OPIOID OVERDOSE CLUSTER PLAN

July 25, 2017

Final Report

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Section 1 - Introduction

1.1 Purpose of the Plan

The plan outlined in this report will identify how the community can effectively prepare for, respond to, and recover from a cluster of opioid overdoses – either several people in one locale or in a short time span. Given the presence of illicit fentanyl (an opioid) in the community that could be used either intentionally or inadvertently, there is an increased risk of a cluster of overdoses and potentially deaths occurring within the community. This has the potential to tax first responders and hospital resources, and cause service providers and community members' distress.

1.2 Current Situation

Opioids, including Tylenol 3's, Morphine, Percocet, Dilaudid, and Fentanyl Patches, are prescribed frequently to manage pain. People who are prescribed opioids may become dependent requiring more and more drugs for the same or less effect. Opioids are also used occasionally, either alone or in a group setting.

Taking too much opioid can lead to an overdose with a risk of death. For the occasional user, even a small amount can cause an overdose because the brain has not built up a tolerance for opioids. This also happens if a regular user stops taking opioids for a time then restarts.

Recently the opioid problem has intensified because of the increased presence of cheaper, illicit fentanyl and its analogues. Illicit fentanyl, a powder, is made in underground labs where production is not controlled. The drug is being sold as fentanyl, or is cut into other drugs, or replacing them, making it difficult for users to know exactly what they are taking. The consumption of a small amount of fentanyl (or one of its analogues) can increase the risk of overdose and potentially death.

While anyone using illicit drugs is at risk, youth who by nature are more curious and take more risks, may have no tolerance level for these types of drugs, and therefore one use puts them at risk of an overdose, and potentially death.

Several provinces, including Ontario, are experiencing an increase in opioid overdoses linked to illicit fentanyl and its analogues. Overdoses linked to opioids (and others probably linked to opioids) are also occurring in Lanark, Leeds and Grenville.

Many health care providers, community organizations, first responders and police are involved in the four pillars of prevention, treatment, harm reduction, and enforcement activities to decrease and mitigate problematic opioid use and its associated health, social, workplace, learning, and family problems.

1.3 Stakeholder Roles and Responsibilities

An effective prevention, preparedness, response and recovery to an Opioid Overdose Cluster Incident will require all community stakeholders and the public to collaborate effectively and efficiently (see Table 1).

Table 1 - Roles and Responsibilities of Stakeholders

Agency	Roles/Responsibilities
Public	Prevention, avoid problematic use of opioids, ensure medication is not diverted for illicit use; Monitoring, report overdose on Health Unit website; Harm Reduction, obtain and use naloxone kits for an overdose and call 911;Treatment, seek health care for addiction and mental illness.
Public Health	Monitoring, determine epidemiological triggers and analyze data from partners, facilitate community task force to ensure community approach; Communication, messaging on dangers of illicit opioids, updates on status of situation; Prevention, assist with distributing naloxone and provide training on its use, work with community partners on messaging; Harm Reduction, ensure community partners have access to harm reduction strategies, facilitate naloxone distribution, provide syringe program supplies
Acute Care	Treatment, manage opioid overdose cases by providing emergency care, stabilizing patients, providing naloxone; Monitoring, count and record toxicology results, report overdoses and deaths to public health; Harm Reduction, providing naloxone kits; Prevention, with patient and family education; Education/communication, to providers and the community; Reporting, externally to Public Health, MOHLTC, NACRS, CIHI
EMS (Paramedic Services)	Early Support and Treatment, Provide primary and advanced care by responding to 911 calls, transport patients to hospital, prepare for surge requirements, communicate that there is a rise in opioid overdose from baseline with EMS (Paramedic Services) and partners
Fire	Support First Responders by responding to call and providing first aid, CPR; Monitoring, reporting of overdoses
Primary Health Care	Prevention, responsible prescribing of Opioids and follow up of individuals on high level of opioids; Harm Reduction, recommend use of naloxone kits; Treatment, referral of individuals with mental health problems and addiction.
Mental Health and Addictions	Harm Reduction, provide outreach services, access to treatment and counselling; Education/communication ensure clients are receiving up to date information on the increasing risk and strategies to protect themselves; Monitoring, provide anecdotal

	information on overdoses; Treatment, providing mental health and addiction services.
Police	Incident Response, control of scene if a death occurs, support EMS with scene management, ensure safety, support communications between first responders, public health and partners, provide joint media release to public via social media, press conference; Enforcement, initiate investigation to determine the source of contaminated drugs; Monitoring, notify public health of drug seizures
Social Services	Prevention, education to clients; Harm Reduction, counselling to Ontario Works clients, encouraging obtaining and use of naloxone and 911 for overdose; Incident, communication to clients; Monitoring, notifying public health of concerns re reporting about illicit drugs. Participate in the municipal drug strategy.
School Boards	Prevention, education to students, parents, school staff; Harm Reduction, naloxone in first aid kit and calling 911 for overdose; Incident, communication to students, families and schools if appropriate; Monitoring, notifying public health of concerns re circulating drugs.
Pharmacies	Prevention, monitoring opioid prescriptions, education on safe use of opioids, Patch for Patch Program; Harm Reduction, dispensing naloxone
Municipalities – (local and upper tier)	Prevention, continue to offer recreation, social service and other programs that promote health and coping with stress, participate in a municipal drug strategy; Incident, support preparation, responsive and recovery response to a cluster overdose incident.
LHIN	Prevention, support appropriate opioid prescribing; Treatment, support collaborative hospital overdose response, support mental health and addiction services
MOHLTC/PHO	Support health units with monitoring, supplies of naloxone, etc., research, EMAT, communication with LHINS, assist with debriefing
Federal Gov. PHAC, Health Canada	Support by sharing lessons learned from other jurisdictions, policy development, NESS availability

1.4 Harm Reduction Committee of Leeds, Grenville, and Lanark

The Harm Reduction Committee of Leeds, Grenville and Lanark identifies challenges facing individuals who are using illicit drugs, and opportunities to address these challenges to reduce the harm associated with illicit drug use. The Leeds, Grenville and Lanark District Health Unit coordinates the work of the Committee with membership from Public Health, Community Health Centers, Hospitals, Law Enforcement, EMS, Fire, Public and Catholic School Boards, Addictions and Mental Health Services,

Social Services, Opioid Substitution Therapy Clinics, Pharmacists, HIV/AIDS Regional Services, and Youth Centers.

The Committee has provided leadership on the development of a Community Opioid Plan based on the four pillars of Prevention, Harm Reduction, Treatment and Enforcement. This Community Plan has formed the basis for the Opioid Overdose Cluster Plan. (See Appendix B)

1.5 Planning Assumptions

The planning assumptions are as follows:

- ☐ A cluster of overdoses could occur in one of the towns, or in rural areas, or in other places such as a flooded area, which may or may not have road access to emergency vehicles.
- ☐ Emergency Medical (Paramedic)Services, Fire Departments, Police and Hospitals all have an emergency response plan to deal with multiple casualties, and they coordinate their work both at the site and with the hospital when this occurs.
- ☐ Municipalities will be called by the public to respond to an opioid overdose cluster, particularly if there are deaths.
- ☐ Lanark County and the United Counties of Leeds and Grenville have the resources to support municipalities when a Cluster Overdose occurs including the Community Emergency Management Coordinator (CEMC), communications, and social service support.
- ☐ The Leeds, Grenville and Lanark District Health Unit is well connected with the community, both stakeholders and the public, and will be able to provide information to stakeholders about the risk of an opioid overdose cluster, and provide communication support and enhance naloxone distribution during an incident.

Section 2 - Prevention of a Cluster Incident Phase

The Community Opioid Plan (Appendix B) identifies a four pronged strategy to decrease problematic opioid use, and to decrease opioid overdoses and death. The implementation of this plan will decrease the risk of an Opioid Overdose Cluster incident. The plan has four components:

- ☐ **Prevention:** Preventing problematic opioid use - the contextually inappropriate and improper use of opioids that results in seriously or potentially serious harmful outcomes for the individual or others.[2] This includes, but is not limited to, the prevention of opioid abuse and dependence.
- ☐ **Harm Reduction:** Decreasing the negative consequences of opioid use for communities and individuals without necessarily reducing drug consumption. It recognizes that abstinence-based approaches are limited in dealing with a street-entrenched open drug scene, and that the protection of communities and individuals is a key goal of programs to tackle opioid misuse.
- ☐ **Treatment:** Refers to a series of interventions and supports that enable individuals to deal with their substance abuse and/or dependence problem, make healthier decisions about their lives, and function effectively in the community.
- ☐ **Enforcement:** Consists of a broad range of activities carried out by regulatory agencies, licensing authorities, police, the courts, and other sectors within the criminal justice system.

Section 3 - Preparedness

3.1 Community Control Group

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

The Medical Officer of Health is granted specific authority to protect the health and safety of the public during an emergency. Authority under the Health Protection and Promotion Act, revised statutes of Ontario, 1990, Chapter H.7 delegates responsibility to the Medical Officer of Health to determine the actions required to be taken to protect the population from a health hazard.

3.2 Capacity Building

The Community Emergency Management Coordinators in both the United Counties of Leeds and Grenville and Lanark County ensure that all municipalities know about and understand the Opioid Overdose Cluster Response Plan, and facilitates its inclusion in every municipality's Emergency Response Plan. Municipalities will collaborate on training and exercises related to the Plan.

First responders, hospitals, health care providers and community organizations involved with the opioid concern are kept up-to-date with the changing situation through the Leeds, Grenville and Lanark Harm Reduction Committee and through participation on the Health Unit Opioid Listserv.

Each sector is responsible for ensuring their employees have the knowledge and skills to respond as per their mandate in an Opioid Cluster Overdose incident.

3.3 Monitoring Risk for an Opioid Overdose Cluster Incident

An increase in overdoses over time, or in a particular community, may signal that the opioids being used, or the behaviour of people in that community, may increase the risk of an opioid overdose cluster incident. The Health Unit monitors, and reports to partners, an increase over expected overdoses or a change in the circulating opioids in the community through:

- ☐ Daily review of visits with opioid use symptoms from real-time triage data from Perth, Smiths Falls, Carleton Place, and Brockville hospitals via the provincial ACES program;
- ☐ Review of the Provincial Opioid Monitoring Program using data submitted by hospitals to the province and analyzed by Canadian Institute for Health Information (CIHI);
- ☐ Daily review of the Health Unit Online Overdose Reporting Tool which includes anonymous reporting of overdoses by community members;

- ☐ Daily review of reports by participants in the Health Unit Safe Works Program;
- ☐ Daily review of reports by partners of drug seizures, reports of contaminated drugs, overdoses;
- ☐ Police notification of drug seizures;
- ☐ Information from First Responder Dispatch Centers;

3.4 First Responders

- ☐ Lanark County Paramedic Service has 5 bases within Lanark County and is centrally dispatched from the Kingston Central Ambulance Communication Centre (CACC). EMS (Paramedic Service) deploys between four (4) and seven (7) transporting units and two (2) first response units according to their deployment plan.

- ☐ Leeds and Grenville Paramedic Service has seven (7) bases within Leeds and Grenville and is also centrally dispatched from Kingston CACC. They deploy between five (5) and nine (9) transporting units and one (1) supervisors first response unit according to their deployment plan.

- ☐ The Kingston CACC also has the ability to pull resources from surrounding services to respond to a call should the need arise. Paramedic units in Leeds, Grenville and Lanark have the capacity to respond to an opioid overdose situation with airway management/support, CPR/defibrillation, provide naloxone via different routes of administration and the ability to transport to an Emergency facility. They maintain their own naloxone inventory and currently carry more than the ministry mandated standard to increase their capacity to respond to an opioid crisis.

- ☐ Each municipality has a fire department with mostly volunteer fire personnel living in the municipality. They can reach any part of the municipality quickly. All municipalities share a common fire response dispatch system so they can support each other as needed including municipalities outside of Lanark County and the United Counties of Leeds and Grenville. They can provide assessment of the situation and CPR until EMS (paramedics) arrives, and then they take direction from the EMS providers (paramedics). As of June 5, 2017, the Smiths Falls Fire Department is able to provide naloxone in an opioid overdose situation under medical direction.

- ☐ Ontario Provincial Police (OPP) provides policing services for all of Lanark County and the United Counties of Leeds and Grenville, except in the Towns of Smiths Falls, Brockville, and Gananoque, which have their own police forces. The police services share a common dispatch system so they can support each other as needed. The Police provide control and safety at the scene, and can assist EMS(paramedics) as needed. If there is a death at the scene then police would assume control of the scene. At this time OPP is now authorized to carry naloxone for use with the public or for occupational health and safety – the date of implementation is pending.

3.5 Hospital Response

- ☐ The five (5) hospitals (six (6)sites) in Leeds Grenville and Lanark Counties – Brockville General Hospital, Kemptville District Hospital, Perth and Smiths Falls District Hospital (two (2) sites), Carleton Place and District Memorial Hospital, and Almonte General Hospital - receive individuals who have an opioid overdose either through EMS (paramedic) transport or as walk-ins to the emergency room. They provide immediate medical care as needed, and provide naloxone kits on discharge, post overdose (Perth and Smiths Falls District Hospital). In a cluster situation they could call a Code Orange which will help mobilize key staff.
- ☐ The Hospital Emergency Department Manager provides (or delegates) regular updates to the Medical Officer of Health, Leeds, Grenville and Lanark District Health Unit, and the Champlain or South East LHIN Hospital Opioid Response Designate.

3.6 Community Naloxone Distribution

- ☐ Following an Opioid Overdose Cluster Incident, the Health Unit will take the lead to offer naloxone to members of the public linked in some way to the incident who might be at on-gong risk of an opioid overdose.
- ☐ The Leeds, Grenville and Lanark District Health Unit has a supply of nasal spray naloxone for opioid users and their family/friends in Brockville, Smiths Falls, Kemptville, Perth, Almonte and Gananoque . They also provide naloxone to participants at the Change Health Care Program (methadone clinic and support) in Brockville, Smiths Falls and Carleton Place.
- ☐ Several Leeds, Grenville and Lanark pharmacies participate in the Ontario Naloxone Program funded by the Ministry of Health and Long-Term Care and provide injectable naloxone kits to members of the public.

3.7 Risk Communications Strategy

The communications strategy ensures that all partners and stakeholders are aware of the evolving opioid situation, informs the public about the evolving risk and how the risk can be reduced, and supports a collaborative, coherent approach to the recognition of, the response to, and the recovery from an opioid overdose cluster incident. It has the following components:

- ☐ Designation of an official spokesperson for the opioid overdose crisis for the Leeds, Grenville and Lanark District. Person(s) Responsible: Leeds, Grenville and Lanark District Health Unit re risk to the community; other organizations about their response.
- ☐ Dissemination of the Community Plan for Opioid Overdose Cluster Response. Person(s) Responsible: Emergency Coordinators, Lanark County and the United Counties of Leeds and Grenville.
- ☐ Public education via media, information sessions, website. Person(s) Responsible: Leeds, Grenville and Lanark District Health Unit.
- ☐ Liaison with local pharmacists on naloxone kit distribution and support for clear messaging. Person(s) Responsible: Leeds, Grenville and Lanark District Health Unit.

- ☐ Maintenance of a contact list including rapid fax distribution system/email list, (including hospitals, EMS (paramedics), fire and police, mental health, CCAC, Community Health Centres, pharmacies, health care providers). Person(s) Responsible: Leeds, Grenville and Lanark District Health Unit. The EMCT will be used by hospitals, EMS (paramedics), and Health Unit as appropriate.

SECTION 4 – Response Phase

4.1 Initial Response to Incident

At the Incident Site

- ☐ Incident Command is determined using existing Emergency Response protocols and the Incident Management System. The most senior qualified person at the scene assumes command initially and then the transfer of command will be determined by the situation.
- ☐ The initial task at the incident site will be for EMS (paramedics) to stabilize and transport casualties to the appropriate hospital. Fire Services may be first on scene and may assist in stabilization of casualties until EMS (paramedics) arrives.
- ☐ Police Services secure the incident scene and conduct their own investigation.
- ☐ Dispatch systems for Fire Ambulance and Police all act independently but all will be made aware of the situation so that response efforts can be coordinated.

Hospital Response

- ☐ As soon as a hospital is notified that they will be receiving mass casualties, internal surge control is activated, then Code Orange (external disaster with mass casualties), as they prepare for staffing, Emergency Room bed space and other resources.
- ☐ Other hospitals will be involved in the response as per existing protocols.

Ensuring Health and Safety of responders

- ☐ Each branch of the first responders will activate their employee health and safety support procedures.

Business Continuity

- ☐ Each organization will implement their business continuity plan if resources have been overwhelmed during the response.

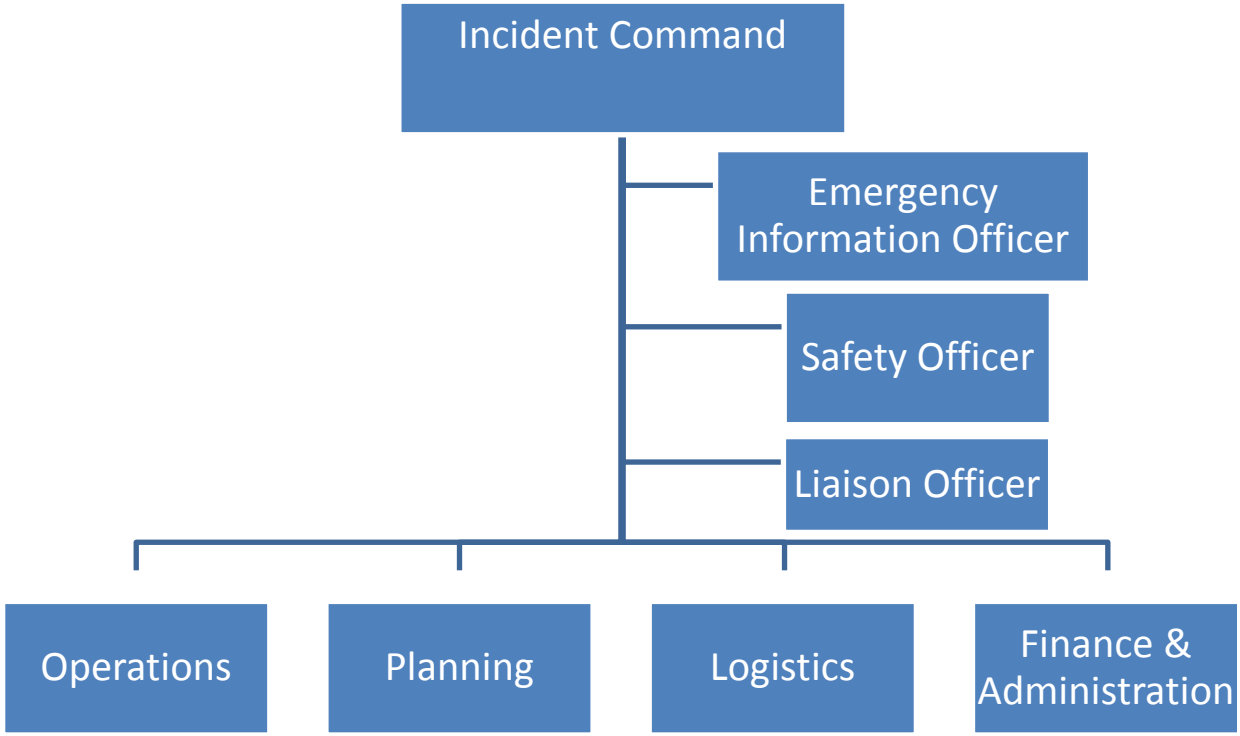
4.2 EMC and MOH Notification/Activation

- ☐ The Paramedic Chief or alternate will notify the County Community Emergency Management Coordinator (CEMC) or alternate if an opioid overdose cluster occurs (greater than two individuals).
- ☐ The County CEMC or alternate will then contact the Medical Officer of Health (MOH).
- ☐ The County CEMC will then notify the lower tier municipal CEMC.
- ☐ Each CEMC will assess whether the County or lower tier Municipal Emergency Control Group (MECG) will be activated.
- ☐ The Medical Officer of Health may also request activation of the MECG (See Appendix C - Decision Instrument to Activate IMS for a Public Health Emergency)
- ☐ The CEMC, County Warden and/or local municipal Mayor/Reeve (in combination with the MECG if activated), and the Medical Officer of Health will perform the following functions:
    - Coordinate communications to the public and family members via media, websites, and personal communication (See Appendix D). The lead is the Communications Coordinator (for impacted county), and/or the lower tier MECG EIO (Emergency Information Officer) in collaboration with the Leeds, Grenville and Lanark District Health

Unit, hospital and police. 2-1-1 will be notified so that they can help direct enquiries. A community meeting may be held for concerned members of the public led by the Public Health Unit in collaboration with other partners.

- Support the co-ordination of first responders and health services;
- Coordinate the distribution of naloxone in the community to those at risk;
- Communicate information to key stakeholders;
- Identify mental health support for those involved in the incident (public or service providers) (Lanark County Mental Health, and Leeds, Grenville and Lanark Addiction and Mental Health).

☐ IMS will be used as a standardized approach for activating facilities, deploying personnel and ensuring coordinated use of resources. IMS also clearly structures a chain of command and uses common terminology for all agencies involved in the response. All meetings of the MECG will be documented.



☐ The following IMS roles would be activated immediately. Appendix E outlines other roles that might be activated depending on the situation.

Command Staff

Incident Command

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

Emergency Information Officer

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

Safety Officer

- ☐ Monitor safety conditions and develop safety measures
- ☐ Create systems and procedures to protect the health and safety of all responders
- ☐ Review Incident Action Plan to identify safety concerns and issues
- ☐ Alter, suspend, or terminate activities that are deemed hazardous regardless of jurisdiction

Liaison Officer

- ☐ Primary contact for assisting or supporting organizations
- ☐ Obtain information from other organizations on what resources they have and what special support they may need
- ☐ Provide information to organization representatives about the operation

General Staff

Planning Section Chief

- ☐ Develop the Incident Action Plan (IAP) for each operational period
- ☐ Track resources assigned to the incident
- ☐ Conduct long-range or contingency planning
- ☐ Maintain Incident Documentation
- ☐ Work closely with other members of Command and General Staff to share information effectively and ensure an efficient planning process

Section 5 Recovery Phase

5.1 Organizations

- ☐ Each organization will support employees who have been involved in the incident, recognizing the risk of post-traumatic stress disorder.

5.2 Individual, Family, Friend and Public Support

- ☐ Information will be provided on opioids, decreasing risk of overdoses, naloxone, and community resources.
- ☐ Referrals to Lanark County Mental Health, and Leeds, Grenville and Lanark Addiction and Mental Health.

5.3 Debriefing

- ☐ The impacted County/Municipality will organize a meeting after the incident has been resolved to discuss what went well and what improvements could be made to the Plan.
- ☐ Each of the involved organizations will do this assessment in-house and bring their reflections to the meeting.
- ☐ The Plan will be modified based on the debriefing session.

Appendix A - Glossary of Terms

ACES	Acute Care Enhanced Surveillance System
CAO	Chief Administrative Officer
CACC	Central Ambulance Communications Centre
CCG	Community Control Group
CEMC	Community Emergency Management Coordinator
CIHI	Canadian Institute for Health Information
EMAT	Emergency Medical Assistance Team
EMS	Emergency Medical Services
EMCT	Emergency Management Communication Tool
EOC	Emergency Operation Center
IMS	Incident Management System
LGL	Lanark, Leeds and Grenville
LHIN	Local Health Integrated Network
MECG	Municipal Emergency Control Group
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
NACRS	National Ambulatory Care Reporting System
OPP	Ontario Provincial Police
PHAC	Public Health Agency of Canada
PHO	Public Health Ontario

COMMUNITY HARM reduction Steering Committee

Appendix B - Leeds, Grenville and Lanark Community Opioid Response Plan (March 20, 2017)

The Leeds, Grenville and Lanark region is experiencing problematic opioid use among its residents.

- ☐ **Situation 1: Problematic Use of Prescription Opioids** - Problematic opioid misuse and abuse in the community has been present for many years. All parts of Ontario have high levels of prescription opioids to manage pain. People who are prescribed opioids may become dependent requiring more and more drugs. Opioid prescriptions may also be diverted to others. The public also has access to prescription opioids through illicit drug dealers. Problematic opioid use can greatly interfere with all aspects of living – self-care, relationships, family, school, work - and can lead to overdose and death.
- ☐ **Situation 2: Illicit Fentanyl in the Community** - Recently the opioid problem has intensified because of the increased presence of illicit fentanyl which is being cut into other drugs or replacing them making it difficult for users to know exactly what they are taking. A small amount of fentanyl can cause an overdose with respiratory depression and possibly death. Overdoses linked to opioids (and others probably linked to opioids) have occurred in Lanark, Leeds and Grenville.
- ☐ **Situation 3: Potential for Overdose Cluster**– Given the presence of illicit fentanyl in the community, there is an increased risk of mass casualties occurring within the community – either several people in one locale or in a short time span. This has the potential to tax first responders and hospital resources.

Many health care providers, community organizations, first responders and police are involved in the four pillars of prevention, treatment, harm reduction, and enforcement activities to decrease and mitigate problematic opioid use and its associated health, social, workplace, learning, and family problems.

Members of the LGL Community Harm Reduction Committee met with other interested partners to develop a community plan to respond to the three situations outlined above, building on what is currently being done in each of the four pillars to decrease problematic opioid use and its associated problems. The work for Scenarios 2 and 3 builds on the work done for Scenario 1.

- ☐ **Prevention:** Preventing problematic opioid use, the contextually inappropriate and improper use of opioids that results in seriously or potentially serious harmful outcomes for the individual or others. This includes, but is not limited to, opioid abuse and dependence.
- ☐ **Harm Reduction:** Decreasing the negative consequences of opioid use for communities and individuals without necessarily reducing drug consumption. It recognizes that abstinence-based approaches are limited in dealing with a street-entrenched open drug scene, and that the protection of communities and individuals is a key goal of programs to tackle opioid misuse.
- ☐ **Treatment:** Refers to a series of interventions and supports that enable individuals to deal with their substance abuse and/or dependence problem, make healthier decisions about their lives, and function effectively in the community.

☐ **Enforcement:** Consists of a broad range of activities carried out by regulatory agencies, licensing authorities, police, the courts, and other sectors within the criminal justice system.

PREVENTION

Situation #1: Problematic use of prescription opioids.

Outcomes

- ☐ Increased public awareness and knowledge about opioids and its associated risks.
- ☐ Increased prescription of opioids according to Professional Bodies' Guidelines.
- ☐ Fewer people experiment with opioids.
- ☐ Fewer opioid prescriptions are diverted.
- ☐ Decreased stigma about opioid use.

Activities

- ☐ Campaign targeted at public providing key prevention messages that also consider stigma and discrimination related to substance use
- ☐ Prevention program in schools that target resiliency, connection with healthy adults and building skills to address risky behaviour
- ☐ Look for opportunities to engage parents – social media, parent nights, Triple P Parenting Program
- ☐ Root cause analysis that looks at the Social Determinants of Health (SDOH) as deficits in these areas can lead to misuse/abuse as means of coping
- ☐ Advocacy for basic income as this could support some of the root causes under SDOH
- ☐ Sensitivity training for all caregivers, agencies and organizations that work with high risk populations i.e. Bridges out of Poverty, social services, police, EMS etc..
- ☐ Create communication networks across agencies and organizations to facilitate sharing of information
- ☐ Assist with Surveillance and Monitoring i.e. online overdose tool , provincial data bases
- ☐ Engaging primary care utilizing the support of champions

Indicators of Success

- ☐ # and types of prevention campaigns
- ☐ # of students/parents engaged in prevention activities in school
- ☐ # of Triple P parent seminars, brief interventions
- ☐ # of sensitivity/stigma education/training provided to community
- ☐ # of advocacy letters to address SDOH
- ☐ Communication/Monitoring protocol developed and used among agencies
- ☐ Decline in substance misuse/abuse

Situation #2: Illicit fentanyl in the community. Additional Measures.

Outcomes

- ☐ Increase awareness and knowledge related to illicit fentanyl and other drugs in the community
- ☐ Real time data of drug seizures from surveillance and monitoring system

Activities

- ☐ Create/communicate key messages tailored to a variety of target groups to communicate information related to illicit fentanyl and possible link to other opioids
- ☐ Create opportunities for community discussions by offering town hall meetings

Indicators of Success

- ☐ # of key messages created and distributed throughout the community of LGL
- ☐ # of community presentations related to illicit opioids

HARM REDUCTION

Situation #1: Problematic use of prescription opioids.

Outcomes

- ☐ Decrease harm associated with opioid misuse/abuse
- ☐ Immediate response to overdose with naloxone and calling 911
- ☐ Fewer overdoses and overdose deaths

Activities

- ☐ Media campaign targeting those who misuse/abuse on overdose prevention
- ☐ Promotion of Health Unit Harm Reduction Services within the tri-county
- ☐ Develop partnerships to provide harm reduction services in areas of the tri-county that identify a gap in service in order to increase accessibility
- ☐ Increase availability of education and training regarding harm reduction strategies for those who work with high risk population
- ☐ Naloxone Kits to those who work with community at risk for opioid overdose i.e. Fire, Police, School Boards, Social Service
- ☐ Explore how "Situation Table" can identify and assist those at high risk preventing further harm
- ☐ Advocacy with provincial government to enhance funding for harm reduction strategies/services based on community need
- ☐ Recruiting those who are most impacted by opioid use/misuse as part of Community Harm Reduction Committee

Indicators of Success

- ☐ # and types of harm reduction campaigns targeted at reducing risks
- ☐ # of needles dispensed through NSP

- ☐ # of used needles reported in community
- ☐ # of naloxone kits dispensed to opioid users/past users and friends and family
- ☐ # of new partners offering harm reduction services in underserved areas
- ☐ # of harm reduction steering committee that are representative of target groups

Situation #2: Illicit fentanyl in the community

Outcomes

- ☐ Increase awareness and knowledge re illicit fentanyl and its association with other drugs among those who use opioids and other illicit drugs.

Activities

- ☐ Support individuals in the drug-using community to discuss risk of illicit fentanyl and identify how to reduce the risk
- ☐ Create/communicate key messages related to illicit opioid misuse and abuse
- ☐ Mass distribution of naloxone kits to those who are eligible either through HU or Pharmacy
- ☐ Communication campaign stressing the importance of calling 911 and that an overdose is a medical emergency

Indicators of Success

- ☐ # of key messages created and distributed that target harm reduction approach throughout the community of LGL
- ☐ # of naloxone kits dispensed in community and through hospital emergency departments
- ☐ # of naloxone kits used successfully
- ☐ # 911 calls for overdose
- ☐ # of communication strategies used to stress the importance of calling 911

Situation 3: Potential for Overdose Cluster

Outcomes

- ☐ Increase people staggering drug use when using drugs with others
- ☐ Fewer cluster overdoses
- ☐ No deaths from a cluster overdose
- ☐ Adequate emergency response preparation to respond to increase in mass casualties occurring from illicit opioids

Activities

- ☐ Create a protocol for response to mass casualty that includes all multi-sectoral partners involved in attempt to decrease mobility and mortality focus on communication between agencies.

Indicators of Success

- ☐ Seamless response plan to mass casualties

TREATMENT

Situation #1: Problematic use of prescription opioids.

Outcomes

- ☐ Increase access to services and resources within mental health, addiction and primary care
- ☐ All clients who overdose access naloxone kit on discharge from emergency/hospital along with referral to mental health and addictions

Activities

- ☐ Establish referral pathways to mental health and addiction services with emphasis on access to rehab/detox, use of suboxone for short term addictions, methadone, trauma informed care
- ☐ Education and awareness for community on referral pathway
- ☐ Education to primary care providers on using suboxone

Indicators of Success

- ☐ Referral pathway identifying how to access services within LGL
- ☐ # of community partners that identify success using referral pathway
- ☐ # of sites being able to provide suboxone/methadone/naloxone

Situation #2: Illicit fentanyl in the community

Outcomes

- ☐ Increase clients accessing ER when overdose occurs
- ☐ All clients who overdose access naloxone kit on discharge from emergency along with referral to mental health and addictions
- ☐ All first responders have knowledge and skills for opioid overdose

Activities

- ☐ Education to primary care providers on using suboxone
- ☐ Education and training for ER staff to dispense naloxone
- ☐ Protocol for referral prior to discharge from hospital post overdose
- ☐ Education to Fire Department first responders

Indicators of Success

- ☐ # of staff trained in hospital to dispense naloxone kits on discharge
- ☐ # of referrals made post overdose

Situation 3: Potential for Overdose Cluster

Outcomes

- ☐ Adequate emergency response preparation to respond to increase in mass casualties occurring from illicit opioids

- ☐ First responders have the necessary knowledge, skills, ability and tools to respond to mass casualty event
- ☐ Hospitals able to respond effectively to overdose cluster

Activities

- ☐ Create a protocol for response to mass casualty that includes all multi-sectoral partners involved in attempt to decrease mobility and mortality- focus on communication between agencies
- ☐ Critical incident debriefing post mass casualty event or other significant event related to illicit opioid response
- ☐ Create a protocol for response to mass casualty that includes all multi-sectoral partners involved in attempt to decrease mobility and mortality - focus on communication between agencies
- ☐ Health and Safety issues identified and a plan to prevent and mitigate injury to the first responder
- ☐ Media/communication response plan
- ☐ Advocate for first responders (police and fire) to be trained in administering naloxone at the scene of an overdose

Indicators of Success

- ☐ Seamless response plan to mass casualties
- ☐ Health and Safety issues related to response are clearly identified and incorporated into practice
- ☐ Media response plan to address public safety and concerns
- ☐ All first responders will be equipped with naloxone kits to respond to an overdose on scene
- ☐ Contact for critical incident debrief will be established and activated as needed

ENFORCEMENT

Situation #1: Problematic use of prescription opioids.

Outcomes

- ☐ Increase awareness and education on community safety and how enforcement is a key piece of the 4 pillars' response to an opioid response

Activities

- ☐ Increase understanding of the roles between enforcement and other community partners. Look for opportunities to work together i.e. drug court, Mental Health court
- ☐ Partner with community agencies to create communication campaign to address "fear" of calling 911 promoting 911 as a resource i.e. video

Indicators of Success

- ☐ # of opportunities enforcement and community partners have had to work together to address opioid misuse and abuse

- ☐ # of 911 calls in response to overdose

Situation #2: Illicit fentanyl in the community

Outcomes

- ☐ Increase communication between enforcement and community partners when there are seizures of illicit opioid

Activities

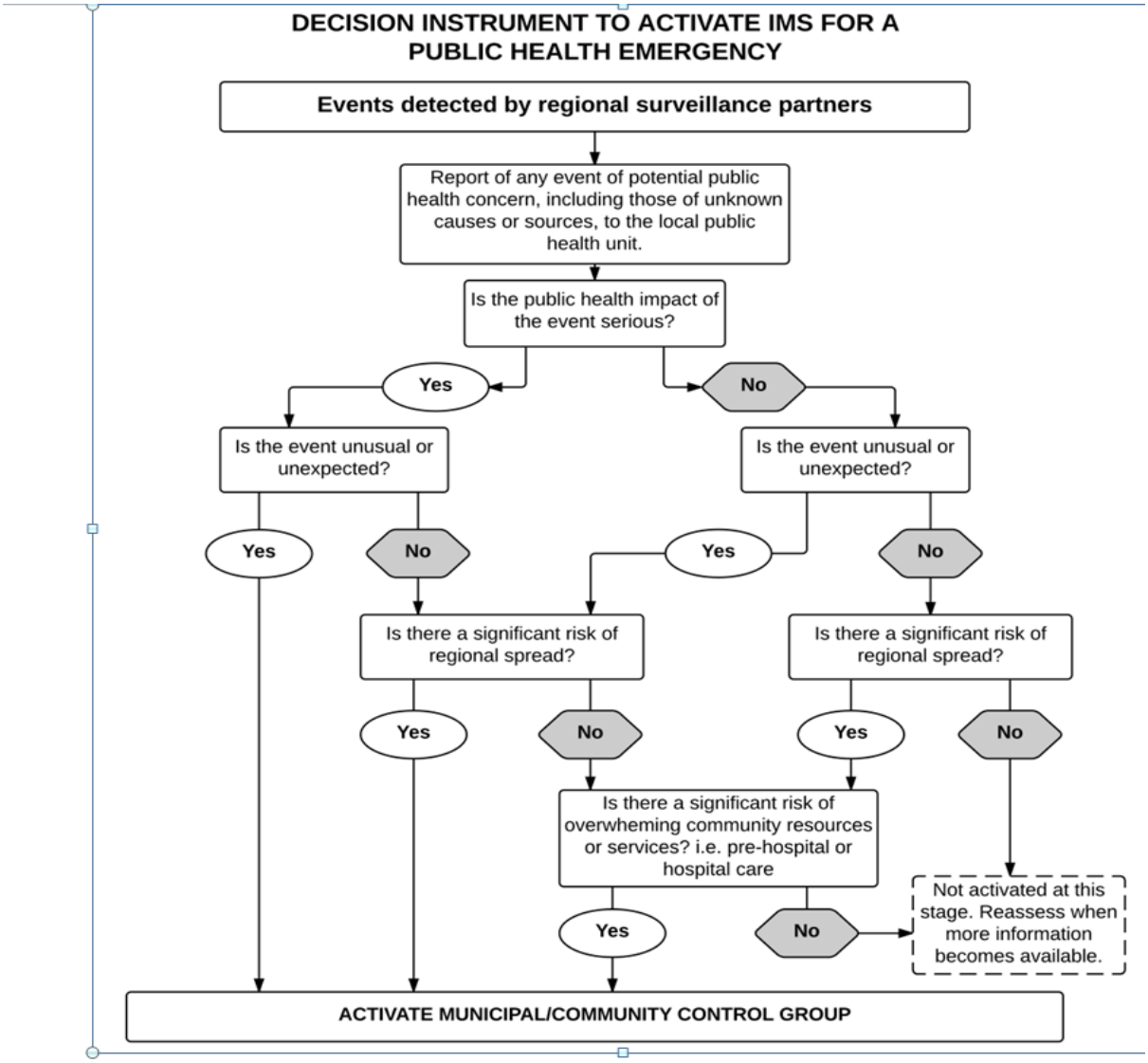
- ☐ Establish a communication protocol to contribute to ongoing surveillance/monitoring of illicit opioids in the community

Indicators of Success

- ☐ # of times communication protocol is activated to alert presence of illicit opioids in the community

Situation 3: Potential for Overdose Cluster (see this Plan)

Appendix C – Decision Instrument to Activate IMS for a Public Health Emergency



Decision instrument to activate an emergency control group adapted from the WHO (2008) International Health Regulations (200

Appendix D – Communications

Dissemination of timely and accurate information will be one of the most important facets of the opioid overdose response. A multi-component communications plan is essential to ensure that all groups, including health care providers, community officials, the media and the general public, obtain the information they require. A broad-based communication system will need to be established for each situation, taking into account that different target audiences will need different types of information and different levels of detail as well as different methods of communication.

Role of Emergency Information Officer/Media Relations Team during Emergency[1]

- ☐ Contact media and administer media relations
- ☐ Coordinate information activities related to emergency situations
- ☐ Set up Media Relations Team and Media Information Centre (notify staff, coordinate public information line)
- ☐ Prepare initial and subsequent media releases, subject to approval
- ☐ Coordinate interviews, media conferences, site tours
- ☐ Monitor news coverage; issue corrections if needed
- ☐ Maintain copies of media releases; personal log
- ☐ Verify media credentials at scheduled news conferences and advise media of rules or restrictions
- ☐ Ensure consistency of messages to media
- ☐ Brief head of council for interviews
- ▪ Prepare Emergency Plan Media Relations post-emergency report related to team activities and submit to CAO

Research provided by Public Health Ontario (PHO) shows that information to be communicated must meet these key criteria to be effective:

- ✓ Trusted
- ✓ Respected
- ✓ Responsive
- ✓ Consultative
- ✓ Flexible
- ✓ Transparent

There are seven key actions to ensure effective communication:

- ✓ Anticipate what messages are needed
- ✓ Invest in building relationships and networks with stakeholders
- ✓ Establish liaison roles
- ✓ Consider who your target audience is and respond appropriately
- ✓ Co-ordinate communication through networks

[1] Prepared in collaboration with Brian Perkin, Lake 88.

- ✓ Acknowledge and address uncertainty
- ✓ Provide Active Communication

Agency	**Communication Activities**
United Counties of Leeds and Grenville or Lanark County	Communications Coordinator (or EIO if an emergency is declared) prepares the communications plan and materials in collaboration with LGLDHU and leads the communication response to an Opioid Overdose Cluster Response
Municipalities	Participate in the communications plan as directed by the Lanark County Communications Coordinator (or EIO if an emergency is declared)
Public Health	Participate in the development of the Communication Plan and materials. Have contingency for incident management, facilitate and participate in teleconferences with partners, develop and disseminate prevention messages/ harm reduction messages
Acute Care	Participate in teleconferences, share messages to inform staff, patients; education to patients and families
EMS (Paramedic Service)	Participate in teleconferences, share messages to inform staff
Fire (1st Responders)	Share messages to inform staff, participate in teleconferences
Primary Health Care/CCAC	Provide current approved messages to patients
Mental Health/Addictions	Ensure clients have access to approved messages, participate in teleconferences
Police	Ensure consistent approved messaging during media interviews, participate in teleconferences
Social Services	Ensure all communication avenues to reach at risk clients are considered, participate in teleconferences
School Boards	Ensure consistent approved messages are provided to students, teachers and parents
Pharmacies	Ensure messaging for clients is consistent with approved messages

Appendix E - Additional IMS Roles

GENERAL STAFF

Operations Section Chief

- ☐ Implement the Incident Action Plan (IAP)
- ☐ Organize, assign, and supervise all resources assigned to an incident
- ☐ Work closely with other members of Command and General Staff to coordinate operational activities
- ☐ As the operation expands, maintain an optimum span of control by further dividing the response by geographical area and/or function

Logistics Section Chief

- ☐ Provide all supporting resources including personnel, equipment, and supplies
- ☐ Provide support services such as facilities, IT, food, and transportation
- ☐ Provide medical services to incident personnel
- ☐ Contraction of the Logistics Section as soon as units are no longer needed

Finance and Administration Section Chief

- ☐ Provide the financial and cost analysis support to the incident
- ☐ Monitor sources of funding
- ☐ Make cost estimates for alternative response strategies
- ☐ Track timesheets for incident personnel and equipment
- ☐ Contract, negotiation and procuring of equipment
- ☐ Track mutual assistance arrangements and monitor costs

Appendix F - Resources and Contact Numbers

- ☐ Emergencymanagement.moh@ontario.ca or 416-212-0822.
- ☐ Office of the Fire Marshal and Emergency Management (OFMEM) 1-800-565-1842
- ☐ Philippe Geoffrion, Capital Sector Field Officer (613) 828-6689 cell (613) 286-3369
- ☐ Lisa Harvey, Loyalist Sector Field Officer, (613) 634-8616 cell (613) 329-0897
- ☐ Opioid Advice: Detection and Management of Acute Opioid Intoxication
  http://www.health.gov.on.ca/en/news/bulletin/2012/docs/hb_20120522_1.pdf
- ☐ Ontario's Narcotics Strategy
  http://www.health.gov.on.ca/en/pro/programs/drugs/ons/resources.aspx
- ☐ Opioid advice and resources
  http://health.gov.on.ca/en/news/bulletin/2012/hb_20120522_oxy_3.aspx