ARIZONA DEPARTMENT
OF HEALTH SERVICES

Opioid Overdose Related Events
Healthcare Facility Reporting Guidance

May 11, 2022

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Version	Version Date	Description
1	5/11/2022	First publication

Introduction

Prescription opioids and illegal opioids like heroin are addictive and can be deadly. More than five people die every day from opioid drug overdoses in Arizona. Due to an alarming increase in opioid deaths in 2016, Governor Ducey declared a state of emergency on June 5, 2017, which set in motion substantial action to prevent opioid addiction and reduce opioid overdoses in Arizona. After the implementation of the Opioid Action Plan and the Arizona Opioid Epidemic Act, Governor Ducey officially called an end to the public health emergency on May 29, 2018. While the emergency rulemaking that required reporting of opioid overdoses expired in the spring of 2018, the fight to save lives and turn the tide on the opioid epidemic continues. The final rules for ongoing reporting of opioid-poisoning related events went into effect on April 5, 2018, under Arizona Administrative Code (A.A.C.) R9-4 Article 6. Suspected opioid drug overdose reporting remains in effect and is required by law.

Definitions and Descriptions

What is considered a drug overdose?

Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.

What is considered an opioid overdose?

An opioid overdose, as defined in A.A.C. R9-4-601, means respiratory depression, slowing heart rate, or unconsciousness or mental confusion caused by the administration, including self-administration, of an opioid to an individual.

Exposure Description

Overdoses attributable to opioids typically occur through the following routes:

- Ingestion (eating or swallowing)
- Injection (intravenous or intramuscular)
- Transdermal absorption (absorbed through the skin, e.g., skin patches)
- Inhalation via aerosolization

Any of these exposure routes can potentially result in a variety of symptoms that can include the rapid onset of life-threatening respiratory depression.

Clinical Description

Clinical effects of opioid poisoning result from central nervous system and respiratory system depression manifesting as:

- Falling asleep (lethargy), loss of consciousness or unresponsiveness to stimuli, or altered mental status
- Slow, shallow breathing (hypopnea) or decreased respiratory rate (bradypnea)
- Choking or gurgling sounds
- Small, constricted "pinpoint pupils" (miosis)
- Bluish nails or lips or skin that is pale, blue, or cold (cyanosis)

Biologic Laboratory Criteria

Detection of opioids (any level) including natural (e.g., morphine, codeine), semi-synthetic (e.g., heroin), and synthetic (e.g., fentanyl or fentanyl analogs), or opioid metabolites (e.g., 6-monoacetylmorphine) in a clinical specimen (e.g., urine, serum, or other body fluid) from a toxicology screening or other laboratory test.

Other terms defined in the Arizona Administrative Code or Revised Statutes

“Administrator” means the individual who is a senior leader in a health care institution or correctional facility.

"Behavioral health services" means (per A.R.S. 36-401) services that pertain to mental health and substance use disorders and that are either:

(a) Performed by or under the supervision of a professional who is licensed pursuant to title 32 and whose scope of practice allows for the provision of these services.

(b) Performed on behalf of patients by behavioral health staff as prescribed by rule.

“Business day” means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

“Naloxone” means a specific opioid antagonist that has been used since 1971 to block the effects of an opioid in an individual.

“Neonatal abstinence syndrome” means a set of signs of opioid withdrawal occurring in an individual shortly after birth that are indicative of opioid exposure while in the womb.

Reporting Requirements

Opioid Poisoning-Related Reporting Requirements are described in A.A.C. R9-4 Article 6.

What is considered a suspected opioid overdose?

As defined above and in A.A.C. R9-4-601, an opioid overdose means respiratory depression, slowing heart rate, or unconsciousness or mental confusion caused by the administration, including self-administration, of an opioid to an individual.

Further guidance is provided here for identifying individuals with suspected opioid overdose events. A person meeting any of the criteria below should be reported as an individual with a suspected opioid overdose.

- A person with clinical effects of an opioid overdose (see Clinical Description above)
- A person for whom there is clinical suspicion of a suspected overdose.
- A person whose health care record (including from hospital emergency departments, inpatient, or urgent care centers) contains information about a suspected opioid overdose:
    - This may include mention of opioid overdose in either a diagnosis, active problem, or chief complaint, or
    - Naloxone administration with a successful response or no information about the response.
- A person with a clinical specimen with any detected or positive results for opioids or their metabolites by any laboratory test.

When to report an overdose event?

Under A.A.C. R9-4-602(C), any *suspected* opioid overdose, fatal or not, shall be reported **within 5 business days** after the encounter with the individual with a suspected opioid overdose in a Department-provided format. Reports must be entered into **MEDSIS** (the Medical Electronic Disease Surveillance Intelligence System).

Who is required to report?

Under A.A.C. R9-4-602(C), health professionals or administrators of the healthcare institution, personally or through a representative, are required to report suspected overdose related events with or without fatality.

Additional entities, including first response agencies, pharmacists, and medical examiners are also responsible for reporting suspected opioid overdoses, dispensing of naloxone or another opioid antagonist, or suspected opioid overdose fatalities, per A.A.C. R9-4-602 (A, E, and F). Guidance for these entities is not covered by this document.

Do repeated overdose events for an individual need to be reported?

Each health care encounter should be reported. A new report should be submitted when a person experiences a subsequent overdose that is at least 24 hours after a previous overdose event AND the person experienced clinical improvement or recovery between the events.

In situations when the time frame is less than 24 hours between identified overdose events (e.g., patient presents to an emergency department (ED) for care twice within 24 hours), a new case should be created only when there is information to suggest that the individual used an opioid product again after the previous opioid overdose. For example, in some instances, individuals may be managed in the ED and then "re-dose" themselves almost immediately after discharge. Discovery of such information is considered "intent" and a subsequent overdose would be classified as a new case even if within 24 hours.

Which fields are required?

The following information *must* be entered in order to report in MEDSIS.

- Patient first and last name
- Patient date of birth or age
- Patient sex at birth
- County of a) patient's primary residence (preferred) or b) place of suspected overdose
- Date of symptom onset, suspected overdose or diagnosis (date of encounter may be used)

Additionally, per A.A.C. R9-4-602(C), the following information about the individual and the overdose event are required to be reported:

- Patient's street address
- Patient's race and ethnicity
- Whether the patient survived or died, and the discharge outcome
- Laboratory testing information (type of test, results, date and type of specimen collected, laboratory that performed testing) if diagnosis was laboratory-confirmed
- Whether the patient was prescribed opioids within the previous 90 days, if known
- Whether the patient was administered naloxone prior to arrival
- Whether the patient had experienced prior overdoses, and if so, how many
- Additional details about the suspected opioid overdose, such as location, opioid responsible, intentionality
- Name and contact information for the health professional and the person reporting the case

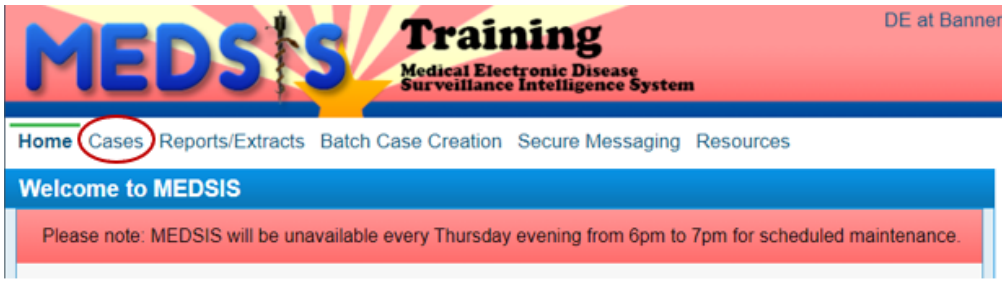
Reporting Best Practices

All suspected opioid overdose events should be entered in MEDSIS. The following information provides additional details about how to report. Contact the medsishelpdesk@azdhs.gov for assistance enrolling in MEDSIS.

Case Entry

The red circles in the figures on the following pages indicate where the user should click in the system. The black boxes indicate required fields. Screenshots may consist of additional data entry and/or comments indicating preferred responses for public health purposes.

1. Click on the "Cases" tab.

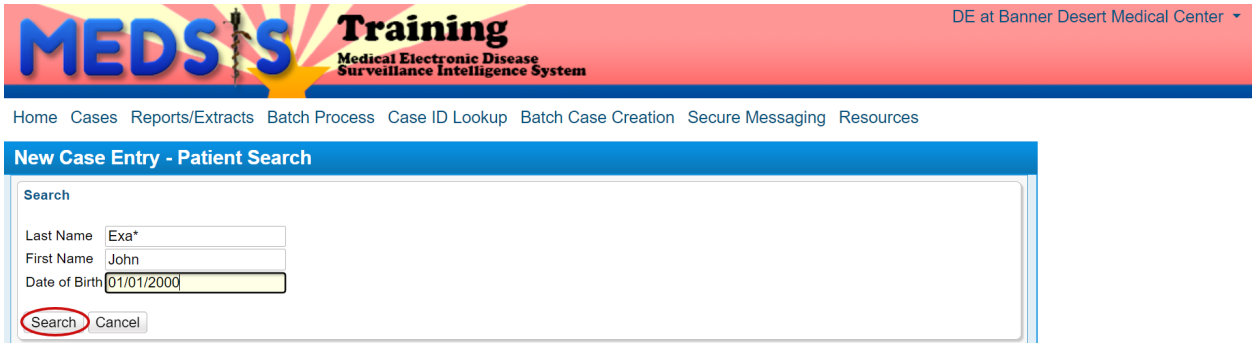


2. Click on the "Enter New Case" button on the right-hand side.

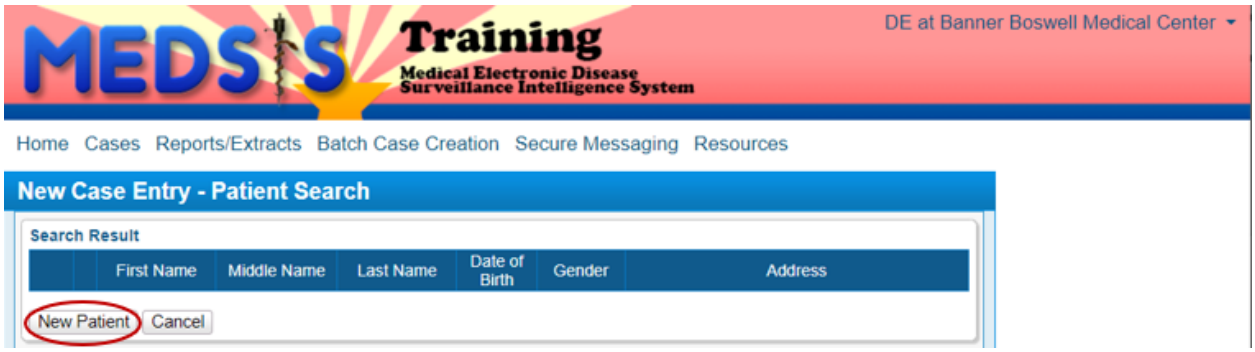
3. Enter the patient's last name, first name, and date of birth.

If the patient has not been identified, enter a partial name and/or medical record number in the name fields. Click "Search". Depending on the results, proceed to step 4 or 5.

**It is recommended that users use a wildcard (*) to broaden the search result to avoid duplicates.*



4. If there is *not* an existing patient record in MEDSIS matching the search criteria, click "New Patient" and proceed to step 6.



5. If there *is* an existing patient record in MEDSIS matching the search criteria, click "Select" next to the patient's name to report a new* overdose event for that patient. The patient details from the existing MEDSIS patient will auto-populate for the new overdose event.

Performing this process correctly reduces patient duplication in MEDSIS. If the existing patient information is missing or outdated, proceed through the remaining steps to enter additional details.

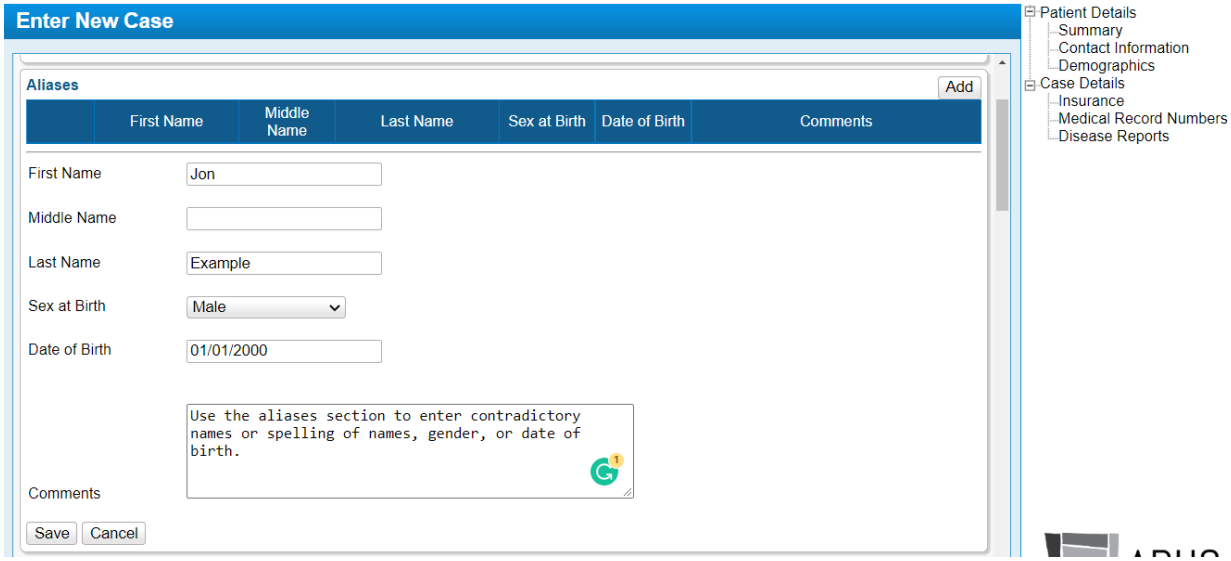
*See **Do repeated overdose events for an individual need to be reported?** for help distinguishing a new overdose event.

6. First name, last name, sex at birth and date of birth are required fields for MEDSIS entry.

Fill in the prefix, middle name, and suffix if available. Select the sex at birth from the drop-down. Enter the date of birth, or utilize the checkbox if the date of birth is unknown.

If the patient cannot be identified by the healthcare facility (e.g., the facility does not know the patient's full name), a partial name and/or medical record number may be entered in the name fields.

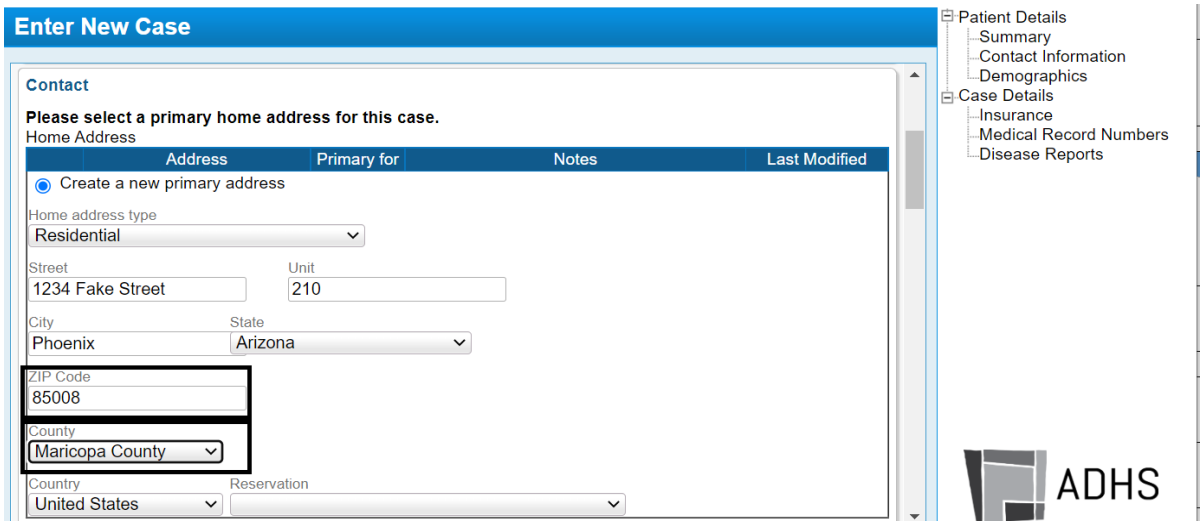
7. Use the aliases section to enter any alternative versions of names (including spelling variations), sex at birth, or date of birth that may exist within the healthcare record.



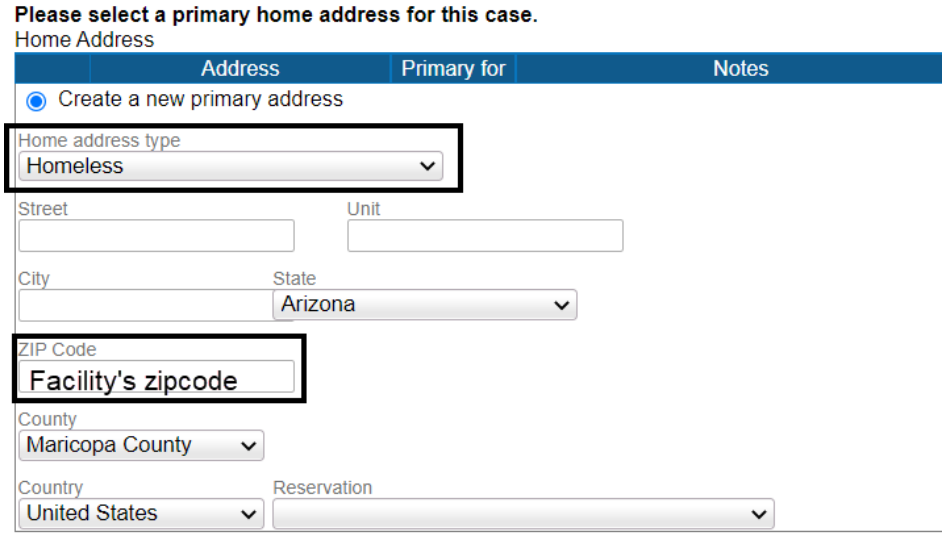
8. Enter the patient's home (residential) address. County is required for MEDSIS entry, and ZIP is strongly requested.

Enter the patient's home address. This should be the place where the patient lives most of the time, and may be different from the person's legal or mailing address.

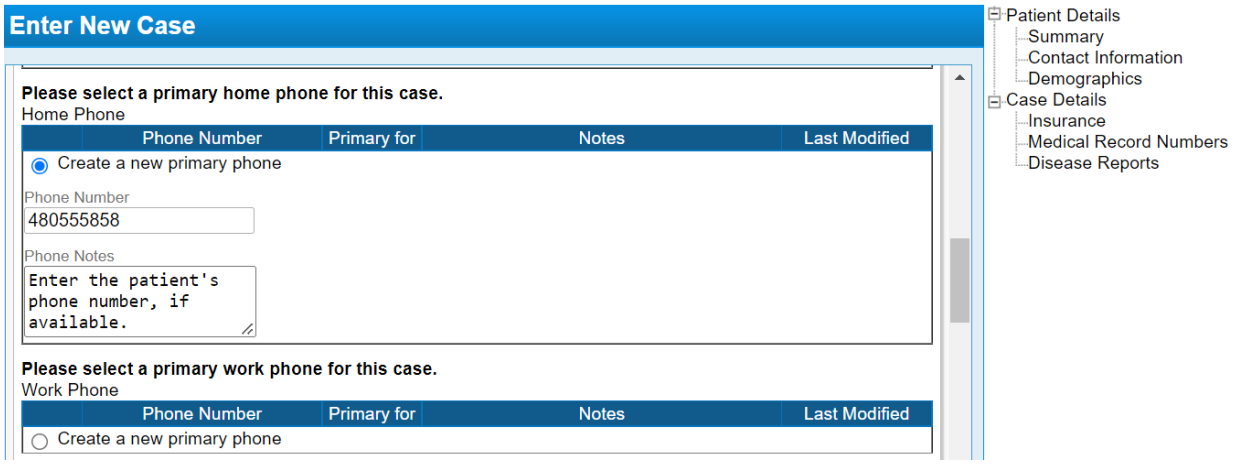
If the patient's home address is unavailable, enter the ZIP Code and County of your facility. DO NOT enter the entire facility address in this section.



Utilize the Homeless dropdown option under the Home address type field if the patient is homeless.

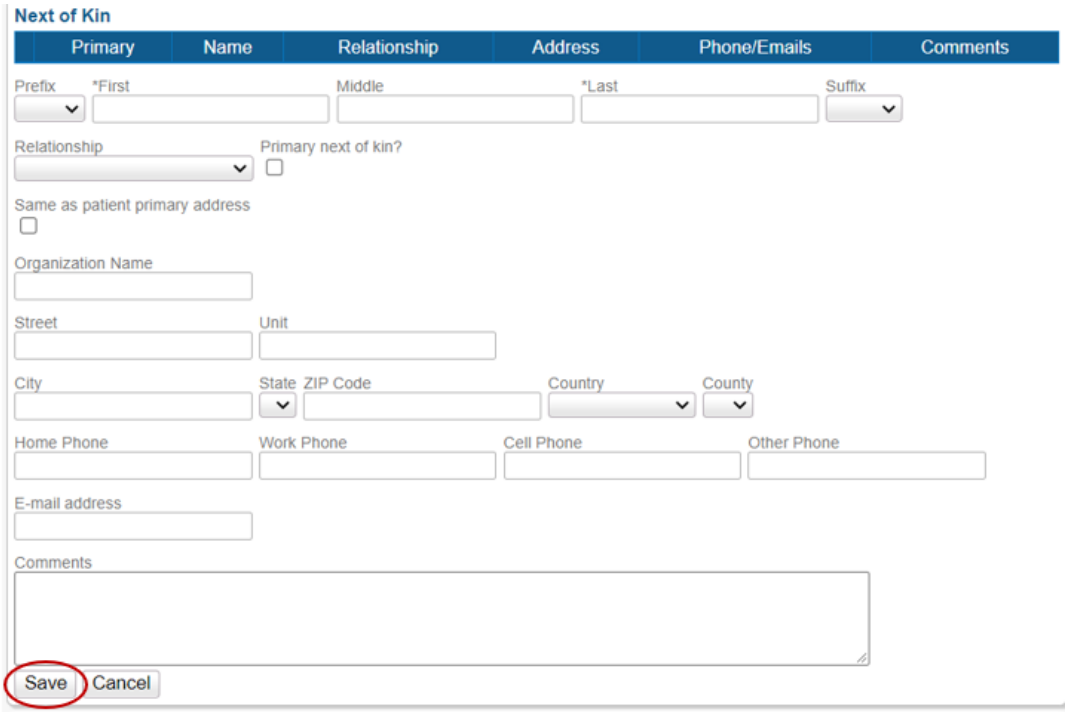


9. Enter the patient's phone number, if available.



10. Enter the patient's next of kin (i.e., emergency contact) information, if available, by clicking "Add" and filling out the subsequent fields.

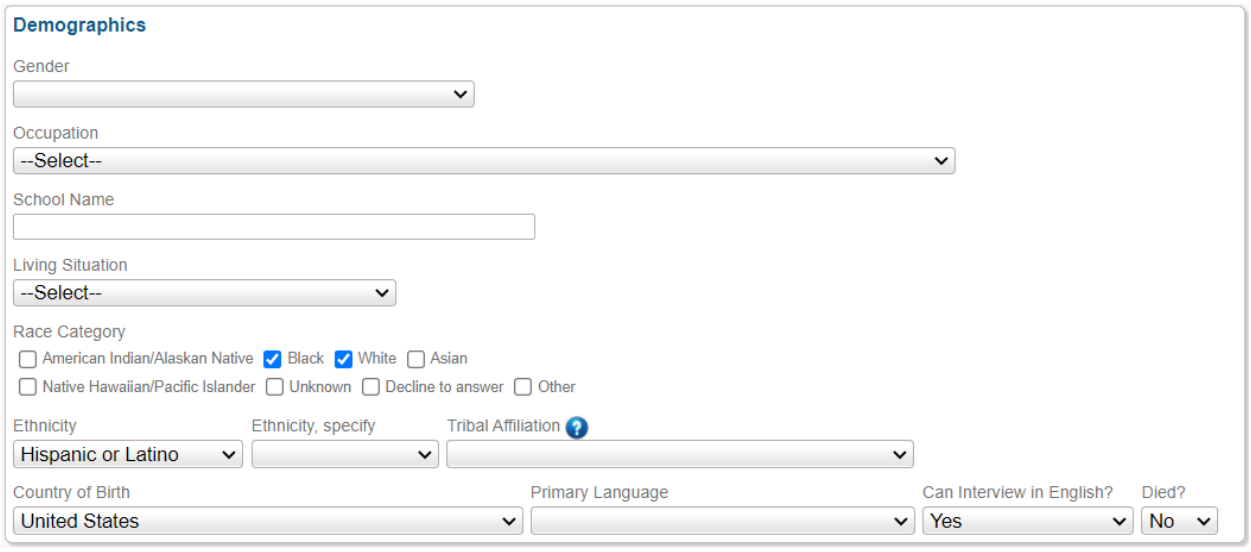
First and last names are required to enter a next of kin. This section includes the option to choose the relationship type from the drop-down, enter address and contact information, and include any additional comments before clicking "Save" for the Next of Kin section.



11. Enter the patient's race, ethnicity, and whether the patient has died.

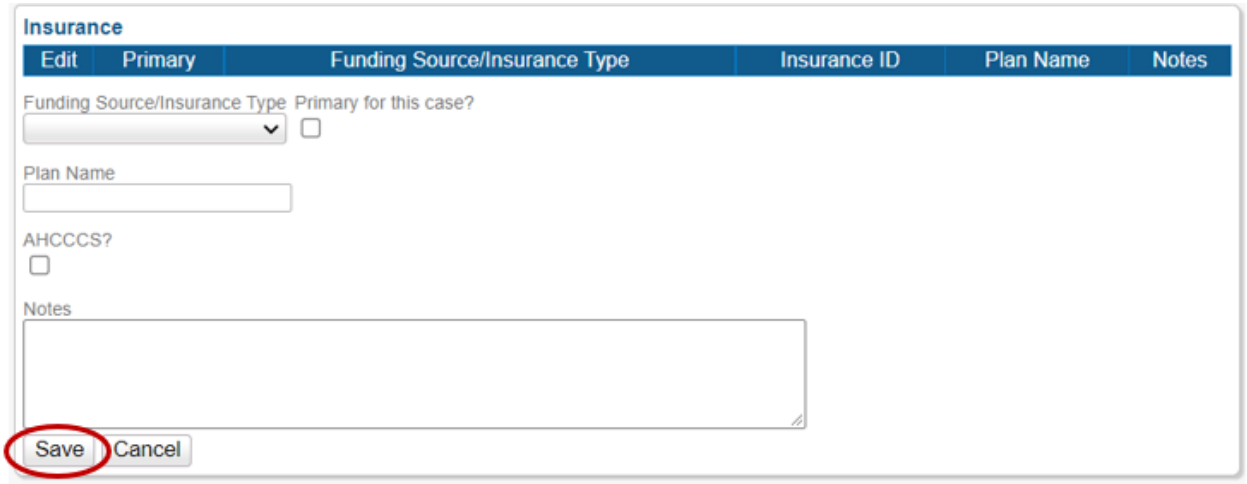
If the patient has died, select "yes" from the drop-down and enter the date of death. This field indicates the patient has died from any cause, not necessarily from an opioid overdose. If the response to "died" is uneditable, send the MEDSIS ID to the MEDSIS Help Desk indicating the patient has died.

If available, enter other demographic information including gender (self-reported gender), occupation, school name, living situation, tribal affiliation, primary language, country of birth, and whether the patient can be interviewed in English.



12. Enter the patient's insurance information, if available, by clicking "Add" and filling out the subsequent fields.

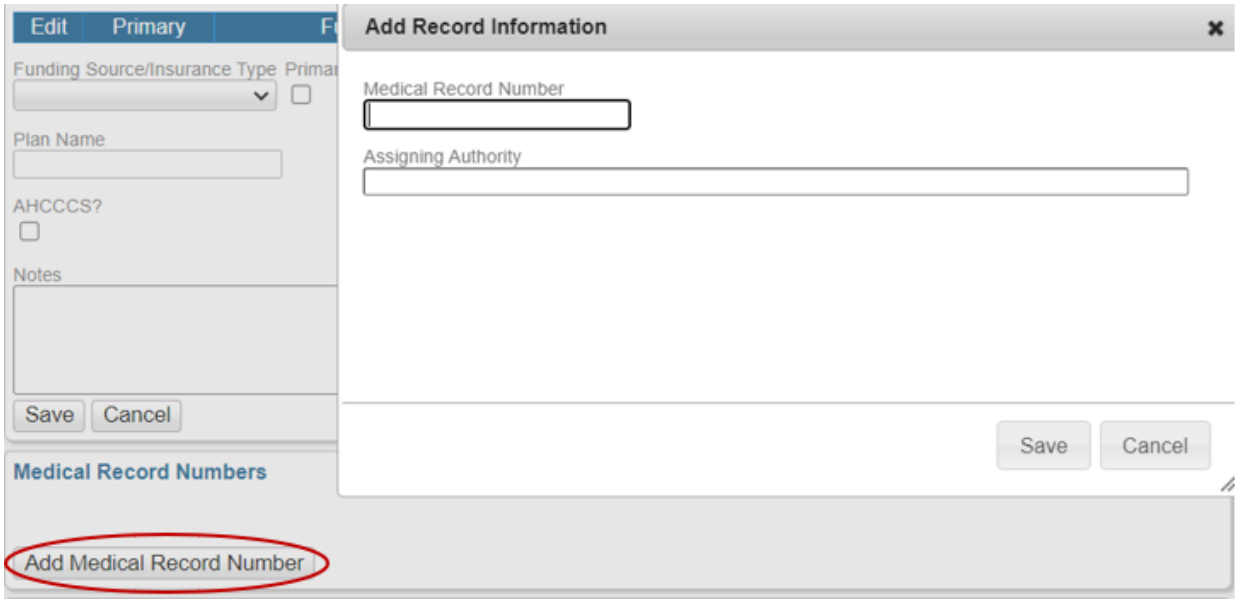
These fields include the option to choose the funding source/insurance type from the drop-down, search the plan name in the search box, check the box if the plan is under AHCCCS, and include any additional notes before clicking "Save" for the insurance section.



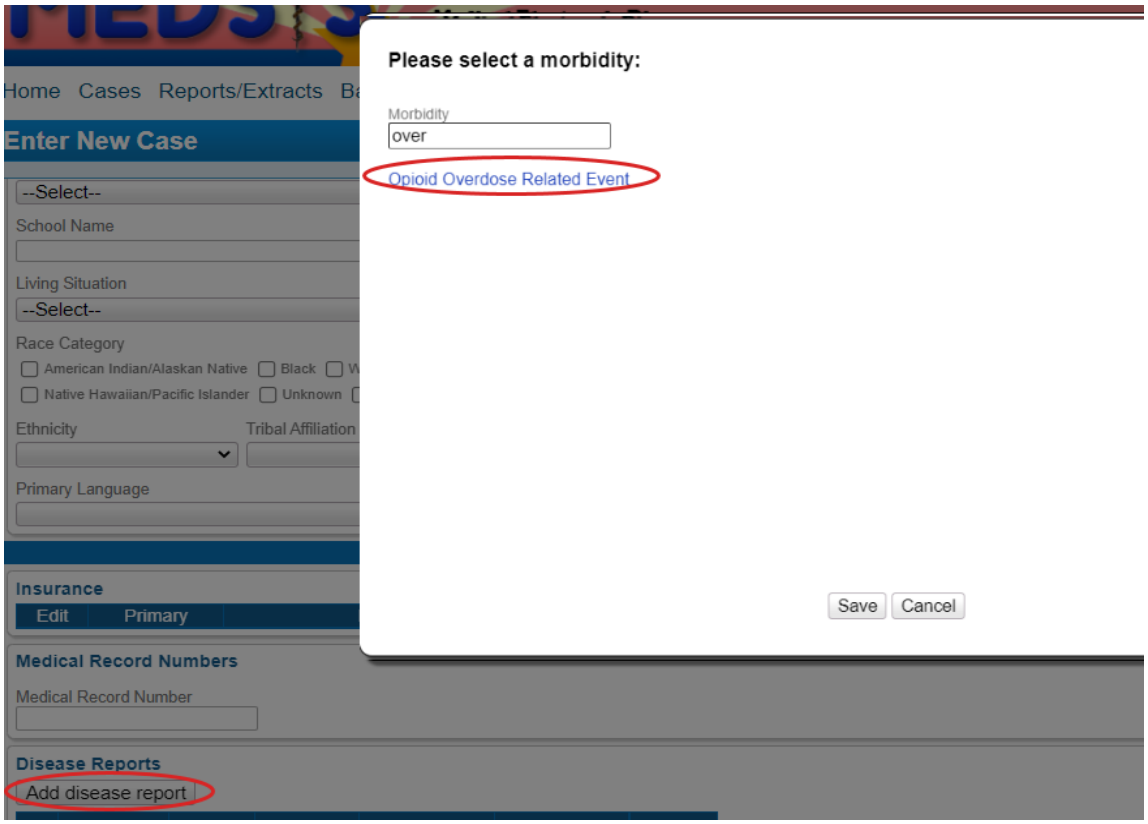
13. To enter the patient's Medical Record Number (MRN), click "Add Medical Record Number".

Enter the number in the Medical Record Number field, begin typing the facility name to select the assigning authority, and click "Save" to continue.

Including the MRN helps to streamline record requests when case follow-up is needed.



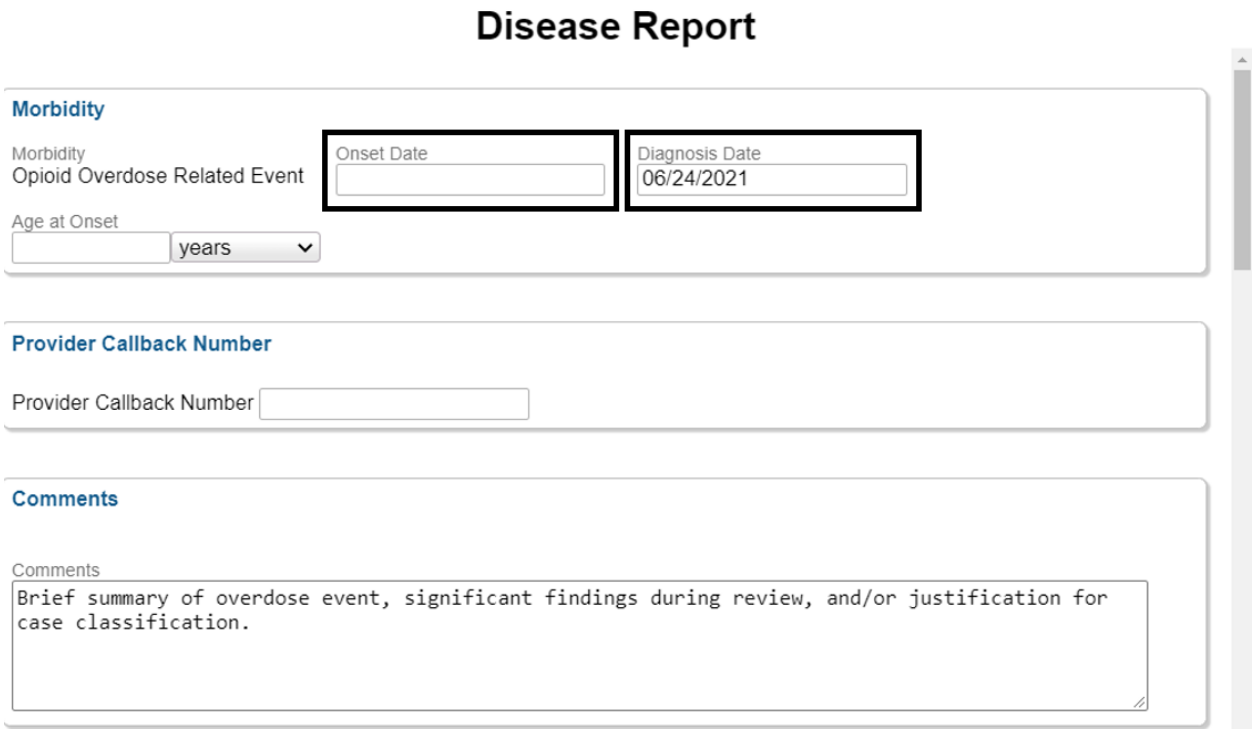
14. Click "Add disease report", type "overdose" then click on "Opioid Overdose Related Event". The disease report entry form will open up (Step 15).



15. Enter the onset date (date of opioid exposure) and/or the diagnosis date (date of presentation).

At least one of these dates (onset date or diagnosis date) is required.

If desired, include a brief summary of the overdose event in the Comments section. Some reporters are able to copy and paste the chief complaint or the summary of events directly from the medical record, which may help reduce the need for subsequent records requests.

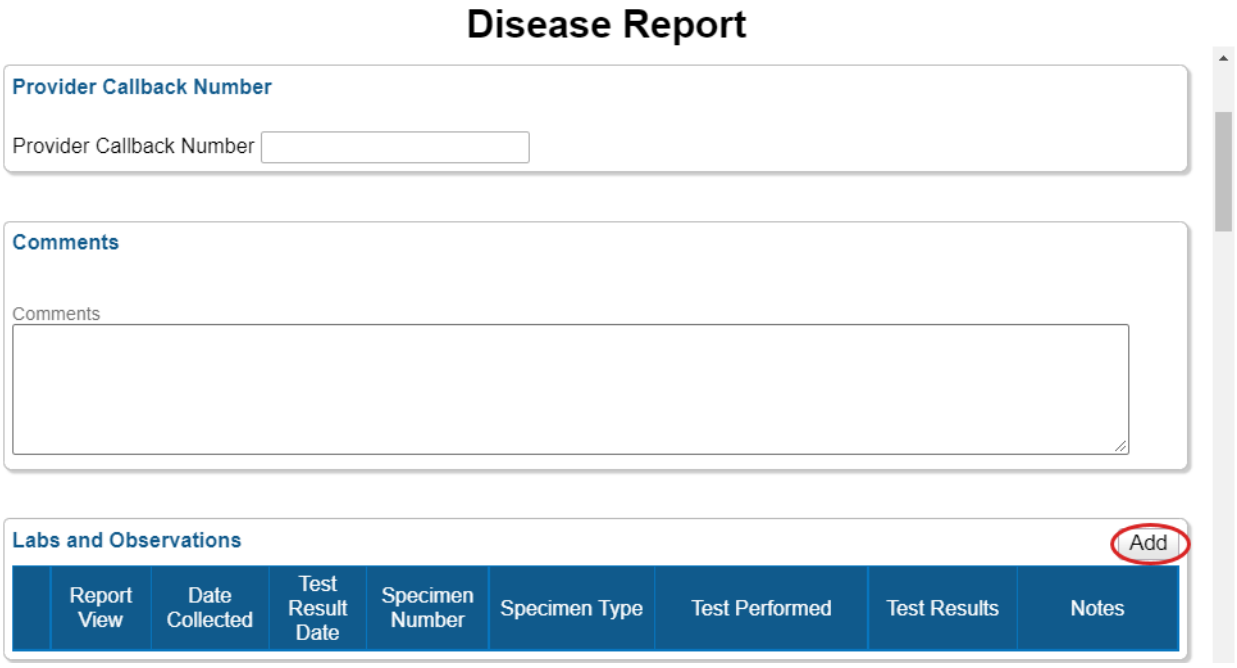


Drug Screening Test Entry

16. Drug screening information should be entered in the "Labs and Observations" section during case entry. At least one lab/observation entry is required for each case reported. (There are options for "Drug screening not performed" and "Unknown", if applicable.)

Follow steps 16a. to 16l. to complete lab entry.

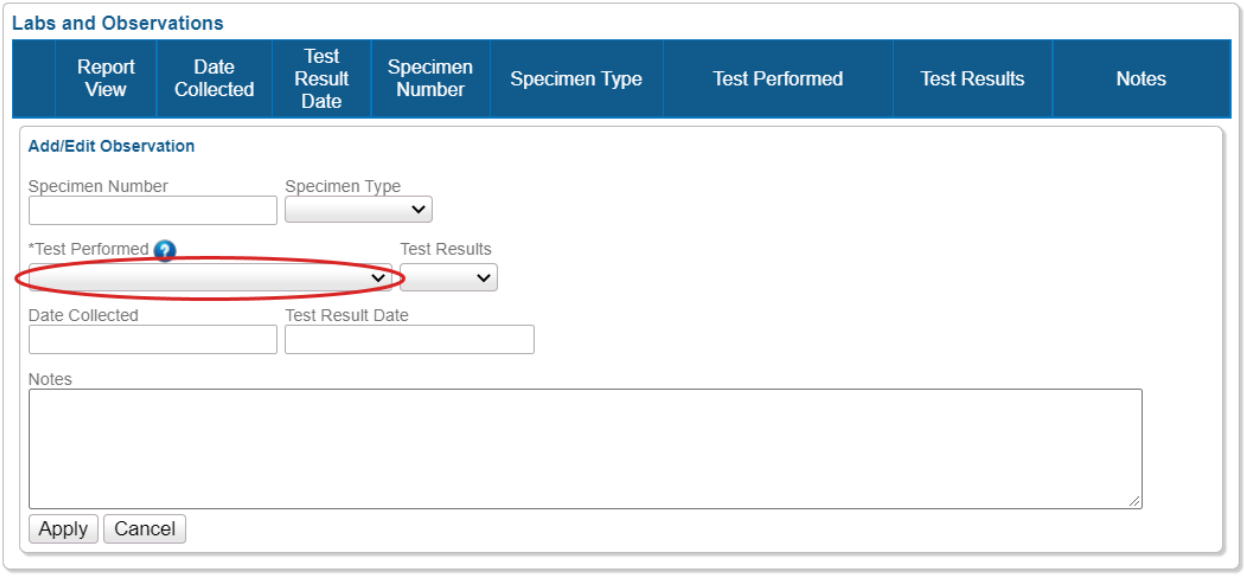
a. Navigate to the Labs & Observation table and click "Add" to allow the lab entry form to display.



b. Test Performed is required to save the lab entry.

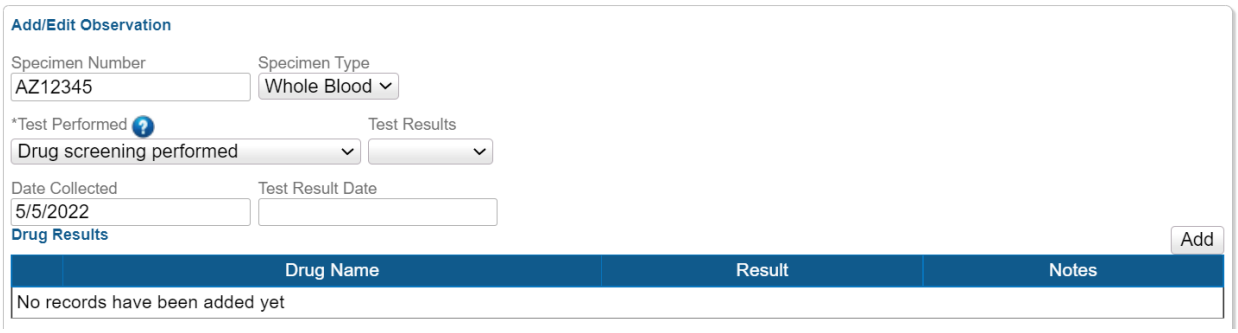
Select "Drug screening performed" if testing is conducted, even if you do not yet have the results. Proceed to Step 16c.

If a drug screening test has not been ordered at the time of reporting, select "Drug screening NOT performed"; if unknown whether screening is being conducted select "Unknown if drug screening performed". Jump to Step 16k.

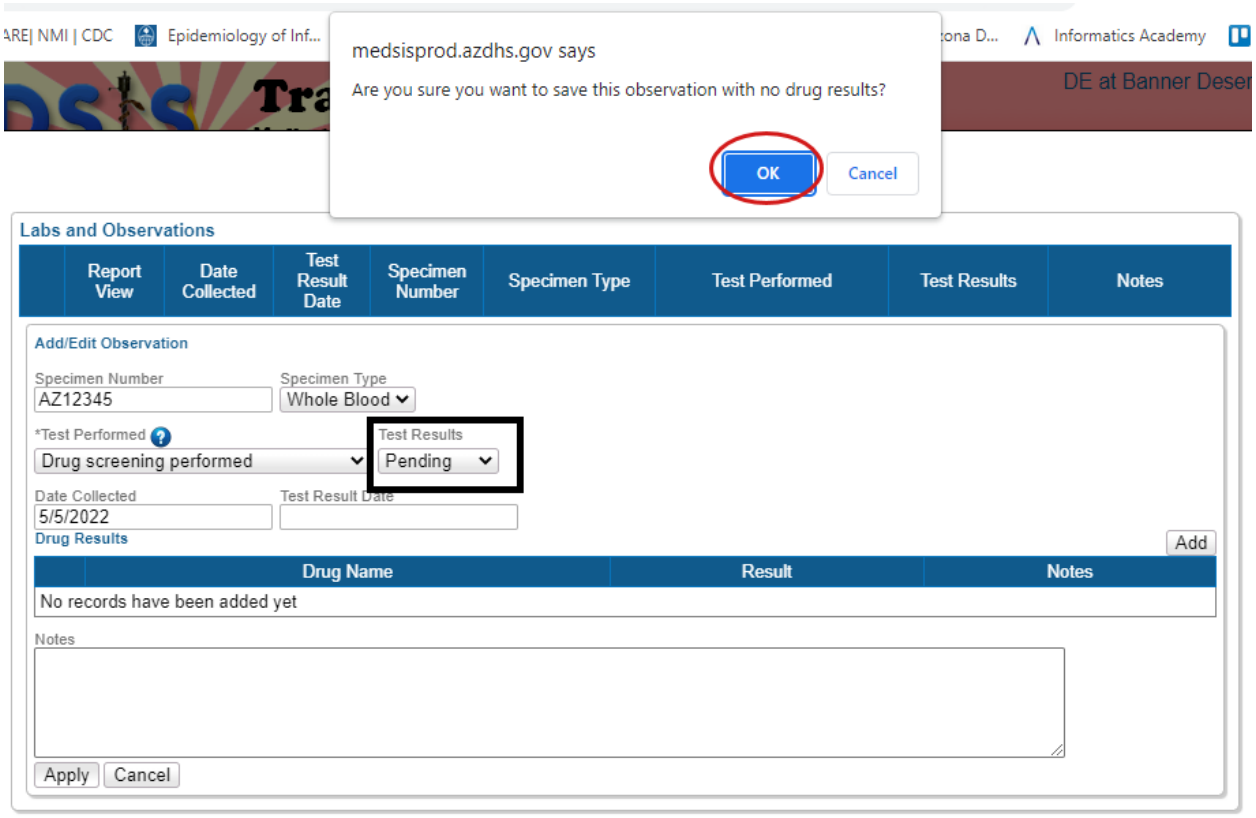


c. **If drug screening is being performed**, enter the specimen number, specimen type, and date collected, if available. Any notes about the drug screening can be added here as well.

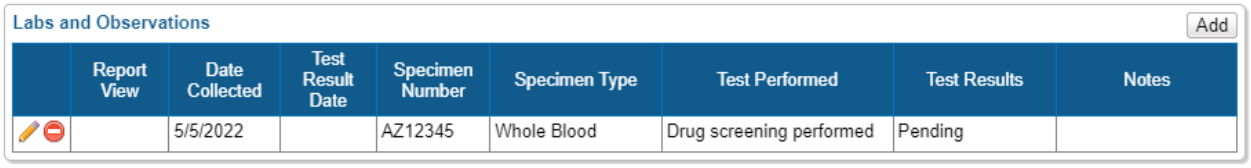
   If the test results have been finalized, jump to Step 16f. If the test results are not yet available, proceed to Step 16d.



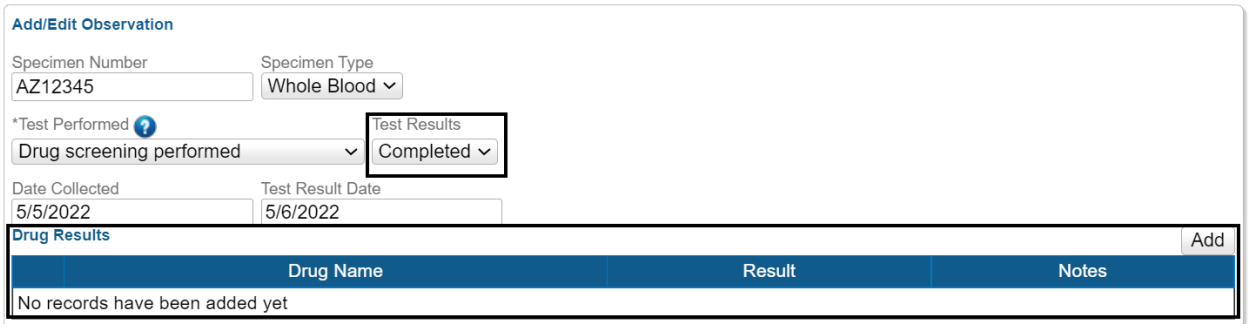
d. If the drug screening results are not yet available, select Test Results = Pending. Click Apply. A pop-up window will appear ensuring that the user wants the observation to be saved with no drug results. Click OK.



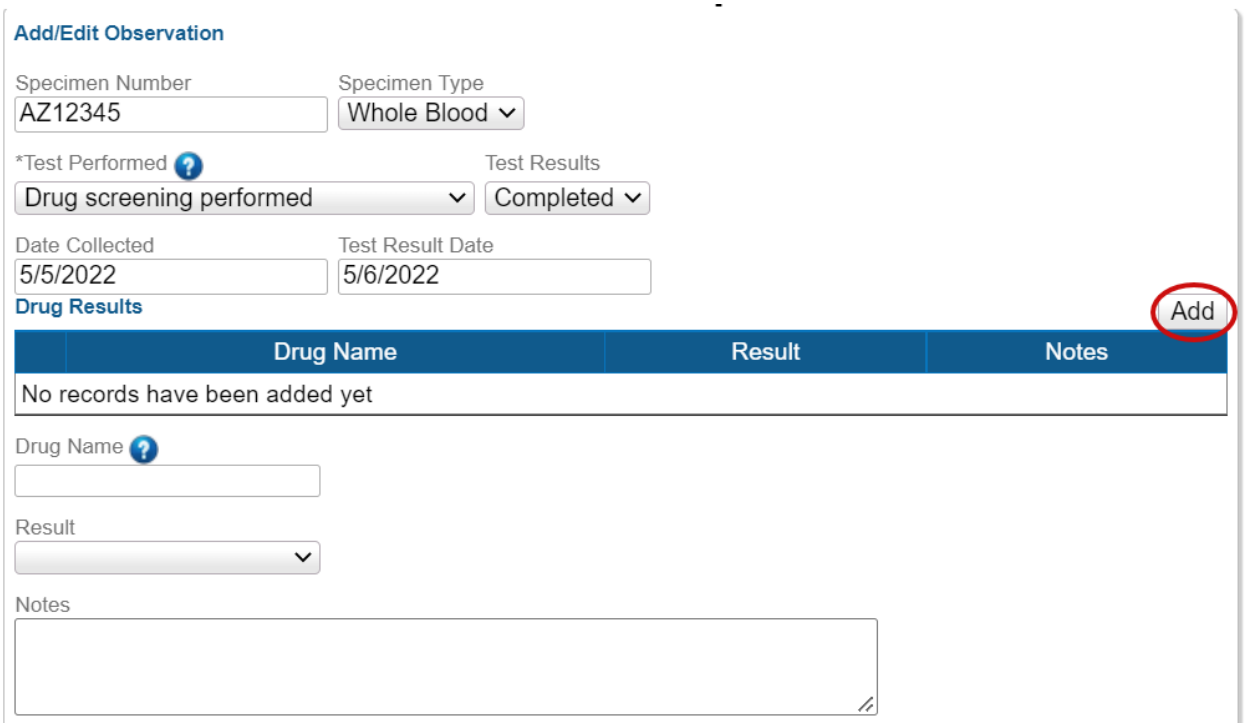
e. The report should now display under the Labs and Observations section. Jump to the section Additional Reporting (Step 17).



f. **If test results *are* available**, select Test Results = Completed. You will now utilize the nested Drug Results table that appeared after you selected "Drug screening performed".



g. Click "Add" to start adding drug results to the nested Drug Results table.

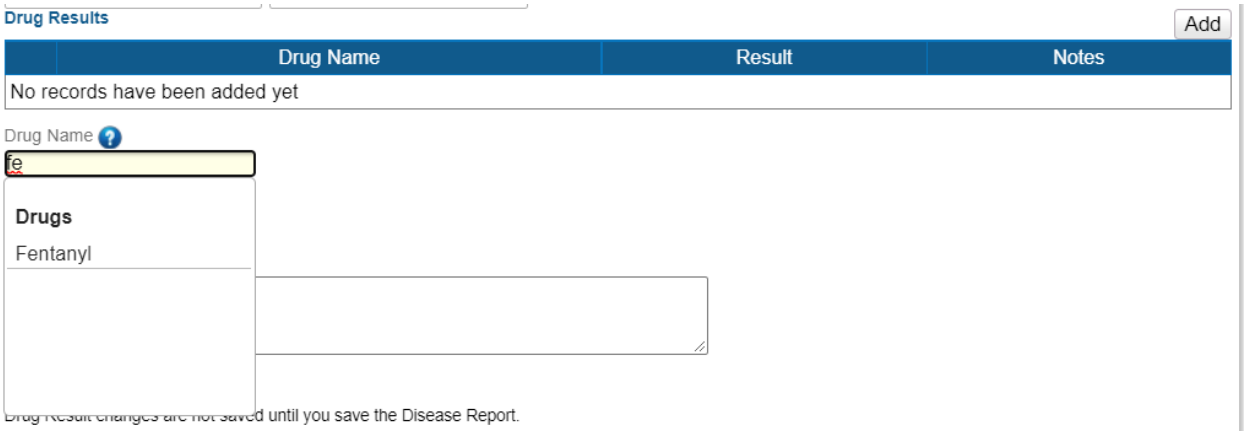


h. To complete a drug entry, the Drug Name and Result fields are required. Drug Name is an intellisense field, meaning that as the user starts typing in the drug name, the screen will display a list of possibly matching drug names. Select the appropriate drug.

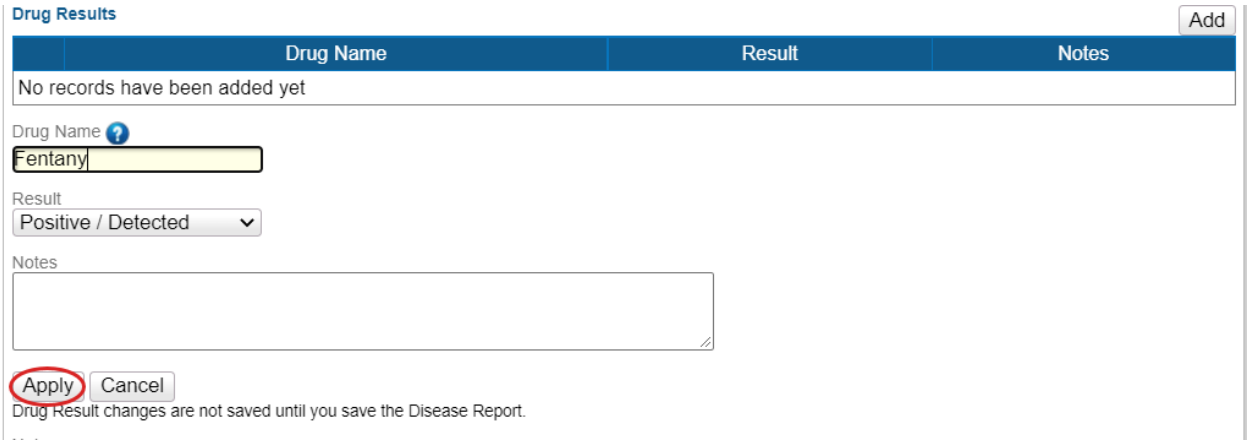
Note that **only the drugs listed in the help icon** next to the Drug Name table need to be entered into the Drug Results table. The list is also included in the Appendix.

The user should **enter results (positive or negative) for all opioids** on the list (if testing was conducted).

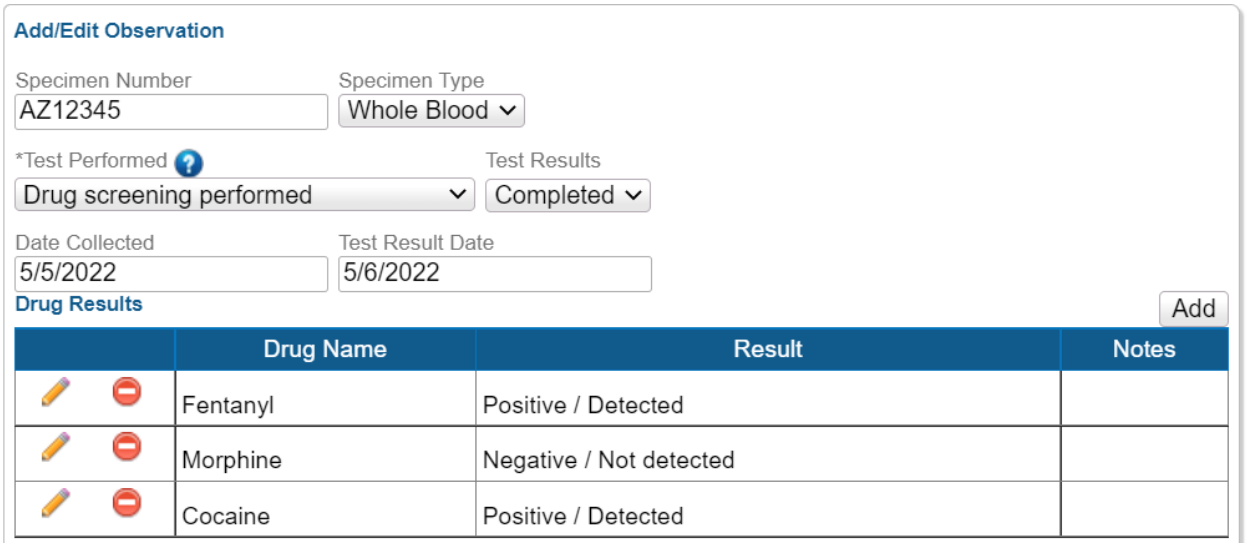
The user should also **enter results for any other drugs from this list that are positive or detected** within the drug screen. Entry of negative results for additional drugs tested as part of the drug screen is optional.



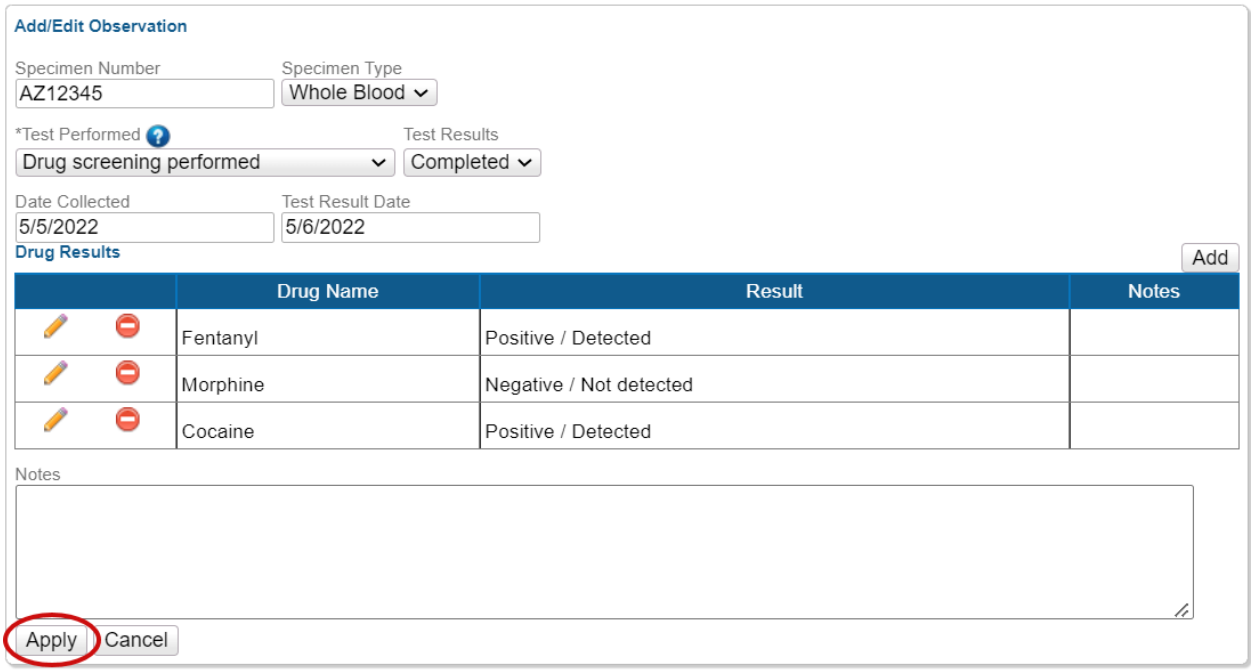
i. Enter the Result (Positive/Detected, Negative/Not Detected, or Indeterminate) for the selected drug, add any Notes you think may be helpful for this drug, and click “Apply” to properly save your entry.



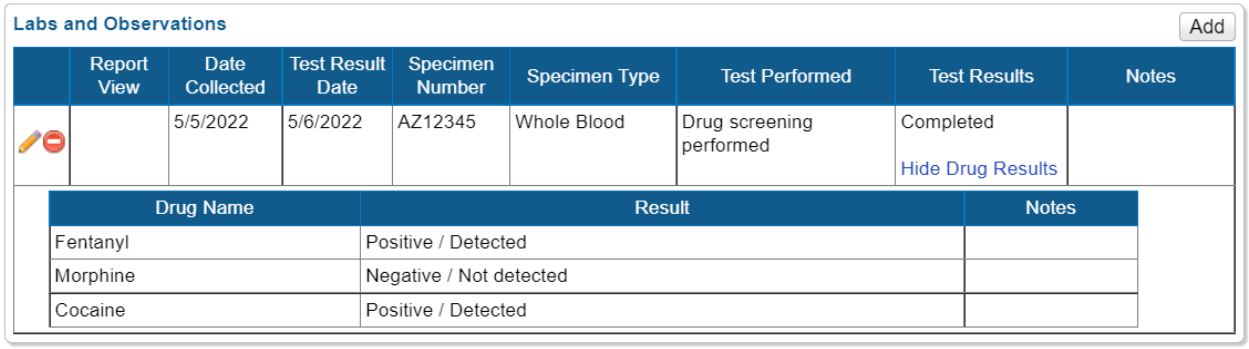
j. To enter the results for more than one drug conducted as part of the same screening panel, use the Add button to add each drug name and result separately to the table.



k. After all available information has been entered, click "Apply" to save the full drug screening entry to the Labs and Observations table.



l. To confirm that the entry is properly saved, users should see the new section displayed in the Lab and Observations table, with all the information on the Drug screening test and drug results.



Labs and Observations

Add

	Report View	Date Collected	Test Result Date	Specimen Number	Specimen Type	Test Performed	Test Results	Notes
		5/5/2022	5/6/2022	AZ12345	Whole Blood	Drug screening performed	Completed Hide Drug Results	

Drug Name	Result	Notes
Fentanyl	Positive / Detected	
Morphine	Negative / Not detected	
Cocaine	Positive / Detected	

Additional Reporting (Disease-Specific Observations or DSO)

17. Disease-Specific Observations (DSO)

Although all investigation form responses are valuable, an asterisk (*) indicates fields of higher priority. These fields directly impact the real time opioid data reported on the ADHS website: www.azhealth.gov/opioids. The response guidance may provide "evidence" of certain criteria as it is reported by the patient, the patient's family/witness(es), healthcare staff, and others depending on the information available (e.g., emergency department records, EMS run sheets, police reports).

Reporter Type

Response Options:

- Hospital
- Medical Examiner
- Corrections
- Behavioral Health
- Substance Abuse Rehabilitation Centers
- Long Term Care/Assisted Living
- Hospice
- Pharmacy
- Urgent Care
- Other

Response Guidance:

- Indicate facility type
- As stated in the Arizona Administrative Code (R9-4-602(C)) facilities must report after "an encounter with an individual with a suspected opioid overdose." If a case is transferred between hospital/healthcare facilities, both facilities should report the event.

What substance(s) did the patient or witness report?*

Response Options:

- Opioid:
  - Buprenorphine
  - Fentanyl
  - Heroin
  - Hydrocodone
  - Hydromorphone
  - Methadone
  - Morphine
  - Oxycodone
  - Oxymorphone
  - Tramadol
  - Other Opioid, and specify (free-text)
- Non-opioid:
  - Acetaminophen
  - Alcohol

    - Amphetamine
    - Benzodiazepine
    - Cocaine
    - Hallucinogens/Psychedelics
    - Marijuana
    - Methamphetamine
    - Other Non-opioid, and specify (free-text)

Response Guidance:

- Check the substance(s) of exposure reported by the patient or witness(es). If "M30" or "Street Percocet'' were reported, check Fentanyl. If substance(s) other than those listed were reported, check Other (opioid or non-opioid) and specify the substance in the free text field. Free text fields should have accurate spelling and multiple entries should be separated by commas.

Where did the patient overdose?

Response Options:

- Personal Residence (Home)
- Other Private Residence
- Public Place
- Business
- Hotel
- Vehicle
- Health Care Facility
- Substance Abuse Recovery Facility
- Shelter
- Jail/Prison/Detention
- Hospice/Long Term Care
- Work
- School
- Military Installation
- Tribal Lands
- Other
- Unknown

Response Guidance:

- Indicate type of location prior to arrival at the hospital.
- Limit “other” entries by selecting the location type closest match to reported location

Did the provider check the patient's prescription history in the Controlled Substances Prescription Monitoring Program (CSPMP)?

Response Options:

- Yes
- No
- Unknown

Response Guidance:

- “Yes” if evidence the patient's prescription history was accessed by their provider

- "No" if no evidence the patient's prescription history was accessed
- "Unknown" if it is not known whether the patient's prescription history was accessed
- The CSPMP may be integrated into the electronic health record or referred to by other terms (e.g., Board of Pharmacy, PMP, PDMP).

According to the CSPMP, was the patient recently (within the past 90 days) prescribed opioids or other controlled substances?

Response Options:

- Yes
- No
- Unknown
- Not Applicable

Response Guidance:

- "Yes" if the patient was prescribed opioids within the past 90 days
- "No" if the patient was not prescribed opioids within the past 90 days. "No" if the patient/witness reports a prescription opioid that was not reported in the CSPMP.
- "Unknown" if it is not known whether the patient was prescribed opioids within the past 90 days
- "Not Applicable" if the CSPMP was not accessed

Was the patient alone at the time of overdose?

Response Options:

- Yes
- No
- Unknown

Response Guidance:

- "Yes" if the patient was found unresponsive after drug exposure
- "No" if there was a witness present for the patient's drug exposure or adverse symptoms
- "Unknown" if it is not known whether the patient was alone

Was the patient recently (within the past 90 days) released from jail, prison or another correctional setting?

Response Options:

- Yes
- No
- Unknown

Response Guidance:

- "Yes" if evidence the patient was released from a correctional setting within 90 days
- "No" if no evidence the patient was released from a correctional setting within 90 days
- "Unknown" if it is not known whether the patient was released from a correctional setting within 90 days

- Recent release does not include if the overdose event occurred in a correctional setting and/or if the patient was discharged to law enforcement. This information is captured in overdose location and patient disposition.

Was the patient recently (within the past 90 days) in Medication Assisted Treatment, detox, or other substance abuse treatment program?

Response Options:

- Yes
- No
- Unknown

Response Guidance:

- "Yes" if evidence the patient was released from treatment within 90 days through self-report or other means (e.g., verification with methadone clinic)
- "No" if no evidence the patient was released from treatment within 90 days
- "Unknown" if it is not known whether the patient was released from treatment within 90 days

Was naloxone administered to the patient?

Response Options:

- Yes, before arrival to healthcare facility
- Yes, on/after arrival to healthcare facility
- Yes, unknown when it was administered
- No, it was not administered
- Unknown if naloxone was administered

Response Guidance:

- Indicate whether the patient was administered naloxone (Yes/No/Unknown). If yes, select the appropriate response regarding the timing of naloxone administration (before arrival, on/after arrival, unknown).

At any time during this suspected overdose, did the patient have a response to naloxone?*

Response Options:

- Yes (complete/partial effect)
- No (no effect)
- Not administered
- Unknown

Response Guidance:

- "Yes" if evidence the patient's condition improved to some extent within minutes of naloxone administration (e.g., "A&Ox4," "ROSC")
- "No" if no evidence of patient improvement after naloxone administration
- "Not administered" if evidence the patient was not administered naloxone
- "Unknown" if it is not known whether the patient was administered naloxone

Does the overdose appear to be unintentional or suicide attempt?

Response Options:

- Unintentional
- Suicide/Suicide Attempt
- Unknown

Response Guidance:

- "Unintentional" if evidence of accidental overdose (i.e., patient reports exposure to substance but did not intend to overdose)
- "Suicide/Suicide Attempt" if evidence of suicidal intent (e.g., verbal report, written note)
- "Unknown" if the intent of drug exposure is not known or evidence contradicts itself

Did the patient have pre-existing physical health conditions (e.g., chronic pain, hypertension)?

Response Options:

- Yes
- No
- Unknown

If yes, select all applicable pre-existing condition(s)

- Chronic Pain
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)/Asthma
- Diabetes
- Hypertension
- HIV/AIDS
- Hepatitis C
- Other pre-existing condition

Response Guidance:

- "Yes" if evidence of pre-existing conditions
    - If "yes," check the boxes pertaining to the patient's active conditions. If the condition(s) are not listed, check "Other pre-existing condition" and specify in the free-text field, separated by commas.
- "No" if no evidence of pre-existing physical health conditions.
- "Unknown" if the patient's pre-existing physical health conditions are not known

Did the patient have pre-existing mental health conditions (e.g., anxiety, depression)?

Response Options:

- Yes
- No
- Unknown

If yes, select all applicable pre-existing condition(s)

- Anxiety
- Depression
- Dementia
- Bipolar Disorder

- Post Traumatic Stress Disorder (PTSD)
- Schizophrenia
- History of suicidal ideation or suicide attempt(s)
- History of substance abuse (including alcohol)
- History of IV drug use
- Other pre-existing condition

Response Guidance:

- "Yes" if evidence of pre-existing conditions
    - If "yes," check the boxes pertaining to the patient's active conditions. If the condition(s) are not listed, check "Other pre-existing condition" and specify in the free-text field, separated by commas.
- "No" if no evidence of pre-existing mental health conditions.
- "Unknown" if the patient's pre-existing mental health conditions are not known

Did the patient experience the following symptoms?*

Falling asleep (lethargy) or loss of consciousness
Slow, shallow breathing (hypopnea) or decreased respiratory rate (bradypnea)
Choking or gurgling sounds
Small, constricted "pinpoint pupils" (miosis)
Bluish nails or lips or skin that is pale, blue, or cold (cyanosis)

Response Options:

- Yes
- No
- Unknown

Response Guidance:

- "Yes" if evidence of the overdose symptom
- "No" if no evidence of the overdose symptom
- "Unknown" if the patient's symptoms are not known
- Search for evidence of all symptoms, however it is not necessary to indicate more than two.

Is this the first known overdose for this patient?

Response Options:

- Yes
- No
- Unknown

  If no, how many others have occured?

Response Guidance:

- "Yes" if evidence it is the patient's first overdose event
- "No" if evidence the patient has experienced a prior overdose event
    - If no, enter the known number of previous overdose events (e.g., previous MEDSIS reports)

- "Unknown" if the patient's overdose history is not known

Indicate patient disposition

Response Options:

- Discharged home
- Admitted as an inpatient
- Transferred to another health care institution
- Transferred to a behavioral health institution
- Discharged to law enforcement
- Left against medical advice or discontinued care
- Patient expired
- Other

Response Guidance:

- Select the patient's outcome
- If the patient's outcome has not yet been determined, leave blank

Was the patient provided naloxone to take home at discharge?

Response Options:

- Yes
- No
- Unknown
- Not applicable because patient expired

Response Guidance:

- "Yes" if evidence that naloxone was provided upon discharge
- "No" if no evidence that naloxone was provided
- "Unknown" if it is not known whether naloxone was provided
- "Not applicable because patient expired" if the patient died

Was the patient referred to a pharmacy to obtain naloxone at discharge?

Response Options:

- Yes
- No
- Unknown
- Not applicable because patient expired

Response Guidance:

- "Yes" if evidence that a naloxone prescription or pharmacy referral provided upon discharge
- "No" if no evidence that a naloxone referral was provided
- "Unknown" if it is not known whether a naloxone referral was provided
- "Not applicable because patient expired" if the patient died

Was the patient referred to substance use disorder treatment services?

Response Options:

- Yes
- No
- Unknown
- Not applicable because patient expired

Response Guidance:

- "Yes" if evidence the patient was discharged with a written order for substance use treatment services from the medical provider, a list of substance use treatment providers and their contact information, or a warm hand-off to substance use treatment services.
- "No" if evidence the patient was not discharged with a written order for substance use treatment services from the medical provider, a list of substance use treatment providers and their contact information, or a warm hand-off to substance use treatment services. "No" if the standard educational materials provided did not include contact information for substance use disorder treatment.
- "Unknown" if it is not known whether a substance use disorder treatment referral was provided
- "Not applicable because patient expired" if the patient died

Was the patient referred to behavioral health services?

Response Options:

- Yes
- No
- Unknown
- Not applicable because patient expired

Response Guidance:

- "Yes" if evidence the patient was discharged with a written order for behavioral health treatment services from the medical provider, a list of behavioral health treatment providers and their contact information, or a warm hand-off to behavioral health treatment services.
- "No" if evidence the patient was not discharged with a written order for behavioral health treatment services from the medical provider, a list of behavioral health treatment providers and their contact information, or a warm hand-off to behavioral health treatment services. "No" if the standard educational materials provided did not include contact information for behavioral health treatment.
- "Not applicable because patient expired" if the patient died

Was the Poison Control Center Opioid Assistance and Referral (OAR) hotline used?

Response Options:

- Yes, a healthcare professional consulted the OAR Line
- Yes, the patient was connected with substance abuse treatment services

- No, but the hotline number was given to the patient
- No, the OAR line was not used
- Unknown

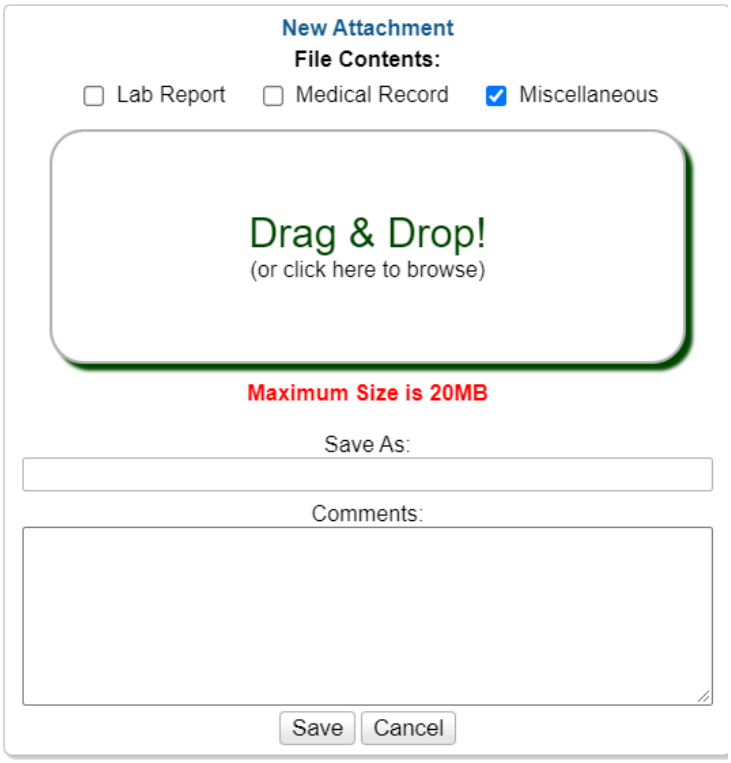
Response Guidance:

- Indicate whether the OAR hotline was used (Yes/No/Unknown). If yes, select the appropriate response regarding how the OAR Line was used (consultation/referral). If no, indicate whether the OAR hotline was provided or not used at all.

Attaching a File in the MEDSIS Case

18. If possible, add an attachment such as a lab report or medical record.

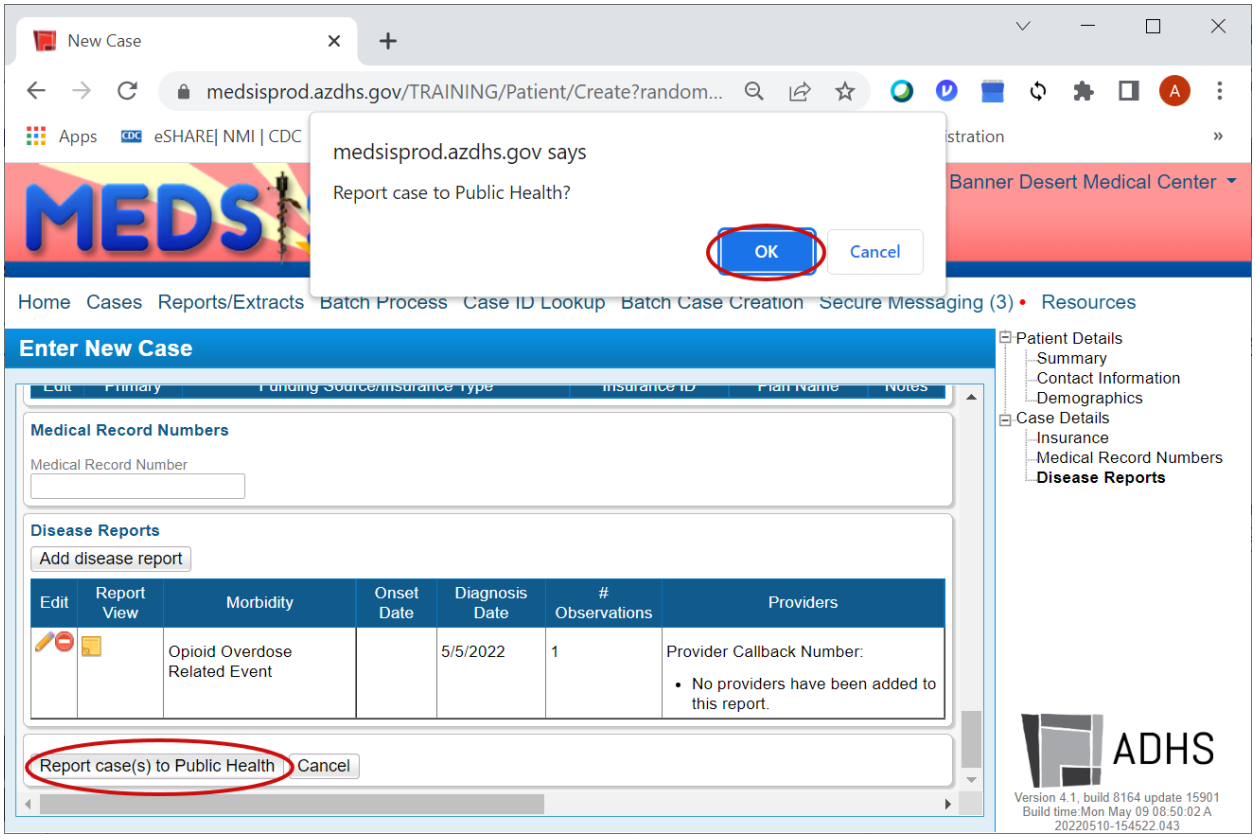
This documentation streamlines the process when case follow-up is needed. Files must not exceed 20MB.



Submitting the Case

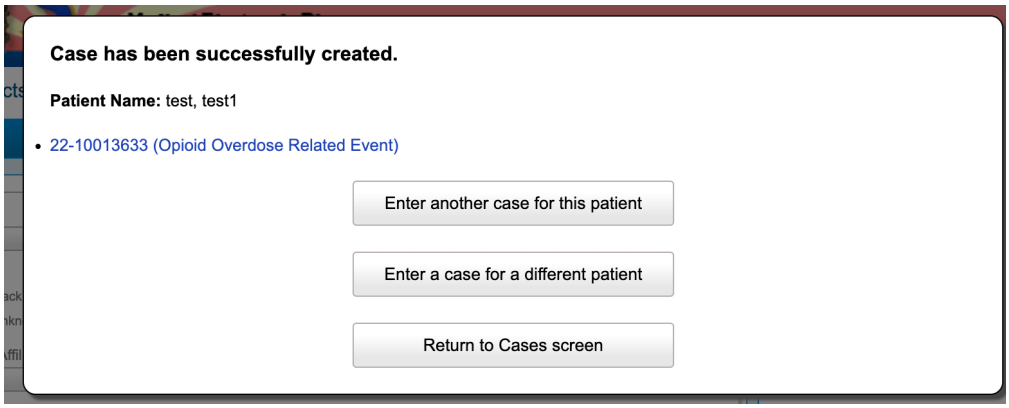
19. Click to "Report case(s) to Public Health."

If required fields are missing, a pop-up will indicate which fields need to be answered before proceeding. If all required fields were entered, a pop-up will ask if you would like to report the case to public health; click "OK."



20. Once the case is reported, users will see the assigned MEDSIS ID, a hyperlink to view the CDR, and three different options displayed on the pop-up screen.

Here users have options to report a new case for the same person, report a new case for a different person, or return to the Cases screen**.**



Frequently Asked Questions

Q: What if the patient reported opioid exposure but did not have a response or had an unknown response to naloxone?
A: Report the case.

Q: What if the patient reported taking their prescribed dose of opioid medication but had clinically compatible symptoms of an opioid overdose?
A: Report the case.

Q: What if the patient denied opioid exposure but had clinically compatible symptoms of an opioid overdose and/or were administered naloxone?
A: Report the case.

Q: What if the patient reported cocaine exposure (or another non-opioid) but had clinically compatible symptoms of an opioid overdose and/or were administered naloxone?
A: Report the case.

Q: What if the patient returns to the emergency department within 24 hours of their previous overdose event?
A: Report a new case only if there is information to suggest that the individual used an opioid product again after the previous opioid overdose.

Q: What if the patient initially is suspected of an opioid overdose, but after evaluation, medical staff determine the cause of their symptoms is a medical condition such as severe sepsis?
A: Report the case. Include medical determination in the case comments, or email medsishelpdesk@azdhs.gov and provide delayed notification of medical determination, including MEDSIS ID if known.

Q: What if a patient is administered naloxone after procedural sedation?
A: Report the case.

Q: What if a case is reported as a suspected opioid overdose, but after evaluation, a medical examiner determines the cause of death was non-opioid related?
A: For cases outside of Maricopa County, please email medsishelpdesk@azdhs.gov and provide notification of medical examiner determination, if known. For cases within Maricopa County, no further action is necessary as this information is entered by ADHS.

Q: What if evidence suggests the suspected opioid overdose was already reported?
A: Report the case. Please email medsishelpdesk@azdhs.gov and provide notification of possible duplication, including MEDSIS IDs if known.

Q: What is considered a "referral" to behavioral health and substance use treatment services?
A: A referral may include a written order for behavioral health or substance use treatment services from the medical provider, a list of behavioral health or substance use treatment providers and their contact information, or a warm hand-off to behavioral health or substance use treatment services. Providing standard educational materials that do not provide contact information for treatment services is not considered a referral.

Q: What if a suspected opioid overdose is reported and, later in the hospital course, the patient dies?
A: Please email medsishelpdesk@azdhs.gov and provide notification that the patient has died, including the MEDSIS ID and date of death, if known.

Q: Is reporting required for suspected neonatal abstinence syndrome (NAS)?
A: Yes. Health professionals or administrators of health care institutions must submit a report within five business days after an encounter with an individual with suspected neonatal abstinence syndrome, per A.A.C. R9-4-602(D). Neonatal abstinence syndrome is a separate morbidity within MEDSIS; these cases should *not* be reported as Opioid Overdose Related Events. Additional guidance on reporting will be provided separately.

Q: What is the OAR Line?
A: The OAR Line offers opioid information, resources, and referrals for providers and the public. Local medical professionals certified in toxicology are available 24/7 to provide free, confidential services, including information about opioid dependence, withdrawal, and where to get help in Arizona. This service is made available by the Arizona Department of Health Services, the University of Arizona, and Arizona and Banner Poison and Drug Information Centers. The free, confidential hotline: 1-888-688-4222.

Additional Resources

ADHS Opioid Prevention website: https://www.azdhs.gov/opioid/

MEDSIS training for healthcare provider

Appendix

Drug List

This appendix provides guidance for what should be entered into the Lab and Observations table in MEDSIS, from drug screening tests:

Only the drugs listed in the help icon next to the Drug Name table need to be entered into the Drug Results table in MEDSIS. The list is also shown below.

The user should **enter results (positive or negative) for all opioids** on the list (if testing was conducted).

The user should also **enter results for any other drugs from this list that are positive or detected** within the drug screen. Entry of negative results for additional drugs tested as part of the drug screen is optional.

Select Opiates when the drug screen does not specify the opioid.

Select Amphetamine/Methamphetamine when the drug screen does not differentiate between Amphetamine and Methamphetamine.

Any additional information about the drug screen results may be entered in the Labs and Observations Notes (if it pertains to the drug screen as a whole), or in the Drug Notes (for an individual drug/component tested).

- 6-Monoacetylmorphine
- Acetaminophen
- Amphetamine
- Amphetamine/Methamphetamine
- Barbiturate
- Benzodiazepine
- Buprenorphine
- Cannabinoids (THC)
- Cocaine
- Codeine
- Ephedrine
- Ethanol
- Fentanyl
- Gabapentin
- Hydrocodone
- Hydromorphone
- MDEA
- MDMA
- Methadone
- Methamphetamine
- Morphine
- Naloxone
- Opiates
- Oxycodone
- Oxymorphone
- Phencyclidine (PCP)
- Phentermine
- Phenylpropanolamine
- Pseudoephedrine
- Salicylates
- Tramadol
- Tricyclic (TCAs)

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Division of Operations – Information Technology Services
Acceptable Use Access Agreement

I have been made aware and understand that applicable State of Arizona statutes*, rules, policies and directives bind all State of Arizona (State) employees, contractors, vendors, volunteers and other users who have access to the State's technology systems and applications.

[State of Arizona employees] This agreement does not create a contract for employment between any employee and the State. Nothing in this agreement changes the fact that all uncovered employees of the State are at-will employees and serve at the pleasure of the appointing authority.

[Non-State employees/other users (such as, contractors, leased employees, vendors, volunteers, etc).] Nothing in this agreement creates an employment relationship with the State of Arizona.

In consideration for access to State information technology systems and applications, I agree to at all times abide by all applicable Arizona State statutes, rules, policies and directives, and understand that I am prohibited from violating the foregoing, which includes, but is not limited to, the following actions:

1. Revealing data to any person or persons outside or within the agency who have not been specifically authorized to receive such data.
2. Attempting or achieving access to data not germane to my mandated job duties.
3. Entering, modifying, deleting, or otherwise altering data, data structures, databases, programming code or scripts without appropriate authorization.
4. Entering, modifying, deleting, or otherwise altering data, data structures, databases, programming code or scripts for direct or indirect personal gain or advantage.
5. Entering, modifying, deleting, or otherwise altering data, data structures, databases, programming code or scripts maliciously or in retribution for real or imagined abuse or for personal amusement.
6. Unauthorized access, modification or destruction of any computer, computer system, State information system, hardware appliance, network device, media device, computer program, data structure, database, or program code or script.
7. Unauthorized installation or connection of any computer or electronic equipment to a State network.
8. Recklessly disrupting or causing disruption of any computer, computer system or State information system.
9. Unauthorized use of electronic messaging or other communications.
10. Using State equipment or property, including equipment or property leased to the State, for other than work related purposes, unless authorized by written agency policy or other proper authorization.

11. Using a personal device that is not protected with approved and up-to-date anti-virus software and fully patched to access any State of Arizona network.
12. Removing sensitive data from the State network or State devices that are not fully protected with encryption.
13. Using another person's personal data access control identifier (USERID) and password.
14. Revealing my personal data access control identifier and/or password to another person.
15. Asking another user to reveal his/her personal data access control identifier and/or password.
16. Accessing, copying, disclosing, or deleting personally identifiable information, personal health information or other sensitive non-public information beyond that authorized by statute or specific authority of authorizing agent.
17. Accessing, copying, or disclosing critical information technology infrastructure information without authorization.
18. Using software on the local area network (LAN), or on any PC in any manner other than in accordance with the license agreement.
19. Making, acquiring, using, or distributing unauthorized copies of computer software.
20. Bringing in software (from outside the Agency) for use on the LAN or PC without the prior written permission of my Supervisor, Agency Authorizing Authority/Designee and unit responsible for Information Technology.

[State of Arizona employees] All new State employees must be provided with a copy of A.R.S. § 38-448 at the time of authorizing an employee to use an agency computer; the full text of this statute appears below:

38-448. State employees; access to internet pornography prohibited; cause for dismissal; definitions
A. Except to the extent required in conjunction with a bona fide, agency approved research project or other agency approved undertaking, an employee of an agency shall not knowingly use agency owned or agency leased computer equipment to access, download, print or store any information infrastructure files or services that depict nudity, sexual activity, sexual excitement or ultimate sexual acts as defined in section 13-3501. Agency heads shall give, in writing, any agency approvals. Agency approvals are available for public inspection pursuant to section 39-121.
B. An employee who violates this section may be subject to discipline or dismissal.
C. All agencies shall immediately furnish their current employees with copies of this section. All agencies shall furnish all new employees with copies of this section at the time of authorizing an employee to use an agency computer.
D. For the purposes of this section:
1. "Agency" means:
(a) All offices, agencies, departments, boards, councils or commissions of this state.
(b) All state universities.
(c) All community college districts.
(d) All legislative agencies.
(e) All departments or agencies of the state supreme court or the court of appeals.
2. "Information infrastructure" means telecommunications, cable and computer networks and includes the internet, the world wide web, usenet, bulletin board systems, on-line systems and telephone networks.

I agree to seek clarification before entering, modifying, deleting, altering, or disclosing data. I agree to immediately notify my supervisor, manager or any member of the Agency's executive team of any suspected or confirmed unauthorized disclosure or misuse in violation of this agreement or any applicable statutes, rules or policies.

Appropriate action will be taken, including immediate termination of access, to ensure that applicable federal and state statutes, regulations and directives governing confidentiality and security are enforced. Aside from revocation of access, breach of procedures pursuant to this policy or misuse of State property including computer programs, equipment and/or data, may result in prosecution in accordance with any applicable provision of statute, including Arizona Revised Statutes (A.R.S.) Section 13-2316, for computer tampering and/or:

- [State of Arizona employees] I may be subject to discipline or separation.
- [Non-State employees/other users] Violating federal and state statutes and rules, statewide policies, and agency policy and directives may result in, but not be limited to, immediate credential revocation, terminations of permissions for access to data systems and physical locations, and barring of entry or access permanently. Vendors providing services under a contract are subject to vendor performance reports, and any contract terms and warranties, including potential damages.

During all times that I have access to State information technology systems and applications, I accept responsibility for adhering to all applicable State of Arizona statutes, rules, security policies and directives and agree to abide by this agreement. I understand that I have access to instruction on and access to applicable statutes, rules and policies. Failure to accept the terms of this agreement will mean I will not be permitted access to State of Arizona produced media, data, computer equipment and software.

Print Name _____

Agency _____

Signature _____

Date _____

*Applicable State of Arizona statutes and policies include, but are not limited to:

- A.R.S. § 41-3504. Powers and duties of the department; violation; classification
- A.R.S. § 41-3507. Statewide information security and privacy office; duties; suspension of budget unit's information infrastructure
- A.R.S. § 13-2316. Computer tampering; venue; forfeiture; classification
- A.R.S. § 41-151.12. Records; records management; powers and duties of director; fees; records services fund
- A.R.S. § 41-1750.01. National crime prevention and privacy compact
- [State of Arizona employees] A.R.S. § 38-448. State employees; access to internet pornography prohibited; cause for dismissal; definitions
- ADHS policy 8280: Acceptable Use

ARIZONA DEPARTMENT OF HEALTH SERVICES

Confidentiality Agreement Form

PLEDGE TO PROTECT CONFIDENTIAL INFORMATION

I, _____, understand and agree to abide by the following statements addressing
(Please Print Name)
the creation, use and disclosure of confidential information, including information designated as protected health information ("PHI"), and all other sensitive information:

1. I understand that as a user of information at the Arizona Department of Health Services, I may develop, use, or maintain information relating to public health and welfare, direct or indirect health care, quality improvement, peer review, audit functions, education, billing, reimbursement, administration, research or other approved purposes. This information, from any source and in any form, including, but not limited to paper records, oral communications, audio recordings and electronic display, is considered confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.

2. I understand that it is the policy of the Arizona Department of Health Services that users (i.e., employees, medical staff, students, volunteers, contractors, vendors and others who may function in an affiliated capacity) shall respect and preserve the privacy, confidentiality and security of confidential information.

3. I understand that persons who have access to information that contains confidential information are ethically and legally responsible for observing the federal and state statutes and rules governing confidential records. I will not alter, misuse, disclose without proper authority or the individual's authorization any confidential information.

4. I understand that confidential information may include oral communications, paper or electronic documents, databases, audio/visual tapes, and other items identified as "confidential" or "sensitive" information.

5. I understand that Arizona State Law prohibits me from using confidential information for personal gain.

6. I understand that confidential information in my control must be maintained and protected from inappropriate disclosure at all times (i.e., hard copy information when not in use will not be accessible to others, including stored in locked or other secure compartments, computer files must be password protected and closed, working documents turned face down on desk, electronic transmission of information will be encrypted according to Department policy, etc.)

Revised: 02/04/15

ARIZONA DEPARTMENT OF HEALTH SERVICES

Confidentiality Agreement Form

7. I understand that it is the user's responsibility to protect highly sensitive Department information. As such, I am required to use good judgment in assessing what form of communication is appropriate for particular information. If I have any questions or concerns, I am to consult Department policies, my supervisor or the applicable Assistant Director for guidance.

8. I understand that confidential information may only be accessed when I am specifically authorized to do so by the appropriate program manger and I will use only the amount of information necessary within the scope of my duties. When confidential information is no longer needed, I will dispose of it in an appropriate manner to prevent inappropriate access to that information.

9. I understand that confidential information, including paper and electronic records, correspondence, documents and other forms of such information, cannot be released to or discussed with anyone other than authorized individuals. I will also violate this provision if I intentionally or negligently mishandle or destroy confidential information.

10. I understand that I am not to contact the individuals(s) or other related persons to whom confidential information pertains unless I am specifically authorized to do so by law and the appropriate program manager.

11. I understand that it is violation of Department and State of Arizona policy for me to share my sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas. I further understand that I will not use another person's sign-on code and/or password or otherwise attempt to access electronic confidential information or to gain physical access to a restricted area that is not within the scope of my work or permitted by my supervisor.

12. I understand that it is my responsibility to know and abide by any additional confidentiality provisions required by my job that may be issued by the Department, Division, Bureau, program or other work unit to which I report. If I have questions about which confidentiality rules apply to my job, I understand that it is my responsibility to ask my supervisor prior to releasing any information, even if the information request is in the form of a subpoena or other legal document.

13. I understand that it is my responsibility to report any observed or suspected breach of confidentiality by any other Department employee to my supervisor.

14. I understand that if it is determined that I have violated this Pledge or any other confidentiality requirement, I may be subject to formal disciplinary action up to and including termination of employment, loss of privileges, contractual or other rights which may be granted as a result of an affiliation in accordance with Department and/or State of Arizona procedures. Unauthorized use or release of confidential information may also subject me to personal, civil, and/or criminal liability and legal penalties.

SERVICE DESIGNATION: | Employee | Contractor Volunteer Student Other _____

_____	_____	_____
Signature	Title	Date

ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

Arizona Health Services Portal User Agreement

WARNING

The Arizona Health Services Portal (AHSP) environment has been developed in conjunction with the statewide plan for information technology as set forth in A.R.S. § 18-104(A)(1). It is a component of the State of Arizona's Health Services Information Technology Services, which may be accessed and used only for official business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. As a State-owned system, there is no right to privacy on this system. All information on this system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations.

Terms of the Agreement

The terms of this Agreement (AHSP Agreement) shall become effective upon signature. AHSP users will be required to renew the AHSP Agreement on a bi-yearly basis.

Background

AHSP is a secure electronic communication system that is designed to host a series of web-based applications, enabling local, state, federal, and international public health preparedness partners to share information and preliminary data on recent outbreaks and other health events in a rapid and secure environment.

Security Requirements on the Arizona Health Services Portal

a. User will need to change password once received.
b. User will be required to change their password every 90 days.
c. User will be required to renew the AHSP Agreement on a bi-yearly basis.
d. User will be limited to three (3) log-in attempts before losing access.
e. User will need to contact the Helpdesk at helpdesk@azdhs.gov to regain access.
f. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any unauthorized release of personally identifying information.
g. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any changes in job position, responsibilities or no longer need access.
h. User will not leave the computer unattended when logged on to the AHSP.

Agreement Provisions

The Arizona Department of Health Services has a duty pursuant to A.R.S. § 18-522 to develop and establish commercially reasonable procedures to ensure that personal identifying information that is collected or obtained is secure and cannot be accessed, viewed, or acquired unless authorized by law.

In consideration of the Department's duty to ensure the security of personal identifying information and my responsibilities as an AHSP user, and in recognition of the potential harm that could be caused by the release of sensitive, provisional, and personal information obtained from within the AHSP, I agree to the following provisions:

a. To the extent applicable, adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules as defined in 45 C.F.R. Parts 160 and 164.
b. To cooperate with the Arizona Department of Health Services in the course of performance of the AHSP Agreement so that both parties will be in compliance with HIPAA, to the extent applicable.
c. Not to share my AHSP information (i.e. USER ID and Password) with others or to allow others to use my account to view information posted on AHSP.
d. To use any and all information posted on the AHSP solely for the purposes of public health or emergency preparedness and not for any other purpose.
e. To avoid attempting to override or circumvent the security procedures related to the AHSP.
f. To prohibit the use of names of other AHSP users or their institutions in a way that misrepresents the source of information or implies endorsement of products or services without the permission of the contributing source.
g. To the use of my name and contact information in the AHSP's Public Health Directory that will be made available to all AHSP users, unless otherwise stated.

Medical Electronic Disease Surveillance Intelligence System (MEDSIS) & Patient Reporting Investigation Surveillance Manager (PRISM)

a. Only AHSP users trained by the Arizona Department of Health Services and/or a local health department representative may enter data into MEDSIS and/or PRISM or have access to patient data in MEDSIS and/or PRISM.
b. MEDSIS/PRISM users will comply with the Arizona Administrative Code: R9-6-201 to 207 Responsibilities for Reporting (https://apps.azsos.gov/public_services/Title_09/9-06.pdf). Reporting through MEDSIS and PRISM fulfill most reporting requirements of communicable diseases to the local health departments. Reporting of urgent situations (such as detection of a 24-hour notifiable disease) must be done using another immediate means of communication (such as a phone call) in addition to electronic notification via MEDSIS.
c. MEDSIS users will comply with MEDSIS Policies and Procedures regarding the release of data to non-MEDSIS persons.
d. PRISM users will comply with PRISM Policies and Procedures regarding the release of data to non-PRISM persons.

Sara Alert

a. Only AHSP users trained by the Arizona Department of Health Services and/or a local health department representative may enter data into Sara Alert or have access to data in Sara Alert.
b. Sara Alert users will comply with all security and confidentiality requirements outlined in this AHSP Agreement.
c. Sara Alert users will comply with MEDSIS Policies and Procedures, including but not limited to the release of data.
d. **NOTE**: Users only requesting Sara Alert access can send a completed ADHS Acceptable Use Access Agreement, ADHS Confidentiality Agreement Form, and this AHSP Agreement directly to contacttracing@azdhs.gov.

Confidentiality of data on the AHSP Applications and Sara Alert

a. Communicable disease information in ASHP falls under Arizona Revised Statutes Title 36, Chapter 6, Article 4 and is confidential pursuant to A.R.S. §§ 36-664 and may also fall under privacy protections found in the HIPAA.
b. Unauthorized release of confidential information will result in immediate termination of access to the Arizona Health Services Portal and its applications as well as notifying your facility Administrator and/or supervisor, and may result in civil, administrative, and/or criminal penalties.

I have reviewed and understand the above Agreement and the MEDSIS Policies and Procedures, including the policies and procedures related to Sara Alert (if applicable), and agree to be bound by both with regards to my access and use of AHSP, MEDSIS and Sara Alert. Furthermore, the Arizona Department of Health Services reserves the right to limit or terminate access for violation of the above Agreement or the MEDSIS Policies and Procedures.

☐ AHSP ☐ PRISM ☐ MEDSIS ☐ Sara Alert

Organization Name

First & Last Name (Print) Work Phone

Work Email

Signature Date