

## OVERDOSE REPORTING FORM

Send form to Public Health Department's confidential fax number (1 866 867-8026) or by e-mail at:

[mado-declarations.rr17@ssss.gouv.qc.ca](mailto:mado-declarations.rr17@ssss.gouv.qc.ca).

Identification of the declarant	
Full name:	Role:
Community:	Contact details (tel. or e-mail):

Identification of the overdose victim (the information will be kept strictly confidential and destroyed once the investigation is completed)	
Last name:	First name:
File #:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Pregnant woman
Date of birth (yyyy-mm-dd):	Contact details (tel. or e-mail):
	Community of residence:

Description of the event	
Date of the overdose (yyyy-mm-dd):	Approximate time (24hr format):
Community:	
Site of the overdose:	<input type="checkbox"/> Private home <input type="checkbox"/> Public site (indoors) <input type="checkbox"/> Public site (outdoors) <input type="checkbox"/> Other
The victim was using:	<input type="checkbox"/> Alone <input type="checkbox"/> In the presence of other people Total no. of people: _____ <input type="checkbox"/> I don't know
If the victim was using in the presence of other people, how many persons overdosed? _____	<b>Please complete one form for each person who overdosed</b>
Witness(es) to the event (Name and contact details):	
Description of the event (in a few words):	

Description of the victim and the symptoms	
Symptoms:	<input type="checkbox"/> Slow, laboured or absence of breathing <input type="checkbox"/> Altered state of awareness <input type="checkbox"/> Miosis <input type="checkbox"/> Cyanosis <input type="checkbox"/> Cardiorespiratory arrest <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Hyperthermia <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Agitation <input type="checkbox"/> Convulsions <input type="checkbox"/> Hallucinations <input type="checkbox"/> Other: _____
Did the person die?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

Description of the products consumed		
Quantity – packaging – product – form – appearance (e.g., 3 packets of blue powder with an X logo)	Consumption method (e.g., ingesting, snorting, smoking, IV)	Origin/source (Nunavik, South, other)

Description of the interventions	
Presence of / intervention by first responders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Presence of / intervention by police officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Administration of naloxone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know No. of doses: _____
If yes, by whom?	<input type="checkbox"/> Nurse / Md <input type="checkbox"/> First responders <input type="checkbox"/> Police officers <input type="checkbox"/> Community workers <input type="checkbox"/> Other: _____
If yes, reaction to the naloxone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Screening for street drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
If yes, results:	

## Confidentiality of the data gathered

The person reporting commits to the individual providing the information (victim, witness, or other) that all information received will be collected and transmitted confidentially.

The Public Health Department undertakes to process all of the information in a confidential manner and to **anonymize all the data once the investigation is completed.**

## Explanatory notes

### Who's reporting?

All health network professionals (**nurses, doctors, social workers, etc.**), **first responders, police officers** and **community workers**.

### What should be reported?

#### Severe intoxication

(e.g., hospitalization, death, intubation, delirium with hyperactivity and/or extreme aggressivity requiring control/contention measures, administration of naloxone)

#### AND/OR

#### Unusual circumstances or symptoms

(e.g.,  $\geq 2$  cases within a short period, unexpected symptoms given what was consumed, a toxidrome that does not match the reported history)

### Where to report?

- During **office hours**: [mado-declarations.rr17@ssss.gouv.qc.ca](mailto:mado-declarations.rr17@ssss.gouv.qc.ca).
- **Outside of office hours**: On call Public health doctor, at **1 855 964-2244** or **1 819 299-2990**.