

New York State Public Safety Naloxone Administration Reporting (Revised: June 17, 2024)

Responding Agency Type: See A) for list of agency types (if you are a law enforcement agency, select "Law Enforcement")

Name of Responding Agency:

Name of Responder Who Administered Naloxone:

Date of Overdose: / /

Time of 911 Call: : : AM PM

Responder Arrival Time: : : AM PM

EMS Arrival Time: : : AM PM

EMS did not arrive

Agency Case Number:

County:

Zip Code:

Perceived Gender: Male Female X Unknown

Age:

Perceived Race: Asian Black Native American White Unknown Other:

Perceived Ethnicity: Hispanic Not Hispanic Unknown

Aided Status Prior to Naloxone:

Breathing: Breathing fast Breathing slow Breathing normally Not breathing

Responsiveness: Unresponsive Responsive and sedated Alert and responsive

Substances Aided Likely to Have Used:

Heroin	Fentanyl	Benzodiazepines	Methamphetamine	Psychedelics
Cocaine/Crack	Buprenorphine	Methadone	Alcohol	Cannabis
Synthetic Cannabinoids	Opioid Pain Pills	Non-Opioid Prescription Pills	Unknown Pills	Unknown Injection
Don't Know	Other (specify):			

Type of Naloxone Used: Intranasal 4mg (Narcan) Intravenous (IV) Intranasal 8mg (Kloxxado) IM (Intramuscular) Intranasal 2mg (Generic) Other (specify):

Was Naloxone Administered by Someone Outside Your Agency: Law enforcement EMS Fire Bystander Unknown No Other (specify):

Total Doses of Naloxone Administered:

Doses by Your Agency Only:

Aided Breathing 5 min After Last Naloxone:

Breathing fast Breathing slow

Breathing normal

Not breathing

Aided Status After Naloxone Administration:

Responsive and alert

Responsive and sedated

Responsive and angry/combative

Unresponsive

Deceased

Other (specify):

Other Actions by Responder:

Yelled	Shook Them	Sternal Rub	Recovery Position	Bag Valve Mask
Mouth to Mask	Mouth to Mouth	Defibrillator	CPR	Oxygen
Transferred care to EMS	Other (specify):			None

Post Naloxone Symptoms:

None

Vomiting

Diarrhea

Sweating, shivering, nausea, runny nose, watery eyes, and/or muscle aches

Lethargy

Disorientation

Respiratory distress

Seizures

Unknown

Other (specify):

Did the Aided Survive:

Yes

No

Don't know

Was the Aided Transported to the Hospital:

Yes

No, aided deceased

No, transport refused

Unknown

Other (specify):

Hospital Destination:

Was Naloxone Left Behind? Yes, for the aided Yes, for a bystander No Unknown Other:

Instructions for Public Safety Personnel

(For all law enforcement and non-EMS fire agencies, regardless of registration status, who may want responders to record information on naloxone administration on paper prior to entering this information electronically)

Step 1:

Use this form and replace any outdated version including version revised 11/2022, 10/2022, and the outdated "New York State Public Safety Naloxone Quality Improvement Usage Report" dated 03/10/2015. Reports no longer need to be sent via email, fax, or mail.

Step 2:

Report all naloxone administration information at www.nyoverdose.org/publicsafety (log-in not required). **New feature:** Before submitting form, up to three emails can be included to receive an electronic, printable, copy. *If your agency needs a copy of all reports submitted, email publicsafetynaloxone@health.ny.gov for assistance.*

Note:

EMS agencies, including EMS fire departments, registered with the Bureau of Emergency Medical Services and Trauma Systems (BEMSATS) that submit prehospital care reports to the State, **will not submit a separate report** through the New York State Public Safety Naloxone Administration Reporting website. Questions on EMS data reporting, email emsdata@health.ny.gov.