

Ontario Naloxone Program for Pharmacies (ONPP) Quarterly Reporting Form

Pharmacy Name:	
Date:	
Contact:	
Email:	
Telephone:	

Key Outcomes for the Quarter*

Outcome	Number
Number of Initial Naloxone Emergency kits dispensed to persons	
a) Number of persons at-risk of opioid overdose trained to administer naloxone	
b) Number of family and/or friends of persons trained to administer naloxone	
Number of persons who administered naloxone that they received from a pharmacy, including how many doses were given per overdose	
Number of persons who reported receiving an injection of naloxone that was acquired from a pharmacy, including how many doses were received per person	
Number of times that 911 was called when naloxone was administered or received	
Number of Replacement Naloxone Emergency kits dispensed	

Feedback

Please provide any information you feel is important to report regarding successes or challenges in regards to your naloxone distribution program:

Your reporting form may be submitted electronically (preferred) to: PublicDrugPrgrms.moh@ontario.ca
Should you not be able to submit electronically, you may submit via fax to: **416-325-6647**.

* Due 30 days after the end of each quarter in a fiscal year. The first report back will be due on October 30, 2016. Please refer to the FAQs for details on the reporting schedule.