

## Naloxone Intake Form (Version 3.5) - Data Dictionary/Guide

A Naloxone Intake Form (NIF) should be completed for every kit that a Project DAWN program distributes, transfers to an agency, and each Overdose Awareness Day/Recovery Month event. The data from the completed forms should be entered online using [this REDCap link](#) by the 10<sup>th</sup> day of each month. Guidance on how to complete each intake form is below.

The only required data on the NIF is the For Office Use Only section. The NIF should never prevent a person from obtaining a naloxone kit, so it's okay if "Prefer not to say" is selected or the program does not ask the Main Form/Participant questions. If the latter, "Not asked" should be selected in REDCap.

**Intake Form Version:** There are three versions of the NIF:

<b>Individual Distribution</b>	Use this version when distributing a kit to an individual outside of Overdose Awareness Day and Recovery Month events.
<b>Transfer to Agency</b>	<p>Project DAWNs should use this version for:</p> <ul style="list-style-type: none"><li>• <u>One-time partner for distribution:</u> Giving a supply of naloxone to a one-time/infrequent partner for distribution that are NOT existing Project DAWNs, such as requests that come through the single point of entry website. These kits should also be reported on your Monthly Distribution Log.</li><li>• <u>Service entity first aid:</u> Providing naloxone to a service entity (such as a business that wants kits on the premises).</li><li>• <u>Public NaloxBox/cabinet:</u> Transferring naloxone to fill a NaloxBox or other emergency access mechanism (not vending machine).</li></ul> <p><b>PLEASE NOTE:</b> This version of the form should NOT be used for your own program's distribution if you have an established/recurring partnership that does distribution on your behalf. In that case, the Individual Distribution form should be used.</p>
<b>Project DAWN Overdose Awareness Day/ Recovery Month Event</b>	<p><b>This version of the form is only active Aug. 1 – Sep. 30 of every year.</b> Starting in 2022, Project DAWNs will only need to complete ONE intake form for distribution at every Overdose Awareness Day and Recovery Month event. There is no need to collect client information, but you can utilize the Individual Distribution version if data are needed for program evaluation. If your program distributes at multiple events on different days or different settings, there should be an intake form for each day/setting. <i>For example, if ABC Organization Project DAWN holds an event on 8/25 and 8/31, there should be two separate intake forms – one for each event with the total number of kits distributed at the event. If each event has multiple distribution settings, then there should be forms for each distribution setting and date.</i></p>

**Form identification number:** This item is used to distinguish the forms so that ODH can detect if duplicate forms have been submitted accidentally or find and correct forms as needed. You may use whatever system you like to distinguish the forms – you can number them consecutively (1, 2, 3...) or by date (Jan01-A, Jan01-B, Jan01-C, Jan02-A, Jan02-B, etc.). However, each form must have a unique identifier. Make sure that the identifiers do not include any protected health information (PHI) or information that could identify the client.

**Date of Kit Distribution or Transfer:** For Individual and Overdose Awareness Day (OAD) & Recovery Month Events forms, this is the date the naloxone kit(s) were personally furnished or prescribed to an individual. For Transfer to Agency forms, this is the date the naloxone kit(s) were transferred to an agency either for one-time partner distribution, service entity first aid, or public NaloxBox/cabinet. This should not just be the date the form was entered into REDCap.

**Number of kits provided:** This should be 1 at a minimum. Intake forms should not be entered in REDCap for clients or agencies that were not provided kits, even if they received training.

### **How is this naloxone funded?**

<b>ODH Project DAWN</b>	Kit(s) were obtained from Project DAWN at Ohio Department of Health (ODH).
<b>Other</b>	Select and specify other non-ODH naloxone funding source.

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Last update: 2/28/2023

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**What is the role of the person distributing naloxone?** Only one option can be selected, so please choose the role that is most relevant during the naloxone distribution interaction.

<b>Community Health Worker/Public Health Professional:</b> Any person working in a prevention, health education, or other public health role.	<b>Peer:</b> A person with lived experience with substance use. This can include certified peer recovery supporters.
<b>First Responder/Law Enforcement Officer:</b> Any first responder or law enforcement office (can include EMS, fire, police, correctional center staff, etc.).	<b>Pharmacist:</b> A pharmacist or pharmacy intern.
<b>Healthcare/Behavioral Health Provider:</b> Any healthcare provider (can include physicians, nurses, physician assistants, counselors, social workers, medical assistants, etc.).	<b>Volunteer:</b> Someone who is not being paid and volunteering their time to distribute naloxone.
<b>Lay Distributor:</b> Someone from the community (often with lived experience) who can easily reach target populations.	<b>Other:</b> Only use this option when the role does not match any of the choices above.

**Distribution Setting/Setting:** For Individual and OAD & Recovery Month Events forms, select the setting where naloxone was distributed to the community. For Transfer to Agency forms, select the setting kits were transferred to.

<b>Community Access Point:</b> Distribution via settings open to the public such as community centers, libraries, food pantries, faith-based organizations, etc.	<b>Online Mail-order:</b> Mailing naloxone after receiving client requests online, by phone, or other methods.
<b>Court System:</b> Includes distribution through probation system, drug court, or other court system.	<b>Pharmacy:</b> Furnishing naloxone through a pharmacy.
<b>ED/Urgent Care:</b> Distribution through an emergency department or urgent care setting. <b><u>Do not</u></b> use this for other hospital settings.	<b>QRT:</b> A quick response team that visits someone post-overdose to offer resources. The visit can be to the client's home, an ED, or other location.
<b>FQHC/non-LHD Clinic:</b> Distribution through a federally qualified health center or other non-local health department outpatient health clinic.	<b>School/University:</b> Can include K-12 schools, colleges, universities, etc.
<b>Hospital System:</b> Distribution through any hospital system setting <b><u>except</u></b> emergency departments and pharmacies.	<b>Street Outreach:</b> Distribution occurring in the community through pop-up outdoor events, door-to-door outreach, etc.
<b>Jail/Corrections:</b> Includes distribution via jail, community correctional facility, etc.	<b>Syringe Service Program:</b> Furnishing naloxone through a syringe service program.
<b>Leave-Behind (EMS/LEO):</b> First responders (including fire, EMS, law enforcement, etc.) furnishing naloxone after responding to an overdose either to the person who overdosed or others on the scene.	<b>Treatment/Recovery:</b> Includes any form of behavioral health treatment, including SUD treatment centers, mental health organizations, peer support services, group meetings, etc.
<b>Local Health Department (LHD):</b> Distribution from an LHD via walk-ins, scheduled individual and group trainings, etc.	<b>Vending/Dispensing Machine:</b> Distribution via an automated mechanism like a vending or dispensing machine.
<b>Mobile Unit:</b> Mobile vehicle that distributes naloxone. However, if naloxone is furnished through a mobile syringe service program, <b><u>do not</u></b> choose this setting; please categorize as 'Syringe Service Program'.	<b>Other:</b> Only use this option when the setting does not match any of the choices above. Describe the setting in a way so someone outside of your program would understand. If distribution was through a Lay Distribution Network, please select the option where lay distribution occurred (e.g., Street Outreach)—only select Other if necessary.

- Please note, all questions in the NIF REDCap survey are required. Because of this, the survey has been set to have "Not asked" pre-filled for all the Main Form/Participant questions in case these were not asked during distribution. Please update these answers as needed. Selecting different form types may cause the Main Form questions to no longer be pre-filled. Refresh your browser page to have them pre-fill again.
- Reach out to your Project DAWN Regional Consultant if you would like an export of your NIF REDCap data.

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