



**Overdose Monitoring, Alert and Response System
Overdose and Tainted Drugs Report Form**

WHEN: Date of Incident (yyyy/mm/dd)

WHERE: Location of incident

WHAT: Occurred (check all that apply)

Number of people who overdosed

OD fatal

OD non-fatal

Tainted drugs suspected

Suspected drug(s) involved (brief description)

Drug Format
(pills, patches, powder etc.)

Was 911 called?

Yes

No

unknown

Was Naloxone administered?

Yes

No

unknown

How much Naloxone
was used?

If possible please describe what happened (context/background)

This information is being collected under the authority of the Personal Health and Information Protection Act (PHIPA) and will be kept confidential and anonymous. If you have any questions, please contact the Harm Reduction Coordinator at 613-345-5685.

A summary of the reports submitted to this email will be published monthly or as needed for the use of community partners to help continue to identify trends and to reduce harms associated with overdoses and tainted/toxic drugs in our community. No personal information will be included in these summary reports.