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NYSDOH Opioid Overdose Prevention Initiative

Community Naloxone Usage Form

Purpose: This form is to serve as a collection tool for program staff. Program staff are required to enter the information into the NYSDOH Opioid Overdose Prevention Program System's electronic DOH sanctioned form.

On what day was the naloxone used?
If naloxone was used on more than one day, please submit a separate report for each use. If you don't know the precise date, choose one that you think is close.

Date naloxone used:

Do you know the zip code where the overdose happened?

Yes: Zip Code:

No: County/Borough & Town

Outside NYS

Did the person who overdosed survive? (choose one) Yes ◯ No ◯ Don't know ◯

(Check all that apply.) Select the type of naloxone used and the number of doses given.

☐ **Narcan™ Nasal Spray, Doses:**

- ☐ 1 Dose
- ☐ 2 Doses
- ☐ 3 Doses
- ☐ 4 Doses
- ☐ More than 4 Doses
- ☐ Don't Recall

Did anyone else also give naloxone for this same overdose? (choose one) Yes ◯ No ◯ Don't know ◯

(check all that apply) Were they

- ☐ Police
- ☐ EMS
- ☐ Fire Fighter
- ☐ Another civilian witness or bystander
- ☐ Other

Do you know what type of naloxone they used? Yes ◯ No ◯

(Check all that apply) What did they use (formulation & doses)?

☐ **Narcan™ Nasal spray doses:**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4
- ☐ Don't Recall

☐ **Intramuscular injection generic doses:**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4
- ☐ Don't Recall

☐ **Nasal spray generic doses:**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4
- ☐ Don't Recall

☐ **Evzio Autoinjector doses:**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4
- ☐ Don't Recall

☐ **Other**

Was 911 called? (choose one) Yes ◯ No ◯ Don't know ◯

Was rescue breathing performed before EMS, police or fire fighters arrived? (choose one) Yes ◯ No ◯ Don't know ◯

Were chest compressions performed before EMS, police or fire fighters arrived? (choose one)	Yes ◯	No ◯ Don't know ◯
How old were they? (best guess)	Age:	
Were they	☐ Male ☐ Female	☐ Transgender or gender non-conforming ☐ Unknown Sex ☐ Other
Were they (more than one may be selected)	☐ African-American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latino(a)	☐ Native American ☐ White ☐ Unknown race/ethnicity ☐ Other
(Indicate all that apply) Select which drugs the overdoser is likely to have used.	☐ Heroin ☐ Pain pills ☐ Cocaine ☐ Fentanyl ☐ Benzos	☐ Alcohol ☐ Amphetamine/methamphetamine ☐ Methadone ☐ Don't know ☐ Other

In what kind of place did the overdose happen?

- ☐ Someone's home or apartment
- ☐ Shelter or in a supportive housing setting
- ☐ Agency or facility that provides services, such as a syringe exchange, drug treatment program or social services agency or government office
- ☐ Public place outside (e.g. park; sidewalk, yard)
- ☐ Public place inside, other than a library, secondary school, or college/university/trade school camp us (e.g. restroom, business, train, car)
- ☐ Library
- ☐ Secondary school (e.g. high school, middle school)
- ☐ On a college/university/trade school campus
- ☐ Other

What is the relationship between the person who overdosed and the responder?	☐ Friend or acquaintance ☐ Family ☐ Stranger	☐ Patient or client Prefer not to answer ☐ Don't know ☐ Other (specify)
Has this person experienced an opioid overdose in the past? (choose one)	◯	◯ Don't know ◯
Would you like a replacement NARCAN kit?	Yes ◯	No ◯ After you submit this form, send a text to **631-275-0055** and ask for your replacement kit
Please add any additional comments about this naloxone administration.	Comment:	

Thank you for taking the time to complete this form. All program data submitted are confidential.

Please submit this form electronically OR drop it off to

Islip Terrace Fire Department 264 Beaver Dam Road, Islip Terrace NY 11752