## **Appendix 4: AGREE Reporting**

Table 1: AGREE Reporting Criteria

AGREE II Item	
Domain 1. Scope and Purpose	
1. The overall objective(s) of the guideline is (are) specifically described.	See Scope section.
2. The health question(s) covered by the guideline is (are) specifically described.	See Appendix 5 – Systematic Review Methods
3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.	See Scope section.
Domain 2. Stakeholder Involvement	
4. The guideline development group includes individuals from all the relevant professional groups	Information on Guidance Development Group names, disciplines/content expertise, institution, geographical location is available in Appendix 1 - Canadian Take Home Naloxone Program Guidance Report.
5. The views and preferences of the target population (patients, public, etc.) have been sought.	See details on engagement of the target population in the Methods section (Composition of participating groups and Development of recommendations)
6. The target users of the guideline are clearly defined.	See Scope section
Domain 3. Rigour of Development	
7. Systematic methods were used to search for evidence.	See Appendix 5 - Systematic Review Methods
8. The criteria for selecting the evidence are clearly described.	See Appendix 5 - Systematic Review Methods
9. The strengths and limitations of the body of evidence are clearly described.	See Appendix 3 - Systematic Review Findings
10. The methods for formulating the recommendations are clearly described.	See Methods section (Development of recommendations)

Domain 6. Editorial Independence	
21. The guideline presents monitoring and/or auditing criteria.	Not applicable
20. The potential resource implications of applying the recommendations have been considered.	See Implementation section
19. The guideline provides advice and/or tools on how the recommendations can be put into practice.	See Implementation section for plans for knowledge translation
18. The guideline describes facilitators and barriers to its application.	See Implementation section
Domain 5. Applicability	
17. Key recommendations are easily identifiable.	See Table 1 for a summary of recommendations
16. The different options for management of the condition or health issue are clearly presented.	As this guidance does not target management of disease, this criteria is not relevant.
Domain 4. Clarity of Presentation 15. The recommendations are specific and unambiguous.	See Table 1 for a summary of recommendations
<ul> <li>12. There is an explicit link between the recommendations and the supporting evidence.</li> <li>13. The guideline has been externally reviewed by experts prior to its publication.</li> <li>14. A procedure for updating the guideline is provided.</li> </ul>	See Recommendation section See Methods section (External review) While our current funding for this project does not allow for updates to this guidance, we have published details on the questions that the Guidance Development Group deemed important for inclusion in Canadian guidance as well as details on the systematic review methods used to identify relevant published academic and grey literature evidence (Appendix 2: Systematic Review Methods) so that new information can be identified using consistently rigorous methods. (as detailed in the Implementation section).
<ul><li>11. The health benefits, side effects, and risks have been considered in formulating the recommendations.</li><li>12. There is an explicit link between the</li></ul>	See Recommendation section See Recommendation section

Appendix 4, as supplied by the authors. Appendix to: Ferguson M, Rittenbach K, Leece P, et al. Guidance on take-home naloxone distribution and use by community overdose responders in Canada. *CMAJ* 2023. doi: 10.1503/cmaj.230128. Copyright © 2023 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca

22. The views of the funding body have not influenced the content of the guideline.	See funding statement. The views and interests of the funding body did not influence guidance provided.
23. Competing interests of guideline development group members have been recorded and addressed.	See Methods section (Management of competing interests) and the declaration of competing interests for conflict of information for manuscript authors.