



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Communicable Disease Control and Wellness Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	March 19, 2018
SUBJECT/REPORT NO:	Expanded Use of Naloxone on Hamilton Fire Vehicles (BOH18012) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Michelle Baird (905) 546-2424, Ext. 3529
SUBMITTED BY & SIGNATURE	Michelle Baird Director, Public Health Services, Planning & Business Improvement Division Acting Director, Public Health Services, Communicable Disease Control and Wellness Division Healthy and Safe Communities Department

RECOMMENDATION

That the Board of Health approve the expansion of Naloxone use by the Hamilton Fire Department to include the administering of intranasal Naloxone to members of the public to help reverse the effects of opioid overdoses.

EXECUTIVE SUMMARY

Overdose deaths due to medical and non-medical drug use are now the third leading cause of accidental deaths in Ontario. A significant portion of these deaths have been attributed to opioids. Drug overdose is not confined to one group of people but can affect anyone, including people taking prescribed opioids. Opioid overdose continues to be an issue in Hamilton. During 2017 there were 416 calls where paramedics responded to an opioid overdose and during 2018, January 1 to February 20, there were 30 calls.

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 history of use in clinical settings (approximately 40 years). Recently, in response to the opioid crisis, the Ministry of Health and Long-Term Care has initiated strategies to increase the distribution and availability of naloxone in the community. This includes distribution through pharmacies and public health units. In 2017, 1700 naloxone kits

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

were distributed in Hamilton by Public Health Services (PHS) staff, reviving 453 people. Naloxone is currently used by emergency departments and paramedics in responding to opioid overdoses.

In June 2016, report BOH16065 was brought forward to the Board of Health recommending that Naloxone continue to be distributed to clients via public health staff rather than on board City of Hamilton Fire and Police vehicles. Since the time of this report, the MOHLTC continued to implement strategies to support communities in addressing the opioid crisis. Effective January 28, 2018, the MOHLTC and the Ministry of Community Safety and Correctional Services launched an expansion of the Ontario Naloxone Program (ONP) to include police and fire services. Naloxone provided through this expansion would be made available to police and fire services through local public health units and could be used to prevent overdoses. It could also be used to help front-line police and firefighters in case of exposure; however, naloxone kits provided to police and firefighters cannot be distributed through these agencies.

Hamilton Fire Department (HFD) requires an estimated 66 naloxone kits with each kit containing two doses of naloxone, in order to effectively implement this expanded use of naloxone. This includes approximately three kits that would remain with supervisory staff. HFD is responsible for the storage of the naloxone after delivery from PHS.

Alternatives for Consideration – Not Applicable

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

Financial: No additional financial costs will be incurred as a result of these recommendations. The MOHLTC provides Naloxone kits to the public health unit and the HFD at no cost. The HFD currently maintains a supply of naloxone for occupational use and the current supply management will be used to maintain the additional supply of naloxone required to implement these recommendations.

Staffing: None identified.

Legal: None identified.

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.

PHS staff currently provides naloxone to clients and naloxone is being made available to the public over the counter at pharmacies at no cost.

In June 2016, PHS brought forward report BOH16065 to the Board of Health for consideration. At that time it was recommended that HFD not administer naloxone to the general public. At the time of the report the MOHLTC guidelines with respect to naloxone did not support the provision of naloxone to HFD.

At that time, the HFD Health & Safety Committee brought forth concerns regarding the need to have measures in place to protect the well-being of staff that might, as a result of their duties, inadvertently come into contact with substances that would require the administration of Naloxone. The HFD Medical Director granted HFD suppression personnel the authority to administer Naloxone by way of a medical directive. The HFD trained all suppression staff in its administration and currently has intranasal Naloxone on all front line vehicles. Staff are trained and approved to administer Naloxone to HFD personnel should they become adversely impacted at the scene of an opioid overdose call.

The context has changed since 2016. In an effort to address the opioid crisis in the province, the MOHLTC announced that effective January 28, 2018 naloxone would be made available to all 447 municipal full-time, composite, and volunteer fire departments, all northern fire departments, as well as all First Nations fire services to prevent overdoses, and could also be used to help front-line police and firefighters in case of exposure.

Naloxone is available in multiple forms of administration including injection and intranasal. The formulation currently available to Fire personnel through PHS is an intranasal formulation. Because the intranasal formulation is now available it removes previous barriers to its administration in the field posed by the injectable formulation. Staff training is required to administer intranasal naloxone; however, this training is less significant than the training required with injectable naloxone.

There are occasions when the HFD arrives at an emergency situation in advance of paramedics. In 2017, the HFD responded to 234 calls where an overdose was suspected. Naloxone could be used by HFD personnel in these circumstances as a result of this change in practice of the recommendation is approved. PHS is now prepared to provide naloxone to HFD and both HFD and PHS support implementation of this strategy.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

RELEVANT CONSULTATION

Consultation has taken place with the following:

- Hamilton Paramedic Service,

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

- Hamilton Fire Department,
- Risk Management; and
- Hamilton Fire Department oversight Medical Director.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

(Include Performance Measurement/Benchmarking Data if applicable)

Staff from the HFD and PHS have identified the following opportunities that support the expanded use of naloxone on HFD vehicles:

- Nasal formulation of the drug is the formulation of the drug to be provided by PHS which does not require the use of glass ampules, drawing up medication and injection, which, in turn will make the process feasible for staff within HFD;
- No costs will be incurred through the acquisition of the medication and associated supplies;
- Expansion of naloxone on fire vehicles supported by MOHLTC across Ontario; and,
- Naloxone administration is currently within the scope of practice for HFD and the current (amended July 2017) medical directive covers naloxone administration.

ALTERNATIVES FOR CONSIDERATION

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

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

Our People and Performance

Hamiltonians have a high level of trust and confidence in their City government.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.