

NALOXONE KIT USAGE FORM

This survey collects information about how people are responding to opioid poisonings with Community Based Naloxone Kits. The survey is not linked to your name or personal health information. Only provide the information you are comfortable sharing. It will not affect your ability to request a naloxone kit or access health services.

Please ensure you complete one survey for every poisoning, that you are not submitting a previously entered survey, and information from multiple events are not compiled into a single survey

Please ensure that all paper surveys are entered in REDCap through the following link or QR code:

<https://is.gd/naloxonekit>



Profile

1. This survey is being completed by:

- | | |
|--|--|
| <input type="checkbox"/> The person who experienced the poisoning
<input type="checkbox"/> A person who responded to the poisoning
<input type="checkbox"/> Community organization
<input type="checkbox"/> Community pharmacy
<input type="checkbox"/> Medical clinic | <input type="checkbox"/> First responder
<input type="checkbox"/> Private business
<input type="checkbox"/> Alberta Health Services
<input type="checkbox"/> Other, please specify: _____ |
|--|--|

2. Location(City/Town) where the poisoning occurred: _____

The Poisoning

<p>3. Month of the poisoning:</p> <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	<p>4. Year of the poisoning:</p> <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021	<p>5. Site of the poisoning: Check all that apply.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Private residence <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel <input type="checkbox"/> Supportive housing <input type="checkbox"/> Public washroom <input type="checkbox"/> Street <input type="checkbox"/> Vehicle </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Detox/Treatment <input type="checkbox"/> Supervised consumption site/Overdose prevention site <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know <input type="checkbox"/> Other, please specify: _____ </td> </tr> </table>	<input type="checkbox"/> Private residence <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel <input type="checkbox"/> Supportive housing <input type="checkbox"/> Public washroom <input type="checkbox"/> Street <input type="checkbox"/> Vehicle	<input type="checkbox"/> Detox/Treatment <input type="checkbox"/> Supervised consumption site/Overdose prevention site <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know <input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Private residence <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel <input type="checkbox"/> Supportive housing <input type="checkbox"/> Public washroom <input type="checkbox"/> Street <input type="checkbox"/> Vehicle	<input type="checkbox"/> Detox/Treatment <input type="checkbox"/> Supervised consumption site/Overdose prevention site <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know <input type="checkbox"/> Other, please specify: _____			

6. Who responded to the poisoning? E.g., administered naloxone, called 911, or provided other support.

- Check all that apply.
- | | |
|---|---|
| <input type="checkbox"/> Person who experienced the poisoning
<input type="checkbox"/> Friend
<input type="checkbox"/> Family member
<input type="checkbox"/> Stranger | <input type="checkbox"/> Health worker (e.g., nurse)
<input type="checkbox"/> Emergency response (e.g., Fire, Police, EMS)
<input type="checkbox"/> Shelter worker/volunteer
<input type="checkbox"/> Other, please specify: _____ |
|---|---|

7. What drugs were thought to be involved? _____

8. How many vials of naloxone were injected? _____

Poisoning Response

9. If 911 was not called, why not?

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Worried about the police being involved | <input type="checkbox"/> Did not want neighbours to see/know |
| <input type="checkbox"/> Thought person would recover on their own | <input type="checkbox"/> Was told not to by peers |
| <input type="checkbox"/> No access to a phone | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> There were friends/others who could look after the person | <input type="checkbox"/> Other, please specify: _____ |

10. Why did you suspect that a poisoning was occurring?

Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Person was breathing slowly or not breathing | <input type="checkbox"/> Person was making gurgling or snoring sounds |
| <input type="checkbox"/> Person was unresponsive to loud noise or painful touch (wouldn't wake up) | <input type="checkbox"/> Person was choking or vomiting |
| <input type="checkbox"/> Person was struggling to walk, talk or stay awake | <input type="checkbox"/> Person's skin was cold and damp |
| <input type="checkbox"/> Person's body was limp | <input type="checkbox"/> Person's pupils were constricted (tiny) |
| <input type="checkbox"/> Person's face was pale | <input type="checkbox"/> Person's body was stiff or making seizure-like movements |
| <input type="checkbox"/> Person's lips and nails were blue | <input type="checkbox"/> Other, please specify: _____ |

11. If you were the person that responded to the poisoning, what did you do?

Check all that apply.

- Noticed signs of poisoning and called 911
- Shouted to wake them
- Tubbed fist on middle of chest
- Squeezed muscle between neck and shoulder
- Checked breathing
- Gave rescue breaths
- Placed them in recovery position
- Injected naloxone
- Looked for changes after naloxone was given
- Other, please specify: _____

12. If you talked to the person who experienced the poisoning, did any of these topics come up?

Check all that apply.

- What happened to them
- The possibility that the naloxone will wear off and the poisoning may return
- Safer substance use and safety planning
- Naloxone impact on immediate effects of opioids
- Unable to have conversation
- None of the above

13. Did you receive training on how to use a naloxone kit?

- Yes, please specify where: _____
- No

14. What would help you to feel more prepared to respond to an opioid poisoning?

15. Please describe any barriers you had in carrying on using a naloxone kit.

16. Any other comments that you would like to share?

Thank you for taking the survey.

Please visit www.ahs.ca/naloxone for Community Based Naloxone Program information, training and support.

If you or a loved one are looking for help related to substance use, please call the [Addiction Helpline](#) at 1-866-332-2322, available 24/7.

If you or a loved one are looking for help related to mental health and wellness, please call the [Mental Health Helpline](#) at 1-877-303-2642, available 24/7.