



ODFORM

Tutorial

EASY TO USE TECHNOLOGY

**Track overdose incidents with
your Smartphone**

Free for Law Enforcement

HIDTA's Overdose Detection Mapping Application Program

What is the difference between a Level One ODMAP user and a Level Two ODMAP user?

ODMAP provides two levels of access:

Level I participants are defined as ODMAP Users, and are granted authority to submit known and suspected overdose event data using the ODMAP App.

Level II participants are those granted access to the Electronic Map, which allows the user all reported known and suspected overdose event data nationwide submitted via the ODMAP App.

Case Explorer and the ODMAP application are now linked. If you are a Case Explorer user information entered using the new ODMAP form into will automatically go into Case Explorer and create a case. This case will be found in your recent cases.

Case Explorer users can now register as an ODMAP user directly from their CE Profile page. **Users will be require to enter in your Agency code to complete the creation of your ODMAP account.**

Users must click on the Your Profile link in the navigation menu. Below their profile information, there is an ODMAP Account section.

ODMap Account

Below will create an ODMap account using your email address as your user name.
(Requires First Name, Last Name, Agency, Phone Number & Email)

ODMap Password

Confirm Password

Agency Code

☐ I agree to the terms provided in Case Explorer Policies and Procedures the as well as the ODMap Policies and Procedures.

CREATE ODMAP ACCOUNT


ODMAP will use the Case Explorer profile information to register their ODMAP account. The user's username will become the email address that is listed in their profile. Users will enter their desired password and will be required to agree to the terms in the Policies and Procedures documents for both Case Explorer and ODMAP.

Remember to check the "I agree to the terms..." check box before submitting.

Go to the Case Explorer login and sign in to your Case Explorer Account

INFORMATION NETWORK

CASEEXPLORER.net


LOG OUT

You will be locked out after 5 login attempts.
This will disable all password request features.

Log In

User Name:

Password:

☐ Remember me next time.

Log In

Register New User
I forgot my password

By logging in you agree to comply with [Case Explorer policies & procedures](#). Unauthorized access is forbidden. Logging in signifies your acceptance of these terms. For further information please contact the Washington/Baltimore HIDTA at [301-489-1744](tel:301-489-1744) or send email to: CaseExplorer@wb.hidta.org. All traffic on this site is logged and monitored.

Go to:

The Navigation Panel

Select:

“Your Profile”

The screenshot displays the Case Explorer interface. On the left is the navigation panel, and on the right is the main content area.

Navigation Panel:

- Your Recent Cases »
- Data Entry ▶
- Reports »
- Search »
- Global Contact List »
- Related Cases View »
- Stay Compliant (0) »
- Your Profile »**
- Setup »
- Need Help?
Help Desk
Mon - Fri, 8:30AM - 4:30PM EST.
Phone: 301.489.1744
Email: CaseExplorer@wb.hidta.org
- Online Help ▶
- Username: rboland
- PMP Year: 2017 ▼

Main Content Area:

- Event Conflicts**
 - Events with Conflicts: 0 ▶
 - Agency Events with Conflicts: 1 ▶
- Target Matches**
 - Cases with Target Matches: 2 ▶
 - Agency Cases with Target Matches: 2 ▶
 - [View All Target Matches »](#)
- NVPS Matches**
 - Cases with NVPS Matches: 0 ▶
 - Agency Cases with NVPS Matches: 0 ▶
 - [View All NVPS Matches »](#)
- Expiring Events**

Registering for your ODMAP account

Navigation

Profile for user: rboland

[Click here to change your password...](#)

First name

Ramona

Last name

Boland

Phone

3019827535

Agency

WB HIDTA

Supervisor

Jeff Beeson

Other Number

3014891751

Fax Number

Email

rboland@wb.hidta.org

Match Mail

☐ Disable automatic email

Expand Headers

☐ Automatically expand s

HRS Deconfliction

☐ Disable HRS deconflict

Time Zone

(UTC-05:00) Eastern Time (US

SUBMIT

ODMap Account

Below will create an ODMap account using your email address as your user name.
(Requires First Name, Last Name, Agency, Phone Number & Email)

ODMap Password

Confirm Password

Agency Code

☐ I agree to the terms provided in Case Explorer Policies and Procedures the as well as the ODMap Policies and Procedures.

CREATE ODMAP ACCOUNT

ODMAP Account
Registration for CE
users

Located below your profile information

USE ODMAP account

- ✓ **Your email address is your user name.**
- ✓ **Create your password**
- ✓ **Then submit using the CREATE ODMAP ACCOUNT**

ODMap Account

Below will create an ODMap account using your email address as your user name.
(Requires First Name, Last Name, Agency, Phone Number & Email)

ODMap Password

Confirm Password

Agency Code

☐ I agree to the terms provided in [Case Explorer Policies and Procedures](#) as well as the [ODMap Policies and Procedures](#).

CREATE ODMAP ACCOUNT

If you are looking for ODMAP Level 2 access?

Users requesting Level 2 access please note that your Agency must have an ODMAP Teaming Agreement on file before they can be given Level 2 access.

They will need to submit a request for access using the SSL registration form to:

HIDTA Help Desk

Hours: 8:30 to 4:30

Phone: 301 489-1774

Email address: HD@wb.hidta.org

For questions about gaining access contact :

Jeff Beeson

Jbeeson@wb.hidta.org

To find the HIDTA registration form:

<https://secure.hidta.org>

Washington Baltimore HIDTA Secure Access SSL VPN

For assistance please call the Help Desk at: [301-489-1744](tel:301-489-1744) or Email: hd@wb.hidta.org

Username

Password

Please [click here](#) if you forgot your password!

[Register for SSL](#)

Sign In

Password Requirements

To login to ODMAP, users navigate to:

<https://odmap.hidta.org>

Upon logging in, users will be able to make their overdose entry.

The screenshot displays the ODMAP web application interface. At the top, a dark navigation bar contains the 'ODMap' logo, links for 'Home', 'Contact', 'Manage Overdoses', and 'Manage Teaming Agreements', a user greeting 'Hello rboland@wb.hidta.org!', and a 'Log off' link. The main content area is divided into sections with grey headers. The first section, 'ENTER LOCATION', includes three radio button options: 'Use my current location' (selected), 'I will enter an address below (Include city/state/zip)', and 'I will enter coordinates'. The address input field contains the placeholder text '123 Anyroad...'. The coordinates section has input fields for 'Latitude' and 'Longitude'. The second section, 'CASE INFORMATION', features a 'Case Number:' label and an empty input field. The third section, 'NON-FATAL OVERDOSES', contains three stacked buttons: 'Naloxone Not Administered' (blue), 'Naloxone Single Dose Administered' (green), and 'Naloxone Multiple Doses Administered' (purple). The fourth section, 'FATAL OVERDOSES', contains three stacked buttons: 'Naloxone Not Administered' (red), 'Naloxone Single Dose Administered' (orange), and 'Naloxone Multiple Doses Administered' (brown).

Once the entry has been submitted, the user will have access to the ODFORM.

Please select either:

- ✓ **Use my current location**
- ✓ **I will enter an address**
- ✓ **Latitude & Longitude require level of precision you must input up to 5 digits. Ex. - 76.4758 39.03452**

Choose from the addresses in GREEN and make a selection from the 3 Fatal or 3 Non-Fatal categories.

ODMap Home Contact Manage Overdoses Manage Teaming Agreements Hello rboland@wb.hidta.org! Log off

ENTER LOCATION

☒ Use my current location

☐ I will enter an address below (Include city/state/zip)

123 Anyroad...

☐ I will enter coordinates

Latitude Longitude

CASE INFORMATION

Case Number:

NON-FATAL OVERDOSES

Naloxone Not Administered

Naloxone Single Dose Administered

Naloxone Multiple Doses Administered

FATAL OVERDOSES

Naloxone Not Administered

Naloxone Single Dose Administered

Naloxone Multiple Doses Administered

After entering the address or coordinates the user is taken to a map that reflects the location. The user can zoom in or out to ensure that the location is mapped correctly prior to submission if necessary. The user can update both the date and time if needed.

Click –This location is correct. Submit this location.

Address

9001 Edmonston Rd, Greenbelt, Maryland, USA

Map It

Latitude

Longitude

Map It

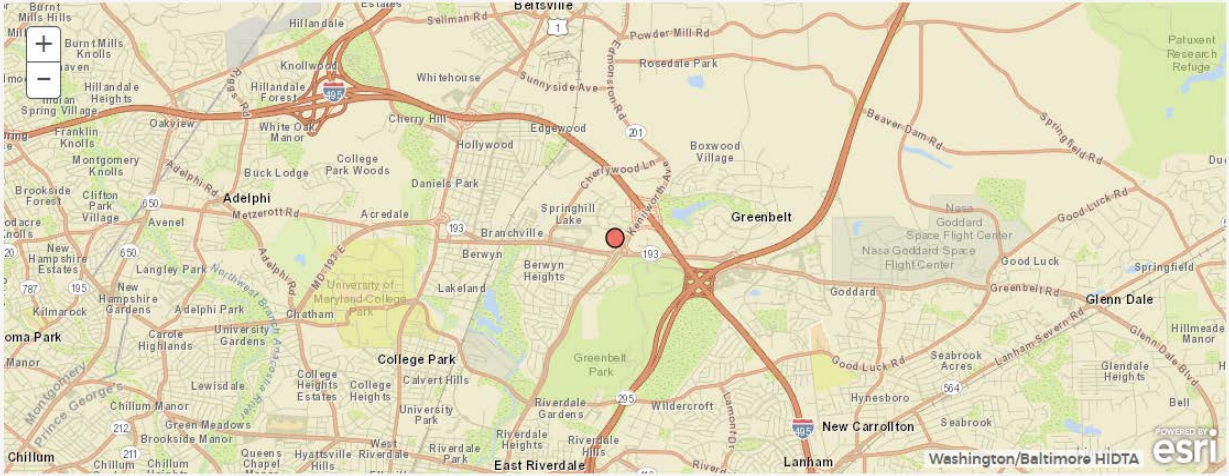
Date

01/30/2018

Time

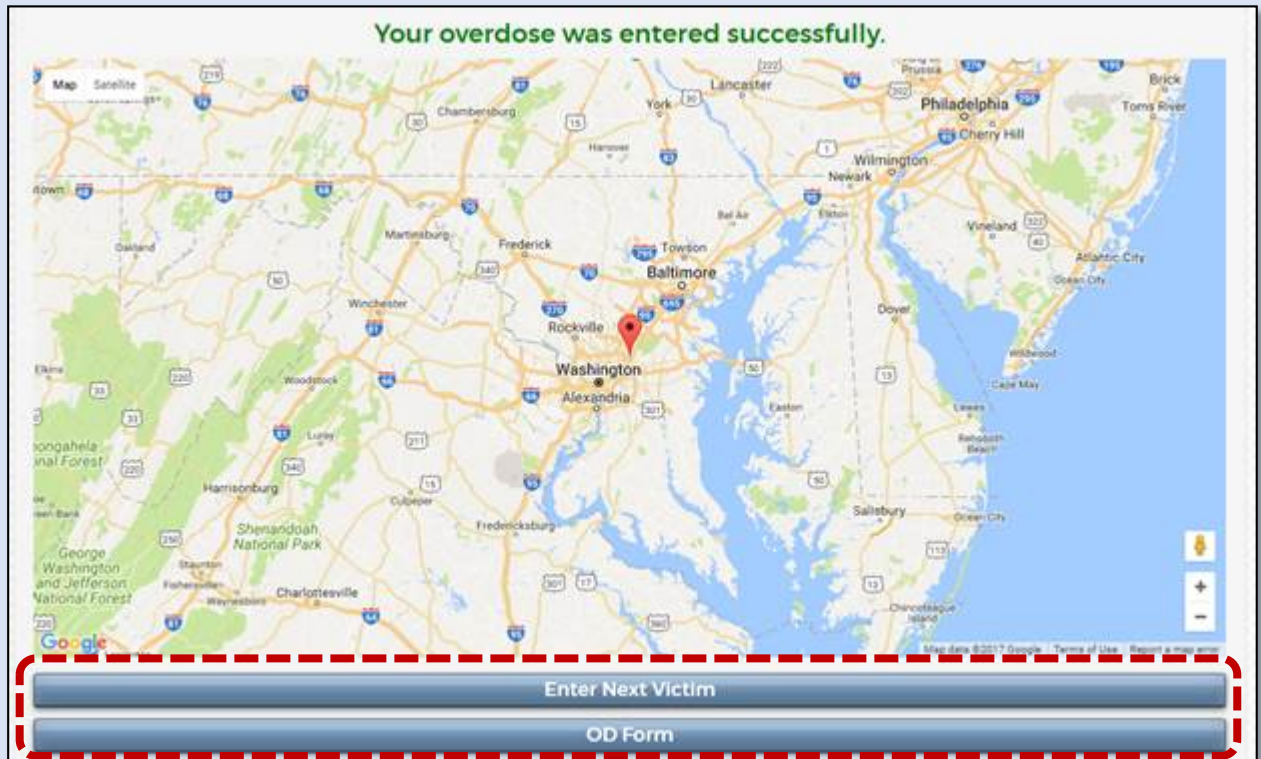
01:23

☐ AM ☒ PM



This location is correct.
Submit this location

The is the view after any ODMAP submission.



User can select to enter another Victim or go to the ODFORM.

The ODFORM in ODMAP is similar to the existing form in Case Explorer, only more extensive.

This allows for your entry to go into the Case Explorer program automatically creating a case.

This is the ODFORM.

Fields marked in Bold Blue are required for submission.

Overdose Data Collection Form

All **BLUE** fields are required for successful submission of this form.

OFFICER INFORMATION

First Name

Last Name

Badge Number

Email

rboland@wb.hidta.org

Phone

Agency

CASE INFORMATION

Police Department

Select

Case Number

Date of Report

10/20/2017

Notes/Comments

INCIDENT INFORMATION

Type of Overdose

☒

Fatal

☐

Non-Fatal

Date of Overdose

Time of Overdose

☐

AM

☐

PM

Incident Address

1 Upland Rd, Baltimore, Maryland, 21210, USA

Apartment #

☐ Is this a business address? ☐ Drug Packaging Present ☐ Drugs Seized ☐ Drug Paraphernalia Seized

Fields marked in Bold Blue are required for submission.

VICTIM INFORMATION			
First Name	<input type="text"/>	Last Name	<input type="text"/>
DOB	<input type="text"/>	Gender	<input type="text"/>
		Race	<input type="text"/>
Phone 1	<input type="text"/>	<input type="checkbox"/> Phone 1 Seized	<input type="checkbox"/> Phone 1 Uploaded to CAP <input type="checkbox"/> Phone 1 Sent to DICE/DARTS
Phone 2	<input type="text"/>	<input type="checkbox"/> Phone 2 Seized	<input type="checkbox"/> Phone 2 Uploaded to CAP <input type="checkbox"/> Phone 2 Sent to DICE/DARTS
<input type="checkbox"/> Naloxone Administered <input type="checkbox"/> History of Prior Overdoses			
Previously Administered Naloxone		<input type="text"/>	Number of Times <input type="text"/>
<input type="checkbox"/> Check if same as Incident Address			
Victim Address	<input type="text"/>		Apartment # <input type="text"/>
<input type="checkbox"/> Treatment Resources Information Provided			
DETAILS OF NALOXONE ADMINISTRATION			
Doses Administered:	Law Enforcement <input type="text"/>	Fire Department <input type="text"/>	Emergency Medical Service <input type="text"/> Other <input type="text"/>
Did Naloxone Work	<input type="text"/>	Time to Work <input type="text"/>	Taken to Hospital <input type="text"/>

Fields marked in Bold Blue are required for submission.

SUSPECT INFORMATION

First Name

Last Name

DOB

Gender

Select



Moniker

Add Moniker

Phone 1

☐ Phone 1 Seized

☐ Phone 1 Uploaded to CAP

☐ Phone 1 Sent to DICE/DARTS

Phone 2

☐ Phone 2 Seized

☐ Phone 2 Uploaded to CAP

☐ Phone 2 Sent to DICE/DARTS

☐ Check if same as Incident Address

Suspect Address

123 Anyroad...

Apartment #

Add Suspect 2

WITNESS INFORMATION

First Name

Last Name

DOB

Gender

Select



Phone 1

☐ Phone 1 Uploaded to CAP

Phone 2

☐ Phone 2 Uploaded to CAP

☐ Check if same as Incident Address

Witness Address

123 Anyroad...

Apartment #

Add Witness 2

Fields marked in Bold Blue are required for submission.

PRIMARY DRUG INFORMATION

Primary Drug Select

Drug Form Select

Pill Brand

Packaging Type Select

Packaging Color Select

Stamp Description

Stamp Text

Stamp Color Select

Stamp Image Choose File No file chosen

Doctor First Name

Doctor Last Name

SECONDARY DRUG INFORMATION

Secondary Drug Select

Drug Form Select

Pill Brand

Packaging Type Select

Packaging Color Select

Stamp Description

Stamp Text

Stamp Color Select

Stamp Image Choose File No file chosen

Doctor First Name

Doctor Last Name

OTHER DRUGS INVOLVED

☐ Heroin ☐ Fentanyl ☐ Oxycodone ☐ Methadone ☐ Suboxone ☐ Cocaine ☐ Crack ☐ Alcohol

☐ Methamphetamine ☐ Synthetic Marijuana ☐ Prescription Drugs

Print Form

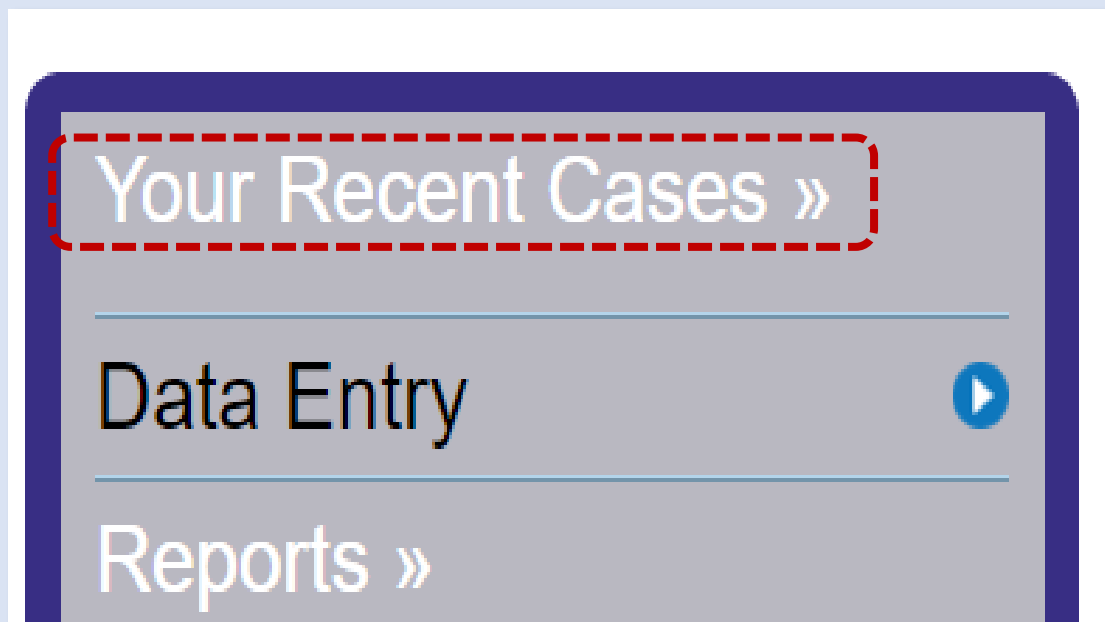
Submit

Clicking “Submit” will send your overdose to Case Explorer.

You can now print this form prior to your submission of the form.

This will open an case that you can locate in “Your Recent Cases”.

When the form is properly completed, the user can click the Submit button at the bottom. The entry of this form functions similarly to the one in Case Explorer in that as soon as the form is submitted, a case with the overdose information is automatically created. This can be accessed by clicking the **Your Recent** Cases link in the CE navigation menu.



Users can find and open the appropriate overdose entry based on the case number that was entered. The entry can be viewed and edited within Case Explorer.

NOTE:

Updating and address in Case Explorer will not change the Location of the point submitted using the ODMAP application. If you need a point relocated resubmit the overdose using the ODMAP application and contact the Help Desk to have the incorrect point removed.