

OVERDOSE RESPONSE FORM

I. REPORTER INFORMATION

1. DATE FORM COMPLETED (YYYY-MM-DD)	2. SITE NAME
---	---------------------

II. DESCRIPTION OF THE PERSON WHO OVERDOSED (CLIENT DESCRIPTION)

3. SEX <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> OTHER GENDER _____ <input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY
4. AGE (YRS) <input type="radio"/> 11 OR UNDER <input type="radio"/> 12 - 18 <input type="radio"/> 19 - 30 <input type="radio"/> 31 - 40 <input type="radio"/> 41 - 50 <input type="radio"/> 51 - 60 <input type="radio"/> 61 OR OVER <input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY

III. SETTING OF OVERDOSE

5. DATE OF OVERDOSE → (YYYY-MM-DD)	<input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY	6. CITY / TOWN OF OVERDOSE →	<input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY
7. LOCATION OF OVERDOSE			
<input type="radio"/> PRIVATE RESIDENCE <input type="radio"/> HOTEL / MOTEL <input type="radio"/> VEHICLE <input type="radio"/> STREET / ALLEY / PARK <input type="radio"/> COMMUNITY AGENCY / DROP IN <input type="radio"/> PUBLIC WASHROOM <input type="radio"/> BAR / CLUB / FESTIVAL <input type="radio"/> SUPPORTIVE HOUSING / SINGLE ROOM OCCUPANCY <input type="radio"/> SHELTER <input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY <input type="radio"/> OTHER (SPECIFY)			

IV. OVERDOSE DESCRIPTION

8. WHICH OF THE FOLLOWING BEST DESCRIBES HOW THE NALOXONE WAS GIVEN? <input type="radio"/> OWNER OF THE KIT GAVE NALOXONE TO SOMEONE ELSE <input type="radio"/> OWNER OF THE KIT GAVE NALOXONE TO HIM / HERSELF <input type="radio"/> SOMEONE OTHER THAN THE OWNER OF THE KIT GAVE NALOXONE TO THE OWNER OF THIS KIT <input type="radio"/> SOMEONE OTHER THAN THE OWNER OF THE KIT GAVE NALOXONE TO ANOTHER PERSON (NOT THE KIT OWNER) <input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY
9. DID THE PERSON WHO GAVE THE NALOXONE KNOW THE PERSON WHO OVERDOSED? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY

10. WHAT DRUGS WERE REPORTEDLY USED BY THE PERSON WHO OVERDOSED? (CHECK ALL THAT APPLY)
<input type="checkbox"/> MORPHINE <input type="checkbox"/> METHADONE <input type="checkbox"/> ECSTASY <input type="checkbox"/> OXYCODONE <input type="checkbox"/> COCAINE / CRACK <input type="checkbox"/> CRYSTAL METH <input type="checkbox"/> HEROIN <input type="checkbox"/> BENZOS <input type="checkbox"/> CODEINE <input type="checkbox"/> FENTANYL <input type="checkbox"/> DILAUDID <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ALCOHOL <input type="checkbox"/> CARFENTANIL <input type="checkbox"/> RITALIN <input type="checkbox"/> PREFER NOT TO SAY <input type="checkbox"/> OTHER (SPECIFY)

V. EMERGENCY RESPONSE

11. WAS 911 OR LOCAL EMERGENCY NUMBER CALLED?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN	<input type="radio"/> PREFER NOT TO SAY
12. IF NO, REASON 911 WAS <u>NOT</u> CALLED (CHECK ALL THAT APPLY)				
<input type="checkbox"/> NO PHONE	<input type="checkbox"/> WORRIED POLICE WOULD COME	<input type="checkbox"/> THOUGHT PERSON WOULD GET BETTER ON THEIR OWN		
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PREFER NO TO SAY			
<input type="checkbox"/> OTHER (SPECIFY)				
IF 911 WAS CALLED, WHICH FIRST RESPONDERS ARRIVED FIRST?				
<input type="checkbox"/> POLICE	<input type="checkbox"/> FIRE	<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PREFER NOT TO SAY

VI. RESPONDING TO THE OVERDOSE

13. HOW MANY INJECTIONS OF NALOXONE WERE GIVEN?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> OTHER _____
	<input type="checkbox"/> UNKNOWN			<input type="checkbox"/> PREFER NOT TO SAY
14. WHAT OTHER ACTIONS WERE TAKEN? (IF ANY)				
<input type="checkbox"/> STIMULATE (STERNAL RUB / YELLING)	<input type="checkbox"/> CHEST COMPRESSIONS	<input type="checkbox"/> RESCUE BREATHING		
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PREFER NO TO SAY			
15. DID THE PERSON WHO OVERDOSED AND RECEIVED NALOXONE EXPERIENCE ANY NEGATIVE EVENTS?				
<input type="checkbox"/> NO	<input type="checkbox"/> YES, EXPERIENCED MILD WITHDRAWAL SYMPTOMS			
<input type="checkbox"/> YES, EXPERIENCED SEVERE WITHDRAWAL SYMPTOMS	<input type="checkbox"/> YES, WAS AGGRESSIVE			
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PREFER NOT TO SAY			
<input type="radio"/> OTHER (SPECIFY)				
16. DID THE PERSON SURVIVE THE OVERDOSE?				
<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN	<input type="radio"/> PREFER NOT TO SAY	

VII. *** ANSWER THE NEXT QUESTIONS ONLY IF YOU GAVE THE NALOXONE INJECTION ***

17. WAS THIS YOUR FIRST TIME GIVING NALOXONE?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN	<input type="radio"/> PREFER NOT TO SAY
18. DID YOU FEEL CONFIDENT GIVING NALOXONE?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN	<input type="radio"/> PREFER NOT TO SAY
19. WERE THE KIT CONTENTS EASY TO ACCESS AND USE?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN	<input type="radio"/> PREFER NOT TO SAY
20. WHAT (IF ANYTHING) WOULD PREPARE YOU BETTER FOR RESPONDING TO AN OVERDOSE? (SPECIFY)				

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT
 AT MANITOBA HEALTH, SENIORS AND ACTIVE LIVING

AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666