

Document Type: Exhibit  
Number: 6.01jjjjj  
Effective: 10-14-24  
Revised:  
Legal References:

---

### NALOXONE (Narcan) DEPLOYMENT EVENT SUMMARY

Every time Naloxone (Narcan) is administered, complete this event summary, and forward it to **Risk & Safety Services**.

Location of event: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm

Describe event: \_\_\_\_\_

\_\_\_\_\_ (use back of page if necessary)

Victim's name & contact information (if available):

\_\_\_\_\_

Was this incident witnessed by anyone other than the rescuer(s)? Yes\_\_\_\_ No\_\_\_\_

If yes, witness' name & contact information: \_\_\_\_\_

\_\_\_\_\_

Witness statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was 9-1-1 called? \_\_\_\_\_ If yes, who called (name)? \_\_\_\_\_

Was victim breathing at time of initial assessment? Yes\_\_\_\_ No\_\_\_\_

CPR/Rescue Breathing provided? Yes\_\_\_\_ No\_\_\_\_ If yes, CPR/Rescue Breathing provided (check 1 or both) BEFORE\_\_\_\_ AFTER\_\_\_\_ administration of Narcan?

List names of person(s) performing CPR/Rescue Breathing:

\_\_\_\_\_

Did victim...

Resume breathing? \_\_\_\_\_

Regain consciousness? \_\_\_\_\_

Name of person that administered the Narcan: \_\_\_\_\_

Total number of Narcan doses administered by non-first responder employees? \_\_\_\_\_

Was the patient transferred to the local EMS agency? Was the patient transferred to the local EMS agency?

Yes\_\_ No\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Name and contact information of person(s) completing form: \_\_\_\_\_

\_\_\_\_\_