

## **EMS Community Partner Naloxone Report**

## <u>Quarter</u>

Q1-April 1 <sup>st</sup> to June 30 <sup>th</sup>
Q2-July 1 <sup>st</sup> to September 30 <sup>th</sup>
Q3-October 1 <sup>st</sup> to December 31 <sup>st</sup>
Q4-January 1st to March 31st

Information to Collect	Client #										
	Example	1	2	3	4	5	6	7	8	9	10
Section 1 – General Information	•	·	·								
1. Date (DD/MM/YY)	29/06/20										
2. Frequency of Client	Repeat (R)										
<ul> <li>NEW (N) – Requires training</li> </ul>											
<ul> <li>REPEAT (R) – Does not require training</li> </ul>											
3. Type of Client	Person (P)										
<ul> <li>PERSON WHO USES OPIOIDS (P)</li> </ul>											
<ul> <li>FRIEND/FAMILY MEMBER OF PERSON</li> </ul>											
WHO USES OPIOIDS (F)											
4. Gender	Male (M)										
MALE (M)											
FEMALE (F)											
OTHER (O)											
5. Age	26										
<ul> <li>Indicate age of the client</li> </ul>											
6. Client Residence	North Bay (NB)										
<ul> <li>NORTH BAY (NB)</li> </ul>											
<ul> <li>WEST NIPISSING (WN)</li> </ul>											
<ul> <li>EAST NIPISSING (EN)</li> </ul>											
<ul> <li>TOWN OF PARRY SOUND (PS)</li> </ul>											
<ul> <li>NORTHEAST PARRY SOUND (NEPS)</li> </ul>											
<ul> <li>SOUTHEAST PARRY SOUND (SEPS)</li> </ul>											
<ul> <li>WEST PARRY SOUND (WPS)</li> </ul>											
OTHER (O)											

Information to Collect	Client #										
	Example	1	2	3	4	5	6	7	8	9	10
Section 2 – Overdose Reporting and Naloxone Ad	lministration		·								
<ul> <li>7. Was naloxone given prior to EMS arriving to today's overdose call? This question is specific to the call you are responding to.</li> <li>YES (Y)</li> <li>NO (N)</li> </ul>	Yes (Y)										
If "yes" to question 7, complete questions 8-11. If		2.									
<ul> <li>8. How many doses of <u>nasal spray</u> <u>naloxone</u> were given <u>prior</u> to EMS arriving to today's overdose call?</li> <li>• Include appropriate number in space provided (0-10)</li> </ul>	2										
<ul> <li>9. How many doses of <u>injectable naloxone</u> were given <u>prior</u> to EMS arriving to today's overdose call?</li> <li>• Include appropriate number in space provided (0-10)</li> </ul>	0										
<ul> <li>10. How many times was 9-1-1 called for the overdose call we are responding to today?</li> <li>Include appropriate number in space provided (0-5; I don't know)</li> </ul>	1										

Information to Collect	Client #										
	Example	1	2	3	4	5	6	7	8	9	10
Section 3 – Naloxone Distribution			·								
<ul> <li>11. How many <u>nasal spray naloxone kits</u> were distributed to the client by your agency?</li> <li>Include appropriate number in space provided (0-10)</li> </ul>	2										
<ul> <li>12. How many injectable naloxone kits were distributed to the client by your agency?</li> <li>Include appropriate number in space provided (0-10)</li> </ul>	0										
<ul> <li>13. How many <u>nasal spray naloxone refills</u> were distributed to the client by your agency?</li> <li>Include appropriate number in space provided (0-10)</li> </ul>	1										
<ul> <li>14. How many injectable naloxone refills were distributed to the client by your agency?</li> <li>Include appropriate number in space provided (0-10)</li> </ul>	0										
15. Additional Notes: Feel free to provide other information related to overdoses, reason for getting naloxone etc. in this space (optional)											