



TO: All Long-Term Care Home Operators in Ontario

FROM: The Smoke-Free Long-Term Care Homes Project,
Centre for Addiction and Mental Health (CAMH)

RE: Distribution of Free Nicotine Replacement Therapy (NRT)

In partnership with the Ministry of Health Promotion, the Smoke-Free Long-Term Care Homes Project at the Centre for Addiction and Mental Health is pleased to announce that, for a limited time, NRT will be made available to eligible long-term care residents free of charge. Only residents who are prescribed NRT by their attending physician are eligible.

In order to participate in this free NRT distribution initiative, interested LTC facilities must first register using the attached registration form. All three sections must be completed.

Section A requests profile information for the home, including the total number of residents, the number of residents who smoke, and the number of NRT prescriptions that have been filled at the home over the past five months.

In Section B, each home must designate one individual as the primary contact for this initiative. The designate will be responsible for ordering NRT from CAMH and for receiving NRT orders from CAMH. The designate is also responsible for ensuring that NRT is ordered only for residents who have been prescribed NRT by their attending physician. By signing the registration form, the designate confirms their acceptance of these responsibilities.

An authorized signatory for the LTC facility, such as the Executive Director, must then sign off on the registration form in Section C.

Once completed, submit your registration form by fax.

If your facility is also ready to place its first NRT order with CAMH, complete and fax the attached order form along with your completed registration form. Subsequent NRT orders may be placed at any time. Receipt of your form(s) will be confirmed to you by email.

Please note that the only types of NRT currently available through this initiative are the nicotine patch and the nicotine inhaler. We hope to also offer the nicotine gum in the near future.

Any questions should be directed to Louise Walker, Project Manager, by email at louise_walker@camh.net or by phone at 416-535-8501 x4052.

33 Russell Street
 Toronto, Ontario
 Canada M5S 2S1
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Smoke-Free Long-Term Care Homes Project



DISTRIBUTION OF FREE NRT FOR LTC RESIDENTS — REGISTRATION FORM

SECTION A: BASELINE INFORMATION		
Name & Address of LTC Facility:	Total number of residents:	
	Number of residents that smoke (occasionally or regularly):	
	Number of NRT prescriptions filled at your facility during last 5 months (i.e. June 2007 – Oct 2007):	
SECTION B: DESIGNATED LTC HOME CONTACT		
<p>The following individual has been delegated the responsibility for placing NRT orders with CAMH and for receiving NRT orders from CAMH. S/he is responsible for ensuring that received NRT is stored securely (e.g. kept in a locked medication cabinet). S/he is also responsible for ensuring that NRT is ordered only for LTC residents who have been prescribed NRT by an attending physician, and that the quantities ordered are equal to the quantities prescribed.</p>		
Name, Position & Contact Info (phone no. & email address)	Signature	
SECTION C: AUTHORIZED SIGNATORY (e.g. Executive Director)		
<p>As _____ of this LTC facility, I am authorized to and hereby grant permission for the staff and residents of our facility to participate in this initiative.</p>		
Name & Contact Info (phone no. & email address)	Signature	

Fax completed registration form to:

Louise Walker
Manager, Smoke-Free Long-Term Care Homes Project
Centre for Addiction and Mental Health
Fax: 416-260-4205

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DISTRIBUTION OF FREE NRT FOR LTC RESIDENTS — ORDER FORM

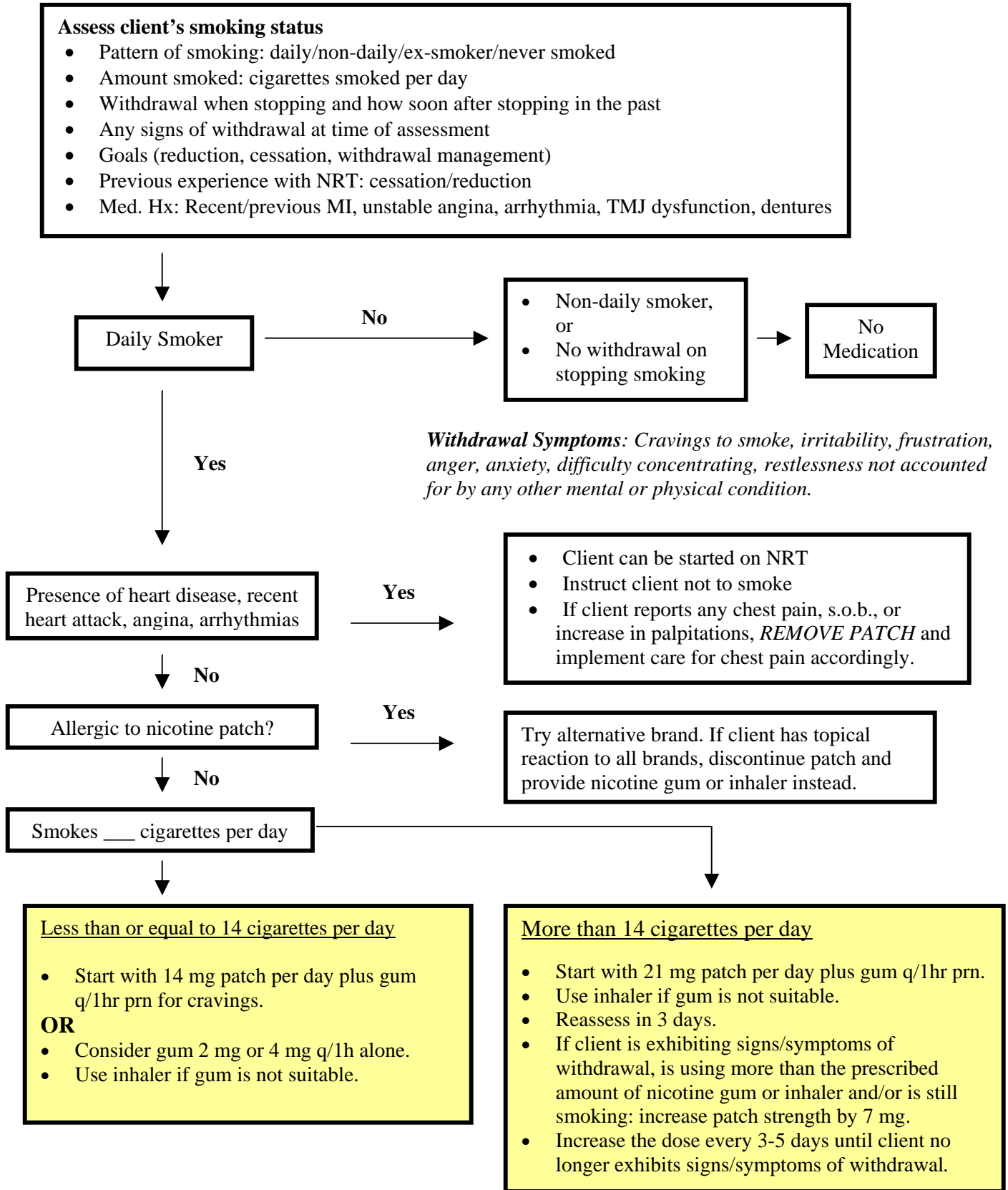
Name & Address of LTC Facility:	Shipping Address (if different):

Resident's Initials	Date of Birth (dd/mm/yy)	Sex (M/F)	Date of NRT Prescription (dd/mm/yy)	Type and amount of NRT requested (please enter number of boxes)					
				21mg patch (box of 7)	14mg patch (box of 7)	7mg patch (box of 7)	2mg gum (box of 105)	Inhaler Starter Pk (Holder plus 30 cartridges)	Inhaler Refill Pk (42 cartridges)
							NOT YET AVAILABLE		
							NOT YET AVAILABLE		
							NOT YET AVAILABLE		
							NOT YET AVAILABLE		
							NOT YET AVAILABLE		
							NOT YET AVAILABLE		
TOTAL:							NOT YET AVAILABLE		

Designated LTC Home Contact:	
Name, Position & Contact Info (phone no. & email address)	Signature
	Date

Fax completed order form to: Louise Walker
 Manager, Smoke-Free Long-Term Care Homes Project
 Centre for Addiction and Mental Health
 Fax: 416-260-4205

DECISION TREE TO ADDRESS NICOTINE WITHDRAWAL



If client has dentures, TMJ dysfunction or is unable to chew nicotine gum, provide the inhaler instead of gum.