# Overdose report form

**For health professionals**

## Forward to the public health department's confidential fax number (enter fax number)

### **»»** **Details of use on back ««**

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| **Identification of the declarant** | | | |
| Name: |  | Function: |  |
| Organization: |  | Telephone: |  |

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| **Identification of the overdose victim** | | | | | | | | | | | |
| Complete this section **IF**: | * the person agrees to be contacted by a professional from the public health department to provide more details, **OR;** * the public health department is conducting an epidemiological investigation.   The information collected will be treated as confidential. | | | | | | | | | | |
| Last name: |  | | | | | | | | | First name: |  |
| Date of birth: | Year | | | | Month | | Day | |  | Telephone: |  |
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| **Description of event** | | | | | | | | | | | | | | | | | | |
| Date of overdose: | Year | | | | | Month | | Day | | | Approximate time: | | 24-hour format | | | |  | |
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| Location where overdose occurred: | | □ Private residence | | | | | | | | □ Indoor public place | | □ Outdoor public place | | | | | | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/Neighbourhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| The victim used: | | □ Alone | | | | □ In the presence of others | | | | | | □ Don’t know | | | | | | |
| If used in the presence of others, how many persons overdosed? \_\_\_\_\_\_\_\_ 🡺 **Fill out one form per person** | | | | | | | | | | | | | | | | | | |

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| **Description of the victim and symptoms** | | | | | | |
| Gender: | □ M | □ F | Age: \_\_\_\_\_\_\_\_ | | City of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Symptoms: | □ Respiratory distress | | | | □ Altered state of consciousness | □ Myosis |
|  | □ Cyanosis | | | | □ Cardiorespiratory arrest | □ Excessive sweating |
| □ Hyperthermia | | | | □ Heart palpitations | □ Agitation |
| □ Convulsions | | | | □ Hallucinations |  |
| □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Is the person deceased? | | | □ Yes | □ No | □ Don’t know | |

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| **Description of products used** | | |
| **Product, form, appearance, packaging** (e.g.: powdered cocaine, white, packet with X logo) | **Mode of use** (e.g.: swallowed, smoked, injected) | **Source** (city, neighbourhood, Web, other) |
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| **Description of interventions** | | | | |
| Administration of naloxone? | | □ Yes | □ No | □ Don’t know |
| If so, by whom? | □ Peer | □ Community workers | □ Ambulance personnel | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If yes, responded to naloxone? | | □ Yes | □ No | □ Don’t know |
| Presence/intervention of first responders? | | □ Yes | □ No | □ Don’t know |
| Presence/intervention of ambulance personnel? | | □ Yes | □ No | □ Don’t know |
| If transported, to which hospital? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Presence/intervention of police officers? | | □ Yes | □ No | □ Don’t know |

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| **Section reserved for use by the public health department** | | | | | | | | | |
| Date report received at the DSP: | Year | | | | Month | | Day | |  |
|  |  |  |  |  |  |  |  |
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## Confidentiality of data

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| The declarant (health professional) affirms to the person providing the information (victim, witness, other) that all information received will be collected and transmitted in a confidential manner.  The public health department is committed to treating all information as confidential. The form will be received by a confidential fax machine at the offices of the public health department. No data identifying the victim of or witnesses to the overdose will be shared with an external partner. |

## Explanatory notes

Who should report?

This sheet is intended for use by health professionals.

If you are a worker in a community-based organization, you are invited to use the reporting form that has been developed specifically for community actors.

What to report?

The form should be used when the health professional believes the situation is of concern because:

* a large number of persons have overdosed in a short period of time, or;
* the symptoms of the overdose are particularly severe, or;
* the circumstances are unusual.

The form should also be used when the public health department requests reports of overdoses due to a specific situation (epidemiological investigation or other).

If necessary, validate the relevance of filling out a form with the professional on duty at the public health department:

* During office hours: (insert phone number)
* After hours: (insert phone number)

Details about the sections to be filled in

Although it is not mandatory to complete all sections of the form, it is strongly encouraged to provide as much information as possible. Particularly important elements to document are the date of the overdose, the location of the overdose, and a description of the products used.

Date and location of overdose

Information about the date and location of the overdose can make it possible to determine if an overdose outbreak is underway. Additional details that more precisely position the geographic location of the overdose may be helpful if the victim or witness agrees to provide them (e.g., intersection, known public place).

Products used, forms, appearances and packaging

It is important to collect information on all products used prior to the overdose, not just the one that the victim or witness believes caused the overdose. If possible, note additional details about the product and its packaging (e.g.: format, colour, logo, distinguishing marks).

Other relevant information

If necessary, use another sheet of paper to communicate any additional information that may help to better document or improve understanding of the situation.