

**ARIZONA DEPARTMENT OF CORRECTIONS
DIRECTOR'S OFFICE**

MEMORANDUM

TO: DISTRIBUTION

FROM: CHARLES L. RYAN

DATE: June 15, 2017

SUBJECT: Director's Instruction # 353, Reporting Requirements for Opioid/Opiate Overdose

This Director's Instruction is effective immediately and will remain in effect until rescinded or incorporated into [Department Order 105, Information Reporting](#) (Restricted).

PURPOSE

This Director's Instruction establishes reporting requirements and procedures in accordance with State of Arizona Executive Order 2017-04.

APPLICABILITY

This Director's Instruction applies to the Offender Operations and Inmate Programs and Reentry Divisions for the purpose of reporting suspected Opioid/Opiate deaths, suspected Opioid/Opiate overdoses, and Naloxone/Narcan doses administered within the inmate and offender population under the jurisdiction of the Arizona Department of Corrections (ADC). This Director's Instruction applies to the Correctional Reentry Centers.

POLICY

Consistent with the Governor's Executive Order, 2017-04, Enhanced Surveillance Advisory, ADC shall report all instances of Opioid/Opiate suspected overdoses to the Arizona Department of Health Services (ADHS).

PROCEDURES

- 1.0 The Security Operations Administrator shall serve as the point of contact for reporting all instances of opioid/opiate overdose or death incidents.
 - 1.1 All information obtained for each instance shall be electronically transmitted utilizing the method of reporting established by ADHS.
- 2.0 Wardens, Deputy Wardens and Bureau Administrators shall ensure an internal reporting process is established for reporting all instances of a suspected Opioid/Opiate overdose or death and:
 - 2.1 Require Shift Commanders/Supervisors to complete the ADC Prehospital Opioid/Opiate Overdose Reporting Tool (Attachment A), for each instance of a suspected overdose or death capturing:

- 2.1.1 Incident information.
- 2.1.2 Inmate/offender information.
- 2.1.3 Naloxone/Narcan administration (Prior to arrival of aid).
- 2.1.4 Naloxone/Narcan administration (Not prior to arrival of aid).
- 2.1.5 Reason(s) for the suspected overdose.
- 2.1.6 Inmate/offender outcome or disposition.
- 2.2 Require the completion of ADC Prehospital Opioid/Opiate Overdose Reporting Tool, when staff have received information pertaining to a positive test result after returning from the hospital.
- 2.3 Ensure the completed ADC Prehospital Opioid/Opiate Overdose Reporting Tool is reviewed for completeness and accuracy.
- 2.4 Submit a daily summary report with the incident(s) details to the Security Operations Administrator by email no later than 0830 hours each day, excluding weekends and holidays.
 - 2.4.1 Summary reports shall include information pertaining to the previous 24 hours.
 - 2.4.2 If no overdose has occurred, the summary report shall indicate, “Zero incidents for the day.”

Attachment A: ADC Prehospital Opioid/Opiate Overdose Reporting Tool

{Original Signature on File}



ADC Prehospital Opioid/Opiate Overdose Reporting Tool

Notice to Reporter: This form shall be used by Shift Commanders/Supervisors for the reporting of suspected prehospital opioid/opiate overdose and Naloxone/Narcan administration.

The completed form must be emailed to the Security Operations Administrator at: ree2@azcorrections.gov and gquihuis@azcorrections.gov

Entity/Reporter Information	Naloxone/Narcan Administration (Prior Aid)
Prison Complex: _____ Unit: _____ Entity Type: <input checked="" type="checkbox"/> Law Enforcement	1. Was Naloxone/Narcan administered prior to you / your entity's arrival? <input type="checkbox"/> Yes (continue to Question 2) <input type="checkbox"/> No (skip to Question 4)
Incident Information	2. For Naloxone/Narcan administered prior to you / your entity's arrival, who administered it? <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other Health Care Professional
Date: _____ Time: _____	3. How many doses of Naloxone/Narcan were administered by the entity identified in Question 2? <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> 3 doses <input type="checkbox"/> 4 doses <input type="checkbox"/> 5 or more doses
SIR Number: _____	<div style="background-color: #cccccc; text-align: center; font-weight: bold; padding: 2px;">Naloxone/Narcan Administration (Not Prior Aid)</div> 4. Was Naloxone/Narcan administered by you / your entity? <input type="checkbox"/> Yes (continue to Question 5) <input type="checkbox"/> No (skip to Question 6)
Prison Address (Street): _____	
Incident City: _____	
Incident County: _____	
Incident State: _____	
Incident Zip Code: _____	5. How many doses of Naloxone/Narcan did you / your entity administer? <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> 3 doses <input type="checkbox"/> 4 doses <input type="checkbox"/> 5 or more doses
Inmate/Offender Information	Reason(s) for Suspected Overdose
Last Name: _____ First Name: _____ Date of Birth: _____ / ____ / ____ ADC# _____ Age: _____ Years Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	6. Unresponsive to stimuli? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Pale, clammy skin? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Blue lips and/or fingertips? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Deep snoring or gurgling? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Very infrequent or no breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Slow heartbeat/pulse? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Scene/surroundings suggest drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. Notified by bystander of possible drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No
Inmate/Offender Outcome/Disposition	
1. What happened to the Inmate/offender / what was the Inmate's/offender's final disposition? <input type="checkbox"/> Inmate/offender transported by EMS to hospital <input type="checkbox"/> Inmate/offender transported by ADC to hospital <input type="checkbox"/> Inmate/offender treated and returned to housing <input type="checkbox"/> Inmate/offender pronounced dead on scene	
Submitted By: _____	