

# *Arizona Department of Health Services Public Health Excellence in Law Enforcement Recognition Program*



**JANUARY 28, 2019**



**ARIZONA DEPARTMENT  
OF HEALTH SERVICES**

PREPAREDNESS

Sponsored by the Arizona Department of Health Services  
Bureau of EMS and Trauma System

[Azdhs.gov/preparedness/emergency-medical-services-trauma-system](http://Azdhs.gov/preparedness/emergency-medical-services-trauma-system)

The Department of Health Services (ADHS) is pleased to announce the **PUBLIC HEALTH EXCELLENCE in LAW ENFORCEMENT** (PHELE) program. This program recognizes the efforts of Arizona’s law enforcement agencies that establish a naloxone administration program and submit opioid incident data to the ADHS Prehospital Opiate Overdose Reporting Portal (law enforcement agencies can work with their local EMS agencies to electronically submit the data to ADHS).

**Background:** Governor Ducey has made it a goal of his administration to reduce deaths from opioid overdose. You are invited to join us in the state’s emergency response effort to end opioid overdose deaths. Arizona Governor Doug Ducey declared a statewide health emergency on June 5, 2017 in response to the alarming increase of opioid deaths in the state. More than two Arizonans die every day from opioid misuse, with 949 deaths reported in 2017. Law enforcement is uniquely positioned to positively impact this epidemic via the rapid administration of naloxone/Narcan to patients suspected of overdose (see Table 1 below for 2017 overdose data).

TABLE 1. 2017 ARIZONA DRUG AND OPIOID MORTALITY DATA		
SUBSTANCE	PRIMARY CAUSE	ALL CAUSES
Opioids*	949 (58% of All Drugs)	1,048 (51% of All Drugs)
All Drugs	1,647 (81% of All Causes)	2,037
* Opioid deaths based upon an underlying cause which uses an opioid ICD-10 diagnosis code		
Source: 2017 Arizona Dept. of Health Services, Bureau of Public Health Statistics		



**You Can Help:** If you would like to implement an opioid overdose recognition and treatment program in your department, we encourage you to work with your local EMS agency to develop the most appropriate response plan.

PHELE Recognition Requirements

- The Law Enforcement Agency has an opioid overdose recognition and naloxone administration training process consistent with ADHS/AZPOST Curriculum pursuant to A.R.S. § [36-2228](#).
- The Law Enforcement Agency has a process in place to submit electronically (preferable over [Paper Form](#)) all requisite information to the Arizona Department of Health Services' Prehospital Opioid/Opiate Overdose Reporting Portal (see Sample Data Elements for Reporting to ADHS below that lists the reporting data elements).

Training and Naloxone Resources:

The Bureau of EMS & Trauma System offers free training on opioid overdose recognition and naloxone administration using the [ADHS/AZPOST Naloxone Curriculum](#) and free naloxone consistent with A.R.S. § 36-2228 to assist law enforcement agencies in meeting the PHELE Program recognition requirements. See below for links to the FREE resources:

- The Bureau of EMS & Trauma System, in collaboration with the University of Arizona Center for Rural Health, provides free training for first responders in recognizing suspected opioid overdoses and to administer naloxone. Training is meets AZPOST continuing education requirements. Click [Naloxone Training](#) to request free training.
- The Bureau of EMS & Trauma System, in collaboration with the University of Arizona Center for Rural Health, provides free naloxone for first responders. The free naloxone is the 4 mg nasal spray version (includes two doses per kit). Click [Naloxone Order Form](#) to request free naloxone.

PHELE Application Process

- Complete and the PHELE Application Fillable Form (page 4 below) and email a PDF copy to Dr. David Harden, JD, NREMT: [hardend@azdhs.gov](mailto:hardend@azdhs.gov).

Data Use Agreement

Law enforcement agencies must complete and return the [Data Use Agreement](#) (DUA) to receive a reporting account. The point of contact receives login credentials and monthly reports of opioid reporting data. Law enforcement agencies with arrangements for their local EMS agencies to report in their place for EMS calls both agencies are present should still complete a DUA to receive opioid overdose reports and to allow for reporting when EMS is not present.

For more information, contact Dr. David Harden, JD, NREMT at [hardend@azdhs.gov](mailto:hardend@azdhs.gov) or 602-364-3188.

**PHELE APPLICATION (FILLABLE FORM)**



ARIZONA DEPARTMENT  
OF HEALTH SERVICES  
PREPAREDNESS

**BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM  
PUBLIC HEALTH EXCELLENCE IN LAW ENFORCEMENT (PHELE)  
PROGRAM RECOGNITION APPLICATION**

**SECTION I. LAW ENFORCEMENT AGENCY CONTACT INFORMATION**

1	Law Enforcement Agency Name	
2	Agency Address	
3	Agency Head Name (Last, First, MI)	
4	Agency Head Phone Number	
5	Agency Head Email Address	
6	Training Officer Name	
7	Training Officer Phone Number	
8	Training Officer Email Address	

**SECTION II. LAW ENFORCEMENT AGENCY SERVICE POPULATION**

Agency's 2017 Estimated Service Population:

**SECTION III. EMS AGENCIES IN CONTACT WITH LAW ENFORCEMENT AGENCY**

Please list the names of EMS/fire agencies that your law enforcement agency has a method for submitting naloxone administration data to

EMS/Fire Agency Name	1		2	
EMS/Fire Agency Name	3		4	
EMS/Fire Agency Name	5		6	

**SECTION IV. PHELE PROGRAM REQUIREMENTS**

**CHECKBOX**

Your checking each statement signifies your attestation to the Arizona Department of Health Services (ADHS) PHELE Program Requirements

Agency Head	Training Officer
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1	The Law Enforcement Agency listed in Section I has an Opioid Overdose Recognition and Naloxone Administration Program consistent with ADHS/AZPOST Curriculum pursuant to A.R.S. § 36-2228".	<input type="checkbox"/>	<input type="checkbox"/>
2	The Law Enforcement Agency listed in Section I. has a process in place to electronically submit all requisite information to the Arizona Department of Health Services' Prehospital Opioid/Opiate Overdose Reporting Tool.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION V. SIGNATURE BLOCK**

By signing below, I attest that I am committed to supporting the tenets and requirements of GD-112-PHS-EMS and will notify the Bureau of EMS and Trauma System if information in this application changes.

Agency Head Printed Name		Date:
Agency Head Signature		Date:
Training Officer Printed Name		Date:
Training Officer Signature		Date:

**SAMPLE PAPER FORM SHOWING DATA ELEMENTS FOR ELECTRONIC (PREFERRED) OR PAPER REPORTING**



Clear Form

**Prehospital Opioid Overdose Reporting Tool**



**Notice to Reporter:** This form is to be used by Ambulance Services, Emergency Medical Services providers, and Law Enforcement agencies for the reporting of out-of-hospital suspected opioid overdoses, out-of-hospital suspected opioid overdose deaths, and out-of-hospital naloxone doses administered. The preferred method of reporting is via the electronic web-based Arizona Prehospital Information and EMS Registry System (AZ-PIERS); however, this paper version can be used if/when use of the electronic version is not feasible.

Please complete this form in its entirety and submit to the Bureau of EMS and Trauma System (BEMSTS) via either of the methods below.

BEMSTS Fax: 602-364-3568 (please include a privacy cover sheet)  
 BEMSTS Mail: 150 N. 18th Avenue, Suite 540, Phoenix, AZ 85007-3248

Entity/Reporter Information

Entity Name:

Entity Type:  Emergency Medical Services  
 Law Enforcement  
 Other Health Care Professional

Naloxone/Narcan Administration (Not Prior Aid)

4. Was naloxone/Narcan administered by you / your entity?  
 Yes (continue to Question 5)  
 No (skip to Question 6)

5. How many doses of naloxone/Narcan did you / your entity administer?  
 1 dose  2 doses  3 doses  4 doses  5 or more doses

Incident Information

Unit Notified by Dispatch (if applicable): Date:  Time:

Incident Number (if applicable):

Incident Street:

Incident City:

Incident County:

Incident State:  Incident Zip Code:

Reason(s) for Suspected Overdose

6. Unresponsive to stimuli?  Yes  No  
 7. Pale, clammy skin?  Yes  No  
 8. Blue lips and/or fingertips?  Yes  No  
 9. Deep snoring or gurgling?  Yes  No  
 10. Very infrequent or no breathing?  Yes  No  
 11. Pinpoint pupils?  Yes  No  
 12. Scene/surroundings suggest drug use?  Yes  No  
 13. Notified by bystander of possible drug use?  Yes  No

Patient Information

Patient First Name:

Patient Last Name:

Patient Date of Birth:  Patient Age:  Years

Patient Gender:  Male  
 Female  
 Unknown/Other

Patient Race/Ethnicity: (select all that apply)

American Indian or Alaskan Native  Asian  
 Black or African-American  Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  White  Other

Patient Outcome/Disposition

14. What happened to the patient/what was the patient's final disposition?  
 Patient transported by EMS to hospital  
 Patient transported by law enforcement to hospital  
 Patient transported by law enforcement to correctional facility/jail  
 Patient refused additional treatment/transport  
 Patient fled the scene  
 Patient pronounced dead on scene  
 Patient pronounced while enroute to a receiving facility  
 Patient transported by EMS to a non-hospital healthcare institution  
 Patient transported by law enforcement to a non-hospital healthcare institution  
 Patient transported by EMS to correctional facility/jail

Patient Destination

15. Type of Destination ? (if patient was transported)  
 Hospital / Emergency Department  
 Morgue / Mortuary  
 Jail/Correctional facility  
 Behavioral In-Patient  
 Behavioral Out-Patient  
 Medical Office / Clinic  
 Other ESM Responder (ground)  
 Other ESM Responder (air)  
 Other   
 Unknown  
 Not Applicable (patient not transported)

Naloxone/Narcan Administration (Prior Aid)

1. Was naloxone/Narcan administered prior to you / your entity's arrival?  
 Yes (continue to Question 2)  
 No (skip to Question 4)  
 Unknown (skip to Question 4)

2. For naloxone/Narcan administered prior to you / your entity's arrival, who administered it?  
 Emergency Medical Services  
 Law Enforcement  
 Other Health Care Professional  
 Bystander / Layperson  
 Unknown

3. How many doses of naloxone/Narcan were administered by the entity identified in Question 2?  
 1 dose  2 doses  3 doses  4 doses  5 or more doses  Unknown

16. Full Name of Destination:

Unknown  
 Not Applicable (patient not transported)



# Data Use Agreement for Prehospital Opioid/Overdose Reporting



**Notice:** Pursuant to A.A.C. R9-4-602(A), your entity is required to submit opioid poisoning data to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS) in order to identify the extent, frequency, and geographical distribution of opioid/opiate overdoses as a means of monitoring and evaluating the reduction of associated overdoses and deaths; thus constituting a performance improvement and quality assurance initiative not subject to subpoena or civil discovery under A.R.S. § 36-2220 and § 36-2221, and § 36-2401, et seq., An example of the mandated reportable data elements is attached for your review.

Complete this form in its entirety and submit to the Bureau of EMS and Trauma System (BEMSTS) via either of the methods below.

Email: Anne.Vossbrink@azdhs.gov

Fax: 602-364-3568 (Attn: Anne Vossbrink)

### Entity Point of Contact (POC) Information

Entity POC Name: \_\_\_\_\_

Entity POC Title: \_\_\_\_\_

Entity POC Phone: \_\_\_\_\_

Entity POC Email: \_\_\_\_\_

### Entity Identifying Information

Entity Name: \_\_\_\_\_

Entity Type:  Emergency Medical Services  
 Law Enforcement  
 Other Health Care Professional

If EMS, do you hold a Certificate of Necessity (CoN)?  
 Yes - CoN # \_\_\_\_\_  
 No

### Entity Location

Headquarters Address: \_\_\_\_\_ Headquarters City: \_\_\_\_\_

Headquarters County: \_\_\_\_\_ Headquarters Zip Code: \_\_\_\_\_

### Entity Service Area

List all Zip Codes within your entity's service area boundary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Acknowledgement

By signing below, I acknowledge on behalf of my entity identified above, that we will be accessing and submitting data to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS), an electronic database maintained by the Arizona Department of Health Services (ADHS) which holds Personally Identifiable Information (PII) and Protected Health Information (PHI) that is regulated by both state and federal law.

I hereby provide the following assurances and agreement regarding the use and protection of PII/PHI for the purposes of opioid poisoning-related activities: (a) I will safeguard the data from unauthorized access; (b) I will not release any patient-level data and/or individual patient records and/or any part thereof to any unauthorized person for any reason; (c) I will not use the data for any purpose(s) other than the purpose(s) herein described; (d) I will immediately notify the Arizona Department of Health Services in writing upon learning of any data security breach and/or any violation of this agreement.

I have read this document in its entirety; I understand the content of this document; and I have indicated such by affixing my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Bureau Internal Use Only

Date Received:

AZ-PIERS Agency Name:

AZ-PIERS ID #: