

## Instructions for completing the 69 CSR 14 fillable form

- The form is readable and fillable in almost all the most recent browsers available.
- Upon completion, the form must be saved to your Documents or Desktop and then viewed from its saved location and with merely click of the envelope at the bottom of the form the program will prompt you to choose a default email or an internet email.
- If you find you do not have a PDF reader on your system, there are several that are available online. Adobe has been a popular free application that is available from their [website](#). Be sure to read the installation instructions carefully.
- If you select default email the default email set up on your device will activate, insert the form, insert your name, create a subject narrative for you to review and finally send.
- If you find that default mail does not function for your system or you select the internet option instead, it will be necessary for you to attach the saved form to your email in your desktop or internet email solution. Mail to: [DHHRODCPReporting@wv.gov](mailto:DHHRODCPReporting@wv.gov).
- If you find it necessary to print the form to complete and or send through the US Postal Service, the address will be at the end of the form upon printing.

### Time Frames for Quarterly Reporting:

- For the period January 1 through March 31, the reporting date is April 30.
- For the period April 1 through June 30, the reporting date is July 31.
- For the period July 1 through September 30, the reporting date is October 31.
- For the period October 1 through December 31, the reporting date is January 31.

### Entities required to report required information include:

1. **Pharmacies** operating in the state
2. **Health care providers**
3. **Medical examiners;**

4. **Law-enforcement agencies**, including **prosecuting attorneys**, state, county and local **police departments**
5. **Emergency response providers**
6. The following information shall be reported to the Office of Drug Control Policy:
  - a. Name
  - b. Date of birth
  - c. Date and time of the response
  - d. Location of response
  - e. Gender of person suffering from an overdose
  - f. Race and ethnicity, if known
  - g. Whether the person is a smoker, if known
  - h. Estimated or actual age of a person suffering from an overdose
  - i. Whether the overdoses occurred in the presence of a child
  - j. Drug suspected of causing the overdose
  - k. Observations of the physical condition of the person suffering from an overdose, including, but not limited to, pale, clammy skin; very infrequent or no breathing; deep snoring or gurgling; no response to stimuli; slow heart beat or pulse; or blue lips or fingertips
  - l. Whether an opioid antagonist was administered
  - m. If an opioid antagonist was administered, the following information:
    - 1) The doses of opioid antagonist administered
    - 2) Whether the method of administration was auto injector or nasal spray
    - 3) The response to the opioid antagonist
    - 4) Disposition, including whether the person who was administered the opioid antagonist stayed in the same location; went to jail; emergency services transport; absconded; or death.
  - n. Reporter's name
  - o. Reporter's incident or case number

**2.24.a: Overdose Victim Identification**

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Last First MI

**2.24.b: Overdose Victim Date of Birth**

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MM/DD/YY

**2.24.c: Date and Time of Response**

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MM/DD/YY XX:XX AM/PM

**2.24.d: Location of Response**

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Street Address City State Zip Code

**2.24.e: Gender Identification**

**2.24.f.1: Race**

**2.24.f.2: Ethnicity**

**2.24.g: Smoking Status**

**2.24.h: Overdose Victim Age (Actual or Est.)**

**2.24.i: Overdose Occurred in Presence of a Minor**

**2.24.j: Substance Suspected of Causing Overdose**

**2.24.k: Observation of the Overdose Victim Physical Condition**

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**Including, but not limited to pale, clammy skin; slow to no breathing; deep snoring or gurgling; no response to stimuli; slow heart rate or faint pulse; blue lips or fingertips.**

**2.24.l: Opioid Antagonist Administered?**

**2.24.m: Provide the Following if an Opioid Antagonist was Administered:**

<b>2.4.m.1: Number of Doses Administered</b>	
<b>2.4.m.2: Method of Administration</b>	
<b>2.4.m.3: Response to Opioid Antagonist</b>	
<b>2.4.m.4: Disposition of the Victim Post-Administration</b>	

**2.24.n: Reporter's Identification**

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
MI

**2.24.o: Reporter's Case or Incident Number**