Single choice	Y N
Participant postcode	Numerical	XXXX
Gender	Single choice	M F Other
Estimated age range	Single choice	Under 18 18-40 40-60 60+
Staff designation	Free Text	