

Maryland Overdose Response Program

Guidance for ORP Reporting to the Department

As established in COMAR 10.47.08.11C “Reporting Information to the Department”, an authorized private or public Overdose Response Program (ORP) entity shall report monthly:

- (1) Information on program operations, including:
 - a. Number of individuals who have completed educational training and refresher training programs;
 - b. For private or public entities dispensing naloxone:
 - i. Form of naloxone dispensed;
 - ii. Number of individuals receiving naloxone refills;
 - iii. Number of refill doses of naloxone dispensed;
 - iv. Number of individuals receiving initial naloxone training; and
 - v. Number of initial doses of naloxone dispensed; and
 - c. For private and public entities distributing fentanyl test strips:
 - i. Number of test strips distributed; and
 - ii. Number of individuals who received test strips; and
 - d. Number and location of naloxone administrations and overdose reversals to the extent this information is reported to the authorized private or public entity;
- (2) Demographics including:
 - a. Sex;
 - b. Ethnicity;
 - c. Race;
 - d. Age; and
 - e. Specific status determination for eligibility to receive training;
- (3) Any other information required by the Department.

Reporting is required through the Maryland Department of Health’s web-based form

Access the web-based form:

Health Department ORPs: <http://phpa-chrs.external.local/orptrainingreport>

All other ORPs: <http://phpa-chrs.health.maryland.gov/ORPtrainingreport/>

- Once submitted, the form automatically updates the MDH training report database. If you make a mistake, you may contact Center for Harm Reduction Services (CHRS) to correct it.
- The report collects aggregated training information. Before submitting, confirm numbers submitted under the age section, gender section, and qualification category equal the total trained. Numbers under the ethnicity/race section need not add up to the total trained, to allow for individuals to report more than one ethnicity/race.
- Submit one report per training session. One-on-one trainings (outreach trainings or EMS Leave Behind trainings, for example), can be combined into one monthly entry for all trainings of that particular setting type.
- You may submit multiple reports per month, at any time during the reporting period.
- ORPs should submit a report at least once per month if any trainings were conducted during the month
- MDH Center for Harm Reduction Services staff will periodically confirm training numbers with entities. For data entry questions and issues, please contact Dana Heilman at (410) 767-2955 or at mdh.naloxone@maryland.gov

Web-based form instructions

Use these instructions if you are entering a training report for a training where education was provided on overdose response and naloxone administration. A training report should be completed even in instances where naloxone was not dispensed.

Use these instructions also for trainings where fentanyl test strips were dispensed.

Form Field	Instructions
1. Form completed by:	<ul style="list-style-type: none"> • Enter your full name and phone number so that CHRS staff can contact you to reconcile any data entry issues.
2. Name of Entity	<ul style="list-style-type: none"> • Select your ORP entity name from the drop down list. • If you do not see it on the list, please contact MDH to be added to the list
3. Date of Event	<ul style="list-style-type: none"> • Enter the date on which your entity provided the training. • When bundling multiple one-on-one trainings into one form entry, please select any date within the month for which you are reporting.
4. Location of Event	<ul style="list-style-type: none"> • Select from the drop-down menu the jurisdiction in the State of Maryland in which your training session was held.
5. Setting of Event	<ul style="list-style-type: none"> • Select the type of setting where the training took place from the dropdown list. • Use “Other” only if none of the options apply. If you select “Other,” please provide a brief explanation in the comment box describing where the event was held. • If you frequently train at a setting type that is not on the list, please contact MDH to have the setting type added to the list.
6. Event type	<ul style="list-style-type: none"> • Indicate whether the training session was: <ul style="list-style-type: none"> ○ Training and refill dispensing ○ Refill dispensing only • A “refill” is considered any naloxone provided to individuals who attest to having been previously trained. Individuals seeking a refill may have been trained previously by your entity or a different entity. • Select “Training and Refill dispensing” if the event involved dispensing

	<p>naloxone to individuals who have received training and/or naloxone before (“refills”), as well as providing training and/or naloxone to individuals who have never been previously trained. For example, if you provided naloxone to a group in which some people have been trained previously and are only seeking the medication, but other members of the group are receiving training for the first time.</p> <ul style="list-style-type: none"> • Select “Refill dispensing only” if all the individuals to whom you provided naloxone have been trained previously (previous training may or may not have included receiving naloxone).
<p>7. Total number of individuals receiving naloxone refills</p>	<ul style="list-style-type: none"> • Enter the total number of people receiving naloxone refills. • A “refill” is considered any naloxone provided to individuals who attest to having been previously trained. Individuals seeking a refill may have been trained previously by your entity or a different entity. • It is at the discretion of the ORP whether to verify and how to verify that the individual has been previously trained. Refresher training for individuals previously trained is not required by MDH, and individuals are not required by MDH to provide a certificate of training in order to receive a refill.
<p>8. Total number of refill doses dispensed</p>	<ul style="list-style-type: none"> • Enter the number of refill <i>doses</i> of naloxone dispensed, by type of naloxone dispensed. For example, if 10 total <i>doses</i> were provided to 5 individuals, 6 doses/3 kits were nasal Narcan and 4 doses/2 kits were intramuscular, please enter the data as follows: <ul style="list-style-type: none"> ○ Nasal Narcan: 6, Other intramuscular: 4 • Types of naloxone: <ul style="list-style-type: none"> ○ Nasal Narcan: refers to the nasal spray with the brand name “Narcan,” that is manufactured by Emergent Biosolutions (formerly by Adapt Pharmaceuticals). This type of naloxone does not require any assembly. ○ Other intranasal: refers to the other available type of naloxone that is delivered through the nose, manufactured by Hospira. This product requires the use of a nasal adapter piece, which must be screwed into the top of the syringe. ○ Evzio auto injector: refers to the retractable needle device manufactured by Kaleo. ○ Other intramuscular: refers to traditional intramuscular naloxone, delivered via an intramuscular needle and syringe. • Please note that <u>one kit/unit</u> typically contains <u>two doses</u>. This form asks you to enter <i>doses</i> rather than kits or units. For example, if you train 10 people and provide 10 kits containing one unit each (2 devices per unit) of Narcan, please enter that 20 doses were dispensed.
<p>9. Initial Trainings</p>	<ul style="list-style-type: none"> • Enter the total number of people who received training for the first time. These are individuals who have not been trained previously and are not seeking refills.
<p>10. Age</p>	<ul style="list-style-type: none"> • Enter in the total number of initial trainees by age category when available. Individuals receiving refills need not be included in this demographic section or others. • If you did not collect age for an individual, please count them under the “unknown” field. For example, if you train 10 individual and do not

	collect their ages, please enter 10 for “unknown.”
11. Gender	<ul style="list-style-type: none"> • Enter in the total number of initial trainees by gender category when available. Individuals receiving refills need not be included in this demographic section or others. • If you did not collect gender for an individual, please count them under the “not stated” field. For example, if you train 10 individual and do not collect their gender, please enter 10 for “not stated.”
12. Ethnicity/Race	<ul style="list-style-type: none"> • Enter in the total number of initial trainees by ethnicity/race when available. Individuals receiving refills need not be included in this demographic section or others. • If you did not collect ethnicity/race for an individual, please count them under the “unknown” field. For example, if you train 10 individuals and do not collect their ethnicity/race, please enter 10 for “unknown.” • Aggregate numbers in this section need not add up to total number of individuals trained; therefore, an individual who identifies their ethnicity/race as more than one category may be counted twice in this section.
13. Qualification Category	<ul style="list-style-type: none"> • The categories listed here match those designated in Health General §13-3104. These categories are also known as “reason for training.” • Enter in the total number of initial trainees by “qualification category,” or reason for receiving training. Individuals receiving refills need not be included in this section. • Enter the total numbers of individuals receiving training for the first time by category <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. • If you did not collect “qualification category” for an individual, please count them under the “unknown” field. For example, if you train 10 individual and do not collect their reason for training, please enter 10 for “unknown.”
14. Total number of initial doses dispensed	<ul style="list-style-type: none"> • Enter the number of <i>doses</i> of naloxone dispensed to individuals who were trained for the first time, by type of naloxone dispensed. Do NOT include in this count doses dispensed as refills to individuals who have been trained previously. For example, if 10 total <i>doses</i> were provided, 5 were nasal Narcan and 5 were Intramuscular, please enter the data as follows: <ul style="list-style-type: none"> ○ Nasal Narcan: 5, Other intramuscular: 5 • Types of naloxone: <ul style="list-style-type: none"> ○ Nasal Narcan: refers to the nasal spray with the brand name “Narcan,” that is manufactured by Emergent Biosolutions (formerly

	<p>by Adapt Pharmaceuticals). This type of naloxone does not require any assembly.</p> <ul style="list-style-type: none"> ○ Other intranasal: refers to the other available type of naloxone that is delivered through the nose, manufactured by Hospira. This product requires the use of a nasal adapter piece, which must be screwed into the top of the syringe. ○ Evzio auto injector: refers to the retractable needle device manufactured by Kaleo. ○ Other intramuscular: refers to traditional intramuscular naloxone, delivered via an intramuscular needle and syringe. <ul style="list-style-type: none"> ● Please note that <u>one kit/unit</u> typically contains <u>two doses</u>. This form asks you to enter <i>doses</i> rather than kits or units. For example, if you train 10 people and provide 10 kits containing one unit each (2 devices per unit) of Narcan, please enter that 20 <i>doses</i> were dispensed.
<p>15. Fentanyl test strips distributed</p>	<ul style="list-style-type: none"> ● Enter the total number of fentanyl test strips distributed at this training event.
<p>16. Total numbers of individuals who received fentanyl test strips</p>	<ul style="list-style-type: none"> ● Enter the total number of individuals who received fentanyl test strips at this training event.