

Naloxone Reporting Instructions – EMS

Please complete one column in the chart per client.

Section 1 – General Information

1. **Date:** Insert date of client interaction (DD/MM/YY) in the space provided
2. **Frequency of Client:** Indicate whether the client is “new” or “repeat” in the space provided
 - New (N) – Have never used naloxone. Requires training
 - Repeat (R) – Has used or been trained to use naloxone. Does not require training
3. **Client Type:** Indicate whether the client is a “person who uses opioids” or “friend/family of person who uses opioids” in the space provided
 - Person who uses opioids (P) – Someone at risk of opioid overdose
 - Friend/family of person who uses opioids (F)
4. **Gender:** Indicate the gender of the client in the space provided
 - Male (M)
 - Female (F)
 - Other (O)
5. **Age:** Indicate the age of the client in the space provided
6. **Client Residence:** Indicate the residence of the client in the space provided
 - North Bay (NB)
 - West Nipissing (WN)
 - East Nipissing (EN)
 - Town of Parry Sound (PS)
 - Northeast Parry Sound District (NEPS) – East of Town of Parry Sound; North of Burk’s Falls (incl. Burk’s Falls)
 - Southeast Parry Sound District (SEPS) – East of Town of Parry Sound; South of Burk’s Falls (not incl. Burk’s Falls)
 - West Parry Sound District (WPS)
 - Other

Section 2 – Overdose Reporting and Naloxone Administration

7. Was naloxone given **prior** to EMS arriving to today’s overdose call? This question is specific to the call you are responding to. Include answer in the space provided
 - Yes (Y) – Complete questions 8-11
 - No (N) – Skip to question 12
8. How many doses of **nasal spray naloxone** were given **prior** to EMS arriving to today’s overdose call?
 - Include appropriate number in the space provided (0-10)
9. How many doses of **injectable naloxone** were given **prior** to EMS arriving to today’s overdose call?
 - Include appropriate number the in space provided (0-10)
10. How many times was 9-1-1 called for the overdose call we are responding to today?
 - Include appropriate number in space provided (0-5; I don’t know)
11. **Overdose Reporting:** If the client said “yes” to seeing or experiencing an overdose, submit an online report and have them answer additional questions (optional)
 - Link: www.myhealthunit.ca/reportanoverdose

Section 3 – Naloxone Distribution

12. How many **nasal spray naloxone kits** were distributed to the client by your agency?
 - Include appropriate number in space provided (0-10)
13. How many **injectable naloxone kits** were distributed to the client by your agency?
 - Include appropriate number in space provided (0-10)
14. How many **nasal spray naloxone refills** were provided to the client by your agency?
 - Include appropriate number in space provided (0-10)
15. How many **injectable naloxone refills** were provided to the client by your agency?
 - Include appropriate number in space provided (0-10)
16. **Additional Notes:** Feel free to provide other information related to overdoses, reason for getting naloxone etc. in this space (optional)

North Bay Parry Sound District

Health Unit



Bureau de santé
du district de North Bay-Parry Sound

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