



INCIDENT REPORT

Directions: This incident report must be submitted by a member college to the LCTCS Board Office within 24 hours following an administration of Naloxone by any person designated in the LCTCS Opioid Education, Training and Reporting Policy, or any other administration of which LCTCS is aware of on college property or suspects was made using an opioid antagonist treatment kit stored on college property. LCTCS will submit all incident reports to the BOR within 72 hours following an administration of Naloxone by any person designated in the Board of Regents Opioid Education, Training and Reporting Policy, or any other administration of which LCTCS is aware of on college property or suspects was made using an opioid antagonist treatment kit stored on college property.

NAME OF INSTITUTION	ADDRESS (STREET, CITY, STATE, ZIP CODE)
CONTACT PERSON COMPLETING FORM (PRINT)	TITLE
TELEPHONE (Include Area Code)	CONTACT EMAIL
DATE OF INCIDENT (mm/dd/year)	DATE OF INCIDENT (mm/dd/year)

PLEASE PROVIDE THE FOLLOWING INFORMATION

1. LOCATION OF INCIDENT

2. EMPLOYMENT CATEGORY OF PERSON ADMINISTERING THE NALOXONE: **(Check one only)**

- Residential Staff
- Campus Law Enforcement
- Academic/Faculty Member
- Registered Nurse
- Trained Personnel
- Student
- Other (please specify)

3. DESCRIPTION OF PERSON RECEIVING THE NALOXONE

a. Race

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

Appendix A



b. Gender

Male

Female

Other (specify) _____

4. PROVIDE A DESCRIPTIVE ACCOUNT OF ALL RESULTING FOLLOW-UP ACTIONS