Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization

Canadian Mental Health Association Ontario | November 2017

Canadian Mental Health Association
Ontario

About the Canadian Mental Health Association

The Canadian Mental Health Association (CMHA), which operates at the local, provincial and national levels across Canada, works toward a single mission: to make mental health possible for all. The vision of CMHA Ontario is a society that believes mental health is the key to well-being. We are a not-for-profit, charitable organization funded by the Ontario Ministry of Health and Long-Term Care. Through policy analysis and implementation, agenda setting, research, evaluation and knowledge exchange, we work to improve the lives of people with mental health and addictions conditions and their families. As a leader in community mental health and a trusted advisor to government, we actively contribute to health systems development through policy formulation and by recommending policy options that promote mental health for all Ontarians. CMHA Ontario works closely with 30 local branches to serve nearly 100,000 people every year in communities across the province to ensure the quality delivery of services in the areas of mental health, addictions, dual diagnosis and concurrent disorders, which occur across the lifespan. Nationally, CMHA is the oldest, most extensive community mental health organization in Canada, celebrating 100 years in 2018.

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Executive Summary

Ontario is currently facing an increase in harms related to opioid use, with an increase in emergency room visits, hospitalizations and overdoses.

Recent data shows that, in 2016, there were 865 opioid related deaths in Ontario. Community service providers are in a position to support clients and staff to address these harms within their agencies through the development of an overdose protocol that includes administering naloxone in the event of an opioid related emergency. While naloxone has become increasingly available in Ontario through programs such as the Ontario Naloxone Program for Pharmacies, some organizations have experienced barriers to implementing an overdose prevention protocol. The overarching goal of this resource is to equip community service providers with current, accessible and relevant information that can be used to inform and develop an opioid overdose protocol.

This document is based in a harm reduction framework which is an evidence based approach to addressing the potential harms related to opioids including overdose deaths. This document provides the following content:

- A comprehensive overview of Ontario's current situation regarding opioids, naloxone, and opioid-related emergencies (overdose)
- Prevention, risk factors, and identifying an opioid related emergency
- Information related to administering naloxone intranasally, intramuscularly and aftercare
- Explanation as to why a medical directive is not necessary for naloxone administration
- Developing an overdose protocol in your organization, including staff training and obtaining naloxone kits
- Debriefing and preventing distress post naloxone administration
- Monitoring and evaluating your protocol, communicating it with clients, families and the broader community, and incorporating an equity lens into your protocol

Based on available data, the current opioid overdose situation in Ontario does not show any signs of slowing. Stigma related to substance use and mental health is a contributing factor to individuals not accessing the support or information they may need. This document provides infographics that can be posted in your organization as a way to broaden conversations about opioid related emergencies, and reduce the stigma related to opioid use. In addition, an opioid overdose prevention and response policy template is also included which can be tailored for the unique needs of your organization.

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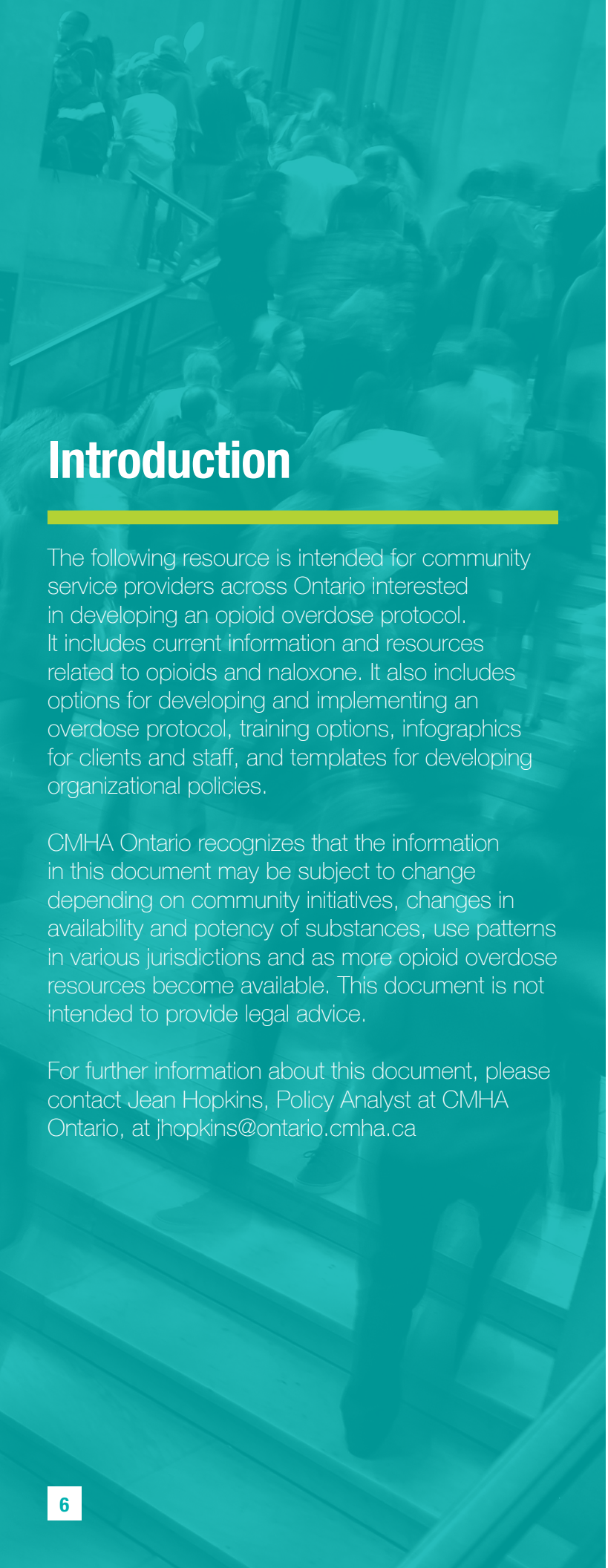

Introduction

The following resource is intended for community service providers across Ontario interested in developing an opioid overdose protocol. It includes current information and resources related to opioids and naloxone. It also includes options for developing and implementing an overdose protocol, training options, infographics for clients and staff, and templates for developing organizational policies.

CMHA Ontario recognizes that the information in this document may be subject to change depending on community initiatives, changes in availability and potency of substances, use patterns in various jurisdictions and as more opioid overdose resources become available. This document is not intended to provide legal advice.

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Harm Reduction

Understanding harm reduction is the first step to minimizing harms related to opioid use.

Harm reduction can be defined as an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with substance use, without necessarily requiring people who use substances from abstaining or stopping.[1]

We engage in harm reduction in our everyday lives to minimize a risk, such as wearing a helmet when riding a bike or enforcing seatbelts when driving a car. Other practices that take harm reduction approaches include: using a nicotine patch instead of smoking, consuming water while drinking alcohol, using substances in a safe environment with someone, and needle exchange programs. Having staff trained in your organization to respond to the signs and symptoms of an opioid overdose is a way in which to minimize the harms related to opioid use. Minimizing the potential harms of substance use is the foundation of the harm reduction framework.

In order to further understand the philosophy behind harm reduction, it is important to understand its main features:

- Pragmatism: Harm reduction recognizes that substance use is inevitable in a society and that it is necessary to take a public health-oriented response to minimize potential harms.

- Humane Values: Individual choice is considered, and judgment is not placed on the substance user. The dignity of people who use substances is respected.

- Focus on Harms: An individual's substance use is secondary to the potential harms that may result in that use.[2]

Harm reduction has identifiable positive effects. For example, those who engage in harm reduction services have reduced blood borne illnesses such as HIV/AIDS and Hepatitis C; decreased rates of deaths due to drug overdoses; and are more likely to engage in ongoing treatment as a result of accessing these services.[3] A frequent misconception is that harm reduction supports, or encourages, illicit substance use and does not consider the role of abstinence in addictions treatment. Harm reduction approaches do not presume a specific outcome. This means abstinence based interventions can also fall within the spectrum of harm reduction goals. Essentially, a harm reduction framework supports the idea that those who use substances should have a wide selection of treatment options to meet their individual needs.

This document is based in the framework of harm reduction and is intended to support community service providers to minimize the harms related to opioid use.

Opioids and Naloxone in Ontario

Opioids in Ontario

Opioids are a class of psychoactive drugs that are often used for pain management. These can include: fentanyl, morphine, heroin, and oxycodone.[4] While opioids are effective for pain relief, and many individuals can use them for short periods of time without concern, this class of drugs has led to harms across the province in recent years. According to Ontario's Chief Coroner there have been at least 865 Ontarians who have died due to opioid overdose in 2016, a 19 per cent increase since 2015.[5]This is equal to an opioid related overdose death occurring in Ontario every 10 hours. This number has been steadily increasing, and it was estimated that there were approximately 2,500 deaths due to opioids in Canada in 2016, surpassing the number of deaths during the height of the HIV/AIDS crisis in Canada.[6]

The current opioid crisis is largely driven by the over prescription of opioids and an unintended consequence of changing the availability of high strength opioids from the Ontario Drug Benefit Formulary. There is increasing evidence that individuals may shift to other opioids when the availability of a prescription changes.[7] This can lead to the possibility of other (i.e. non-prescribed) opioids being used instead.[8] In addition, the contamination of street drugs is an increasing concern.

Someone dies of an opioid overdose every 10 hours in Ontario

While fentanyl is a highly regulated synthetic opioid, illegally-manufactured fentanyl is being unevenly distributed in substances sold on the illicit market. Such illicit substances can be lethal in small amounts, contributing to the crisis in deaths related to overdose. In Ontario, fentanyl, carfentanil and other fentanyl analogues have been found in illicit substances, like heroin, sold on the street.There have also been reports of high strength opioids found in other substances, such as cocaine.[9]

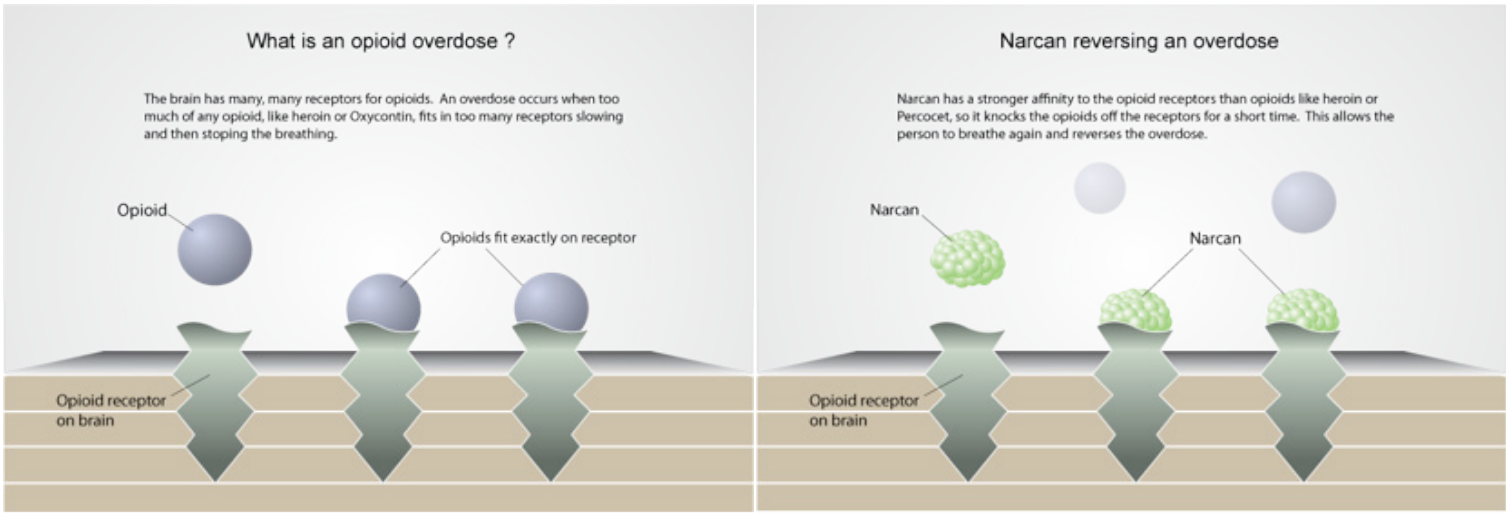
In October of 2016, the Ontario Ministry of Health and Long-Term Care announced a strategy with the goals of reducing opioid addiction and overdose by focusing on three main areas: enhancing data collection; modernizing, prescribing and dispensing practices; and, connecting patients with high quality addictions treatment services. In addition, the strategy expanded access to naloxone, designated Ontario's first-ever provincial overdose coordinator, delisted high strength opioids from the Ontario Drug Benefit Formulary, invested in Ontario's Chronic Pain Network, supported harm reduction initiatives such as safe injection sites, and increased access to Suboxone.[10]

Opioids and Naloxone in Ontario

What is Naloxone?

Naloxone is a medication that acts as an opioid antagonist that temporarily reverses an opioid overdose. Naloxone is delivered intramuscularly (through muscle), or intranasally (through the nose) under the brand name Narcan. The medication can reverse the effects of the opioid by blocking the opioid receptors in the brain, but will only last for a short period of time. It will not have any effect on non-opioids that might be in the body.[11]

The use of opioids can slow a person's respiratory system. Higher doses and/or more potent formulations can cause a person's breathing to slow or stop. Naloxone can block or reverse the effects of an opioid medication. Administering naloxone can assist the person in breathing more normally and potentially regaining consciousness.[12] This provides time to seek emergency medical attention to treat the overdose in order to prevent further health concerns. Naloxone is currently on the World Health Organization's List of Essential Medicines as it is the "safest, most efficacious and cost-effective medicine for priority conditions."[13]



Graphics: Maya Doe-Simkins. http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/

Where to Obtain Naloxone?

Previously, naloxone was available only by prescription or through the Ontario Naloxone Program at needle exchange sites in Ontario. Since June 2016, as a response to the growing crisis in opioid overdose deaths, the Ontario government has made naloxone available free of charge at all pharmacies across the province that have a billing account through the Ontario Naloxone Pharmacy Program (ONPP).

Before providing a naloxone kit, pharmacists will conduct a brief training session. They will also obtain the Ontario Health Insurance Plan (OHIP) health card of the requesting person. Information about the requesting person may appear in Drug Profile Viewer records. The Drug Profile Viewer is a tool that allows some health care providers to see what medications an individual has been provided.

Free nasal spray naloxone is also available, without an Ontario health card, from needle exchange programs, Hep C programs or Public Health Units across the province. This program is currently expanding, and additional kits were distributed through community organizations such as shelters, outreach organizations, AIDS services organizations, Community Health Centres and withdrawal management services.[14]

For more information on where to obtain kits, including Public Health Units, pharmacies and organizations across the province, visit: https://www.ontario.ca/page/get-naloxone-kits-free

Opioids and Naloxone in Ontario

Who is at Risk of an Opioid Overdose?

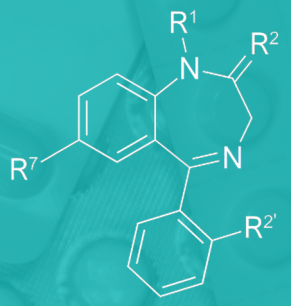
An overdose is a toxic amount of one or more substances that stop the body from working properly. People at risk of an opioid overdose may be defined as meeting the following criteria:

- Known or suspected prescription opioid dependence
- Polysubstance use, specifically if an individual is using other depressants such as benzodiazepines or alcohol
- Using alone or in an unfamiliar environment
- Using substances from an unknown source or dealer
- History of emergency care for opioid use
- Opioid use with known or suspected use of alcohol or benzodiazepines
- Release from a correctional facility with a history of opioid dependence
- Discharge from a treatment program for opioid dependence
- Using high doses of prescription opioids [15]

What are Benzodiazepines?

Benzodiazepines (sometimes called 'Benzos') belong to the sedative-hypnotic class of drugs, which are used to decrease agitation and anxiety disorders, seizure disorders, and to help with sleep. Benzodiazepines are also depressants, and can slow brain activity which control body functions, including the respiratory system, increasing the chance of an overdose if taken with opioids.

Health Canada. (2016). Benzodiazepines. Retrieved from: https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/benzodiazepines.html



An opioid-related emergency (overdose) is defined as any person who:

1. **Has a seriously altered level of consciousness or is unresponsive, and**
2. **Whose condition might be related to opioids** [16]

If a person is not responding to you shaking their shoulders, yelling their name, or stimulus such as a sternum rub, and they might have taken opioids, then it is best to treat it as an overdose. Other common signs might also include slow, shallow breathing or no breathing and skin clamminess.

Opioid Overdose Risk Factors

There are numerous factors that may increase a person's risk of experiencing an overdose. It is helpful to discuss safer-use practices with individuals who are using opioids or engaging in polysubstance use. If a person has been abstinent (e.g: has been incarcerated, or in a residential treatment program) they may be at higher risk due to a decrease in tolerance. In Ontario, people released from correctional facilities are 12 times more likely of dying from an overdose than the general population. Nine per cent of these deaths take place in the first two days, and 20 per cent within the first week after release from custody.[17] The Ontario government has implemented a naloxone program for individuals leaving correctional facilities who may be at risk of an opioid related overdose. Other risk factors include a person's health status (some conditions may put someone at higher risk), not knowing the quality or potency of the substance being consumed, as well as the route of administering a substance (for example, a person is more likely to overdose if they are injecting an opioid than consuming it orally.) [18]

Administering Naloxone

Naloxone can be administered intramuscularly: through an injection into a muscle. Intranasal naloxone (Narcan) is administered through the nose. The only effect of naloxone is to reverse the effect of opioids in the body. In the event that someone is given naloxone and they are not experiencing an opioid overdose, there will not be any significant impacts or harm to the person.[19] In addition, naloxone does not lead to any psychoactive effects when it is administered.[20]

Administering Naloxone

If a person is not responding to noise, shaking of their shoulders or knuckles being rubbed on their sternum and there is a suspected overdose taking place, naloxone should be administered and emergency services called as soon as possible.

Naloxone currently comes in two forms, intranasally (Narcan) and intramuscularly. The following pages are the steps that should be taken for administering naloxone.

The following infographics can be posted within your organization.[21]

Care Following Administering Naloxone

Naloxone is a temporary measure and it is essential that emergency services be called in the event of an opioid overdose for ongoing care. If possible, stay with the individual until emergency services arrive in case paramedics need additional information, or the overdose symptoms return. With more powerful opioids there is a possibility that a person will go into overdose again even after they have been given naloxone. Because naloxone is an opioid antagonist, administering the medication may result in withdrawal symptoms. The person who has received naloxone may be confused or disoriented.[22]

Naloxone is shorter acting than most opioids and these individuals are at high risk of having recurrences of the effects opioids produce. Every effort should be made to transport the individual to a hospital emergency department. If there is no response after the initial dose, naloxone can be administered every two to three minutes until emergency services arrive.[23]

How can I talk to my clients about safer substance use?

- Post information related to drugs and harm-reduction practices in your office. This allows clients to know that it is a safe space to ask questions or discuss drug use.
- Approach all conversations regarding substance use without judgment.
- Discuss strategies to ensure they are purchasing substances from sources they trust. Advise them to test a small amount first, and not to use alone by themselves, if possible.
- Encourage clients to have conversations about overdose with people who may be around them at the time of use.
- Offer overdose prevention and response training, including naloxone training, or connecting clients with a local pharmacy.
- Discuss Good Samaritan Legislation information with clients, and ways in which they can protect themselves and/or the person they are with should an overdose occur.
- Discuss options about decreasing consumption with clients, or Opioid Replacement Therapy, such as Suboxone or Methadone.
- Acknowledge and work to address the stigma about substance use that may prevent people from seeking support and/or using safely. [24]

ADMINISTERING INTRANASAL NALOXONE

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1

Shake shoulders and shout name

2

Call 911 if unresponsive

3

Lay person on their back. Insert nozzle tip into one nostril. Firmly press plunger

4

Perform first aid; give chest compressions

5

If breathing has not improved after two to three minutes, perform step 3 and 4 again

6

If breathing has resumed, place in recovery position

NASAL SPRAY NALOXONE KIT INCLUDES:

- 1 hard case
- 2 doses of nasal spray (4 mg/0.1ml)
- 1 insert with instructions
- 1 insert with additional information
- 1 pair of non-latex gloves
- 1 naloxone training card

Canadian Mental Health Association
Ontario

ADMINISTERING INTRAMUSCULAR NALOXONE

Canadian Mental Health Association Ontario

1

Shake shoulders and shout name

2

Call 911 if unresponsive

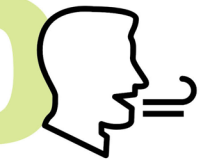
3

Inject 1 vial or ampoule of naloxone into their upper arm or upper leg

4

Perform first aid; give chest compressions

5



If breathing has not improved after two to three minutes, perform step 3 and 4 again

6

If breathing has resumed, place in recovery position

INJECTABLE NALOXONE KIT INCLUDES:

- 1 hard case
- 2 (0.4 mg/1 ml) vials or ampoules (a small glass container) of naloxone
- 2 safety-engineered 25g syringes with 1” needles
- 2 devices for opening ampoules (known as ‘breakers’, ‘snappers’ or ‘openers’)
- 1 pair of non-latex gloves
- 1 naloxone training card

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POST-ADMINISTRATION CARE

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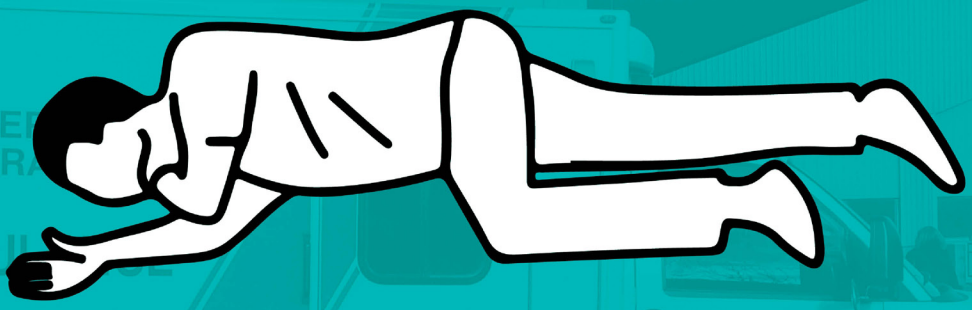
PLACE CLIENT IN RECOVERY POSITION



STAY UNTIL EMERGENCY SERVICES ARRIVE

NALOXONE CAN BE ADMINISTERED EVERY 3 TO 4 MINUTES UNTIL EMERGENCY SERVICES ARRIVE

COMPLETE INCIDENT REPORT

WATCH FOR THESE POSSIBLE WITHDRAWL SYMPTOMS

- NAUSEA
- VOMITING
- SWEATING
- BLOOD PRESSURE
- CONFUSION
- AGITATION

Setting Up Naloxone Administration as a First-Aid Response in Your Organization

This section's purpose is to equip community service providers with options and tools to implement a cohesive policy and procedure that best suits the needs of your organization. A comprehensive policy can help ensure that staff are prepared to respond in the case of an opioid-related emergency. This section explores how naloxone can be administered as part of an emergency first-aid response. It will provide suggestions for ways in which to: implement an opioid overdose prevention protocol as well as corresponding templates; an overview of training options for staff; tools for communicating the protocol with clients, families, partner agencies and the community; and, incorporating an equity lens into your opioid overdose protocol.

Setting Up Naloxone Administration as a First-Aid Response in Your Organization

Developing an Opioid Overdose Protocol for Your Organization

Developing an opioid overdose protocol is important so that staff are aware of signs, symptoms, and ways in which to respond in the event of a suspected overdose. Each organization will have their own set of considerations depending on their programs, resources, clients they serve, and the ways in which they can train staff. Your organization may want to consider the following elements when developing an overdose protocol. For a suggested opioid overdose response protocol template see Appendix A.

Prevention Planning

Prevention is a key factor in reducing overdose risk. Initiatives may include overdose prevention messages when communicating with clients. These may be informal, including posters, casual conversations, providing information about opioids and naloxone; or formal, including questions on intake forms, group sessions and/or overdose-prevention training for clients and/or staff.

Providing information and education for both staff and clients contributes to normalizing conversations about substance use. Clients may feel more comfortable seeking additional support or notifying staff in the event of an onsite overdose.

It is important to identify locations within the organization that may pose risk to a person experiencing an opioid overdose, or where the physical environment might complicate the overdose protocol (e.g. washrooms with locking doors). Other considerations might include how to respectfully monitor sleeping clients, and developing strategies that may assist in effectively identifying opioid overdoses specific to your organization.

Response Protocol

It is strongly encouraged that organizations develop step-by-step instructions on how to respond to an opioid overdose. Ensure all staff are trained in prevention, harm reduction, recognition and response. This can include calling 911, administering naloxone, as well as holding regular overdose drills.

Follow up and debriefing after an overdose is a crucial component in quality improvement and supporting both clients and staff. For debriefing and distress prevention, please see page 22.

Additional Considerations

- Deciding where naloxone will be kept onsite (e.g. in first aid kits, or assigning each worker a kit)
- Your organization's approach to initial and ongoing staff training
- How staff training will be documented and reviewed
- Prioritizing programs and environments that may be at higher risk of opioid overdose situations
- What support will be offered to staff after the administration of naloxone

Setting Up Naloxone Administration as a First-Aid Response in Your Organization

Training Option: Heart and Stroke Foundation

Many organizations offer standard first aid training for their staff with instructors from organizations such as the Heart and Stroke Foundation on a regular basis. This ensures staff are equipped to deal with any emergencies on site. Emergency overdose response and naloxone training is an optional lesson in the Standard and Emergency First Aid courses and is available through the Heart and Stroke Foundation and the Canadian Red Cross by request. This training does not include naloxone for first aid kits. Your organization will need to purchase the kit independently or through a pharmacy. For more information on training, and to speak with a representative in your area contact:

Heart and Stroke Ontario

Website: http://www.heartandstroke.on.ca
Email: rsc@hsf.ca
Toll Free: 1-877-473-0333
Courses offered: http://www.heartandstroke.on.ca

Canadian Red Cross

http://www.redcross.ca/training-and-certification
Phone: 1-877-356-3226.
Email: myrcsupport@redcross.ca

Training Option: Partnership with Pharmacy for Staff Training

Many organizations within Ontario are working in partnership with local pharmacies to provide naloxone delivery training. There are many benefits to providing training on-site. It promotes team building and ensures that there is consistent and streamlined naloxone training. Please see Appendix C for a staff competency checklist.

One effective model used by organizations is receiving training from a pharmacist. The pharmacist would educate staff on the use and administration of naloxone, and provide kits. All staff will have their own personal kit (which is especially useful for staff who may work in the community, do outreach, or meet with clients off site).

Staff will be requested to provide their OHIP numbers to the pharmacist to obtain the kit. If staff are unable or uncomfortable providing this information, organizations may purchase naloxone kits directly from the pharmacy; this step will not require staff to submit OHIP numbers. At the time of writing, the cost is $70 per kit/training, but can vary depending on the pharmacy. Contact your local pharmacist about this option as many have been able to sell kits to organizations for $40/kit.[25]

At this time, there is no standardized provincial training program. However, the Ministry of Health and Long-Term Care has stated that there is a plan to develop one. In addition, the ministry website states, at this time, individual organizations that are not eligible to receive publicly-funded naloxone, are able to purchase it directly from the manufacturers.[26]

To inquire about purchasing intranasal naloxone (Narcan) directly from the manufacturer, contact ADAP Pharma Canada at adaptcanada@customer-support.ca or 1-877-870-2726.

Setting Up Naloxone Administration as a First-Aid Response in Your Organization

Naloxone Distribution in the Community

In June 2017 the Ministry of Health and Long-Term Care announced a harm reduction program enhancement where 36 local Public Health Units within Ontario received additional funding for harm reduction workers. In addition, Public Health Units across the province are able to provide training on naloxone distribution. Representatives from eligible community-based organizations will then be able to distribute naloxone to clients who access their services. Organizations that are eligible to be naloxone distribution points will include:

- Community Health Centres (including Aboriginal Health Access Centres)
- AIDS Service Organizations
- Outreach organizations
- Shelters
- Withdrawal management programs

This program is designed to provide kits to clients for personal use, but does not include kits for organizational use during an emergency. For more information on your Public Health Unit's location, please visit: http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

When referring clients, it is important to consider that some naloxone distribution points may have a more thorough understanding of the issues related to addiction and the stigma connected to opioid use. It is recommended that staff or management connect with local pharmacists and other naloxone distribution points before referring their clients.

Staff or clients who wish to obtain a kit independently from a local pharmacy should be aware that pharmacists require their OHIP card. There are numerous aspects to consider with this option, including the fact that it may not be ideal as there may be inconsistent training with this option. As well, some staff members may not feel comfortable using their OHIP cards to obtain a kit.

A list of naloxone distribution points offering free naloxone kits can be found at:

- https://www.ontario.ca/page/where-get-free-naloxone-kit
- ConnexOntario's Drug & Alcohol Helpline at 1-800-565-8603 for the nearest naloxone distribution points

Setting Up Naloxone Administration as a First-Aid Response in Your Organization

Naloxone is available for purchase in pharmacies for organizations or individuals who do not meet the criteria below.[27] Speak to your local participating pharmacy about purchasing intramuscular naloxone directly from them.

Ontario Naloxone Program (OPS)
Ontario's needle syringe programs and hepatitis C programs provide kits containing Nasal Spray (4mg/0.1ml) to:

- Clients of needle syringe and hepatitis C programs
- Friends and family of clients
- Individuals newly released from a correctional facility

Ontario Naloxone Pharmacy Program (OPPS)
Participating pharmacies distribute injectable naloxone (0.4mg/1ml) kits to:

- Individuals currently using opioids
- Past opioid users who are at risk of returning to opioid use
- A family member, friend or other person in a position to assist a person at risk of overdose from opioids

Opioid Risks in the Work Place

Occupational exposure is a concern for many staff, especially given recent media reports of police officers being impacted while on duty. While there is anecdotal information about contamination and harms to first responders, there is currently no evidence to indicate that workers in a community-based setting, physicians or nurses attending to an overdose have ever become intoxicated by treating an individual or administering naloxone.

The Ontario Poison Centre states that some media have "sensationalized the issue to state that fentanyl powder and/or its analogues can poison you if touched." This is not the case, and accidental exposure to the skin will not cause toxicity. The Ontario Poison Centre states that if the powdered drug remains on the skin (e.g. your hands) and accidental oral contact is made, absorption might occur. While small doses of fentanyl and its analogues can be dangerous, there are no reports of peers, emergency service workers or hospital staff overdosing by providing basic lifesaving care.

For Frequently Asked Questions regarding naloxone, see Appendix F.

Setting Up Naloxone Administration as a First-Aid Response in Your Organization

Debriefing and Distress Prevention

The increase in naloxone availability has allowed for agencies and clients to equip themselves with an overdose prevention tool, however, the use of naloxone can be distressing for everyone involved. This can be especially true of staff who may not come from a clinical background. To promote staff resiliency and prevent distress after an overdose reversal, a comprehensive debrief protocol is encouraged.

Prevention:

- Ensure that staff have a strong understanding of the opioid overdose protocol to eliminate ambiguity, enhance efficiency, and give staff confidence in their response.
- At the start of each shift, consider assigning one person to be 'in charge' of incidents on the shift, which may include delegating tasks, calling 911, meeting first responders etc. Encourage staff to be honest about their comfort level with these tasks, or this responsibility.
- Ensure that clients are aware of the opioid overdose protocol, Good Samaritan Legislation, and encourage clients to contact staff in the event of an emergency.
- Practice overdose scenarios regularly, similar to fire drills.

Supporting Staff:

- Prioritize and allow staff to debrief following critical incidents, if they feel it would be helpful.
- Normalize the fact that everyone experiences and copes with stress and difficult situations differently, which may include the need to debrief and/or take time for selfcare.
- Encourage staff to use their sick time or discuss other options to ensure their mental health needs are met following an incident. Encourage staff to use an Employee Assistance Program if your organization has this resource.[28]

It may also be helpful when debriefing with staff to ensure that there is an opportunity to discuss what took place in the incident, ways in which tasks were communicated, as well as what can be improved from an organizational perspective moving forward. See section Appendix B for a debriefing template.

Considerations for Implementing an Overdose Protocol

Why Medical Directives are Not Needed

Naloxone is specifically approved in Canada for layperson/bystander administration in an opioid-related emergency outside of a hospital. The National Association of Pharmacy Regulatory Authorities and Health Canada have designated naloxone a Schedule II drug, meaning naloxone is not a prescription drug and is meant to be used in emergency situations.[29]

Naloxone is a part of emergency life saving measures, similar to CPR or using a defibrillator. The overriding principle in opioid first aid interventions is to call 911 in the event of an overdose. After that choose a first-aid intervention you feel competent in administering until further medical help becomes available. Naloxone is safe to be administered even if a person is not experiencing an overdose.

Some community service providers that have doctors or nurses on staff have adopted a medical directive to ensure consistency among staff to administer naloxone. It also ensures there is standardized protocol and training within their organization. In a setting where there are doctors or nurses on staff, a medical directive provides the authority for non-medical staff to carry out a treatment, procedure, or other interventions specified in the directive, including controlled acts (administering a medication through injection or intranasally).

It is important to note that adopting a medical directive is not necessary from a medico-legal perspective due to naloxone's Schedule II status (non-prescription medication).

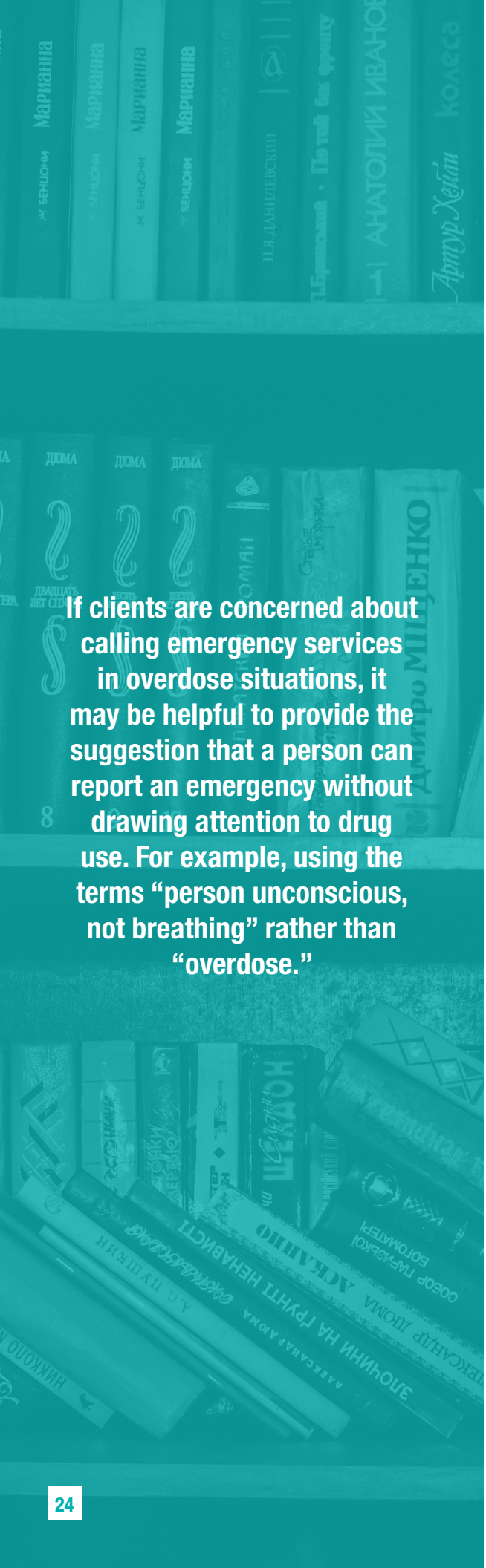
For more information on medical directives, please visit:

The College of Surgeons and Physicians

http://www.cpso.on.ca/Policies-Publications/Policy/Delegation-of-Controlled-Acts

Canadian Nurses of Ontario

https://www.cno.org/globalassets/docs/prac/41019_medicaldirectives.pdf



If clients are concerned about calling emergency services in overdose situations, it may be helpful to provide the suggestion that a person can report an emergency without drawing attention to drug use. For example, using the terms "person unconscious, not breathing" rather than "overdose."

Considerations for Implementing an Overdose Protocol

Good Samaritan Legislation

The Good Samaritan Drug Overdose Act (Bill C-224) was passed on May 4, 2017 and aims to reduce the fear individuals may feel if police were to attend overdose incidents. This bill has made amendments to the *Controlled Drugs and Substances Act* and provides legal protections for people who experience or witness an overdose, including service providers as well as community members. The bill will protect an individual if they are in breach of the following conditions:

- Parole
- Pre-trial release
- Probation orders
- Simple possession
- Conditional sentences

The act does not provide legal protection against the following offences:

- Outstanding warrants
- Production and trafficking of controlled substances
- Other crimes not outlined within the Act.[30]

Data collected from 2013 to 2016 suggests that those who have used naloxone to treat an overdose did not call emergency services 30 to 65 per cent of the time. The number one reason for not doing so was concern about police involvement and possible arrest. Based on the concerns identified, expanding the Good Samaritan Legislation to protect those calling 911 or who are present when an overdose occurs might increase the likelihood that individuals may help during an emergency.[31]

Monitoring & Evaluation

Monitoring and evaluation of an opioid overdose protocol is an important consideration in understanding the impact and adjusting the provision of services. The following section provides suggestions on ways in which to ensure your opioid overdose protocol maintains ongoing evaluation to reduce the harms related to opioid use.

Documenting cases of 911 Calls and Opioid Overdose First Aid Responses

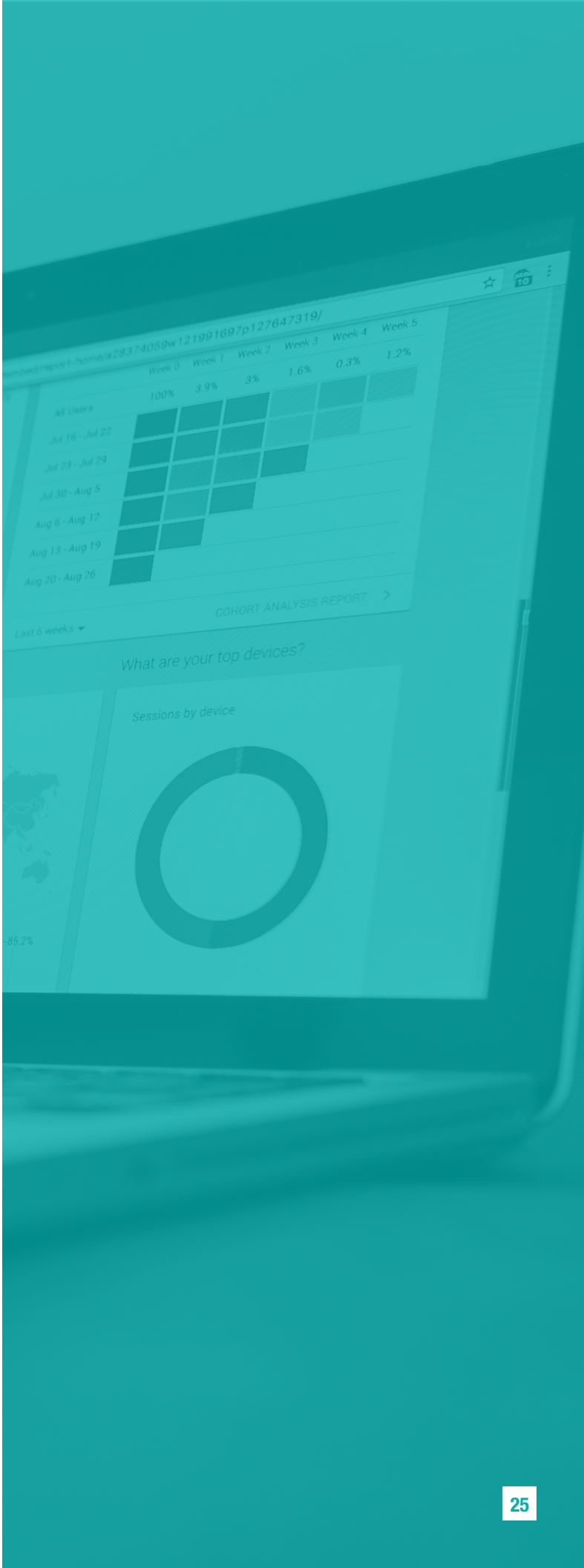
An important aspect of monitoring and evaluating opioid overdose protocols is to record cases of naloxone administration and related circumstances.

Monitoring this information will not only provide you with information about the event, but also deliver information about substances being used in the community, and possible ways in which to improve your overdose response plan through the debriefing process. A Client Medical Emergency Response Incident Report template, used to document this information can be found in section Appendix D.

Staff training and strengthening opioid overdose related first aid skills

Ongoing monitoring of staff skill level and competency in responding to an opioid related emergency is necessary to ensure staff remain competent and prepared. Considerations for monitoring and evaluation might include:

- Ensure ongoing opioid overdose training is a component in supervision of staff in order to maintain skills and evaluate areas for improvement.
- Maintain the appropriate number of people trained in first-aid skills to manage overdoses.
- Measure the increase in staff knowledge related to substances and their potential harms.
- Assess staff through the Staff Competencies Check List (see Appendix C).



Monitoring & Evaluation

Debriefing and Distress Prevention

Debriefing and distress prevention aims to support staff after an incident and share information to ensure that your overdose prevention protocol is working effectively. This helps inquire about what could potentially be done to improve the quality of the protocol. A Debriefing and Distress Prevention template can be found in Appendix B that includes considerations for monitoring and evaluating your distress prevention protocol.

An evaluation may also be a helpful way to see if staff feel supported, and could include a questionnaire on staff perceptions of 'burn-out' in order to assess if additional support or supervision is needed to promote wellness.

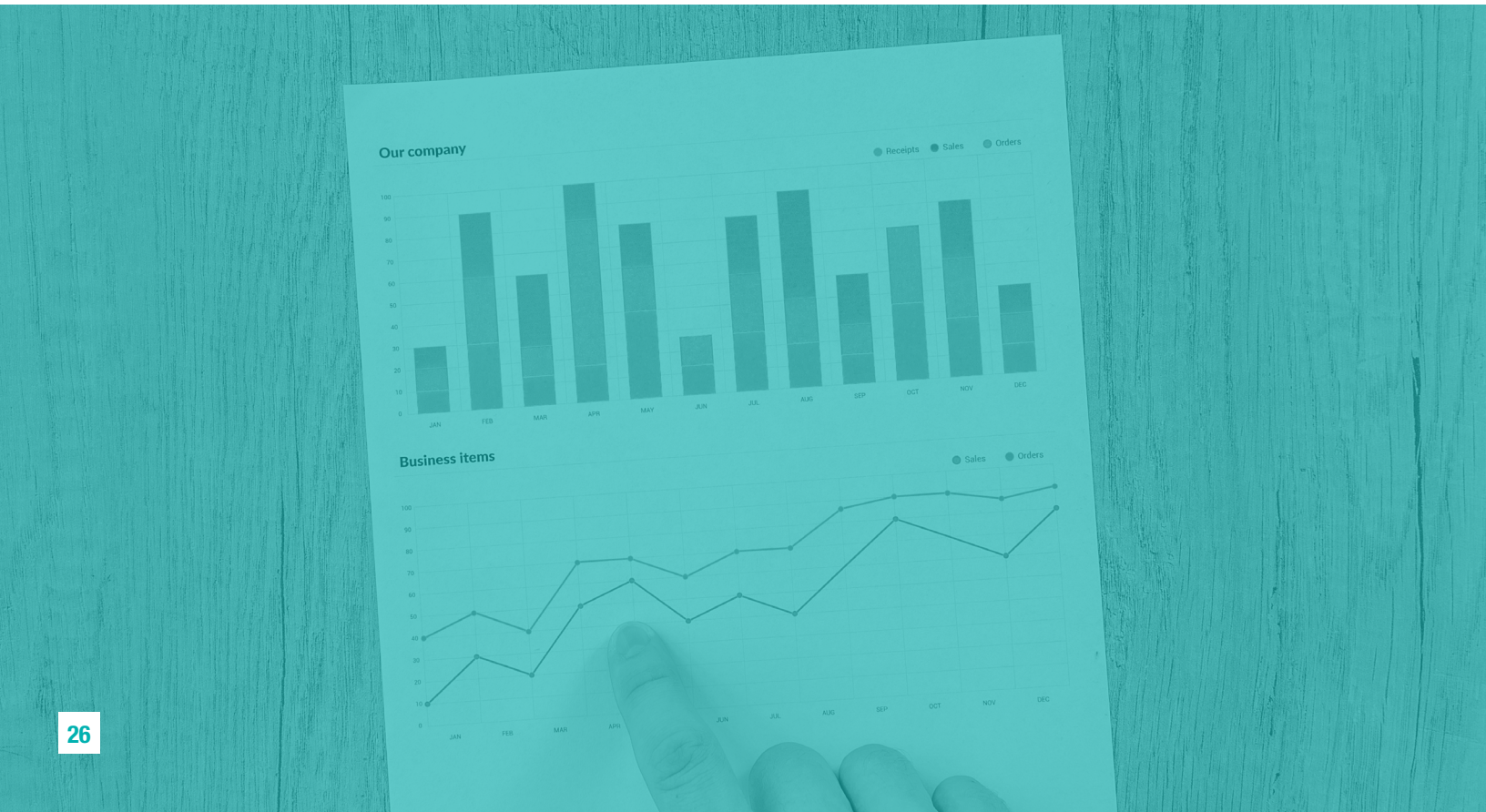
Impact of your protocol on clients

If your organization takes part in a client feedback evaluation process, or routinely implements client satisfaction surveys, this may be a valuable tool that can be used to strengthen the understanding of clients' perceptions or awareness of your overdose protocol and if there may be areas for improvement. Considerations for evaluation:

- Do clients feel comfortable discussing issues related to substance use and harm reduction strategies with service providers in your organization?
- Are clients aware that your organization has an overdose prevention protocol?
- Do clients know where to access naloxone in the community?

Your organization may also wish to evaluate:

- If there is an increase in demand from clients or families to have more information about substance use, harm reduction and naloxone.
- How many clients have been referred to naloxone distribution points?
- How many clients in the organization have a care plan that includes overdose prevention and crisis planning related to substance use.



Communicating Your Protocol with Clients, Families, Partner Agencies and the Community

After the organizational policy and protocol for opioid overdose prevention and naloxone administration has been developed, it is important to communicate this new policy with key stakeholders so that everyone connected to the organization is aware. Adequate community engagement is crucial to the success of any public health initiative. This principle is certainly applicable when tackling Ontario's opioid crisis. By combating the stigma around opioid use, levied both on people with lived experiences and their families, community service providers can have a transformational impact.

An effective community engagement strategy is composed of three elements: Inform, Engage and Collaborate. Applying these elements can yield numerous benefits:

- Increasing credibility and accountability with stakeholders
- Identifying concerns
- Ensuring sustainability and long-term success
- Providing the community with a stake in engaging with the current opioid crisis

CMHA Ontario has developed an engagement framework which community service providers can adapt to suit their unique needs. It is strongly encouraged that an engagement framework – built on communications, health promotion and community engagement best practices – accompany any opioid harm reduction policy or program.

To better assist in this process, CMHA Ontario has completed the framework for three applicable stakeholders: People who use substances and those directly affected (friends and family), local media, and peer agencies. The key messages below can be used through a variety of different communications methods, such as posters, news releases, web content, social media, etc.

Communicating Your Protocol with Clients, Families, Partner Agencies and the Community

#1 People Who Use Opioids and Those Directly Affected (Friends and Family)

Key Messages

- In Ontario, every 10 hours someone dies of an opioid overdose. Train yourself on naloxone administration.
- You can pick up a free naloxone kit from either the Ontario Naloxone Program or (insert naloxone distribution point with address). You will receive two ampoules (if from a pharmacy) or two doses of intranasal Narcan (if from the community-based agency) and training.
- It is safe for non-clinicians and bystanders to administer naloxone. If you or someone you know is currently using opioids, train yourself on naloxone administration. It could save someone's life.
- Do you know what the signs of an opioid overdose are? Train yourself to identify the indicators.

Communications Methods

- Posters (see page 12-16)
- Stickers
- Wall decals
- Social media

#2 Local Media

Key Messages

- Opioid related deaths have increased from 12.2 per million in 1991, to 41.6 per million in 2016.
- Every 10 hours someone in Ontario dies due to an opioid overdose.
- Public awareness campaigns about naloxone administration is an effective harm reduction tactic. Our organization stores and administers naloxone.
- (If applicable) Our organization is the only in the region that incorporates naloxone as part of a first aid response.

Communications Methods

- News Release
- Backgrounder document for media outlining naloxone administration and signs of overdose
- Frequently Asked Questions (preparation for potential media inquiries)
- Social media

Communicating Your Protocol with Clients, Families, Partner Agencies and the Community

#3 Partner Agencies

Key Messages

- Naloxone is a Schedule II medication, intended for lay person administration and can be used by non-clinicians and bystanders. We encourage our partner agencies to train themselves in opioid overdose prevention, recognition, and response, including naloxone administration. If you are unable to do so, we encourage you to send potential clients to (name participating pharmacy or organization).

- We have developed a policy and protocol for opioid overdose prevention, recognition and response, including naloxone administration. We encourage our partner agencies to do the same.

- We have started a naloxone administration partnership with a local pharmacy (include name if applicable). We strongly encourage our partner agencies to receive naloxone kits, training on administration and/or start a referral relationship.

- We are starting to track all opioid overdose incidents and naloxone administration (at our organization) with Opioid Overdose Debriefing Forms. To ensure quality control we strongly encourage our partner agencies to either adopt or adapt the attached forms into your practice.

Communications Methods

- Digital Article
- Emails
- In-person meeting

The Importance of Equity

Incorporating an Equity lens into your Opioid Overdose Protocol

Some populations across Ontario experience social and economic disadvantages and inequities. This can contribute to poor physical and mental health, making it difficult to access the resources needed to be healthy. Such inequities may also make it difficult for people to have access to the resources and information to reduce the harms related to substance use and promote mental health.

CMHA Ontario has developed the "Advancing Equity in Mental Health in Ontario: Understanding Key Concepts", document to identify the dynamic and overlapping relationships between equity, mental health and addictions: [32]

Equity matters for mental health

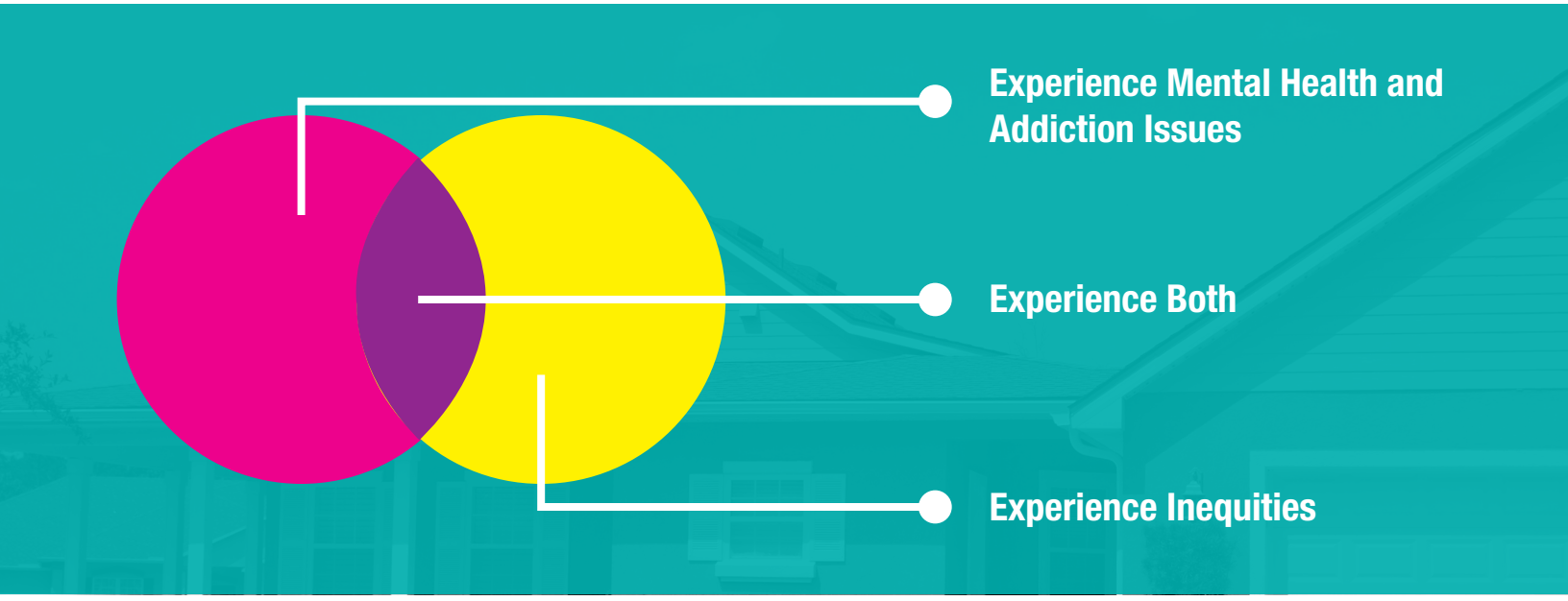
Due to decreased access to the social determinants of health, inequities negatively impact on the mental health of Ontarians. Marginalized groups are more likely to experience poor mental health and in some cases, mental health conditions.

Mental health matters for equity

Poor mental health and mental health conditions negatively impact equity. While mental health is a key resource for accessing the social determinants of health, historical and ongoing stigma has resulted in discrimination and social exclusion of people with lived experience of mental health and/or addictions issues or conditions (PWLE).

Equity and mental health intersect

People often experience both mental health and/or addictions issues and additional inequities (such as poverty, racialization, or homophobia) simultaneously. Intersectionality creates unique experiences of inequity and mental health conditions that pose added challenges at the individual, community and health systems level.



These issues disproportionately impact three clusters of populations:

1. People with lived experience of mental health and addictions issues (PWLE).
2. People who experience marginalization related to the social determinants of health such as sexual orientation, poverty, racialization and disability.
3. PWLE who also experience additional marginalization related to the social determinants of health.

The Importance of Equity

LGBTQ (lesbian, gay, bisexual, trans, queer) youth, women, older clients with mental health and addictions issues, Indigenous peoples, newcomers to Canada and people living in poverty are some of the groups that have difficulty accessing timely and meaningful mental health and addictions resources. The surrounding issues are wide-ranging and complex. System level changes are required to ensure that we tackle the social determinants of health that affect marginalized populations. Health service providers are often not given a clear plan of action for responding to vulnerable populations. Tactical, albeit critical, challenges remain unanswered. For example: How do we serve marginalized client populations? Are there some concerns that deserve higher sensitivity than others? How can we incorporate PWLE into our program?

Resolving these equity challenges related to addictions and mental health remain a critical component to ensure the most vulnerable clients receive timely, equitable care customized to their needs. Below are some considerations for embedding equity when developing your organization's opioid overdose prevention and response protocol.

Three Step Process for Embedding an Equity Approach

When embedding an equity approach to your protocol, consider the following key questions:

- **How can we raise awareness about and consider the needs of marginalized populations when implementing the opioid overdose protocol in our organization?**
- **How can we support partner organizations that serve marginalized populations to raise awareness about opioid overdose prevention and naloxone administration?**
- **How can we partner with organizations in our community that serve marginalized populations to minimize the harms related to opioids?**

Based on these three questions, we offer a series of actionable items that an organization may undertake to engage and assist marginalized populations. Please see Appendix E for a guide to implement equity for three example populations: Women in the shelter system, older adults with addictions issues, and First Nations, Inuit and Métis peoples.

Appendices

Sample Opioid Overdose Response Protocol

<<Organization Name>>
<<Organization Logo>>

OPIOID OVERDOSE & RESPONSE

AUTHORIZATION: <<name/dept>>
DATE APPROVED: <<MM/DD/YYYY>>
CURRENT VERSION: <<MM/DD/YYYY>>

HISTORY OF REVISIONS
Version 1.0 <<MM/DD/YYYY>>

PURPOSE
To respond to and prevent fatal opioid overdoses at <<Organization Name>>

SCOPE
This policy and procedure applies to <<who?>> <<where?>>

DEFINITIONS
<<modify as required for your organization>>

- Client: any individual using the facilities or services of the organization.
- Naloxone: an antidote to an opioid overdose. Naloxone can temporarily restore breathing following an opioid overdose and can be given by injection or intranasally.
- Opioid: a class of drug, sometimes called opiates. Includes drugs derived from the poppy such as morphine and codeine ('opiates') as well as synthetic or partially synthetic formulas such as heroin, oxycodone, methadone, fentanyl. Opioids are often used to treat pain.
- Opioid Overdose: an acute life-threatening condition caused by use of a dose of too much opioids. Opioids can slow or stop a person's breathing.
- Staff: any employee or volunteer at the organization.

POLICY
<<modify as required for your organization>>
<<Organization Name>> is committed to opioid-overdose prevention, recognition and response. This policy will support staff intervene in opioid overdoses at this organization.

Minimum Standard
- All staff will be able to identify opioid overdose, and respond by doing chest compressions and calling 911.
- Staff trained in naloxone administration may choose to give naloxone in addition to chest compressions and calling 911, depending on the circumstances and their comfort level.
- At least one staff member with training in naloxone administration will be available at all times.
- Clients will be encouraged to obtain naloxone kits and will be permitted to retain possession of them at all times while accessing services or the facility. (If applicable)

Adapted from the Facility Overdose Response Box, Towards the Heart, British Columbia Centre for Disease Control.

Sample Opioid Overdose Response Protocol

Education and Training

Training for all staff will include

- Overdose prevention
- Overdose recognition
- Overdose response without naloxone
- Overdose response with naloxone
- This policy and protocol
- A walk-through of the site (if applicable) to identify high risk areas of the facility (like bathrooms or rooms)

Ongoing Training of Staff

- Overdose response drills will be held <<insert how often>> at every site within the Organization and refresher training will be held annually.

Documentation of Staff Training

- The Organization will retain records of staff training, including documentation of staff that have the required competencies to administer naloxone.

Training of Clients

- Clients will be encouraged to attend naloxone training and obtain kits where appropriate (e.g. local pharmacies or Public Health Units).

Overdose Preparedness: Prevention and Early Recognition

- Overdose prevention will be integrated into communication with clients, through posters and/or conversations.
- All clients will be made aware of this policy and protocol and that staff at the organization have access to naloxone.
- Clients will be encouraged to be aware of potential overdoses and to report any suspected overdose to staff immediately.
- A regular schedule for staff monitoring of high risk areas (like bathrooms or rooms) will be followed and documented. (If applicable)
- Signs will be posted that inform clients of the availability of naloxone and trained staff.

Overdose Response Supplies

- Overdose response supplies, including naloxone, will be ordered from <<insert where it will be ordered from>>.
- Naloxone will be stored <<insert where it will be stored>>. The location of the naloxone will be clearly marked with a sign.
- The <<insert title of person responsible>> will be responsible for monitoring the expiry dates of the naloxone, and this will be checked <<how often?>> and documented. Unused medication that expires will be disposed of at a pharmacy.

Overdose Response

- The Protocol for overdose response (both with and without naloxone) is found in Appendix A.
- The Protocol will be posted within the Organization.
- While all staff are expected to call 911, only staff trained in naloxone administration are permitted to give naloxone.

Documentation of Overdose Response and Naloxone Administration

- All staff that respond to an overdose will complete: <<Specify documentation requirements for your site - any Critical Incident Forms and the time frame for completing it.>>

Debriefing and On-Going Support for Staff

- The Organization recognizes that responding to an overdose can be a stressful experience.
- Following each overdose response <<describe how your organization will debrief following an onsite overdose>>
- <<Describe what ongoing support will be available to staff.>>

Adapted from the Facility Overdose Response Box, Towards the Heart, British Columbia Centre for Disease Control.

Opioid Overdose Debriefing Form

Recommendations for a two-step debrief process following opioid overdose.
Debrief recommendations will be revisited at staff meetings to ensure completion.

An initial debrief should occur immediately following the emergency incident:

- All staff members involved in the incident should be present
- Emergency Response Incident Form will be completed
- Review of the emergency event
- A staff member will be assigned to call the hospital and obtain report regarding the client's medical situation and plan of care (if applicable)
- Information will be documented in the client's record and a plan of care to be discussed.

A second debrief will occur within 7 days of the emergency incident. The Supervisor or Manager and the staff members involved in the incident should be present. The Incident Debrief Form will be used to guide the debrief process:

- Was the need for assistance communicated clearly and effectively prior to the incident? During the incident?
- Were roles and responsibilities understood by all team members?
- How are staff involved in the incident currently coping?
- Have the staff been provided access to additional supports as needed (i.e.: Employee Assistance Programming).
- Name of staff involved in incident.

Opioid Overdose Debriefing Form

Issue	Actions to be Taken	Target Completion Date	Person Responsible
What went well? Why?			
What didn't go well? Why not?			
What could we do better next time?			

ADDITIONAL COMMENTS

Completed By: **Date:** **Time:**

Adapted from Toronto Public Health, The Works, Toronto.

Naloxone Administration Staff Competency Checklist

Opioid Overdose Prevention

- ☐ Knows factors that increase the risk of OD
- ☐ Understands the risks associated with using drugs alone, but also accepts and supports that some people prefer to use alone for many reasons
- ☐ Knows key prevention and harm reduction messages that give people options to improve their safety, including options for using safely alone

Sign & Symptoms of Opioid Overdose

- ☐ Can list common opioids and differentiate them from non-opioid depressants
- ☐ Knows signs and symptoms of an opioid OD

Naloxone

- ☐ Understands how naloxone works, and what types of ODs it is effective against
- ☐ Knows how long it takes for naloxone to work, and how long it works for
- ☐ Knows how to store naloxone, and how to check the expiry date

Opioid Overdose Response

- ☐ Knows the steps involved in responding to an opioid OD with and without naloxone
- ☐ Demonstrates ability to put someone in the recovery position
- ☐ Demonstrates skill in preparing and administering an intramuscular and/or intranasal injection of naloxone based on the available kits
- ☐ Demonstrates skill in delegating tasks and utilizing coworkers and clients

Aftercare

- ☐ Understands the importance of medical care following an opioid OD
- ☐ Knowledgeable of the organization's documentation requirements
- ☐ Aware of options for debriefing following naloxone administration
- ☐ Familiar with additional avenues of support for employees

Naloxone Administration Staff Competency Checklist

Overdose Prevention

- ☐ Knowledgeable of how the organization incorporates OD prevention into day-to-day operations
- ☐ Demonstrates skill in communicating non-judgmentally with clients about their substance use
- ☐ Familiar with strategies for monitoring high risk areas to facilitate early identification of ODs
- ☐ Understands the role of practice drills in maintaining competencies
- ☐ Knows where naloxone is stored at the site

Last Name _____ **First Name** _____

Organization _____

(YYYY) / (mm) / (dd)

Date

Supervisor Signature _____

Adapted from the Facility Overdose Response Box, Towards the Heart, British Columbia Centre for Disease Control.

Client Medical Emergency Response Incident Report

DEMOGRAPHICS

Last Name _____ First Name _____ Anonymous ☐ _____

Date Of Birth _____ (YYYY) / _____ (mm) / _____ (dd)

Gender ☐ Female ☐ Male ☐ Transgender ☐ Other

Location _____ Date _____ (YYYY) / _____ (mm) / _____ (dd)

MEDICAL HISTORY

Allergies

Medications / Substance Abuse

Medical Conditions / Hospitalization

TYPE OF INCIDENT

☐	Fall	☐	Respiration Depression	☐	Difficulty Breathing
☐	Seizure	☐	Overdose	☐	Hypoglycaemia
☐	Fainting	☐	Critical Lacerations/Bleeding	☐	Chocking/Air Way Obstruction
☐	Self-Harm	☐	Withdrawal	☐	Suspected Fracture
☐	Heat Stroke	☐	Chest Pain	☐	Other: _____

MEDICATION ADMINISTRATION

Time				
Medication				
Dose				
Route				

Client Medical Emergency Response Incident Report

INCIDENT DETAILS

(Outline details of incident and times that interventions occurred)

Consider including: EMS call and arrival, CPR or chest compressions, signs of respiratory depression, orientation, treatments used and administered and client's response

Emergency Response Personnel Name	Badge Number

Management Notified

☐ Yes ☐ No

Management Responded

☐ Yes ☐ No

RESPONSE TIME

EMS Call _____

EMS Arrival _____

Automated External Defibulator _____ ☐ Used

FOLLOW-UP POST INCIDENT

(e.g. Assign a staff member to call the hospital; follow up with the client, family etc.)

Name:	**Title:**
Signature:	**Date:**
Name:	**Title:**
Signature:	**Date:**
Name of Supervisor / Manager	**Title:**
Signature:	**Date:**

Adapted from Toronto Public Health, The Works, Toronto.

The Importance of Equity

Step One

- Educate your organization about the unique challenges faced by marginalized populations. Begin with a particular population group in your catchment area.
- When engaging with a client from a marginalized population, ask about and validate their experience of stigma and discrimination.
- Use a trauma-informed approach to service delivery.
- Ensure language interpretation is available when needed.
- Before finalizing your Opioid Overdose Prevention and Naloxone Protocol, use the Health Equity Impact Assessment (HEIA) tool to determine the impact of your protocol on marginalized populations. Developed by the Ministry of Health and Long-Term care, HEIA is a decision support tool that enables users to consider how a program, policy or other initiatives will positively or negatively impact different population groups. More information about HEIA is available at: http://www.health.gov.on.ca/en/pro/programs/heia/

Example: Women in Shelter System

- Share, within your organization, literature or primary accounts from women in the shelter system, to inform your care strategy.
- Develop a quick FAQ or checklist of 'things to be conscious of' when engaging and serving women from the shelter system.

Step Two

How to support partner organizations that serve marginalized populations to raise awareness about overdose prevention and response, including naloxone administration:

- Complete Step One.
- Conduct a regional scan to identify peer organizations that serve marginalized populations.
- Offer the peer organization resources (posters, digital communications package etc.) and referrals (contact information, route map from peer organization to your agency).
- Support the partner organization's employees

to inform their clients about overdose prevention and response, including naloxone administration and the availability of naloxone kits in the community.
- Support the partner organization to develop communication products (posters, digital content, stickers, brochures etc.) that are customized to meet the needs of their client population (specific languages, font size, appropriate visuals, etc.)

Example: Engaging with Older Adults
- Conduct a regional scan of organizations that serve older adults using online listservs like 211 Ontario, ConnexOntario, etc.
- Engage with the CEO/Executive Director of the organization that serves older adults to determine if collaboration is possible.
- Provide them with all the resources made available through your opioid overdose protocol.
- Schedule a conference call with their front-line staff or management to inform them of your overdose protocol and naloxone availability.
- Host an in-person session with their staff to share information about opioid overdose response, including naloxone administration. Discuss the following topics: signs of opioid overdose, what to do in an opioid overdose emergency, where to receive free naloxone kits, overdose prevention protocol communication materials (posters, stickers etc.) and your organization's contact information.
- Develop or amend print products to use at your organization and/or that can be used at the peer organization; incorporate images of older clients, increase font size by 2-3 points, use high contrast between text and background.

Step Three

How to partner with organizations that serve marginalized populations to enhance the overdose prevention protocol in your organization:
- Complete Step One and Step Two.
- Hold a joint meeting with the leadership/management of the peer organization to plan an approach to developing an opioid overdose prevention and naloxone administration strategy that is customized to the needs of the specific marginalized client population.
- Use provincial opioid-related resources (such as Public Health Ontario's Interactive Opioid Tool, the Opioid Resource Hub at the Centre for Addiction and Mental Health, etc.) to develop the customized strategy.
- Customize your organization's Opioid Overdose Prevention and Naloxone Protocol and approach to care to meet the specific needs and sensitivities of the client population.

Example: Engaging with First Nations, Inuit and Métis Populations
- Identify and engage Indigenous organizations, clinicians, and community leaders in your catchment area.
- Present them with available resources and your Opioid Overdose Protocol. Ask for their input and customize your strategy to meet the needs of the client population.
- In partnership with the Indigenous organization, incorporate Indigenous traditional healing practices/spirituality into your strategy.

Frequently Asked Questions

What is naloxone?

Naloxone is a medication that acts as an opioid antagonist that temporarily reverses an opioid overdose. Naloxone is delivered intramuscularly (through muscle), or intranasally (through the nose) under the brand name Narcan. The medication can reverse the effects of the opioid by blocking the opioid receptors in the brain for a short period of time.

How do I store naloxone?

Naloxone is a stable medication, but should be kept between 15-30°C and protected from direct sunlight. Be sure to check the expiry date on a regular basis, as naloxone can expire.

Is naloxone the same as Narcan?

Yes, naloxone and Narcan are the same medication. Narcan is the trade name of naloxone.

If I pick up a naloxone kit from a pharmacist, will this information be on my medical record?

Yes. In order to obtain a new naloxone kit free of charge from the Ontario Naloxone Program for Pharmacies, the pharmacist will ask for your Ontario Health Insurance Plan (OHIP) card. You will be provided with brief training and a kit with two ampoules of intramuscular naloxone. This information will be available in the Drug Profile Viewer, through which some medical professionals may be able to see what medications you have been prescribed, or have been given to you.

Some public health programs do not require an OHIP card. You do not need an OHIP card to get free nasal spray naloxone from needle syringe programs or Hep C programs across the province. For more information on where to obtain kits, and participating pharmacies across the province, visit: https://www.ontario.ca/page/get-naloxone-kits-free

What will happen if naloxone is administered to someone who is not overdosing? Can it be harmful?

In the event that someone is given naloxone but they are not experiencing an opioid overdose, there will not be any significant impacts or harms to the person. The only effect of naloxone is to reverse the effect of opioids in the body. As a result, it will not lead to any psychoactive effects. It has no potential for abuse. In the worst-case scenario, naloxone will simply do nothing, but in the best-case scenario, it will save a life.

Will naloxone work with other substances?

No, Naloxone is only effective if someone is experiencing an overdose due to opioids.

Which is better, intramuscular or intranasal naloxone (Narcan)?

Both intranasal and intramuscular naloxone are effective in reversing the effects of an opioid overdose, but many find the intranasal to be more user friendly.

Should I administer naloxone if someone is pregnant?

There are no adequate and well-controlled studies in pregnant women, however antidotes should be administered to pregnant women if there is a clear indication for opioid use and should not be withheld in the event of an opioid overdose.[33]

How can the client consent to receive naloxone if they are unconscious?

Ontario's Health Care Consent Act (1996) generally requires a health care provider to obtain consent before any medical treatment. However, acute opioid overdose is considered a medical emergency and naloxone can be administered without consent if the person is not responsive or the delay in obtaining consent would prolong the client's suffering or put the client at risk of sustaining bodily harm.[34]

Frequently Asked Questions

What is the difference between an overdose and when someone is "on the nod?"

When a person is on the nod they may be breathing more slowly than normal, their pupils may appear very small, and they may appear to be drowsy. A person in this stage can still be awakened.

As the person progresses to opioid overdose, common signs include paler skin, losing colour in fingernails and lips and irregular or no breathing. The person may be unconscious in which case you will be unable to wake them and they will be unresponsive to light, sound or painful stimuli.

If a person is exhibiting signs of an opioid overdose: this is a medical emergency. Call 911 immediately and follow the emergency response procedures at your organization.[35]

What are some of the major risk factors of opioid overdose?

There are numerous risk factors with opioid overdose. You may want to discuss safer-use practices with individuals who may be mixing substances, or if they use substances when they are alone. In addition, if a person has been abstinent for sometime (e.g. has been incarcerated, or in a residential treatment program) they might be at higher risk of overdose as they may have a decrease in tolerance. In Ontario, people being released from correctional institutions are 12 times more likely of dying from an overdose than the general population. Nine per cent of these deaths take place in the first two days after release from custody, and 20 per cent within the first week. The Ontario government has implemented a naloxone program for individuals leaving correctional facilities who may be at risk of an opioid overdose.

Other risk factors include a person's health status (some conditions may put someone at higher risk), not knowing the quality or potency of the substance being consumed, as well as the route of administering a substance. For example, a person is more likely to overdose if they are injecting an opioid than consuming it orally.

How can I talk to my clients about safer drug use?

There are many strategies to discuss with clients to help reduce the potential harms of drug use:

- Post information related to drugs and harm-reduction practices in your office, allowing clients to know that it is a safe space to ask questions or discuss drug use.
- Discuss with clients ways in which to purchase substances from sources they trust, to test a small amount first, and not to use alone by themselves.
- Encourage clients to have conversations about overdose with people who may be around them at the time of use.
- Offer overdose prevention and response training, including naloxone training, or connect clients with a local pharmacy.
- Discuss Good Samaritan Legislation information with clients, and ways in which they can protect themselves and/or the person they are with should an overdose occur.
- Discuss options regarding Opioid Replacement Therapy, such as Suboxone or Methadone, with clients.
- Acknowledge and work to address the stigma (and internalized stigma) about substance use that may prevent people from seeking support and/or using safely.

Frequently Asked Questions

Should I be concerned about contamination in my workplace with high strength opioids such as fentanyl?
Occupational exposure is a concern for many staff, especially given recent media reports of police officers being impacted while on duty. While there is anecdotal information about contamination and harms to first responders, there is currently no evidence to indicate that physicians, nurses or workers in a community-based setting who are attending to an overdose have ever become intoxicated by treating an individual or administering naloxone.

Opioid Myth VS Fact

Ontario Poison Centre [36]

Fentanyl powder and its analogues can poison you if touched.

Fentanyl powder and/or its analogues will not poison if touched. Inadvertent dermal exposure to the powder will not cause toxicity. If, however, powdered drug remains on the skin, (e.g. on your hand) and subsequent oral contact is made (e.g. hand goes in mouth), absorption might occur through mucous membranes.

Rescuers may succumb to opioid overdose when helping victims.

Although very small doses of fentanyl and its analogues can be dangerous, there are no reports of rescuers succumbing to opioid overdoses when helping victims. There are no reports of peers, emergency medical workers or hospital staff getting ill by providing basic lifesaving care to these victims.

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Image References

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