

OVERDOSE REPORT FORM

To be sent to the Department of Public Health's confidential fax number: 1 866

867-8026 OR emailed to: mado-declarations.rr17@ssss.gouv.qc.ca

» » Details for use on reverse « «

Identification of reporting individual	
Full name :	Function :
Northern village :	Contact details (tel. or email) :

Identification of overdose victim (the information collected will be treated confidentially)	
Last name :	First name :
File number :	Sex : <input type="checkbox"/> M <input type="checkbox"/> F Contact details (tel. or email) :
Date of birth (yyyy-mm-dd) :	Northern village of residence :

Description of event		
Date of overdose (yyyy-mm-dd) :	Approximate time (24h format) :	Village :
Place of overdose : <input type="checkbox"/> Private home <input type="checkbox"/> Indoor public place <input type="checkbox"/> Outdoor public place <input type="checkbox"/> Other		
The victim was consuming: <input type="checkbox"/> Alone <input type="checkbox"/> In the presence of others	Total number of persons: _____ <input type="checkbox"/> Unknown	
If in presence of others, how many overdosed? : _____	Please fill out one form per individual	
Witness(es) to the event (Name + contact details) :		

Description of victim and symptoms			
Symptoms :	<input type="checkbox"/> Respiratory distress	<input type="checkbox"/> Altered state of consciousness	<input type="checkbox"/> Miosis
	<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Cardiorespiratory arrest	<input type="checkbox"/> Excessive sweating
	<input type="checkbox"/> Hyperthermia (fever)	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Agitation
	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Other : _____
Has the person died? :	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown	

Description of consumed products		
Quantity – packaging – product – form – appearance (Ex.: 3 sachets with X logo containing blue powder)	Way of consuming (Ex.: ingested, snorted, smoked, IV)	Origin (Northern village, South, Web, other)

Description of interventions				
Presence / intervention of first responders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Presence / intervention of police officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Naloxone administration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	# of doses: _____
If yes, by who? <input type="checkbox"/> Inf / Md <input type="checkbox"/> First responders	<input type="checkbox"/> Police officers	<input type="checkbox"/> Community worker	<input type="checkbox"/> Other: _____	
If yes, naloxone response?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Street drug testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

Comments : _____

Section reserved for the use of the Public Health Department
Date of receipt of the report to the PHD (yyyy-mm-dd) :

Confidentiality of collected data

The declarant undertakes to the person providing the information (victim, witness, other) to collect and transmit all the information received confidentially.

The public health department undertakes to treat all information confidentially. The form will be received by email or by confidential fax at the premises of the public health department. No data allowing the victim or witnesses of the overdose to be identified will be transmitted to an external partner.

Explanatory notes

Who can report?

This form is primarily intended for use by health network professionals. It can be used by other types of interveners as needed.

What to report?

Any **situation** considered **unusual or worrying** related to an **overdose of alcohol, drugs or opioids**, either:

- the case of overdose meets a **severity criterion** (e.g.: intubation, hospitalization, death, etc.)
- the **number of overdose cases** is **higher than normal**, or;
- the **symptoms** of overdose are particularly **severe or unusual** for the substance consumed, or;
- the circumstances are **unusual**.

Who to report to?

- **During office hours:** mado-declarations.rr17@ssss.gouv.qc.ca
- **Outside office hours:** On call Public Health physician **1-855-964-2244** or **1-819-299-2990**

Details on the sections to fill out

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 the **description of the products consumed**. The sections on **symptoms** and the **response to naloxone** will also be important in assessing the threat to population health.

Date and place of overdose

Information on the date and location of the overdose can help determine if an overdose outbreak is occurring. Additional details to better geographically locate the overdose location may be helpful if the victim or witness agrees to provide them (e.g.: # of house or other places where the event occurred, known public place, etc.).

Consumed products, shapes, appearances and packaging

It is important to collect information on all products consumed before the overdose, not just the one that the victim or witness says caused the overdose. If possible, note additional details about the product and its packaging (e.g.: format, color, logo, distinctive signs).

Other relevant information

If necessary, use an additional sheet to communicate any additional information that could help to better document and understand the situation.