

GREY BRUCE

OPIOID

2020

RESPONSE PLAN

APPRECIATIONS

Adapted with permission from the Leeds, Grenville, and Lanark District Health Unit. This would not be possible without the help of the organizations below.



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A Message from the Chair of the Opioid Working Group,



“The Opioid Working Group is pleased to release the Grey Bruce Opioid Response Plan. This document was developed in response to the opioid crisis that is taking a toll on communities locally, provincially and nationally. The Plan was collaboratively written by Group members, which

includes community members and professionals from multiple community agencies and service sectors. It highlights efforts that are underway to help prevent the opioid situation from deteriorating in our region and details services available for people who use drugs, as well as their friends and families. This Opioid Response Plan also demonstrates how we, as a community, respond to large scale opioid overdose events.

While this document, and the activities and services it describes, outlines strategies to address the current opioid emergency, a broader, multi-level approach is required to shift from a place of emergency to one of healing and repair. This transformation will take time and will not be easy. It must include advocacy for changes to drug policy that moves from the criminalization of those who use drugs to a health and person-centred approach. This approach must have a continued and strengthened focus on Harm Reduction. It must also involve altering public perception to fight the stigma associated with substance use and to replace this stigma with empathy, understanding and support for those who are struggling. It does not matter what drug a person uses, whether it be alcohol, nicotine, caffeine, cannabis, opioids

or meth; what matters is that those community members who are seeking help are treated with respect and dignity and have equitable access to the services they need.

I want to thank everyone who has helped to develop the Grey Bruce Opioid Response Plan. You have all provided valuable knowledge, expertise and insight in the creation of this document and its completion would not have been possible without your contributions and partnership. I want to especially thank those individuals with life experience who have participated and provided feedback. The lessons that you have taught us are exponentially important, and we truly thank you for that.

I look forward to working with all of our partners and the communities of Grey and Bruce in the coming years to continuously improve and refine this Plan.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ian Reich'.

Ian Reich, RN, BScN
Public Health Manager

Complete list of members



Opioid Working Group (Many not present)

Jeff Adams Grey County EMS	Samantha Colwell-Castles South West LHIN	Brent Down Owen Sound Police Services	George Hebblethwaite Hanover Police	Rob Martin West Grey Police Services	Paul Richardson Ontario Provincial Police
Robin Antone SOAHAC	Spring Dawn Cook-Ackiwenzie Chippewas of Nawash Health Centre	Dr. Debbie Dyke Owen Sound Family Health Team	Craig Hennessy South West LHIN	Kevin McNabb Grey County EMS	Loralee Somerton OATC
Craig Ambrose Owen Sound Police Services	Lindsay Cook Grey Bruce Health Unit	Sheryl Elliott Bluewater District School Board	Shelby Huffman Grey Bruce Health Unit	Laurie Moore Grey Bruce Health Unit	Dr. Tara Somerville Family Physician (Southampton)
Dr. Ian Arra Grey Bruce Health Unit	Pam Coulter City of Owen Sound	Sarah Ellis Grey Bruce Health Unit	Suzy Jones Chippewas of Nawash Health Centre	Kelsey Mighton Grey Bruce Health Unit	Richard Trombley South West LHIN Community Paramedicine
Mike Bellai Saugeen Shore Police Services	Dr. Libby Cox Owen Sound Family Health Team	Mike Givens Township of Chatsworth Fire Dept.	Jennifer Kehoe South West LHIN	Mike Murray Bruce Power	Marc Vacheresse Grey Bruce Health Centre
Mike Bethune Bruce Grey Catholic District School Board	La Tonya DeLisser Probation and Parole	Alison Govier CMHA Grey Bruce	Chris Knoll Hanover Police	Rachel Patterson Housing Assistance	Naomi Vodden Grey Bruce Health Centre
Jamie Blair Ontario Provincial Police	Jeff Dentinger Hanover Police Services	Melissa Gregory Health Canada First Nations Branch FNIB	Penny Pedlar South East Grey Community Health Centre	Jacky Pawelko Grey Bruce Health Unit	Kristen Watt Kristen's Pharmacy
Monica Blair Grey Bruce Health Unit		Dr. Megan Grigg Family Health Physician (Warton)	Lara Longo SOAHAC	Corey Phair Public Member	Kim Wideman Victim Services
Jennifer Brunner Grey Bruce Health Services			Ray Lux Bruce County EMS	Dan Purdon Grey Bruce Health Services	
				Ian Reich Grey Bruce Public Health	



INTRODUCTION

Purpose

This document will describe how the Grey Bruce community is currently preventing, preparing for, responding to, and recovering from opioid-related events. Opportunities for action will also be highlighted. This report should be considered evergreen as it will be adapted in response to changing needs and priorities.

Opioid-related events refer to local situations involving opioids that result or could result in harm to members of the public. An example of this includes the identification of illicit fentanyl (an opioid) in the illegal drug supply by the police. Given that illicit fentanyl has been previously identified in the region and has been used either intentionally or inadvertently, there is an increased risk of overdose. A cluster of overdoses and deaths occurring within the community is another example of a possible opioid-related event.

These types of events have the potential to tax first responders and hospital resources and cause service providers and community members' distress. Therefore a collaborative, multi-sector plan and response are needed.

Background

Opioids are a family of drugs, often prescribed for pain. Opioids may also be used in the treatment of opioid addiction and the management of diarrhea and coughs. Examples of opioids include, but are not limited to Codeine, Morphine, Oxycodone, Hydromorphone, and Fentanyl. Many Ontario residents have opioid prescriptions. A report by Health Quality Ontario (2017) shows that almost 2 million Ontarians filled prescriptions for opioids in 2015/2016, which is equivalent to 1 out of 7 individuals or 14% of the provincial population.

¹People may also use opioids non-medically when an individual does not follow their opioid prescription as instructed (e.g. takes opioids more frequently than prescribed), takes opioids that were prescribed for someone else or uses street opioids that were produced in unregulated settings (Peterborough Drug Strategy, 2018).

People who use opioids may become dependent, requiring more and more opioids to produce the same effect. Taking too much of an opioid can lead to an overdose with a risk of brain damage or death. For the person who uses opioids occasionally, even a small amount can cause an overdose because the body has not built up a tolerance for opioids. Overdoses also happen if an individual who uses regularly stops taking opioids for a time, then restarts. Anyone using illicit drugs or opioids non-medically is at risk, youth who by nature are more curious and take more risks may have no tolerance for these types of drugs. Therefore one use may put them at risk of an overdose and possible death.

Current Situation

Opioid-related harms have been steadily rising in the province for more than a decade, with deaths increasing by 246% since 2003 (Government of Canada, 2019; Public Health Ontario [PHO], 2018b). Recently, the opioid problem has intensified because of the increased presence of illicit fentanyl and its analogues. Illicit fentanyl is made in illegal labs where production is not controlled. The drug is being sold as fentanyl or is cut into other drugs, making it difficult for people who use drugs to know what they are taking. The consumption of a small amount of fentanyl (or one of its analogues) can increase the risk of overdose and potentially death. From 2016

¹ While these data include Ontarians who received one-time prescriptions for acute pain (e.g. dental procedure) and long term prescriptions for chronic conditions, they do not capture prescriptions filled for the treatment of addiction (e.g. methadone) or by those who were hospitalized or incarcerated.

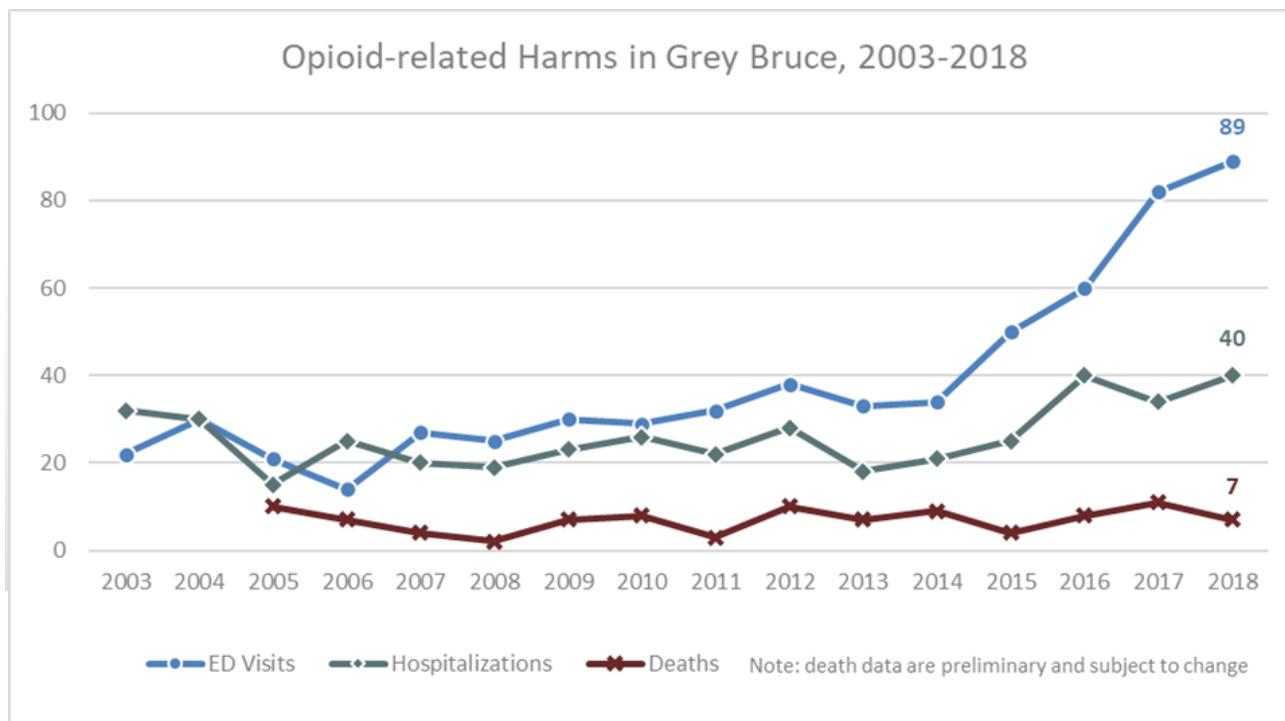


Figure 1. Rates of opioid related ER visits, hospitalizations and deaths in Grey Bruce, 2003-2017. Public Health Ontario, March 20, 2019. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Copyright 2019 by Ontario Agency for Health Protection and Promotion.

to 2017, opioid-related Emergency Department (ER) visits, hospitalizations and deaths increased by 75%, 12% and 46% in Ontario (PHO, 2018b). During this time, accidental deaths due to opioids involving fentanyl or fentanyl analogues increased by 81% (Public Health Agency of Canada [PHAC], 2018). Other provinces are also experiencing an increase in overdoses linked to illicit fentanyl and its analogues.

Opioid-related harms are also occurring in Grey Bruce, as shown in Figure 1. The number of opioid-related ER visits in Grey Bruce quadrupled between 2003 & 2018, and more than doubled in the past 4 years from 34 visits in 2014 to 89 visits in 2018 (PHO, 2019). The number of opioid-related deaths in Grey Bruce has fluctuated between 2005 and 2018, from a low of 2 deaths in 2008 to a high of 11 deaths in 2017 (PHO, 2019). In 2018 there were 7 opioid-related deaths in Grey Bruce (PHO, 2019).

Many health care providers, community organizations, first responders, and police are involved in preventative preparedness, and response & recovery activities to prevent,

decrease, and mitigate problematic opioid use, as well as the associated health, social, workplace, learning, and family problems.

Grey Bruce Opioid Working Group

The Opioid Working Group of Grey Bruce is a subcommittee of the Grey Bruce Community Drug and Alcohol Strategy. The Opioid Working Group seeks to reduce the harms associated with opioid use collaboratively. The Grey Bruce Health Unit (GBHU) coordinates the work of this Committee with membership from Public Health, Primary Care, Community Health Centres, Hospitals, Law Enforcement, Paramedic Services, Fire, the Catholic School Board, Addictions and Mental Health Services, Social Services, Opioid Substitution Therapy Clinics, the Local Health Integration Network (LHIN), Aboriginal Health Access Centres, the First Nations and Inuit Health Branch (FNIHB) of Health Canada and Pharmacists. More partners are continuously being recruited to be Opioid Working Group members.

Stakeholder Roles and Responsibilities

Prevention of, preparedness for, response to and recovery from opioid-related events requires all community stakeholders and the public to collaborate effectively and efficiently.

Public: Prevention, avoid problematic use of opioids, ensure medication is not diverted for illicit use; Monitoring; Harm Reduction, obtain and use Naloxone kits for an overdose and call 911; Treatment, seek health care for addiction and mental illness.

Public Health: Monitoring, determine epidemiological triggers and analyze data from partners, facilitate community task force to ensure community approach; Communication, messaging on dangers of illicit opioids, updates on status of situation; Prevention, assist with distributing Naloxone and provide training on its use, work with community partners on messaging; Harm Reduction, ensure community partners have access to harm reduction strategies, facilitate Naloxone distribution, provide needle syringe program supplies. See [Appendix G](#) for GBHU Internal Response to Opioid Events.

Acute Care: Treatment, manage opioid overdose, withdrawal and opioid use disorder by providing emergency care, stabilizing patients, providing Naloxone, referral to supports and services; Monitoring, count and record toxicology results, report overdoses and deaths to public health; Prevention, with patient and family education; Education/communication to providers and the community; Reporting externally to public health, Canadian Institute for Health Information (CIHI), Ministry of Health and Long-Term Care (MOHLTC), and National Ambulatory Care Reporting System (NACRS).

Paramedic Services: Early support and treatment; Provide primary and advanced care by responding to 911 calls, transport patients to a hospital, prepare for surge requirements, communicate that there is a rise in opioid overdose from baseline with paramedics and partners.

Fire: Support first responders by responding to calls and providing first aid, CPR; Monitoring, reporting of overdoses.

Primary Care: Prevention, responsible prescribing of opioids and follow up of individuals on a high level of opioids; Harm Reduction, recommend use of Naloxone kits; Treatment, referral of individuals with mental health problems and addiction.

Mental Health and Addictions: Harm Reduction, provide outreach services, access to treatment and counselling; Education/communication, ensure clients are receiving up to date information on the increasing risk and strategies to protect themselves; Monitoring, provide anecdotal information on overdose to partners; Treatment, providing mental health and addiction services.

Rapid Access Addiction Medicine (RAAM)

Clinic: Provides rapid and easy access to specialized addiction care, including counselling and anti-craving medication for alcohol and opioid use disorders. Physicians/Nurse Practitioners will assess each individual, develop a treatment plan and refer back to community organizations for further support.

Police: Incident response, control of scene if a death occurs, support paramedics with scene management, ensure safety, support communications between first responders, public

health and partners, provide joint media release to public via social media, press conference; Enforcement, initiate investigation to determine the source of contaminated drugs; Monitoring, notify public health of drug seizures.

Social Services: Prevention, education to clients; Harm Reduction, counselling to clients, encouraging obtaining and use of Naloxone and calling 911 for overdose; Incident communication to clients; Monitoring, notifying public health of concerns about illicit drugs.

School Boards: Prevention, education to students, parents, school staff; Harm Reduction, Naloxone in first aid kit and calling 911 for overdose; Incident communication to students, families and schools if appropriate; Monitoring, notifying public health of concerns about circulating drugs.

Pharmacies: Prevention, monitoring opioid prescriptions, education on the safe use of opioids, Patch for Patch Program; Harm Reduction, dispensing Naloxone, providing needle syringe program.

Municipalities: Prevention, continue to offer recreation, social service and other programs that promote health and coping with stress, participate in a municipal drug strategy; support preparation, response to and recovery from an opioid-related event.

Local Health Integrated Network (LHIN): Prevention, support appropriate opioid prescribing; Treatment, support collaborative hospital overdose response, support mental health and addiction services.

MOHLTC/PHO: Support health units with monitoring, supplies of Naloxone, etc., research,

Emergency Medical Assistance Team (EMAT), communication with LHINS, assist with debriefing.

Federal Government (PHAC, Health Canada): Support by sharing lessons learned from other jurisdictions, policy development, National Emergency Strategic Stockpile (NESS) availability.

Southwestern Ontario Aboriginal Health Access Centre (SOAHAC): Health services for Aboriginal people; traditional healing, mental health, addictions and clinical services; services involve a strong trauma therapy focus; notifying Indigenous partners of opioid events and increased risk of overdose; enhancing distribution of Naloxone kits during/following an opioid event in partnership with Public Health through individual client interactions and community events; after-hours services of Harm Reduction Outreach and Counsellor/ Psychotherapist/Case Management if cluster events occur on weekend times to support client needs on reserve; support GBHU during opioid events as able; partner with GBHU Epidemiology department to gather Indigenous-specific data related to opioid events.

Planning Assumptions

Opioid-related events occur in Grey Bruce; these events may include a single (e.g. youth dies of opioid overdose, drug seizure, etc.) or multiple occurrences (e.g. cluster of opioid overdoses)

Paramedics, fire departments, police and hospitals all have emergency response plans and these organizations coordinate their work both at the site and with hospitals as needed

Municipalities may be called upon by the public to respond to opioid-related incidents,

particularly if deaths occur

Grey and Bruce Counties may have the resources to support Municipalities when an opioid overdose cluster occurs including the Community Emergency Management Coordinator (CEMC), communications and social service support

The GBHU is well connected with the community, both stakeholders and the public, and may be able to provide information to stakeholders about the risk of an opioid-related event and provide communication support and enhance Naloxone distribution during an incident.



PREVENTION

Community efforts to prevent opioid use and reduce opioid-related harms.

Current Activities:

- **Communication to the Public Members:** of the Grey Bruce Opioid Working Group circulate media releases to alert, educate and increase awareness among the community on opioids, opioid-related situations and topics (e.g. reporting on the event, overdose prevention tips, availability of Naloxone, local opioid overdoses, community supports available, etc.).
- **Grey Bruce Works Needle Syringe Program (NSP):** The program provides single-use, sterile injection supplies and safer smoking kits to individuals who use substances. These supplies are accompanied by information and education on safer substance use and overdose prevention. Program staff can also provide information on and/or make referrals to other health and social supports in the community. The program operates at 17 sites throughout Grey Bruce. NSPs are evidenced-based; they have been shown to prevent blood-borne infections, such as HIV and Hepatitis C, which are extremely costly to treat. NSPs see marginalized community members and offer increased access to service providers.
- **Distribution of Naloxone:** It is a short-acting medication which temporarily reverses the effects of an opioid overdose. It is available without a prescription, free of charge to anyone interested in obtaining a kit. The GBHU provides overdose prevention training and Naloxone Monday to Friday, 8:30 am to 4:00 pm, no appointment needed. The Health Unit also provides this training and Naloxone kits to participants of the Harm Reduction Support Group. Additionally, Public Health offers training sessions on Naloxone

and overdose prevention to community organizations and groups on request. In 2018, the GBHU distributed 1337 Naloxone kits, a 306% increase from the previous year. Of those, at least 108 kits (figure based on self-reported uses) were used to reverse an opioid overdose. Pharmacies in Grey Bruce participate in the Ontario Naloxone Program (ONP) funded by the MOHLTC and also provide Naloxone kits and training to the public. Five community organizations participate in the expanded ONP and provide overdose prevention training and Naloxone kits. Several fire services and all of local police services are also participating in the expanded ONP. These services received training and carry Naloxone to administer in the event of an overdose. St. John Ambulance carries Naloxone to use as required at community events. Community members can search www.ontario.ca/overdose to find out where Naloxone is available near them. South Grey Bruce Health Centre is in partnership with Public Health to dispense Naloxone from the ER and inpatient units for those at potential risk of overdose. Grey Bruce Health Services has an internal process to ensure that patients within their mental health and addiction services receive a Naloxone kit if warranted. All hospitals within the region are eligible to enter into a contract with Public Health to ensure that patients with risk of overdose have access to Naloxone, and plan on starting this in 2020.

- **A Harm Reduction Support Group** is offered once per week in downtown Owen Sound. During the group, staff from public health and mental health and addictions services meet with attendees while a meal is served to discuss harm reduction supports

available locally, to provide Naloxone and overdose prevention training and to make referrals to community supports as needed.

- **Medication Return Campaigns:** Public Health partners with local pharmacies to periodically implement Bring it Back campaigns to encourage the public to return unused and expired medications to pharmacies for safe disposal. Tickets for local hockey games have been provided as incentives to participate. Pharmacies accept unused and expired medications from the public at any time.
- **Fentanyl Patch-for-Patch Program:** A government surveillance program, is requiring pharmacies to monitor fentanyl prescriptions to prevent diversion of fentanyl for illicit uses.
- **Safe Sharps Disposal:** Sharps return campaigns are offered through the Health Unit NSP to encourage the return of used sharps for safe disposal; metro gift cards are offered as an incentive for participating. The campaign continues to be re-implemented due to the success of the first campaign of its kind, during which an increased percentage of sharps were returned during the months the campaign was running. Local pharmacies also provide sharps containers and accept used sharps in biohazardous waste containers from the public.
Public Health developed a poster and videos that review the steps to safe sharp disposal, what to do in the event of a needle stick injury, and how to make your own sharps disposal kit. These resources were and continue to be shared with community partners on the Public Health [website](#) and social media. Training sessions on safe sharp disposal and sharps disposal kits are provided to community

partners and the public on request. A Safe Sharps Disposal Package was developed and includes a training presentation and sample policies, in addition to the above resources. This package is being shared with businesses and other community partners.

- **Public Education:** Public Health developed an overdose awareness card that reviews examples of opioids, signs and symptoms of opioid overdose, the Good Samaritan Drug Overdose Act, the importance of calling 911 in an overdose situation and where to get a Naloxone kit. This card has been shared widely at community events and with partners. Police services provided these cards to community members during RIDE checks throughout 2018. The card was also mailed to households in isolated regions of Grey Bruce that lack local harm reduction services. Also, the Health Unit completes regular harm reduction social media posts ([Facebook](#), [Twitter](#)) and other community outreach gestures.
- **Treatment/Supports:** Several addictions, and mental health supports and services exist locally. ConnexOntario assists individuals with access to addiction, mental health and problem gambling services in their community. For more information, the public can call 1-866-531-2600 or [visit www.connexontario.ca](#). See Appendix E for community supports and resources.
- **Healthcare Provider (HCP) Education:** Included in the RAAM Clinic's role in providing rapid access to medical treatment for opioid use and opioid use disorder is the provision of support, consultation and training to enhance the capacity of physicians, hospitals and ERs in the use of addiction

medications and prevention approaches for substance use and substance use disorders. This support may include the use of prescription medication for opioid withdrawal and the provision of Naloxone kits.

Opportunities for Action:

1. Expand Naloxone distribution to ALL ERs to ensure Naloxone is provided to those most at risk for opioid overdose. All hospital ERs are eligible to provide Naloxone kits on discharge through the expanded ONP. Have ER staff promote local treatment options, such as the RAAM Clinic for clients who are ready to change substance usage.
2. Collaborate with partners and schools to support the development of substance use curricula for youth.
3. Offer training and education to HCPs (e.g. harm reduction and opioid substitution therapies).
4. Engage with people with lived experience to inform program planning.



PREPAREDNESS

To plan and prepare for response before an incident takes place.

Current Activities:

Monitoring and Surveillance E-Notification:

An increase in overdoses over time or in a particular community may signal that the opioids being used or the behaviour of people in that community may increase the risk of an opioid-related incident(s). The GBHU monitors and reports to partners an increase over expected overdoses or a change in the circulating opioids in the community through monitoring and surveillance via:

- **Real-time Data:** Real-time ER data is monitored for the following syndromes using the Acute Care Enhanced Surveillance System (ACES):
 1. OPI- “opioid intoxication, addiction overdose, withdrawal” and
 2. TOX- “toxicology- not alcohol or opioids, withdrawal, substance abuse, chemical exposure.”¹

Cases are disregarded if the chief complaint indicates that the ER visit was not due to an opioid overdose e.g. “Tylenol Overdose” or “Withdrawal”. The daily number of cases that could potentially qualify as opioid overdoses is compared to 2 standard deviations above a 30 day moving average.
- **Paramedic Services Data:** Selected contacts within the GBHU will receive an email alert when Grey County and Bruce County Paramedic Services report an opioid event. This alert is a highlighted activity in Grey and Bruce, that is currently a first in the entire province.

- **Administrative Data:** All Ontario hospitals with ERs, are now required to report cases of opioid poisoning presenting in their ERs. Data are reported to the CIHI, sent to the MOHLTC and from there, disseminated to public health units. These data are lagged by two weeks and may change in the weeks and months following their release as ERs continue to submit and classify data. Unlike the real-time surveillance data, these data contain only verified cases of an opioid overdose.
- **Monthly Opioid Reports:** The GBHU Epidemiology Department compiles reports that outline verified ER visits due to opioid poisonings in Grey Bruce monthly. To view, visit the GBHU website or [click here](#).
- **Interactive Opioid Tool:** The online Interactive Opioid Tool from PHO, allows users to explore the most recent opioid-related morbidity and mortality data, including ER visits, hospitalizations and deaths. Results can be viewed by the public health unit, LHIN, age, sex and in some cases, drug type. To view, visit the PHO website or [click here](#).
- **Ontario Prescription Opioid Tool:** This online tool allows the public to access information related to opioid prescribing in Ontario from 2012 on, for example, the number of opioid prescriptions and Naloxone kits dispensed from pharmacies. The data is updated quarterly and is intended to complement the information provided by the Interactive Opioid Tool. To view, visit the Ontario Drug Policy Network (ODPRN) website or [click here](#).

¹ TOX is included despite its description specifying non-opioid toxicology because the cause of the overdose or suspected overdose is often unknown at the time this data is collected.

Community Control Group The Municipal Emergency Control Group (MECG) is made up of various municipal/county representatives including but not limited to the Head of Council, Chief Administrative Officer (CAO), Paramedic Services, Hospitals, Police, Fire, Social Services, Public Works, Communications and the Medical Officer of Health (MOH). This group is called together to help manage an escalating incident by coordinating the resources required by response agencies. The MOH is responsible for identifying and assessing any health hazards and the public health impacts of the situation/emergency, as well as initiating the appropriate Health Unit response where necessary. Partner agencies may be called upon to support the MECG as needed. The MECG helps to coordinate messages that need to be communicated and ensures that decisions made and actions taken are documented so that an accurate account of the response to the incident is recorded.

First Responder Response:

- Administration for Grey County Paramedic Service is located at the Grey County Administrative building in Owen Sound. There are eight ambulance stations strategically located throughout Grey County to provide a quick response. Stations are located in Owen Sound, Meaford, Markdale, Dundalk, Durham, Hanover, Craigeleith and Chatsworth. All Grey County stations are staffed 24 hours per day, except for Chatsworth, which is staffed from noon until midnight. Up to 9 ambulances and 1 first response unit are staffed during peak hours with 7 ambulances being the minimum at night from midnight to 6:00 am. Grey County Paramedic Service responds to overdose calls in the community, provides emergent care and transports these individuals to hospitals.

- Bruce County Paramedic Service has a fleet of 9 ambulances and 1 supervisor unit stationed in 6 communities across the county. Bruce County Paramedic Service provides pre-hospital care to citizens and visitors of Bruce County. Bruce County Paramedic Service responds to overdose calls in the community, provides emergent care and transports these individuals to hospitals.
- Each municipality has a fire department with primarily volunteer fire personnel living in the municipality. They can reach any part of the municipality quickly. All municipalities share a common fire response dispatch system so they can support each other as needed. They can provide an assessment of the situation and CPR until paramedics arrive and then they take direction from the paramedics. Several fire services have received Naloxone training through the expanded ONP and carry Naloxone for use when responding to overdose calls in the community.
- Ontario Provincial Police (OPP) provides policing services for all of Grey-Bruce, except in Hanover, Owen Sound, Saugeen Shores, West Grey and the Chippewas of Nawash Unceded First Nation, which have their police forces. The police services share a common dispatch system so they can support each other as needed. The police provide control and safety at the scene and can assist paramedics as needed. If there is a death at the scene, then the police would assume control of the scene. At this time, the majority of local police services have received training and carry Naloxone for use with the public or occupational health and safety.

Hospital Response: Grey and Bruce Counties have 3 hospitals operating at 11 sites including Hanover and District Hospital, Grey Bruce Health Services (6 sites - Owen Sound, Lion's Head, Meaford, Markdale, Southampton and Wiarton) and the South Bruce Grey Health Centre (4 sites - Chesley, Durham, Walkerton and Kincardine). These hospitals receive individuals who experience an opioid overdose either through paramedic transport or as walk-ins to the emergency room. Staff at these locations provide immediate medical care as needed. All hospital ERs are eligible to provide Naloxone kits on discharge through the expanded ONP, with South Grey Bruce Health Services currently participating. In the event of a cluster overdose situation, the hospitals could call a Code Orange, which will help mobilize key staff and resources.

Distribution of Naloxone: See the prevention section.

Risk Communications Strategy:

The communications strategy is a plan that exists to ensure that all partners and stakeholders are aware of the evolving opioid situation, informs the public about the evolving risk and how the risk can be reduced and supports a collaborative, coherent approach to the recognition of, the response to and the recovery from an opioid-related event. It has the following components:

- Designation of an official spokesperson for the opioid-related incident: This will vary depending on the opioid-related event (e.g. if police discover illicit fentanyl contamination of the drug supply, the police draft the media release with input and support from other partners).
- Public education via media, information sessions, website: All Opioid Working Group members

- Liaison with local NSP sites on Naloxone kit distribution and support for clear messaging: GBHU
- Maintenance of a contact list including rapid fax distribution system/email list (including hospitals, paramedic services, fire and police, mental health, LHIN homecare, Community Health Centres, pharmacies, HCPs, GBHU). The list will be used by hospitals, paramedic services and the health unit as appropriate.

Opportunities for Action:

1. Have hospital ER managers provide (or delegate) regular updates to the MOH, GBHU, the South West LHIN Opioid Response Delegate and other Opioid Working Group Members.
2. Strengthen partnerships with local Municipalities to encourage the use of an opioid-related event for emergency response planning.
3. Continue to explore methods of collecting Indigenous-specific data on opioid-related events to support awareness-raising, prevention and response and recovery activities in these communities.



RESPONSE

To put preparedness plans into action to minimize harms

Current Activities:

Initial Response to the Incident

- **At the Incident Site:**

The impacted municipality will engage all relevant sectors and determine the course of action to be taken as per the Municipal emergency response protocol.

- » **First Responder Response:**

The initial task at the incident site will be for paramedics to stabilize and transport casualties to the appropriate hospital. Fire services may be first on scene and may assist in the stabilization of casualties until paramedics arrive.

Police services secure the incident scene and conduct their investigation.

Dispatch systems for fire, ambulance and police all act independently, but all will be made aware of the situation so that response efforts can be coordinated.

- » **Hospital Response:** If a hospital is notified that they will be receiving mass casualties, internal surge control is activated, then Code Orange (external disaster with mass casualties), as they prepare for staffing, ER bed space and other resources.

Other hospitals will be involved in the response as per existing protocols.

- » **Ensuring Health and Safety of Responders:**

Each branch of the first responders will activate its employee health and safety support procedures.

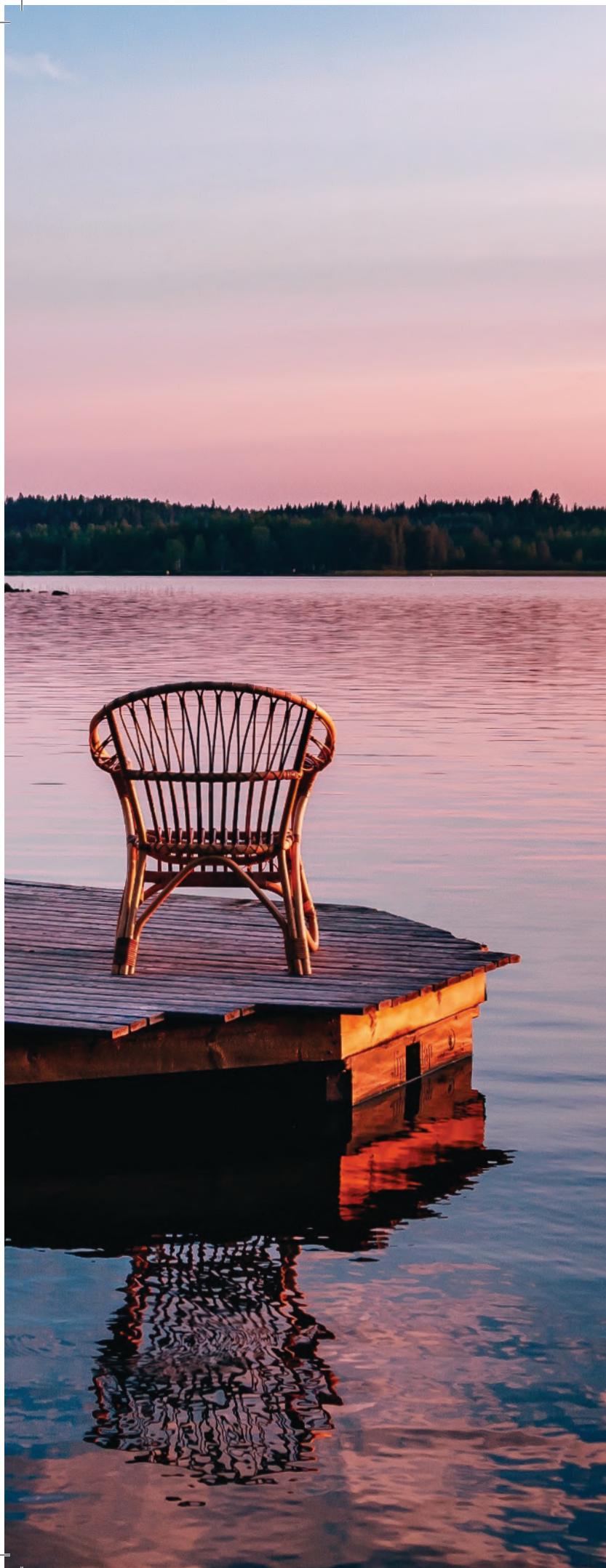
- » **Business Continuity Plan:** Each organization will implement their business continuity plan if resources have been overwhelmed during the response.

- » **CEMC, Public Health and Partner**

Notification: The Paramedic Chief or alternate may notify Public Health/the MOH and the Municipal CEMC or alternate if a significant opioid-related emergency occurs. The MOH may request activation of the MECG if the event exceeds the capacity of the municipality responding. (See Appendix A - Decision Instrument to Activate the Incident Management System (IMS) for a Mass Opioid Overdose Emergency). The Paramedic Chief or alternate may also request activation of the MECG.



RECOVERY



To gauge the success of our response and make recommendations for improving future prevention and preparedness efforts.

Current Activities:

Debriefing at organizations and the Opioid Working Group meetings following opioid-related events to determine the effectiveness of the response and opportunities for improvement. Each of the involved organizations completes assessments in-house and bring reflections to meetings. The Plan will be modified as needed.

Communication to the Public: See the prevention section.

Support employees involved in the opioid-related incident: Each organization will provide information on community resources to employees who have been involved in an opioid-related event recognizing the potential risk of trauma for involved employees.

Opportunities for Action:

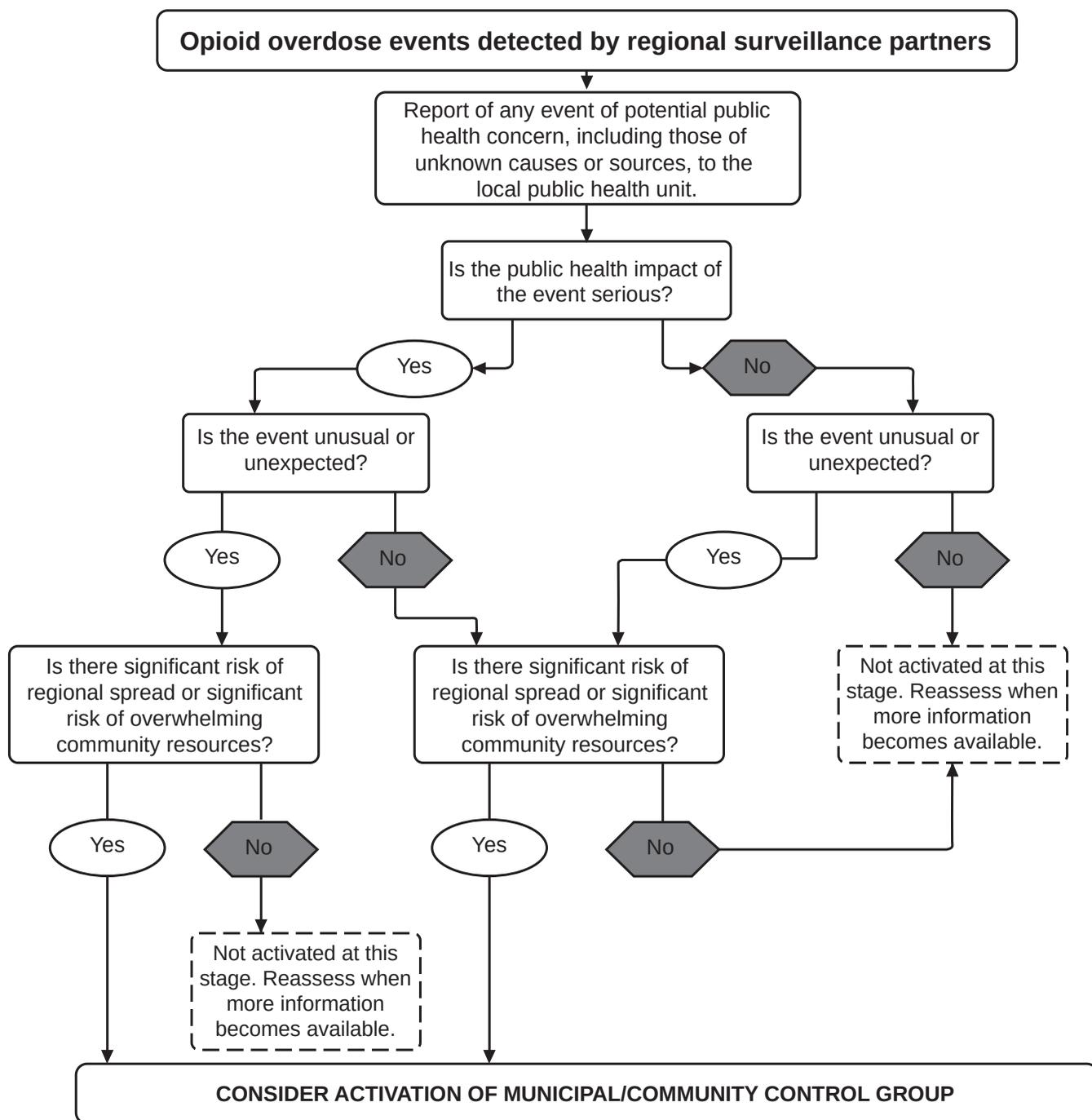
Each organization will keep/continue to keep an updated list of available community resources to provide to employees who have been involved in an opioid-related incident. These resources could include the Where Can I Get Help in Grey Bruce resource, 211, Employee Assistance Programs, ConnexOntario, etc. See Appendix E.



APPENDIX

Appendix A: Public Health Decision Instrument

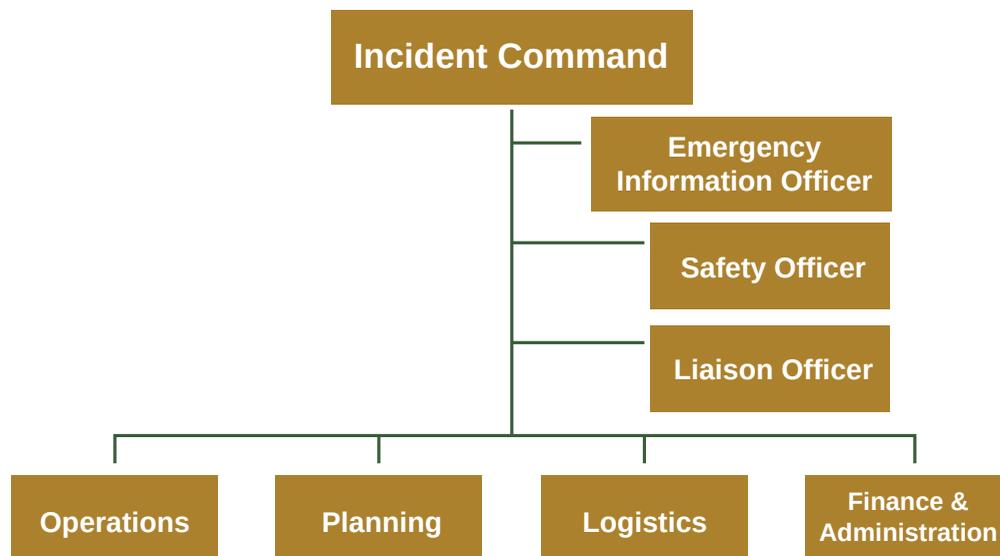
DECISION INSTRUMENT TO ACTIVATE IMS FOR A MASS OPIOID OVERDOSE EMERGENCY



Decision instrument to activate an emergency control group adapted from the WHO (2008) International Health Regulations (2005) 2nd edition and obtained from the Leeds, Grenville and Lanark Opioid Overdose Cluster Plan.

Appendix B: Public Health Decision Instrument

The IMS is a standardized approach for activating facilities, deploying personnel and ensuring coordinated use of resources during an emergency. IMS also clearly structures a chain of command and uses common terminology for all agencies involved in an emergency response. The IMS is used by Public Health and other community organizations. This section is in place to share a common set of definitions, however, each municipality, county, organization and partner may have slightly different definitions, along with different structures.



The following is an explanation of IMS roles and is for information purposes only.

Command Staff:

» Incident Command

- Assume overall responsibility for managing the incident
- Provide overall leadership for directing the response
- Ensure all response organizations have been advised
- Establish command in an unmistakable fashion at the beginning of the incident
- Ensure command is maintained until the end of the incident
- Command may be transferred in an orderly fashion from one individual to another

» Emergency Information Officer

- Develop and release emergency information to the public
- Advise Command on issues related to media/public emergency information
- Establish an Emergency Information Centre or media area away from incident operations
- Coordinate with counterparts from other organizations to ensure clear and consistent messaging

» Safety Officer

- Monitor safety conditions and develop safety measures
- Create systems and procedures to protect the health and safety of all responders
- Review the Incident Action Plan (IAP) to identify safety concerns and issues

Alter, suspend or terminate activities that are deemed hazardous regardless of jurisdiction

» **Liaison Officer**

Primary contact for assisting or supporting organizations

Obtain information from other organizations on what resources they have and what special support they may need

Provide information to organization representatives about the operation

Planning Section Chief

Develop the IAP for each operational period

Track resources assigned to the incident

Conduct long-range or contingency planning

Maintain incident documentation

Work closely with other members of

Command and General Staff to share information effectively and ensure an efficient planning process

General Staff

» **Operations Section Chief**

Implement the IAP

Organize, assign and supervise all resources assigned to an incident

Work closely with other members of

Command and General Staff to coordinate operational activities

As the operation expands, maintain an optimum span of control by further dividing the response by geographical area and/or function

» **Logistics Section Chief**

Provide all supporting resources including personnel, equipment and supplies

Provide support services such as facilities, IT, food and transportation

Provide medical services to incident personnel

Contraction of the Logistics Section as soon as units are no longer needed

» **Finance and Administration Section Chief**

Provide the financial and cost analysis support to the incident

Monitor sources of funding

Make cost estimates for alternative response strategies

Track time sheets for incident personnel and equipment

Contract negotiation and procuring of equipment

Track mutual assistance arrangements and monitor costs

Appendix C: Harm Reduction Messaging for First Responders and Other Community Partners

Tips for Talking with People Who Use Drugs

Opioid overdose is a serious medical emergency.

Encourage clients to call 911 for an opioid overdose, even if Naloxone has been administered. Naloxone is short acting and overdose can return once this medication wears off.

Be Aware of Your Language

Stigma is a major barrier to individuals seeking help. The words we use often contribute to this stigma. You can have a positive impact by using people first language. For example, instead of “addict”, “junkie”, or “user”, use wording such as “people who use drugs”.

Avoid using words like “potent”, “strong” or “more powerful” when talking about drugs. Such terms could result in an increase in people seeking out the drug for a better high. Alternatives like “**more toxic**”, “**lethal**” and “**deadly**” imply harm and are better word choices.

Use a harm reduction approach

Recognize that abstinence is not the goal of many people who use drugs. Support clients “where they are at”.

Review signs of an opioid overdose



Blue Lips, Nails, Or Skin



Limp Body



Doesn't Respond To Shouting



Pinpoint Pupils



Soft/No Breath Or Snoring



Cold, Clammy Skin

Discuss harm reduction strategies:

- Carry a naloxone kit. Naloxone is available for free at most local pharmacies and at the Grey Bruce Health Unit.
- Avoid using alone. When using with someone else, avoid using at the same time.
- Know your tolerance. If using after a period of not using – use less.
- Avoid mixing drugs. Mixing drugs, including alcohol, increases the risk of overdose.
- Test a small amount at first and go slowly.
- Use new supplies and sharps containers, available through Public Health and community needle syringe program sites.
- Avoid sharing supplies; sharing supplies increases the risk of getting a blood borne infection such as HIV and Hepatitis C.

For those seeking help for substance use provide positive reinforcement and offer:

ConnexOntario: 1-866-531-2600 or RAAM Clinic: 519-376-3999

Seek support from colleagues or Employee Assistance Program if you are experiencing substance use issues or need to debrief about challenging situations.

“Harm Reduction keeps people alive to make a different choice, on a different day.”

Dr. Bernie Pauly, Scientist, December 19, 2016



Appendix D: Harm Reduction Media Release Template

The (*insert name of agency*), together with the Grey Bruce Health Unit, want to urge people to take extra caution when using drugs by:

- Avoiding using alone. When using with someone else, avoid using at the same time.
- Avoiding mixing different drugs. Mixing drugs, including alcohol, increases the risk of overdose.
- Knowing your tolerance. If using after a period of not using – use less.
- Going slow. Use smaller amounts and do test doses to check the strength of the drug.
- Carrying a Naloxone kit.

Overdose is a medical emergency. Call 911 or go to the Emergency Department. The Good Samaritan Drug Overdose Act provides protection from simple drug possession charges when 911 is called for an overdose.

Get a free Naloxone kit and opioid overdose training. Naloxone is available for free at pharmacies and at the Grey Bruce Health Unit Monday to Friday, 8:30 am to 4:00 pm, no appointment needed. Find out more at www.ontario.ca/overdose

For those seeking support:

- The Rapid Access Addiction Medicine (RAAM) Clinic provides quick access to medical treatment for opioid use and opioid use disorder Monday to Friday 8am-4pm by visiting 495 9th Ave East in Owen Sound or by calling 519-376-3999.
- ConnexOntario assists individuals with access to addiction, mental health and problem gambling services. For more information the public can call 1-866-531-2600 or visit www.connexontario.ca
- Mental Health Crisis Line of Grey Bruce is available 24 hours/day, 365 days/year by calling 1-877-470-5200.

Appendix E: Community Supports and Resources



- » **Where to Get Help in Grey Bruce: A list of local supports for mental health and addictions and other resources:** <https://www.mhagb.ca/sites/default/files/100%20Where%20to%20Find%20Help%20in%20Grey%20Bruce%20-%202016-Sep-18.pdf>
 - * Most current version available from www.mhagb.ca
- » ConnexOntario assists individuals with access to addiction, mental health and problem gambling services. For more information the public can call 1(866) 531-2600 or visit www.connexontario.ca
- » The public can call 2-1-1 to be connected with local supports
- » Employee Assistance Programs (EAPs)

Appendix F: Glossary of Abbreviations

ACES	.Acute Care Enhanced Surveillance System
CAO	.Chief Administrative Officer
CACC	.Central Ambulance Communications Centre
CCG	.Community Control Group
CEMC	.Community Emergency Management Coordinator
CIHI	.Canadian Institute for Health Information
EMAT	.Emergency Medical Assistance Team
EMS	.Emergency Medical Services
EMCT	.Emergency Management Communication Tool
EOC	.Emergency Operation Center
FNIHB	.First Nations and Inuit Health Branch
GBHU	.Grey Bruce Health Unit
IMS	.Incident Management System
LHIN	.Local Health Integration Network
MECG	.Municipal Emergency Control Group
MOH	.Medical Officer of Health
MOHLTC	.Ministry of Health and Long-Term Care
NACRS	.National Ambulatory Care Reporting System
NESS	.National Emergency Strategic Stockpile
NSP	.Needle Syringe Program
ODPRN	.Ontario Drug Policy Research Network
ONP	.Ontario Naloxone Program
OPP	.Ontario Provincial Police
PHAC	.Public Health Agency of Canada
PHO	.Public Health Ontario
RAAM	.Rapid Access Addiction Medicine

Appendix G: GBHU Internal Response to Opioid Events

Manager:

1. Manager is notified of an opioid event(s). Examples of opioid events include:
 - Opioid overdose cluster (3 or more overdoses in 48 hours or 5 overdoses in 5 days)
 - Opioid event of public health significance (e.g. notification of serious drug-related concerns from police)
2. The Manager sends an email alert to the Opioid Alert Group using a standard organizational template. See [Appendix I](#) for the GBHU Manager Opioid Alert Template.
3. The Manager sends alert to the Harm Reduction Team on the day of the alert or the morning of the next working day following the alert.
4. In the situation that more events are called in, consultation between the MOH, the Harm Reduction Manager and the Harm Reduction Team will take place to discuss the need to act further. An emergency Opioid Working Group meeting may be called.

Harm Reduction Team:

1. Posts alert message in the Needle Syringe Program (NSP) Room using an organizational template and leaves the message up for 1 week. See [Appendix H](#) for the GBHU NSP Opioid Alert Template.
2. Email all staff who provide NSP coverage and attach the alert message.
3. Determine if media release required based on the severity of the situation.
4. Determine if other action required based on severity of situation (e.g. offering after hours Naloxone distribution in accessible place, sending alert to ERs).

Appendix H: GBHU NSP Opioid Alert Poster

Date – OVERDOSE ALERT

_ opioid overdoses have occurred in our region over the past XX hours.



Take extra caution by:

- Avoiding using alone. When using with someone else, avoid using at the same time.
- Avoiding mixing different drugs. Mixing drugs, including alcohol, increases the risk of overdose.
- Going slow. Use smaller amounts and do test doses to check the strength of the drug.
- Knowing your tolerance. If using after a period of not using – use less.
- Getting overdose prevention training and carrying a Naloxone kit.

Overdose is a medical emergency. Call 911 or go to the Emergency Department. The Good Samaritan Drug Overdose Act provides protection from simple possession charges when 911 is called for an overdose.

Naloxone is available for free from pharmacies and at the Grey Bruce Health Unit Mon-Fri 8:30 am - 4 pm, no appointment needed.

For those looking for support: Mental Health Crisis Line of Grey Bruce: 1-877-470-5200, ConnexOntario: 1-866-531-2600 or the Rapid Access Addiction Medicine Clinic: 519-376-3999.



Insert date posted:

Appendix I: GBHU Manager Opioid Alert Template

Hi everyone,

We have been notified of *(insert # here)* overdoses in the *(insert region)* area on *(insert date or time frame –e.g. weekend)*

Reports of clients *(insert details if available e.g. smoking fentanyl or oxy prior to overdoses)*.

Please encourage all people who use drugs to have Naloxone on hand and to always use with a sober friend who can administer Naloxone and call 911 in case of an overdose. Naloxone is available for free at pharmacies and at the Grey Bruce Health Unit Mon-Fri, 8:30 am to 4 pm, no appointment needed.

Thank you,

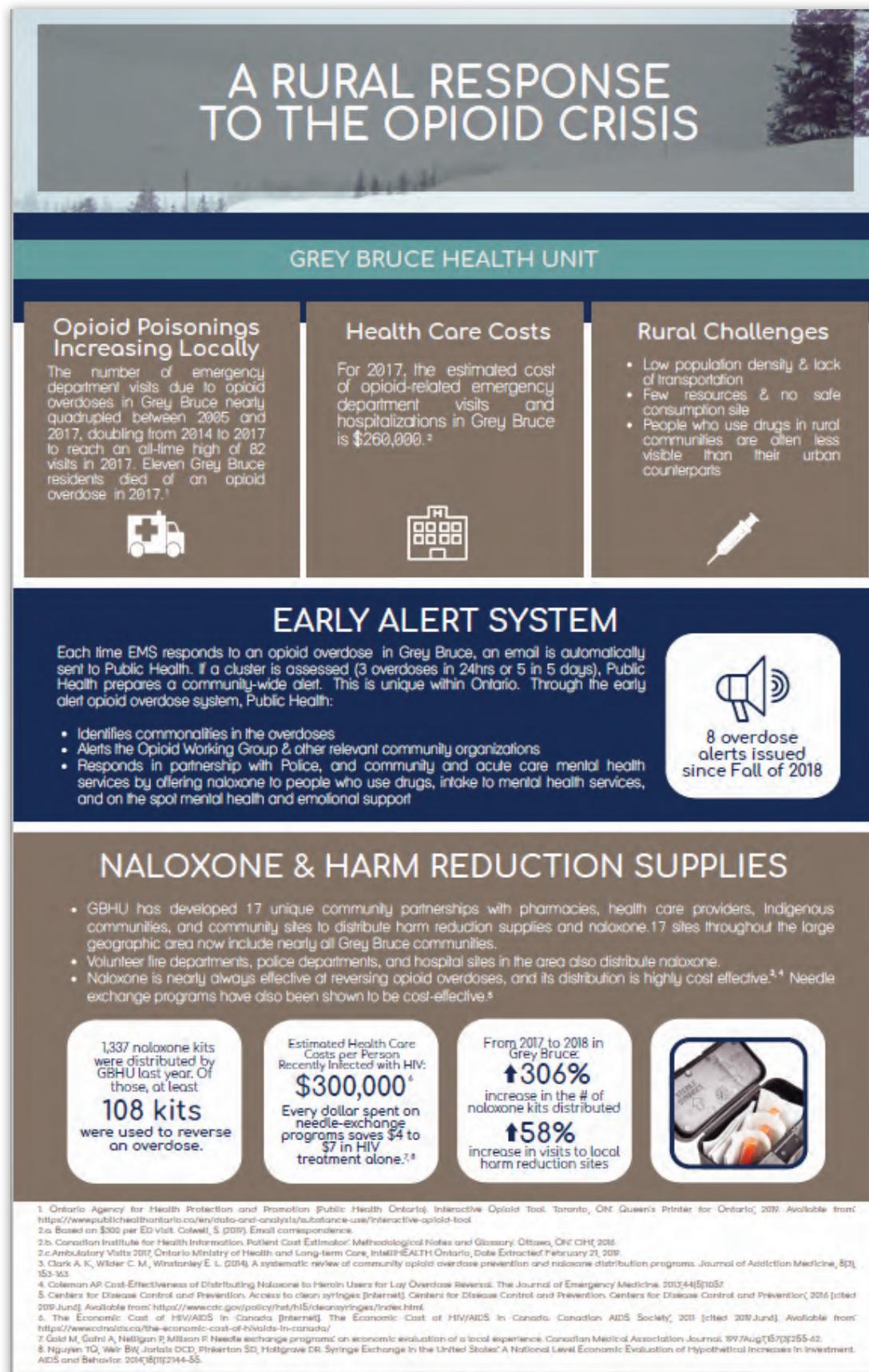
Insert Manager's Name and Contact Info

Attachments:

GBHU NSP Opioid Alert Poster (see Appendix H)

Tips for Talking with PWUDs (see Appendix C)

Appendix J: GBHU Info graphic



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