

Organizational Opioid Overdose Assessment Tool



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The logo for Health and Social Services, Haldimand and Norfolk. It features a green stylized wave or leaf shape above the text. The text "Health and" is in a smaller font, "Social Services" is in a larger, bold font, and "Haldimand and Norfolk" is in a smaller font at the bottom.
Health and
Social Services
Haldimand and Norfolk

Intended Audience

Agencies and/or programs who have staff who work with people who use drugs and/or staff working in areas where substance users may be present and at risk of overdose.

Purpose

The purpose of this risk assessment tool is to assist agencies and/or programs to:

- determine the need to plan for overdose response
- determine the level of response that is most appropriate, which may include:
 - training staff to recognize the signs of overdose;
 - monitoring the service space and/or where staff work and the space in and around the organization where people may use drugs
 - raising awareness about overdose risk factors and prevention strategies and;
 - responding to an overdose e.g., calling 911, administering naloxone, CPR.

Background

People dying from drug overdoses is an urgent public health crisis across Canada. In 2022, 67.9 cases per 100000 population of Opioid related emergency department visits, provincial average is 63.4 cases per 100000 population. 11.8 % participant identified that another adult and 4.9 % of participant identified that a teen in their house has a substance use disorder. 3.9% of participants self-identified as a person used other drugs in last 12 months. Opioid overdose is a serious issue in Haldimand and Norfolk that requires a community response.

Opioids and Opioid Overdose

Opioids belong to a group of drugs known as depressants. Depressants are substances that slow the body down and can make people sleepier. Opioids may be prescribed or used illegally to reduce pain, manage opioid dependence, or produce a state of relaxation. Common opioids include heroin, fentanyl, morphine, methadone, codeine and oxycodone. Opioid overdose occurs when an opioid or an opioid combined with other substances overwhelms the body and as a consequence the central nervous system (CNS) is no longer able to control basic life functions (i.e. breathing, heart rate, body temperature, consciousness).

Naloxone

Naloxone is a medication that reverses an opioid overdose by blocking the effects of opioids in the brain. In Canada, naloxone is available in intramuscular (i.e., injectable) and intranasal (i.e., nasal spray) formulations. Naloxone is available without a prescription to opioid users, their friends and family for use in an opioid overdose, and regulatory changes have made it possible for anyone to administer naloxone with the appropriate training.

Naloxone can reverse the effects of an opioid overdose within three to five minutes. Once administered, naloxone will start to work within 3-5 minutes and can last from 30-90 minutes. Since naloxone temporarily removes the opioids from the receptor sites in the brain, the effects of naloxone will eventually diminish, the opioids will return to the receptors and the overdose symptoms may return. Subsequent doses of naloxone may be required and medical attention must be sought, Naloxone has no effect in the absence of opioids. If naloxone does not have an effect, the apparent symptoms of overdose may be caused by another condition, making CPR and other lifesaving measures imperative.

Should your agency/program plan for overdose response?

This decision should be based on the answers to the following question:

- Is there a potential for someone to overdose at your agency/program?
- In answering this question, consider the following:
 - Do staff regularly work with people who use drugs?
 - Do staff work in areas where people might be using drugs?
 - Do staff work in areas where people may be at risk for overdose?
 - Has there already been an overdose in your agency/program?
 - Have any of your clients raised concerns about their overdose risk?
 - Do staff currently use opioids or have a history of opioid use?

If you answered yes to any of these questions you should develop an overdose response plan for your program/agency.

You can opt to:

- Raise staff awareness of the potential for overdose, overdose signs and symptoms and how to monitor your space or the surroundings
- Train staff on how to respond to an overdose by calling 911
- Train staff on the need for an urgent response
- Train staff on how to respond to an overdose by administering naloxone, if appropriate

What should be included in your overdose response plan?

1. Staff training on:
 - Signs of overdose
 - Overdose risk factors
2. Strategies to monitor clients and spaces for overdose, including:
 - Regularly and systematically monitoring all areas where people may be using drugs or where they may go following drug use.
 - Ensuring bathroom doors and doors to other potential areas are easily accessible in the event of an overdose
3. A plan for how to respond to an overdose, including:
 - Calling 911
 - Chest compressions and rescue breathing
 - Naloxone administration (if applicable, see below)
 - Documentation and notification
 - Debriefing post-incident

The above components should be supported by relevant policies and procedures.

Should my agency/program have naloxone available?

When deciding whether your program should have naloxone available, consider the following question:

- Is there a likelihood that staff will encounter someone experiencing an overdose in the course of their work?

If there is likelihood of encountering someone experiencing an overdose, your program should consider having a supply of naloxone and training for staff on how to use naloxone.

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What type of Naloxone should my program have available?

Naloxone is available in both intramuscular (i.e., injectable) and intranasal (i.e., nasal spray) formulations. Both intramuscular and intranasal formulations can be obtained through HNHU (free, if your organization meets the eligibility requirements) or through participating pharmacies in Haldimand and Norfolk (for a fee).

How can my program access Naloxone and training?

a) Accessing Naloxone and Training for Agency Overdose Plans

Naloxone for use by agencies as part of an overdose plan must be purchased through participating pharmacies. Pharmacies may provide either intranasal or intramuscular formulations. Training is to be provided by pharmacies as well.

The MOHLTC provides funding to allow Health Units to distribute naloxone kits to local fire departments and St. John Ambulance free of charge to be used as part of their overdose response plans. These kits are not to be distributed to members of the community. A Service Agreement between HNHU and the recipient organization must be completed. HNHU is not responsible for creating relevant policies and procedures for administering naloxone as part of an overdose response plan but may share templates. HNHU will provide training to fire departments and St. John Ambulance on the administration of naloxone.

To order naloxone kits through HNHU, contact SubstanceUse@hnhss.ca. A Update to Substance Use Team member will confirm your eligibility to receive naloxone kits as part of an overdose response plan. Note that the MOHLTC continues to review their eligibility criteria. If your organization is currently ineligible for naloxone kits as defined by the MOHLTC, you may contact a pharmacy to purchase naloxone kits.

b) Accessing Naloxone and Training for Agency Distribution

From 2003 to 2015, there was a 194% in deaths due to opioid overdose in Ontario; and hospitalizations due to opioid use increased by 149% across all age groups. As a result of the increasing seriousness of the opioid issue in Ontario, in 2016 the Ministry of Health and Long-Term Care (MOLHTC) released the *Strategy to Prevent Opioid Addiction and Overdose (Opioid Strategy)*. As an adjunct of the *Opioid Strategy*'s harm reduction pillar, the MOHLTC allocated further funding to expand harm reduction programs and services, as well as to improve local opioid response capacity and initiatives. This is the *Harm Reduction Program Enhancement*, which includes 3 components:

- i. Local opioid response
- ii. PHU-led naloxone distribution to eligible community organizations
- iii. Early warning and surveillance

Community organizations considered eligible by the MOHLTC may apply to receive naloxone for distribution to their clients. HNHU Naloxone Distribution Program can distribute to eligible agencies as defined by the MOHTLC. This includes community-based agencies such as:

- Community Health Centres, including Aboriginal Health Access Centres;
- AIDS service organizations;
- Shelters;

- Outreach Programs;
- Withdrawal management programs;
- Emergency departments and urgent care centres;
- Any other community-based agencies meeting the following requirements:
 1. Works directly with drug-using populations at risk of opioid overdose through harm reduction programming, outreach and/or social determinants of health;
 2. Reaches a difficult to reach (priority) population not otherwise served where there is known drug using/opioid activity; and,
 3. Has demonstrated staffing capacity to manage naloxone distribution/training with clients, inventory, and reporting to the Ontario Naloxone Program site.

To apply for naloxone distribution, contact SubstanceUse@hnhss.ca to request a Statement of Need. Once completed and returned to HNHU, a Harm Reduction Team member will contact you to notify you of your eligibility. Note that the MOHLTC continues to review their eligibility criteria. If your organization is currently ineligible for naloxone distribution as defined by the MOHLTC, you may direct clients to access intranasal/injectable naloxone kits for free and without a health card from the Haldimand-Norfolk Health Unit or from participating pharmacies in Haldimand and Norfolk.

HNHU will provide training to eligible community agency staff on the following topics (but are not expected to train the clients of the eligible agency):

- Preventing an overdose including reducing the risks of an overdose and how to distribute naloxone to end users (e.g. how to train clients, how to determine which clients are eligible to receive naloxone, recommended quantity of naloxone to dispense);
- Recognizing an overdose including the signs of an overdose; and
- Responding to an overdose including administering naloxone.

Who should I contact if I have more questions?

You can contact a Substance Use Team Member Team Member at SubstanceUse@hnhss.ca.



