



Frequently Asked Questions (FAQs)

Prehospital Opioid/Opiate Overdose Reporting
Fire, EMS, and Law Enforcement

What is the goal and purpose for law enforcement and first response data collection?

To address the opioid overdose emergency, we are using a public health disease management model. This requires data collection in order to quantify and describe the size of the problem and formulate a plan to address the issue. The data will provide actionable information for directing public health assets and interventions.

What are we required to report?

Generally speaking, mandatory reporting is required for *suspected opioid overdoses, suspected opioid overdose deaths, and naloxone naloxone doses administered in response to a suspected opioid overdose.*

- Not every naloxone administration will generate a report. If the naloxone is provided as part of a diagnostic evaluation, say for altered mental status, but the patient's mental status does not change as a result of the administration, a report is not required.
- Suspected opioid overdose is not the same as potential opioid overdose. When a First Responder has reason to believe that an individual's condition is likely related to an opioid overdose, then a report should be generated.
- Please err on the side of over-reporting. If you are unsure, then please take a few minutes to make a report. Our staff links reports and removes duplicate submissions.

When are we required to report? As in, how long is the acceptable timeline between an incident and when we must submit the report?

Our request of you, and our goal as a Department, is for all reporters to submit a report within 55 business days pursuant to Emergency Rule 9 A.A.C. 4. We appreciate your assistance in obtaining timely and potentially life-saving data.

Does the 5 business day reporting mandate include weekends?

For the purposes of reporting under Emergency Rule 9 A.A.C. 4, "business day" means the period from 8:00 a.m. to 5:00 p.m. Monday through Friday, and excluding weekends and state holidays.

Do all mandated reporting agencies (Fire, EMS, and Law Enforcement) need to establish a Prehospital Opioid/Opiate Overdose Reporting Tool (POORT) account? If so, how?

Yes, all mandated reporting agencies need to establish an account. To do so, please complete the [Data Use Agreement](#) for Prehospital Opioid/Opiate Reporting and submit via one of the methods outlined on the form. Agency account credentials will then be provided.

Do current AZPIERS users need to sign and submit a Data Use Agreement for Prehospital Opioid/Overdose Reporting?

Yes, current AZPIERS users need to submit a [Data Use Agreement](#).

We often use naloxone as a diagnostic tool when all other factors are ruled out (i.e. trauma, blood sugar, etc.). For example, early this morning we responded to a cardiac arrest. There was no real suspicion that opioids may have been involved per family, however, the crew gave naloxone more diagnostically. This situation occurs quite frequently, especially in the elderly altered patient. Do we still need to report all of these naloxone uses when it is used diagnostically?

If the administration of naloxone did not have a clinical effect, AND the First Responder does not suspect that the illness is related to opioid overdose, then reporting is not required.

In a tiered-response situation, who is responsible for reporting a suspected opioid overdose, suspected opioid overdose death, and/or naloxone administration?

All First Responders are mandated to report these events. However, if the EMS agency offers to report on behalf of the law enforcement agency on scene, that would be permissible. If there is any question about whether a report has been completed, BOTH agencies should report. It is critical to have a prehospital report of the event. ADHS is able to collect overlapping reporting and link the data together once reported.

If we deliver a patient to the ER who meets the required reporting points and the hospital is also mandated to report, does EMS also have to report?

EMS must create and submit a report. Each provider type submits unique information into different systems (in this case AZPIERS and MEDSIS). The prehospital record and hospital record get linked on our back-end to create a report with outcomes. In addition, there will also be many patients that may be encountered by EMS or hospital but not both.