



Data Use Agreement for Prehospital Opioid Overdose Reporting



ARIZONA DEPARTMENT OF HEALTH SERVICES

Notice: Pursuant to A.A.C. R9-4-602(A), your entity is required to submit opioid poisoning-related data to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS) in order to identify the extent, frequency, and geographical distribution of opioid/opiate overdoses as a means of monitoring and evaluating the reduction of associated overdoses and deaths; thus constituting a performance improvement and quality assurance initiative not subject to subpoena or civil discovery under A.R.S. § 36-2220, § 36-2221, and § 36-2401 et seq. An example of the mandated reportable data elements is attached for your review.

Complete this form in its entirety and submit to the Bureau of EMS and Trauma System (BEMSTS) via either of the methods below.

Email: Anne.Vossbrink@azdhs.gov

Fax: 602-364-3568 (Attn: Anne Vossbrink)

Entity Point of Contact (POC) Information

Entity POC Name: _____

Entity POC Title: _____

Entity POC Phone: _____

Entity POC Email: _____

Entity Identifying Information

Entity Name: _____

Entity Type: Emergency Medical Services
 Law Enforcement
 Other Health Care Professional

If EMS, do you hold a Certificate of Necessity (CoN)?
 Yes - CoN # _____
 No

Entity Location

Headquarters Address: _____

Headquarters City: _____

Headquarters County: _____

Headquarters Zip Code: _____

Entity Service Area

List all Zip Codes within your entity's service area boundary: _____

Acknowledgement

By signing below, I acknowledge on behalf of my entity identified above, that we will be accessing and submitting data to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS), an electronic database maintained by the Arizona Department of Health Services (ADHS) which holds Personally Identifiable Information (PII) and Protected Health Information (PHI) that is regulated by both state and federal law.

I hereby provide the following assurances and agreement regarding the use and protection of PII/PHI for the purposes of opioid poisoning-related activities: (a) I will safeguard the data from unauthorized access; (b) I will not release any patient-level data and/or individual patient records and/or any part thereof to any unauthorized person for any reason; (c) I will not use the data for any purpose(s) other than the purpose(s) herein described; (d) I will immediately notify the Arizona Department of Health Services in writing upon learning of any data security breach and/or any violation of this agreement.

I have read this document in its entirety; I understand the content of this document; and I have indicated such by affixing my signature below.

Signature: _____ Date: _____

For Bureau Internal Use Only

Date Received:

AZ-PIERS Agency Name:

AZ-PIERS ID #:



Prehospital Opioid Overdose Reporting Tool



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Notice to Reporter: This form is to be used by Ambulance Services, Emergency Medical Services providers, and Law Enforcement agencies for the reporting of out-of-hospital suspected opioid overdoses, out-of-hospital suspected opioid overdose deaths, and out-of-hospital naloxone doses administered. The preferred method of reporting is via the electronic web-based Arizona Prehospital Information and EMS Registry System (AZ-PIERS); however, this paper version can be used if/when use of the electronic version is not feasible.

Please complete this form in its entirety and submit to the Bureau of EMS and Trauma System (BEMSTS) via either of the methods below.

BEMSTS Fax: 602-364-3568 (please include a privacy cover sheet)

BEMSTS Mail: 150 N. 18th Avenue, Suite 540, Phoenix, AZ 85007-3248

Entity/Reporter Information

Entity Name: _____

Entity Type: Emergency Medical Services
 Law Enforcement
 Other Health Care Professional

Incident Information

Unit Notified by Dispatch (if applicable): Date: _____ Time: _____

Incident Number (if applicable): _____

Incident Street: _____

Incident City: _____

Incident County: _____

Incident State: _____

Incident Zip Code: _____

Patient Information

Patient First Name: _____

Patient Last Name: _____

Patient Date of Birth: ___/___/___

Patient Age: _____ Years

Patient Gender: Male
 Female
 Unknown/Other

Patient Race/Ethnicity: (select all that apply)
 American Indian or Alaskan Native
 Asian
 Black or African-American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White
 Other

Naloxone/Narcan Administration (Prior Aid)

1. Was naloxone/Narcan administered prior to you / your entity's arrival?
 Yes (continue to Question 2)
 No (skip to Question 4)
2. For naloxone/Narcan administered prior to you / your entity's arrival, who administered it?
 Emergency Medical Services
 Law Enforcement
 Other Health Care Professional
 Bystander / Layperson
3. How many doses of naloxone/Narcan were administered by the entity identified in Question 2?
 1 dose
 2 doses
 3 doses
 4 doses
 5 or more doses

Naloxone/Narcan Administration (Not Prior Aid)

4. Was naloxone/Narcan administered by you / your entity?
 Yes (continue to Question 5)
 No (skip to Question 6)
5. How many doses of naloxone/Narcan did you / your entity administer?
 1 dose
 2 doses
 3 doses
 4 doses
 5 or more doses

Reason(s) for Suspected Overdose

6. Unresponsive to stimuli? Yes No
7. Pale, clammy skin? Yes No
8. Blue lips and/or fingertips? Yes No
9. Deep snoring or gurgling? Yes No
10. Very infrequent or no breathing? Yes No
11. Slow heartbeat/pulse? Yes No
12. Scene/surroundings suggest drug use? Yes No
13. Notified by bystander of possible drug use? Yes No

Patient Outcome/Disposition

14. What happened to the patient/what was the patient's final disposition?
 Patient transported by EMS to hospital
 Patient transported by law enforcement to hospital
 Patient transported by law enforcement to jail
 Patient refused additional treatment/transport
 Patient fled the scene
 Patient pronounced dead on scene
 Other/Unknown