

Overdose Reporting Form-CONFIDENTIAL

Person's Demographics

Name of School: _____

Person's age: _____ Grade _____ Type: ☐ Student ☐ Staff ☐ Visitor ☐ Volunteer ☐ Other

Name of Casualty: _____

Gender: _____

Signs of Overdose Present

☐ Grey/Pale skin ☐ Lips/fingertips blue, purple or grey ☐ Breathing slowly ☐ Shallow breathing ☐ Weak or absent pulse

☐ Slow pulse ☐ Unconscious ☐ Unresponsive ☐ Pinpoint pupils ☐ Limp body ☐ Loud snoring/gurgling

☐ Other (specify) _____

Suspected Overdose on What Drug (s)?

Suspected Opioid		Substance suspected in Combination With Opioid	
<input type="checkbox"/> Prescription Opioid (for pain) Specify if known _____ <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Codeine <input type="checkbox"/> Buprenorphine/Naloxone <input type="checkbox"/> Don't know <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Methamphetamines/speed	<input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Don't know <input type="checkbox"/> Other (specify) _____

Naloxone Administration Incident Reporting

Date of occurrence: _____ Time of occurrence: _____

Location where casualty was found: ☐ Classroom ☐ Cafeteria ☐ Administrative Office ☐ School Grounds
☐ Bus ☐ Washroom ☐ Gym ☐ Other (specify): _____

Was overdoser conscious before Naloxone was used ☐ Yes ☐ No ☐ Unknown

Was overdoser breathing before Naloxone was used ☐ Yes ☐ No ☐ Unknown

Naloxone administered by: (Name) _____

Position Title: _____

Was this person trained? ☐ Yes by: ☐ Board employee ☐ Health Unit ☐ Other

☐ Other (specify): _____ ☐ No ☐ Don't know

Dose Administration

Time dose #1 was administered _____

Naloxone Lot #: _____ Expiration Date: _____

If a second dose was administered, enter time of dose #2 _____

Naloxone Lot #: _____ Expiration Date: _____

Was a second dose administered at the school prior to the arrival of EMS? ☐ Yes ☐ No ☐ Unknown

Person's Response to Naloxone

☐ Responsive but sedated ☐ Responsive and alert ☐ No response

Post-Naloxone Observations (check all that apply)

☐ None ☐ Seizure ☐ Vomiting ☐ Difficulty breathing ☐ Agitation/irritability ☐ Feeling of withdrawal

☐ Upset ☐ Angry ☐ Combative ☐ Confused ☐ Other (specify): _____

All sections must be completed

What Actions Were Taken	
Prior to Administration	Prior, During, or After Administration of Naloxone
<input type="checkbox"/> Asked loudly "Are you OK?" <input type="checkbox"/> Firmly tapped or shook shoulders <input type="checkbox"/> Pinched fingers <input type="checkbox"/> Called 911 or instructed someone to call <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Recovery Position <input type="checkbox"/> CPR/Automated External Defibrillator <input type="checkbox"/> Chest compressions <input type="checkbox"/> Other (specify): _____

Disposition

911 notified at: (time) _____

Transported to Emergency Department: ☐ Yes ☐ No ☐ Unknown

If no, provide reason (s): _____

If yes, transported via: ☐ Ambulance ☐ Parent/Guardian ☐ Other (specify): _____

If person was a student, when was the parent/guardian notified of naloxone administration: (time and date): _____

Student/Staff/Visitor outcome: _____

All sections must be completed

School Follow-up

☐ Yes ☐ No Parents/guardians advised to follow-up with student's primary care provider or other health care provider

☐ Yes ☐ No Arrangements made to replace Naloxone stock.

Comments:

Information Collection Authorization: In accordance with the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Protection of Health Information Protection Act*. This information is collected under the legal authority of Section 265(1)(d) of the *Education Act* as amended and may be used as necessary for some or all of the following principal administrative purposes related to: The Huron-Superior Catholic District School Board's operation, school programs and educational services, student records, and Ministries of the Government of Ontario. The Board's ['Freedom of Information Policy'](#) and procedural guideline document titled '[Freedom of Information](#)' may be viewed on the Board's website at www.hscdsb.on.ca. Please contact your school Principal, and/or the Privacy Officer, Huron-Superior Catholic School Board, 100 Ontario Ave., Sault Ste. Marie, ON P6B 1E3. Phone: 705-945-5400 | HR@hscdsb.on.ca

Form Completed by: _____ Date: _____

Signature: _____ Title: _____

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Phone number: (____) ____ - ____ Ext: _____

School Name _____

Address: _____

This form is confidential and will stay in the health and safety office for records of administration of Naloxone

All sections must be completed