#### **Use of Opioid Antagonists in Local Detention Facilities**

Note: Before completing this survey, review the *Survey Overview* which provides detailed instructions and pertinent definitions of key terms.

### **General Information**

- 1. Please select the reporting period. [dropdown menu which will include the baseline of 2023 and each quarterly reporting period]
- 2. Please select your county. [dropdown menu]
- 3. Please select the facility name. You may only select one facility at a time and will need to submit a separate form for each facility. [dropdown menu, will only include list of facilities for the county selected in question 2]
- 4. Please enter the full name of the reporting person. [text box]
- 5. Please enter your email address. [text box]

# Availability of Opioid Antagonists within the Facility

- 6. Does your agency have an opioid antagonist (e.g., Naloxone/Narcan) available within the detention facility? The information provided should be for the last day of the reporting period. [check boxes, single selection only]
  - a. Yes
  - b. No
- 7. [If yes to question 6] How is the opioid antagonist available within the facility? The information provided should be for the last day of the reporting period. [check boxes, check all that apply]
  - a. On custodial staff person
  - b. Accessibly by facility medical staff
  - c. Accessible to custodial staff supervisors
  - d. Accessibly to detained individuals (e.g., inside housing unit, common area)
  - e. Other (please describe) [text box]
- 8. [If no to question 6] When external medical responders (e.g., paramedics) respond to medical emergencies in the facility, do they have an opioid antagonist available? The information provided should be for the last day of the reporting period. You may need to check with your local agencies for external medical responders (e.g., paramedics) to answer this question. [check boxes, single selection only]
  - a. Yes
  - b. No

# Incidents of Opioid Antagonist Use within the Facility

### [Question 9 for baseline survey]

9. Report the total number of unique incidents in which an opioid antagonist was administered for each month in 2023. If these data were not collected during the reporting month, enter N/A. [text boxes, one for each month]

January 2023:
February 2023:
March 2023:
April 2023:
May 2023:
June 2023:
July 2023:
August 2023:
September 2023:
October 2023:
November 2023:
December 2023:

#### [Question 9 for quarterly survey]

9. Report the total number of unique incidents in which an opioid antagonist was administered for each of the months in the reporting period with Month 3 being the most recent month. [text boxes, one for each month]

Month 1: Month 2:

Month 3: