

Ontario Naloxone Program

Ministry of Health

Quarterly Reporting Form

ONP Site Name:		Quarter:	
Contact Name:		Contact Email:	
		Contact Tel:	

Select Organization Type

- | | | |
|---|--|---|
| <input type="checkbox"/> Core ONP Site/Naloxone Distribution Lead | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Fire Service |
| <input type="checkbox"/> AIDS Service Organization | <input type="checkbox"/> Expanded Access Organization | <input type="checkbox"/> Police Service |
| <input type="checkbox"/> Aboriginal Health Access Centre | <input type="checkbox"/> Outreach Program | <input type="checkbox"/> St. John Ambulance |
| <input type="checkbox"/> Community Health Centre | <input type="checkbox"/> Shelter | |
| <input type="checkbox"/> Consumption & Treatment Service | <input type="checkbox"/> Withdrawal Management Program | |

Key outcomes for the quarter

Output	Number
Injectable Naloxone Distributed	
Number of injectable naloxone kits distributed to individuals	
Number of single refill injectable ampoules distributed to individuals (1 box = 10 refill ampoules).	
Nasal Spray Naloxone Distributed	
Number of nasal spray naloxone kits distributed to individuals	
Number of single refill nasal sprays distributed to individuals (1 box = 2 refill sprays)	
Individuals Trained	
Number of individuals trained to administer naloxone	

Please provide information about drug trends in your community and/or a need for naloxone in your community that is not being filled.

Due Dates

Q1 (Apr – Jun)	Q2 (Jul – Sep)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Aug 1	Nov 1	Feb 1	May 1