

# Project DAWN (Deaths Avoided With Naloxone) Service Entity Intake Form

## FOR OFFICE USE ONLY

Form Identifier \_\_\_\_\_

Was this naloxone funded by the Ohio Department of Health (ODH)?

- Yes  
 No

## SECTION 1: About the Service Entity

Date:

County where the agency is located:

Name of agency receiving the naloxone (Narcan):

Number of naloxone kits received:

Number of employees, staff, or volunteers trained:

Type of agency: **Check all that apply.**

- Drug/alcohol treatment facility  
 Mental health treatment facility  
 Medical facility  
 Social service agency  
 Homeless shelter  
 School (K-12)  
 College or university  
 Jail, prison, or juvenile detention facility  
 Public health department  
 Place of worship  
 Business  
 Government agency  
 Other \_\_\_\_\_


Does your agency have a service entity protocol for keeping naloxone onsite for administration in case of an opioid overdose?

- Yes  
 Unknown  
 No  
 No, but we are in the process of getting one

Has a drug overdose ever occurred at your agency?

- Yes  
 No  
 Unknown

Is this the first service entity kit your agency has obtained?





- Yes →  END OF SURVEY  
 Unknown →  END OF SURVEY  
 No → CONTINUE TO SECTION 2

## SECTION 2: Naloxone Kit Refill

Where did your agency get its most recent kit?

- From this Project DAWN site  
 From another Project DAWN site  
 From a pharmacy  
 From a supplier or wholesaler  
 Unknown  
 Other \_\_\_\_\_

What is the reason for getting another kit today?

- Naloxone expired →  END OF SURVEY  
 Kit was stolen or taken →  END OF SURVEY  
 Kit was given to someone else →  END OF SURVEY  
 Kit was lost →  END OF SURVEY  
 Still have previous kit(s), but seeking additional kit(s) for the agency → CONTINUE TO SECTION 3  
 Naloxone was administered to a person who was overdosing → CONTINUE TO SECTION 3

### SECTION 3: Naloxone Used to Reverse an Overdose

Who overdosed?

- A client or customer
- A patient
- A student
- An inmate
- An employee, staff member, or volunteer
- Someone not associated with the agency
- Other \_\_\_\_\_

Was the person who administered the naloxone covered under the agency's service entity protocol?

- Yes
- Unknown
- No
- Our agency did not have a protocol at the time of the overdose

Race of the person who overdosed:

- White
- Black or African-American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- More than one race (bi-racial/multi-racial)
- Unknown

Had the person who administered the naloxone received training on how to use it?

- Yes
- Unknown
- No

Is the person who overdosed Hispanic or Latino?

- Yes
- Unknown
- No

Age of the person who overdosed:

Gender of the person who overdosed:

- Male
- Female
- Transgender woman (M→F)
- Transgender man (F→M)
- Other/non-binary
- Unknown

Did any of the following things happen during or after the overdose? **Check all that apply.**

- Rescue breathing or CPR was given by EMS or police
- Rescue breathing or CPR was given by a bystander
- Additional naloxone was administered by EMS or police
- Additional naloxone was administered by a bystander
- Person was transported to the emergency room
- Person who overdosed was angry and/or aggressive after waking up
- Person who overdosed vomited after waking up
- Person who overdosed felt dopesick or went into withdrawal after waking up
- Person who overdosed was arrested
- Another person was arrested
- Other \_\_\_\_\_

Was 911 called?

- Yes
- Unknown
- No → Why not? \_\_\_\_\_

Did the person survive the overdose?

- Yes
- Unknown
- No