



CITY OF HAMILTON OPIOID RESPONSE PLAN

Updated February 27th, 2017

Prepared by Hamilton Public Health Services in consultation with community partners. To note, this is a living document and will be updated as work continues.

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1.0 Purpose

Canada is currently experiencing an increase in opioid overdoses and opioid-related deaths. The emergence of carfentanil in Hamilton could lead to a drastic increase in overdoses as seen in other provinces. Exposure can be fatal. Carfentanil is a highly potent, illicit opioid that acts quickly to cause sedation (sleeping or unconsciousness) and slow or stop breathing.

New opioid analogs are constantly being synthesized and distributed. This document provides a general overview of the roles and responsibilities of various agencies in the City to help combat the opioid problem when a new and dangerous drug is circulating, such as carfentanil. Response actions are based on the established Emergency Levels found in the next section.

2.0 Emergency Levels

Level	Risk Level	Criteria/ Triggers
1	Low	<ul style="list-style-type: none">New opioid analog (Carfentanil) found in other areas of the country/ province causing an increase in overdose rates
2	Medium	<ul style="list-style-type: none">Opioid analog (Carfentanil) found in the City of Hamilton
3	High	<ul style="list-style-type: none">Opioid overdoses occurring significantly above the expected level in Hamilton*

*Numerical threshold is still being established as Public Health Services gains further access to data and/or higher quality, timely data becomes accessible.

3.0 Plan Activation

This plan does not have set activation criteria. Low Risk Level response actions include regular day to day work to combat the opioid problem and therefore the plan will remain active as long as an opioid problem exists in the city.

4.0 Roles and Responsibilities

Community partners from all sectors are implementing strategies to combat the opioid problem. This section provides a snapshot view of various organizations across the city that are playing a role. This section is not an exhaustive list of all agencies involved in reducing the impact of opioid exposure.

4.1 Health Sector

4.1.1 Hamilton Public Health Services

Level 1 Response Actions

- Ongoing surveillance
- Regular Harm Reduction program work (e.g., naloxone distribution, needle syringe program)

Level 2 Response Actions

- Develop public awareness campaign
- Create occupational health and safety guidelines for PHS staff
- Establish city working group to coordinate response efforts, increase communication and share information/data
- Enhanced surveillance
- Send out Medical Advisory to healthcare partners
- Alert the Health Sector Emergency Management Committee
- Update the Board of Health on the response

Level 3 Response Actions

- Activate PHS' Incident Management System and declare the situation a Public Health Emergency
- Increase staffing at needle exchange centres or areas where people who use opioids may gather
- Increase hours of The Van (mobile needle exchange van)
- Increase distribution of naloxone to more providers in the city
- Increase group client trainings for naloxone (for clients and/or friends and family of users)

Outreach and Public Education Networks

- Health Sector Partners- through the ERMS mass notification system
- Health Sector Emergency Management Committee members
- Clients accessing clinics or the van
- City of Hamilton Website and social media accounts

4.1.2 Hamilton Family Health Team

Level 1 Response Actions

- Pharmacists assigned to practice who help support management of opioid use

Level 2 Response Actions

- Spread education and awareness messaging to physicians and clinical staff
- Share posters, public education materials with practices to post and promote with patients

Level 3 Response Actions

- Support making naloxone available for practices
- Training of clinical staff in naloxone administration
- Education to clinicians around protecting self and patients

Outreach and Public Education Networks

- Clinical Staff (over 166 physicians and 300 clinical staff)

4.1.3 Hamilton Health Sciences

Level 1 Response Actions

- Ensure Hamilton Health Sciences (HHS) Emergency Room (ED) data is flowing to the Kingston public health database for real-time tracking in Acute Care Enhanced Surveillance (ACES)
- Complete training and security access to real-time public health ACES reporting tool for monitoring opioid counts daily at Hamilton Health Sciences
- Monthly completion of City of Hamilton Opioid Report on behalf of Hamilton Health Sciences and St. Joseph's Healthcare (SJH) organizations looking at counts in ED, admission rates, and demographics using HHS IDS Solution (retrospective reporting using CIHI)
- Work to implement MOHLTC Feb 13, 2017 directive for weekly NACRs reporting of opioid cases in the ED to CIHI, effective April 1, 2017 forward

Level 2 Response Actions

- Established collaboration between HHS, SJH, and public health to share information related to Opioid counts
- Agreed upon sharing of counts in ED with public health for posting to their Hamilton Web Site for awareness

4.1.4 McMaster Family Health

Level 1 and Level 2 Response Actions

- Provide comprehensive family medicine which involves monitoring opioid medication prescribed
- Internal audits of prescribing and mechanisms for monitoring use
- Offer suboxone for rostered patients with an opiate use disorder

Outreach and Public Education Networks

- Rostered patients (over 32 000)

4.1.5 Urban Core Community Health Centre

Level 1 Response Actions

- Participate on the Canadian Pain Care Forum which focuses on opioids
- Provide education of opioids and other narcotics in partnership with Public Health
- Regular harm reduction program work including introduction of “Streetwise Program” in partnership with Public Health
- Partnerships for harm reduction programs

Level 2 Response Actions

- Maintain Naloxone on “crash carts”
- Appropriate distribution of naloxone kits with advisory of Public Health
- Staff training and education on carfentanil
- Developed internal response protocol for overdose

Level 3 Response Actions

- Advocacy to MOHLTC and Attorney General
- Participate in a city strategy to address the problem

Outreach and Public Education Networks

- Client population- in languages other than English and French
- Participation on CHC sector opioid awareness raising, education and response sessions

4.2 First Responders

4.2.1 Hamilton Fire Department

Level 1 and Level 2 Response Actions

- Training bulletin for staff with protection measures for various products and associated risks
- Naloxone has been secured and will be placed on apparatus in the near future for use on HFD personnel in the event of an inadvertent exposure during a response
- On-going training on the administration of Naloxone

Level 3 Response Actions

- Review of personal protective equipment (PPE) for responders at a lab site
- Training with the police service on responses to potential lab sites

Outreach and Public Education Networks

- Social media channels (twitter)

4.2.2 Hamilton Emergency Medical Services

Level 1 and 2 Response Actions

- Response protocol developed for staff
- Education to staff (including PPE guidelines)
- Narcan (naloxone) administration (per normal protocol)
- Enhanced surveillance and tracking of opioid related calls
- Send PHS weekly data on opioid related calls

Level 3 Response Actions

- Revise PPE requirements and response procedures (if necessary)
- Update staff with accurate information
- Continue to provide information to clients at high risk (Community Paramedic and Social Navigator programs)
- Look at logistical requirements for Narcan:
 - Provincial stock?
 - Warehouse stock?
 - Increase number of ampoules on each vehicle to deal with either increased number of patients or severity of overdose

Outreach and Public Education Networks

- Clients seen by Community Paramedics and Social Navigator Paramedics
 - Distribution of Narcan kits to high risk clients within programs

4.3 Social Services Sector

4.3.1 Shelter Health Network

Level 1 Response Actions

- Continue education and promotion around naloxone kits
- Ask patients regularly about what they are encountering in the community and reporting back to PHS (ie: increased potency, carfentanil, fentanyl-laced products)
- Continue harm reduction supply clinics at Wesley Street Health clinic

Level 2 Response Actions

- Post bulletins in clinics and continue education with patients and staff around the high potency opioids found in the community
- Partner with methadone clinics for rapid access for patients who are ready to stop using

Level 3 Response Actions

- Consider trying to get harm reduction supplies in clinics other than Wesley (ie: Salvation Army, Mission Services, Good Shepherd), this may be difficult due to organizational policies in these places
- Consider more education to providers around suboxone initiation that could be done in the SHN clinic initially and then followed up by ORT physicians at partnership methadone clinic (The Hamilton Clinic)

4.3.2 Towards Recovery Clinic/Ontario Addiction Treatment Centres-Hamilton Clinic

Level 1 Response Actions

- Regular harm reduction work
 - Naloxone distribution
 - Drug testing patients so physicians know what is being used
 - Counselling and educating patients
- Dissemination of drug testing reports to community stakeholders (usage and trends)
- Participation on Harm Reduce and Overdose committees in the city where opportunity exists

Level 2 Response Actions

- Training on naloxone
- Patient counselling on fentanyl and carfentanil
- Increased inter-agency communications

Level 3 Response Actions

- Increase patient education and awareness
- Presentation of issues and facts to community agencies
- Make Naloxone kits available to other community service providers who may not have easy access

Outreach and Public Education Networks

- Clients at clinic
- Interaction with other community agencies as opportunities exist

4.3.3 City of Hamilton, Housing Services Division, Emergency Shelter Services

Level 1 and Level 2 Response Actions

- Raising discussion about opioid issue at planning tables for Emergency Shelters and Residential Care Facilities (RCFs)
- Increasing staff awareness of opioid issue
- Staff training on response practices
- Explore opportunities for naloxone to be more readily available in Emergency Shelters and Residential Care Facilities
- Ensure data of use/overdoses within shelters/RCFs are incorporated into Monitoring efforts

Level 3 Response Actions

- Follow city response protocols
- Increase screening/discussion with individuals being admitted to shelters/RCFs
- Alert cross sector tables of incidents

Outreach and Public Education Networks

- Housing and Homelessness planning tables (including cross sector tables, Emergency Shelters, RCFs, Violence Against Women's Shelters, etc).

4.3.4 Canadian Mental Health Association (CMHA)-Hamilton

Level 1 Response Actions

- Education on Fentanyl, Carfentanil, Naloxone kits for staff, clients and family
- Encourage and facilitate staff attending workshops
- Harm reduction strategies for clients

Level 2 Response Actions

- Increase staff, client and family education
- Obtained a Naloxone kit for clinic staff use

- Reviewed and revised staff safety protocols

Level 3 Response Actions

- RN provided education re: risk for staff and clients and revised protocols
- Follow Public Health lead re: increasing number of Naloxone kits at CMHA
- Fentanyl Public Forum Community Resource Pamphlet distributed to staff

Outreach and Public Education Networks

- Clients at CMHA (posted Public Health alerts and educational material)
- Email distribution lists

4.3.5 Alternatives For Youth

Level 1 Response Actions

- Regular treatment program work
- Monitor PHS communication for local alerts
- Continue to communicate the need for comprehensive community drug strategy to community leaders

Level 2 Response Actions

- Ensure communication/education of PHS public awareness campaign, health and safety guidelines, alerts/advisories to clients and families within context of regular treatment work
- Ensure connection with proposed city working group to co-ordinate response efforts and communication
- Continue partnership with PHS HOPE program for monthly on-site naloxone training/kits for clients and families

Level 3 Response Actions

- Ensure communication/education of public health emergency and increased PHS staffing/services to clients and families within context of regular treatment work
- Request increased frequency/availability of on-site naloxone training/kits from PHS HOPE program

4.3.6 Wayside House of Hamilton Integrated Addiction Treatment Program

(Residential Addiction Treatment, Supportive Housing, Continuing Care, Hep- C Team)

Level 1 Response Actions

- Residential addiction treatment (Concurrent disorder). Provincial resource that is open to all opioid users
- Supportive housing services support individuals in recovery from opioid use

- Continuing care services which includes outreach
- Hep-C outreach/counselling/treatment with a focus on harm reduction
- Naloxone training and distribution for identified individuals and their families
- Opioid education (overdose/symptoms/withdrawals)
- Active membership in the provincial opioid strategy
- Participate with public health and other community stakeholders on data collection, trends, source and consumer feedback
- Utilize website to promote alerts

Level 2 Response Actions

- Response the same as in level one with additional emphasis on education and alert for all clients involved in our care
- Increase staff outreach and increase access to education
- Increase staff outreach to include follow up with clients who have received naloxone kits/training to ensure they know how to use them or still have them
- Active membership and participation with city working groups and planning (i.e. Naloxone working group)
- Maintain daily staff and client briefings on opioid related issues, current emergency response level and agency response

Level 3 Response Actions

- Increase agency support of other community programs and stakeholders
- Utilize crisis beds for high risk individuals in our services
- Increase pressure on system to increase availability and access to services including residential beds and supportive housing units

Outreach and Public Education Networks

- Maintain membership on all local and provincial planning tables assuring agendas address opioid crisis
- Participate and support the Hamilton Addiction System Committee
- Participate and support Hamilton Addiction and Mental Health HeAMHC
- Participate and support LHIN 4 Addiction and Mental Health Network
- Maintain support of the drug induced psychosis and opioid crisis response
- Lead in the development of the Hamilton Drug Strategy

4.3.7 The Hamilton Clinic

Level 1 Response Actions

- Continue to build clinic capacity to support community-based health care providers managing patients with opioid use disorders
- Continue to educate patient population about use of naloxone kits

- Promote stocking of naloxone kits in community pharmacies
- Establish strong rapport with patient population to track changes in drug potencies and availability patterns as well as naloxone kit usage in their circles.

Level 2 Response Actions

- Increase publicity and awareness in clinic population and among colleagues around presence of high potency opioids in community
- Ensure pharmacists are actively asking patients about naloxone kit access
- Evaluate capacity to increase same-day “rapid access” assessments within the clinic if demand goes up

Level 3 Response Actions

- Approach administration at local and provincial levels to assist and support expansion of out-patient addiction treatment accessibility
- Provide education, workshops and enhanced tools for primary care providers to recognize and address opioid use in their patients using suboxone initiations
- Support partner primary care and hospitals to initiate suboxone starts whenever possible as a “rapid access” strategy

Outreach and Public Education Networks

- As above, expand reach and capacity of health care providers in Hamilton to manage OUD in their own offices with suboxone and naloxone kit education

4.3.8 Wesley Urban Ministries

Level 1 Response Actions

- Harm Reduction partnership programs with PHS and Urban Core CHC:
 - Drop-in primary care clinic
 - Safe injection equipment program
 - Sexual health clinic

Level 2 Response Actions

- Staff trained in naloxone use
- Request made for staff to carry naloxone kits

Level 3 Response Actions

- Collaborate with partners on delivering training and education to clients and staff

Outreach and Public Education Networks

- Clients at Wesley Day Centre Clinic
- Clients who come into contact with outreach and community workers

4.4 Correctional Services

4.4.1 Hamilton Wentworth Detention Centre – Ministry of Community Safety and Corrections

Level 1 Response Actions

- Harm reduction education to Medical and Corrections staff
- Participation in community opioid response working groups/strategy

Level 2 Response Actions

- Universal education for all inmates about risks of opioid overdose and prevention

Level 3 Response Actions

- Identification of opioid users and Naloxone education
- Kit distribution (upon transfer or release)

Outreach and Public Education Networks

- Information posted throughout the Institution about community forums and education opportunities

5.0 Opioid Response Working Group

During a Level 2 response, Public Health Services will convene a working group with representatives from across the city. The group will continue to meet as needed to accomplish the objectives below.

Group Objectives

- To develop a mutual understanding of the opioid problem from each organization's perspectives;
- To determine ways to best work together to prevent harm from overdoses, respond to increases in overdoses (non-fatal and fatal), and support each other with the increased burden on the health and social service systems; and
- To determine ongoing ways of communicating relevant information and coordinating collective efforts.

6.0 Document History

Date	Description
February 27, 2017	Plan developed by Public Health Services in collaboration with the Opioid Response Working Group

