



**CITY OF HAMILTON**  
**PUBLIC HEALTH SERVICES**  
**Clinical and Preventive Services Division**

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	June 13, 2016
<b>SUBJECT/REPORT NO:</b>	Naloxone on City of Hamilton Fire Trucks and Police Services Vehicles (BOH16015) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
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<b>SUBMITTED BY &amp; SIGNATURES:</b>	Jessica Hopkins, MD, MHSc, CCFP, FRCPC Associate Medical Officer of Health Public Health Services  Glenda McArthur, RN, BScN, MHS Director, Clinical Preventive Services Public Health Services

**RECOMMENDATION**

- (a) That this report be received; and
- (b) That the Board of Health maintains the status quo of providing a “Take Home Naloxone” program through Public Health Services to current users and previous users at risk of relapse and overdose by opioid medications as it is currently not feasible to implement naloxone on City of Hamilton fire trucks and Hamilton Police Service vehicles.

**EXECUTIVE SUMMARY**

This report and recommendation are in response to the Board of Health motion dated February 18, 2016:

*“That staff be directed to report back to the Board of Health on the feasibility, cost and funding options to provide naloxone on all City of Hamilton fire trucks and Police vehicles”.*

Staff have identified multiple issues and risks with providing naloxone through Hamilton Fire Department (HFD) and Hamilton Police Services (HPS) vehicles. If approved, the recommendation will maintain the *status quo* of a “Take Home Naloxone” program delivered through Public Health Services (PHS) to current users and previous users of opioids at risk of relapse and overdose by opioid medications. Based on a review of the literature, environmental scan of other jurisdictions, and in consultation with HFD and HPS, it is currently not feasible to expand the program to include their personnel.

There are currently no police services in Canada administering naloxone. HPS has identified significant legal implications if a police officer injected naloxone and the individual either died and/or was sent to hospital. This would trigger an automatic, legislated investigation by the Special Investigation Unit (see Appendix A).

The HFD medical advisor has identified that the use of naloxone by HFD staff is outside of their current scope of practice (see Appendix B).

Finally, a review of first responses to opioid overdose through the 911 call system from September 1, 2015 to March 31, 2016 showed that of 43 overdose cases:

- Emergency Medical Services (EMS) arrived at the scene 56% of the time ahead of HFD;
- Of the times that HFD arrived at the scene first, it was only 3.8 minutes ahead of EMS; and
- EMS arrived 90% of the time ahead of Police (paramedics currently carry and can administer naloxone).

HPS and HFD personnel are trained in first aid and cardiopulmonary resuscitation (CPR). As the mechanism of injury in opioid overdose is due to a decrease in or absence of respiration (not breathing or breathing ineffectively) and consequent deoxygenation (not enough oxygen to the brain and body tissues), CPR is a life-sustaining measure even in the absence of naloxone.

### ***Alternatives for Consideration – See Page 5***

### **FINANCIAL – STAFFING – LEGAL IMPLICATIONS (for recommendation(s) only)**

**Financial Implications:** The Ministry of Health and Long-Term Care (MOHLTC) provides PHS with naloxone that is restricted to use in the Harm Reduction program only (“Take Home Naloxone” program), at a cost to the MOHLTC of \$11.50 per ampule (2 ampules per kit). Other components of a kit cost approximately \$25.00 (carry case, 2 retractable syringes, ampule snapper, rescue breathing shield) and is provided by the MOHLTC at no cost to PHS. Total cost of a kit is \$48.00. Naloxone and kit supplies are not available free to other programs or agencies in Ontario. There was no additional funding or staff provided to PHS to implement a take home naloxone program. The Harm Reduction team of 5.1 FTE public health nurses and 1.0 FTE Injection Drug Use

Outreach worker distribute naloxone to program clients at clinic and community sites, as well as through home visits.

**Staffing Implications:** HFD and HPS have identified that naloxone on vehicles would require significant investment in ongoing staff training and management of medication expiry/storage.

**Legal Implications:** There is currently no “Good Samaritan” legislation in Canada that would protect first responders, such as HPS and HFD, so any related medico-legal representation and expenses would potentially be borne by the individual first responder and/or the employer.

### **HISTORICAL BACKGROUND (Chronology of events)**

Naloxone is a safe, highly effective medication that reverses the effects of opioids such as heroin or morphine. It is a standard treatment for opioid overdose and has a long track-record (~40 years) of use in clinical settings. “Take Home Naloxone” programs, such as the one provided by PHS, have been linked with reductions in opioid-related deaths.

PHS staff currently provide naloxone under a medical directive signed by the Associate Medical Officer of Health. It was announced by the province on May 18, 2016 that naloxone will be made available to the public over the counter at pharmacies at no cost. Details regarding training and education are pending. Given this change, PHS nursing staff will soon provide naloxone under a policy, but non-nursing staff will continue to provide naloxone through a medical directive. HPS and HFD require a physician to sign and oversee a naloxone medical directive. HFD’s medical advisor has indicated he cannot currently support a medical directive for naloxone administered by Fire personnel under current medical guidelines of the College of Physicians and Surgeons of Ontario (CPSO).

Naloxone is available in multiple forms of administration, including injection and intranasal, however the only formulation currently available in Canada is by injection. This poses a significant barrier to its administration in the field. Naloxone is only available as an injectable format in glass ampules and requires storage at room temperature. An auto-injector format is not available. Significant training would be required for HPS and HFD staff to learn and maintain the skill of intramuscular injection. Safe storage temperatures for naloxone would need to be maintained and monitored in vehicles.

BOH12008(a): Update to Supporting Neighbourhoods in Managing Community Consequences of Addictions. Board of Health approved a report that included the distribution of overdose prevention kits. PHS developed policies, directives, trained staff and began distributing overdose prevention kits in May 2014 to eligible clients.

Since May 2014 until April 2016, PHS has dispensed 500 kits and is aware of 116 persons who have been revived by the kits.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

The use of naloxone by HFD personnel would require a revision to current policies at the CPSO to permit its use. Changes to the 911 call priority system would be required.

## **RELEVANT CONSULTATION**

Hamilton Police Services (Appendix A)  
Hamilton Fire Department (Appendix B)

## **ANALYSIS AND RATIONAL FOR RECOMMENDATION (Include Performance Measurement/Benchmarking Data if applicable)**

Staff from HFD and HPS have identified multiple issues and barriers that make naloxone not feasible on their vehicles:

- Nasal formulation of the drug is not available in Canada, requiring use of glass ampules, drawing up medication and injection;
- Complexity and sustainability of training staff on intramuscular injections and risk of needle stick injuries from combative patients as they recover from an overdose;
- Logistics – acquiring, managing the naloxone supply, monitoring expiry dates, deployment of naloxone kits in vehicles exposed to extreme temperatures;
- Cost of medication and associated supplies;
- Legal implications and Special Investigations Unit (SIU) investigations for HPS administering naloxone;
- No current best practices in Canada for HPS; and
- Naloxone is not within current scope of practice for HFD.

The Royal Canadian Mounted Police (RCMP) in Surrey, British Columbia is considering a pilot project training approximately 40 officers to carry and administer naloxone. HPS and HFD continue to monitor changes in policy, legislation and developments in other jurisdictions that might increase local feasibility.

## **ALTERNATIVES FOR CONSIDERATION**

**(Include Financial, Staffing, Legal and Policy Implications and Pros and Cons for each alternative)**

The Board of Health could choose to implement naloxone in HFD and HPS vehicles.

**Financial Implications:** Not specifically costed out due to lack of feasibility. Additional financial costs needed for purchase of medication, supplies, training, and monitoring.

**Staffing Implications:** Significant additional HFD and HPS staff training and administration time required.

**Legal Implications:** SIU investigations of police officers who administer naloxone.

**Policy Implications:** The HFD medical advisor is currently unable to provide a medical directive based on CPSO policy.

**Pros:** Small number of individuals with opioid overdose may experience a decrease in symptoms on average 3.8 minutes earlier based on average EMS response times when arriving after other first responders. (No additional lives are expected to be saved as all first responders can provide CPR which is life-sustaining pending more definitive care by EMS.)

**Cons:** Impact on net levy for purchasing, administration, and training.

This option is not recommended.

## **ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN**

### **Strategic Priority #1**

A Prosperous & Healthy Community

*WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.*

### **Strategic Objective**

- 1.5 Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.

## **APPENDICES AND SCHEDULES ATTACHED**

Appendix A to Report BOH16015 — Hamilton Police Services

Appendix B to Report BOH16015 — Hamilton Fire Department