Organizational Opioid Overdose Assessment Tool
Adapted with permission from Toronto Public Health
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 2016, Haldimand and Norfolk counties had 44.3 per 100 000 emergency department visits for suspected opioid overdoses, which was higher than the provincial rate of 31.7. In addition, in 2016 Haldimand and Norfolk had the 2nd highest rate of opioid-related deaths in the province (provincial rate of 6.2 per 100 000). 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 2-3 minutes and can last from 45 minutes to 2 hours. 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
   • CPR, using an AED (if available)
   • Naloxone administration (if applicable, see below)
   • Documentation and notification
   • Debriefing post-incident

The above components should be supported by relevant policies and procedures. The Haldimand-Norfolk Health Unit Harm Reduction Program can provide draft policies and procedures upon request.
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.
Naloxone Availability Flowchart

I am a current or former opioid user, or a friend or family member of someone who uses opioids.

- **NO HEALTH CARD REQUIRED**
  - Ontario Naloxone Program
    - **ELIGIBILITY:**
      - Current or former opioid users
      - Friends and family members of people who use opioids
  - Intranasal Naloxone Kit
    - 1 hard case
    - 2 doses of Nacan® Nasal Spray (4mg/0.1ml)
    - 1 pair of non-latex gloves
    - 1 insert with instructions
    - 1 insert with product information
  - Intramuscular Naloxone Kit
    - 1 hard case
    - 2 (0.4mg/1ml) vials or ampoules of naloxone
    - 2 safety-engineered 25g syringes with 1” needles.
    - 2 devices for opening the ampoules
    - 1 pair of non-latex gloves
    - 1 naloxone training card

I don’t meet the criteria above, but I want a kit to assist someone experiencing an overdose.

- **HEALTH CARD REQUIRED**
  - Ontario Naloxone Program
    - **ELIGIBILITY:**
      - Current or former opioid users
      - Friends and family members of people who use opioids
      - Anyone in a position to help someone who has overdosed
  - Intranasal Naloxone Kit
    - 1 hard case
    - 2 doses of Nacan® Nasal Spray (4mg/0.1ml)
    - 1 pair of non-latex gloves
    - 1 insert with instructions
    - 1 insert with product information

I am a service provider. I want a kit for my workplace first aid kit.

- **YOU MUST PURCHASE A KIT**
  - Ontario Naloxone Program for Pharmacies
    - **ELIGIBILITY:**
      - Current or former opioid users
      - Friends and family members of people who use opioids
      - Anyone in a position to help someone who has overdosed
  - Intranasal Naloxone Kit
    - 1 hard case
    - 2 doses of Nacan® Nasal Spray (4mg/0.1ml)
    - 1 pair of non-latex gloves
    - 1 insert with instructions
    - 1 insert with product information
  - Intramuscular Naloxone Kit
    - 1 hard case
    - 2 (0.4mg/1ml) vials or ampoules of naloxone
    - 2 safety-engineered 25g syringes with 1” needles.
    - 2 devices for opening the ampoules
    - 1 pair of non-latex gloves
    - 1 naloxone training card

My community organization wants to distribute kits.

- **YOU MAY BE ELIGIBLE TO DISTRIBUTE KITS**
  - HNNU Naloxone Distribution Program
    - **YOUR ORGANIZATION MUST:**
      - Work with people at risk of opioid overdose
      - Reach a difficult to reach population not otherwise served where there is known drug/opioid use
      - Have demonstrated staffing capacity to manage distribution/training with clients, inventory and reporting
    - Intranasal Naloxone Kit
      - 1 hard case
      - 2 doses of Nacan® Nasal Spray (4mg/0.1ml)
      - 1 pair of non-latex gloves
      - 1 insert with instructions
      - 1 insert with product information
  - Intramuscular Naloxone Kit
    - 1 hard case
    - 2 (0.4mg/1ml) vials or ampoules of naloxone
    - 2 safety-engineered 25g syringes with 1” needles.
    - 2 devices for opening the ampoules
    - 1 pair of non-latex gloves
    - 1 naloxone training card

**How to purchase intranasal naloxone**
- Medication only
  - ADAPT Pharma
    - www.narcannasalspray.ca
  - GMD Pharma Solutions
    - www.narcannasalspray.ca
- Pre-assembled kit
  - The Control Group
    - www.thecontrolgroup.ca
  - Calea
    - www.calea.ca

**How to purchase intramuscular naloxone**
- Purchase a pre-assembled kit from a local pharmacy
  - Injectable naloxone kits may be purchased from a local pharmacy that is participating in the Ontario Naloxone Program for Pharmacies. Call ahead to ensure that kits are available
  - Haldimand-Norfolk Health Unit
    - Monday-Friday, 8:30am - 4:30pm
    - Simcoe 519-426-6170 x 3264
    - Caledonia 519-376-6023 x 3264
    - Dunnville 519-376-6023 x 3264
    - For a full list of community distribution sites, visit: www.ontario.ca/page/where-get-free-naloxone-kit
  - Participating Pharmacies in Haldimand-Norfolk Counties.
    - For a list of participating pharmacies, visit: www.ontario.ca/page/where-get-free-naloxone-kit
    - *Not all pharmacies carry naloxone kits. Call ahead to check if your pharmacy has kits in stock.

**Contact**
- Haldimand-Norfolk Public Health
  - 519-426-6170 x 3264
  - harmreduction@hnhu.org

Find more resources and information about opioids at hnhu.org/opioids

Adapted with permission from Peterborough Public Health
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. At this time, only the intranasal formulation is available for distribution to community agencies through PHUs. Intramuscular formulations can be purchased by agencies and service providers (see flowchart on previous page). Both intramuscular and intranasal formulations can be obtained through participating pharmacies in Haldimand and Norfolk.

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.

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 (MOHLTC) 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;
- 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 harmreduction@hnhu.org 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 naloxone kits for free (and without a health card) from the Haldimand-Norfolk Health Unit or from participating pharmacies in Haldimand and Norfolk (with a health card).

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 an HNHU Harm Reduction Team Member at harmreduction@hnhu.org.