

Overdose Response Program Reporting Guidance

Introduction

This document is intended for staff of authorized Overdose Response Programs (ORPs). It is maintained by the Maryland Department of Health Center for Harm Reduction Services (MDH CHRS).

Why is Reporting Required?

Monthly ORP reporting is required by [COMAR 10.47.08.09](#) and [MD Health-General Code Ann. § 13-3101](#). It is required to maintain your ORP authorization and your eligibility to order naloxone from CHRS. It is needed to support funding for naloxone and to make sure we are reaching our priority populations.

About CHRS Webforms

Once you submit an entry through these webforms, CHRS databases are automatically updated. CHRS staff can see draft entries, but we don't count them until they are submitted. You can check a box to receive an emailed copy of your reports.

Reminders

CHRS will send monthly reminders to complete reporting. We'll also reach out if you do not report in a given month, or to confirm your reporting numbers.

Contact Us

Please contact mdh.naloxone@maryland.gov to ask for help completing your reporting, correct mistakes in submitted reports, or if you have any data entry questions or issues.

ORP Training Report

ORP Training Report Link:
cognitofrms.com/MDH3/overdoseresponseprogramortrainingreport

About

Use this webform to report on naloxone training and/or dispensing, as well as fentanyl test strip and xylazine test strip dispensing. A training report should be completed even in instances where naloxone is not dispensed. [Click here](#) to jump to explanations of each webform field.

ORP Trainee Registration Form

We recommend you print out the ORP Trainee Registration Form ([English](#), [Spanish](#)) (or your own adapted version) to collect information from trainees. After your training, take your stack of ORP Trainee Registration Forms and tally the totals by question. A tally sheet is available in [Excel](#) and [PDF](#) format. The total counts are what should be submitted into the ORP Training Report webform.

Do not send ORP Trainee Registration Forms to CHRS; they are for your records only.

Frequency

Your ORP must submit an ORP Training Report **at least once per month**, even if you have not conducted trainings. Trainings that take place in the same event setting, jurisdiction, and month can be batched into one monthly entry.

Naloxone Use Report

Naloxone Use Report Link:
cognitoforms.com/MDH3/NaloxoneUseReport

About

The Naloxone Use Report is an anonymous webform for reporting bystander naloxone administration. As an ORP, if someone you train says they used their naloxone, you are required to submit a report through this webform. The webform is also open to the public. A tally sheet for this form is available in [Excel](#) and [PDF](#) format. [Click here](#) to jump to explanations of each webform field.

Exceptions

There's no need to submit a report just because someone says they want a naloxone refill; it's only needed if they say they used their naloxone.

There's no need to report if you or someone else has already reported to the Maryland Poison Center (1-800-222-1222).

There's no need to report when Emergency Medical Services (EMS) uses naloxone, or when naloxone is used in a hospital.

ACCESS Resources Request Form

ACCESS Resources Request Form Link:
cognitofrms.com/mdh3/accessresourcesrequestform

About

Authorized Maryland Overdose Response Programs (ORPs) should use this form in two ways:

1. At least **once a month**, report naloxone inventory to MDH CHRS.
2. As needed, request harm reduction resources from the Maryland Department of Health Center for Harm Reduction Services (MDH CHRS).

Webform Fields

ORP Training Report Webform Fields

ORP Training Report Webform Field	Instructions
Submit	When you're done filling out the webform, click the "submit" button at the bottom for CHRS to count it.
Save	You can save and return to the entry you've started before you click submit. You can also share the link to your draft entry with other staff.
Your Information	
Your Name	Enter contact information for the person filling out the form. CHRS staff will reach out if any questions or data issues come up.
Your Phone Number	
Your Email Address	
Would you like to receive a copy of the report?	Choose Yes to receive an emailed copy of the report.
Your Overdose Response Program	Start typing the name of your ORP to select it from the drop-down list of active authorized Maryland ORPs. If you don't see your ORP, please contact mdh.naloxone@maryland.gov .
Reporting Period Month	Choose the month when your event(s) happened. If you enter an Event Date under the Event Information section, this field will prefill with the right month.

ORP Training Report Webform Field	Instructions
Reporting Year	Choose the year when your event(s) happened.
Event Information	
Event Type	<p>Choose all that apply for your event(s). Your selection will reveal additional fields in the form.</p> <p>Naloxone Training and/or Dispensing: check this box if you trained people how to use naloxone and/or if you gave out naloxone.</p> <p>Fentanyl Test Strip Distribution: check this box if you gave out fentanyl test strips.</p> <p>None of the above: check this box if you didn't do any training, dispense naloxone, or distribute fentanyl test strips during the monthly reporting period.</p>
Event Date	Enter the date of the training. If you're batching similar events held on multiple days within a monthly reporting period, leave this field blank.
Event Location	Select the jurisdiction (county) in which your training session was held. If it is a virtual event, you may select the county where your ORP or trainer is located.
Event Setting	<p>Select the setting where the training took place from the drop-down menu.</p> <p>If you frequently train at a setting type that is not on the list, please contact mdh.naloxone@maryland.gov to have the setting added to the list.</p> <ul style="list-style-type: none"> ● Business: for-profit, gas stations, hotels/motels, restaurants ● CHRS COVID OTP Pilot: CHRS internal use only ● Community Based Organization: nonprofit ● Community Center: recreation centers, libraries ● Conference/Training for Other Events: conferences, parades, community events ● Correctional Facility: a facility where individuals who have been convicted serve out their sentencing ● Detention Center: a facility that handles arrestees who are awaiting processing or trial ● Educational Institution: public and private schools, colleges, universities ● Emergency Department: emergency room ● EMS and/or Fire Personnel

<p>ORP Training Report Webform Field</p>	<p>Instructions</p>
	<ul style="list-style-type: none"> ● EMS Leave Behind: given by EMS to the public ● Faith Based Organization: churches, religious institutions ● Government Agency Staff ● Homeless Shelter: day or overnight programs ● Hospital: inpatient ● Intensive Outpatient: Intensive Outpatient Program ● Law Enforcement: LEO staff training ● Local Health Department: at or outside an LHD building ● Mail-Order: sent through mail, NEXT naloxone ● Medication for Opioid Use Disorder Provider (includes methadone and/or suboxone): includes OTPs ● Non-Medication Substance Use Treatment Provider ● Online: virtual ● Parole and Probation ● Participant Home: private residence ● Pharmacy ● Primary Care Clinic ● Re-Entry Services (Other): Includes pre-trial diversion and alternative sentencing. Excludes parole and probation or training provided at detention facilities. ● Street Outreach: tabling, backpack method, mobile unit ● Syringe Service Program: during SSP operations ● Transitional Housing (Halfway Home, Recovery House) ● Urgent Care Center ● Vending Machine or Naloxone Box
<p>Naloxone Training and/or Dispensing</p>	<p>These questions will appear when you select an Event Type of “Naloxone Training and/or Dispensing”.</p>
<p>Total Doses of Naloxone Dispensed</p>	<p>Enter the number of doses of naloxone dispensed, by type. One kit typically contains two doses. This form asks you to enter doses rather than kits or units.</p> <p>Nasal Narcan: a nasal spray that doesn’t require any assembly. This is what CHRS ships to ORPs most often. A Narcan kit should include two doses.</p> <p>Other intranasal: any other nasal spray, including the kind that requires the assembly of a nasal adapter piece and syringe.</p> <p>Evzio auto injector: an automatic retractable needle device.</p> <p>Other intramuscular: any intramuscular naloxone. This typically comes in a vial and is given by syringe.</p> <p><i>Example: During the month of June, you train 10 people and</i></p>

ORP Training Report Webform Field	Instructions
	<i>provide them with 20 total doses of Nasal Narcan. Total People Who Received Training = 10, Total People Who Received Naloxone = 10, and Nasal Narcan = 20.</i>
People Reached by your ORP	These questions will appear when you select an Event Type of “Naloxone Training and/or Dispensing”.
Total People Who Received Training	Enter the total number of individuals your ORP trained to use naloxone, regardless of whether they received naloxone from you . <i>Example: During the month of June, your ORP virtually trained 5 people without giving them naloxone. Total People Who Received training = 15.</i>
Total People Who Received Naloxone	Enter the total number of people who received naloxone from your ORP. <i>Example: During the month of June, your ORP conducted street outreach where you dispensed naloxone to 10 individuals. Total people who received naloxone = 10.</i>
Demographics of People Who Received Naloxone	These questions appear when “Total People Who Received Naloxone” is more than 0.
Gender of People Who Received Naloxone	Enter in the total number of people who received naloxone by gender. Because a person who identifies with more than one gender may be counted more than once in this section, the total can be more than the total people who received naloxone. For a glossary of terms, visit lgbtqiahealtheducation.org/glossary/en/ . Another gender: Count fill-in-the-blank answers. Unknown / Decline to Answer: Count people who did not self-identify their gender. <i>Example: you give naloxone to 10 people and everyone declines to answer questions about gender. Enter 10 under “Unknown / Decline to Answer.”</i>
Race/Ethnicity of People Who Received Naloxone	Enter the total number of people who received naloxone by self-identified ethnicity/race. Because a person who identifies with more than one ethnicity/race may be counted more than once in this section, the total can be more than the total people who received naloxone.

ORP Training Report Webform Field	Instructions
	<p>Unknown / Decline to Answer: Count people who did not self-identify their ethnicity/race.</p> <p><i>Example: you give naloxone to 10 people and everyone declines to answer the question about race/ethnicity. Enter 10 under “Unknown / Decline to Answer.”</i></p>
Age in Years of People Who Received Naloxone	<p>Enter the total number of people who received naloxone by age range.</p> <p>Unknown / Decline to Answer: Count people who did not self-identify their age.</p> <p><i>Example: you give naloxone to 10 people and everyone declines to answer the question about age. Enter 10 under “Unknown / Decline to Answer.”</i></p>
Qualification Category of People Who Received Naloxone	<p>These options are based on Health General §13-3104. Enter in the total number of people who received naloxone by their self-identified qualification category or reason for receiving naloxone.</p> <ul style="list-style-type: none"> ● Occupation: for those likely to witness and respond to an overdose because of their place of work. ● Volunteer Work: for those likely to witness and respond to an overdose because of their role as a volunteer. ● Family member: for those seeking training because a family member is at risk for experiencing an overdose. ● Social Experience: for those likely to witness and respond to an overdose because of their social circle or personal experience. ● Law Enforcement: for those who are likely to witness and respond to an overdose because they are employed in the law enforcement field. <p>Unknown / Decline to Answer: Count people who did not self-identify their qualification category.</p> <p><i>Example: you give naloxone to 10 people and everyone declines to answer the question about reason for training. Enter 10 under “Unknown / Decline to Answer.”</i></p>
Fentanyl Test Strips	The questions in this section are revealed when an Event Type of “Fentanyl Test Strip Distribution” is selected.

ORP Training Report Webform Field	Instructions
Total People Who Received Fentanyl Test Strips	Enter the total number of individuals who received fentanyl test strips at the event(s).
Count of Fentanyl Test Strips Distributed	Enter the total number of fentanyl test strips distributed at the event(s).
Xylazine Test Strips	The questions in this section are revealed when an Event Type of "Xylazine Test Strip Distribution" is selected.
Total People Who Received Xylazine Test Strips	Enter the total number of individuals who received xylazine test strips at the event(s).
Count of Xylazine Test Strips Distributed	Enter the total number of xylazine test strips distributed at the event(s).
Have you, or the people you serve, saved a life with naloxone?	This question is always visible.
How many lives have you, or the people you serve, saved with naloxone?	<p>Please enter the total number of lives saved with naloxone by ORP staff or people served by the ORP. Include only lives saved since you last reported this number to MDH CHRS. If it is your first time reporting this number, please report lives saved with naloxone by your ORP staff or people you serve within the reporting month.</p> <p>When more information about an overdose reversal is available, ORPs or the public should please also send a Naloxone Use Report to CHRS using this link: cognitofrms.com/MDH3/NaloxoneUseReport</p>

Naloxone Use Report Webform Fields

Naloxone Use Report Webform Field	Instructions
Submit	Users must click the "submit" button at the end of the form in order for the report to be considered complete.
Save	This button allows users to save and return to the information they have entered at any point before clicking the "Submit" button. The link to the partially completed form may be copied and shared with other staff; this allows for multiple staff members to participate in the

Naloxone Use Report Webform Field	Instructions
	completion of the form if necessary.
Select which organization you are affiliated with, if any.	<p>Select the Overdose Response Program you work with, or the organization that provided the naloxone. If your organization is not listed, select "Other (organization not listed)" and fill in your organization's name.</p> <p>If you are not affiliated with any organization, select "Individual."</p>
Date naloxone was used	Select the date the naloxone was used. If you are not sure, provide an estimate.
County where naloxone was used	Select the county in which the naloxone was used.
ZIP code where naloxone was used	This field appears when the jurisdiction of Baltimore City is selected. Report the ZIP code in which the naloxone was administered, not the ZIP code where someone lives. Click here to view a map of Baltimore City ZIP codes.
Was this naloxone use reported to the Maryland Poison Center at 1-800-222-1222?	Select "Yes," "No," or "Not sure." If you select "Yes," indicating the use was reported to the Maryland Poison Center, there is no need to submit the report.
Overdose Reversal Information	
Relationship between the person who overdosed and the person who used naloxone	Select the option that best characterizes the relationship between the person who used the naloxone, and the person who experienced the overdose.
Age of the person who overdosed	Write in the age of the person experiencing the overdose (the person on whom the naloxone was used). If you do not know the exact age, you may leave this field blank or provide an estimate.
Gender of the person who overdosed	Select or type in the gender of the person experienced the overdose (the person on whom the naloxone was used).
Race/ethnicity of the person who overdosed	Select or type in the ethnicity/race of the person experiencing the overdose (the person on whom the naloxone was used).

Naloxone Use Report Webform Field	Instructions
Did you use the naloxone on someone, or are you reporting on behalf of someone else?	<p>Select “I used the naloxone on someone else” if you personally administered (used) the naloxone to assist someone else experiencing an overdose.</p> <p>Select “I am reporting for someone else who used the naloxone” if you are reporting on behalf of someone else who used the naloxone. Use this option if you are ORP staff filling out this form on behalf of someone who used the naloxone you provided.</p>
How many doses of naloxone were used?	<p>Write in the number of naloxone <i>doses</i> that were used. Please note that one kit/unit typically contains two doses. This form asks you to enter doses rather than kits or units.</p> <p>For example, if you used two (2) single-use nasal Narcan spray devices, you would document “2” in this field.</p>
Was 911 called?	<p>Select “yes” if you or someone else called 911 and requested EMS (Emergency Medical Services).</p> <p>Select “no” if you are certain 911 was not called and EMS was not present.</p> <p>Select “Not sure” if you are not sure whether 911 was called.</p>
If 911 was called, was the person transported by EMS?	<p>Select “Yes” if the person who overdosed went to the hospital with the EMTs or Paramedics. Select “No, declined transport” if they didn’t go to the hospital.</p>
If 911 was called, did the person regain consciousness before EMS arrived?	<p>This question is revealed when “yes” is selected in response to the above question about calling 911.</p> <p>Select “Yes” if the person “woke up” before EMS arrived.</p> <p>Select “No” if the person did not wake up before EMS arrived.</p> <p>Select “Not sure” if the person who administered the naloxone left the scene before the person regained consciousness.</p>
Would you like to receive a copy of the report?	<p>Select Yes and provide an email in the next field to get an email with your responses. Select No and you won’t get an email.</p>
Your Email (optional)	<p>This field is optional. This information will be used by CHRS staff to contact you regarding any data issues. This email address will not be shared with anyone outside of the Center for Harm Reduction Services, and will only be used for the purpose of asking follow up questions about this report.</p>

Naloxone Use Report Webform Field	Instructions
Additional information	Provide anything else you'd like to share about this naloxone use.