



Frequently Asked Questions (FAQs)

Prehospital Opioid/Opiate Overdose Reporting Fire, EMS, and Law Enforcement

What is the goal and purpose for law enforcement and first response data collection?

To address the opioid overdose emergency, we are using a public health disease management model. This requires data collection in order to quantify and describe the size of the problem and formulate a plan to address the issue. The data will provide actionable information for directing public health assets and interventions.

What are we required to report?

Generally speaking, mandatory reporting is required for *suspected opioid overdoses, suspected opioid overdose deaths, and naloxone administrations*; but the actual requirement is more nuanced.

- Not every naloxone administration will generate a report. If the naloxone is provided as part of a diagnostic evaluation, say for altered mental status, but the patient's mental status does not change as a result of the administration, a report is not required.
- Suspected opioid overdose is not the same as potential opioid overdose. When an Emergency Medical Care Technician (EMCT) has reason to believe that an individual's condition is likely related to an opioid overdose, then a report should be generated.
- Please err on the side of over-reporting. If you are unsure, then please take a few minutes to make a report.
- Please note that if Arizona Department of Health Services (ADHS) begins to detect the presence of synthetic opioids likely requiring increased naloxone dosing thresholds, this guidance may be updated.

When are we required to report? As in, how long is the acceptable timeline between an incident and when we must submit the report?

Our request of you, and our goal as a Department, is for all reporters to submit a report within 24 hours pursuant to [A.R.S. § 36-783\(D\)](#). We understand that this may not always be possible, but request your assistance in obtaining timely and potentially life-saving data.

Does the 24 hour reporting mandate include weekends?

For the purposes of reporting under Executive Order 2017-04 (Enhanced Surveillance Advisory), if a reportable circumstance occurs on a non-business day, it does not need to be "identified" until the next business day. For example, a reportable circumstance that occurs on a Saturday, would be deemed identified at 8:00 am on the following Monday (if no holiday), thus beginning the twenty-four hour reporting period.

Do all mandated reporting agencies (Fire, EMS, and Law Enforcement) need to establish a Prehospital Opioid/Opiate Overdose Reporting Tool (POORT) account? If so, how?

Yes, all mandated reporting agencies need to establish an account. To do so, please complete the [Data Use Agreement](#) for Prehospital Opioid/Opiate Reporting and submit via one of the methods outlined on the form. Agency-wide account login credentials will then be provided.



Do current AZPIERS users need to sign and submit a Data Use Agreement for Prehospital Opioid/Overdose Reporting?

Yes, current AZPIERS users need to submit a [Data Use Agreement](#).

For AZPIERS users with an electronic patient care report (ePCR) vendor other than the state's enterprise license (indirect AZPIERS users), is there a general timeline for an update to permanently import/map additional fields rather than having to retrospectively complete the worksheet?

We have initiated this process with the vendor in case the Executive Order is extended past 60 days.

We often use naloxone as a diagnostic tool when all other factors are ruled out (i.e. trauma, blood sugar, etc.). For example, early this morning we responded to a cardiac arrest. There was no real suspicion that opioids may have been involved per family, however, the crew gave naloxone more diagnostically. This situation occurs quite frequently, especially in the elderly altered patient. Do we still need to report all of these naloxone uses when it is used diagnostically?

If the administration of naloxone did not have a clinical effect, AND the law enforcement officer (LEO) or EMCT does not suspect that the illness is related to opioid overdose, then reporting is not required.

Please note that if ADHS begins to detect the presence of synthetic opioids likely requiring increased naloxone dosing thresholds, this guidance may be updated.

In a tiered-response situation, who is responsible for reporting a suspected opioid overdose, suspected opioid overdose death, and/or naloxone administration?

Both law enforcement and EMS are mandated to report these events. However, if the EMS agency offers to report on behalf of the law enforcement agency on scene, that would be permissible. If there is any question about whether a report has been completed, BOTH agencies should report. It is critical to have a prehospital report of the event. ADHS is able to collect overlapping reporting and link the data together once reported.

If we deliver a patient to the ER who meets the required reporting points and the hospital is also mandated to report, does EMS also have to report?

EMS must create and submit a report. Each provider type submits unique information into different systems (in this case AZPIERS and MEDSIS). The prehospital record and hospital record get linked on our back-end to create a report with outcomes. In addition, there will also be many patients that may be encountered by EMS or hospital but not both.

Questions about Naloxone Training:

Is current Cardiopulmonary Resuscitation (CPR) certification required for law enforcement officers to attend the [free naloxone training](#) and to receive naloxone vouchers?

No. While the Medical Direction Commission included current CPR certification as a requirement in their guidance document published in 2015, for the purposes of the current training opportunity, ADHS will offer a CPR overview free of charge. ADHS encourages any first responder to maintain current CPR at all times.

If CPR certification is not required but a basic CPR overview is provided during the free classes, can I get written authorization to train to the same standard for future Arizona Department of Public Safety (ADPS) LEO Naloxone classes or will the prerequisite be required?

It is anticipated that the Medical Direction Commission will be updating the curriculum, and may reconsider the CPR prerequisite at its upcoming session.

Can ADPS partner with ADHS for future classes and take part in the free naloxone voucher after June 30, 2017?

If resources permit, we would welcome that opportunity.