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GET READY. GET TRAINED. **SAVE LIVES.**

Local Substance Use Trends, and Responding to an Opioid Overdose

Ontario Naloxone Distribution Programs



Agenda

1. COVID-19 and the current local substance use situation
2. Naloxone training
3. Overdose prevention tips
4. Your agency's role
5. Additional information



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1. COVID-19 and the current local substance use situation



Opioid-related deaths in the Nipissing and Parry Sound districts

- Our Health Unit region currently has the 5th highest opioid-related death rate in Ontario
 - 2018 – 14 opioid-related deaths
 - 2019 – 19 opioid-related deaths
 - 2020 – 51 opioid-related deaths*

51
opioid-related
deaths
Jan. – Dec.
2020



**Please note that the data listed above is preliminary, and subject to change*

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Opioid-related deaths in the Nipissing and Parry Sound districts

- Health Unit region has seen an increase in opioid-related deaths during the COVID-19 pandemic
 - Pre-pandemic deaths 14 (10.8 opioid-related deaths per 100,000 individuals)
 - Pandemic deaths 47 (36.4 opioid-related deaths per 100,000 individuals)*

Pre-pandemic cohort – March 16 to December 31, 2019

Pandemic cohort – March 16 to December 31, 2020



**Please note that the data listed above is preliminary, and subject to change*

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Why are we seeing an increase in overdoses and deaths during the COVID-19 pandemic?

- There are many reasons why individuals who use substances might be at greater risk of overdose and/or death during the COVID-19 pandemic. These include (but are not limited to):
 - Scarcer market
 - Toxic market
 - Substitution with other substances
 - Increase and/or loss of income
 - Closures and/or changes in services (including limited intake at services)
 - Increase in using alone and social isolation



Nipissing and Parry Sound District Overdose Reporting System

North Bay Parry Sound District
Health Unit

Bureau de santé
du district de North Bay Parry Sound

Public Health Services Health Topics Health Professionals and Partners Community Data and Reports About Us

We are collecting information through this form to understand overdoses and negative drug reactions in our community. This information will allow us to identify if there is a tainted or potent drug supply or an increase in overdoses so that we can respond and reduce drug-related deaths or harms. Please provide as much information as possible. If your client does not feel comfortable answering a question, or you didn't get the chance to ask them some questions, fill in as much information as you know. In a situation where more than one person had an overdose or negative drug reaction, please submit a separate form for each person. If you have any questions about this form, please contact Auburn Larose at auburn.larose@healthunit.ca or 705-474-1400 ext 5501.

1. Name of the person completing this form:

2. Organization/agency of the service provider completing this form:

Other (if you chose 'other' above, specify here):

3. What is the age of the person who had a negative reaction or overdose? If you don't know the age of the person please enter an approximate age.

4. Is this a known age, or an approximate age?
 Known age
 Approximate age

5. What is the gender of the person?
 Male



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2. Naloxone training



What is an overdose?

- An overdose happens when a person takes an amount of a substance, a potent substance or combination of substances, that is more than their body can handle
- As a result, the central nervous system is not able to control basic life functions, like breathing or body temperature, and a person may lose consciousness
- People new to taking substances and people experienced with taking substances can overdose



What are opioids?

- Opioids are depressants or “downers”
 - Slow body functions down
- Opioids include:
 - Medications prescribed by doctors
 - Unregulated substances that can be purchased illegally
- Opioids can be used to treat pain or used to get high
- Each opioid varies in half-life as well as strength/potency
- Examples of opioids:
 - Codeine (Tylenol #1, #2, #3)
 - Oxycodone (Percocet, OxyNEO)
 - Hydromorphone (Dilaudid)
 - Meperidine (Demerol)
 - Methadone
 - Fentanyl (and analogues including Carfentanil)
 - Heroin

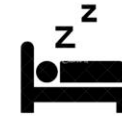


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Opioid overdose signs and symptoms

- Cannot be woken up
- Slow, shallow or no breathing
- Choking, snoring and/or gurgling sounds
- Blue or purple fingernails and/or lips
- Pupils are tiny (i.e., pin-point pupils) and/or eyes are rolled back
- Limp body
- Cold skin

SIGNS AND SYMPTOMS OF AN OPIOID OVERDOSE



Cannot be woken up



Slow, shallow or no breathing



Blue lips or nails



Choking or gurgling sounds



Limp body, cold skin



Small constricted pupils



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What is naloxone?

- Naloxone is a non-addictive, non-psychoactive drug that blocks the effects of opioids on the body
 - Does not create a “high”
- Temporarily reverses the effects of an opioid overdose
 - Works in less than 5 minutes (usually 2-3 minutes)
 - Wears off quickly (30-45 minutes)
 - There is no effect if naloxone is given to a person who has not used opioids. If unsure, administer
 - It is safe to use expired naloxone if that is all that is available (not as effective)
- Has been used by EMS routinely for over 40 years
- Two forms available in Ontario – Nasal spray and injectable



Nasal spray naloxone

- Nasal spray naloxone is also known by the brand name “Narcan”



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Contents of a nasal spray naloxone kit

- 2 doses of nasal spray naloxone (inside a sealed package)
- 1 pair of non-latex gloves
- 1 breathing barrier
- 1 bilingual instructional insert
- 2 identifier cards (1 English & 1 French) showing that the individual has received training in naloxone use, and the expiry date of the naloxone



Store at room
temperature between
15°C to 25°C

Protect from light

Check expiry dates


**LET OTHERS KNOW
WHERE YOU STORE
YOUR KIT(S)**



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New nasal spray naloxone



The image shows a white nasal spray device with a red plunger. The device is labeled with "NARCAN[®] NASAL SPRAY (naloxone HCl)", "4 mg", and "FOR USE IN THE NOSE ONE DOSE".

Drug Identification Number (DIN)	02458187
Product Name	NARCAN [®] NASAL SPRAY (naloxone HCl) 4 MG / 0.1 ML
**New Temperature Storage Conditions	<p>Store NARCAN[®] Nasal Spray in the blister and cartons provided. Store below 25°C, Excursions permitted up to 40°C. Do NOT freeze or expose to excessive heat above 40°C. Protect from light. NARCAN[®] Nasal Spray freezes at temperatures below -15°C. If this happens, the device will not spray.</p> <p>NEW: NARCAN[®] Nasal Spray may be thawed by allowing it to sit at room temperature for 15 minutes, and <u>it may still be used if it has been thawed after being previously frozen</u>. If NARCAN[®] Nasal Spray is frozen and is needed in an emergency, do NOT wait for NARCAN[®] Nasal Spray to thaw. Get emergency medical help right away.</p>

**NARCAN[®] featuring the new temperature storage conditions is distinguished by a RED plunger



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Contents of an injectable naloxone kit

- 2 ampoules of naloxone
- 2 ampoule snappers
- 2 syringes
- 2 alcohol swabs
- 1 pair of non-latex gloves
- 1 breathing barrier
- 1 bilingual instructional insert
- 2 identifier cards (1 English & 1 French) showing that the individual has received training in naloxone use, and the expiry date of the naloxone



Store at room
temperature between
15°C to 30°C

Protect from light

Check expiry dates

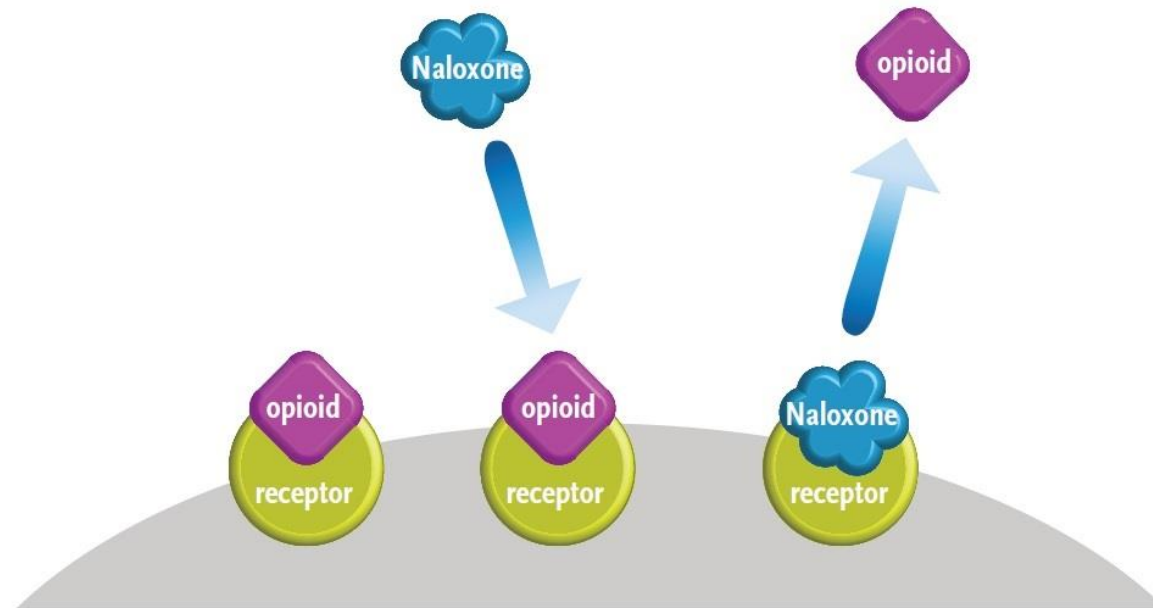
**LET OTHERS KNOW
WHERE YOU STORE
YOUR KIT(S)**



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How naloxone works



The brain's opioid receptors have a stronger attraction for naloxone than for opioids. When naloxone is given, it displaces opioids that are attached to the receptors, reversing opioid overdose.



Naloxone safety – Allergies and pregnancy

- Allergies
 - Allergies to naloxone are rare
- Pregnancy
 - There are no adequate and well-controlled studies with naloxone in pregnant women
 - Administration of naloxone to an opioid-dependent pregnant woman may induce acute opioid withdrawal syndrome. This could cause pre-term labor or fetal distress
 - Naloxone should be used during pregnancy, only if clearly needed

Good Samaritan Act, 2001 –
Protects individuals who
provide reasonable
assistance




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Overdose response myths

Do Not	Risk(s)
• Put the individual in a bath or cold water	• Individual could drown or go into shock
• Induce vomiting	• Could cause choking
• Inject them with anything (e.g., saltwater, cocaine, milk) other than naloxone	• Will not help and could cause more harm
• Slap them too hard, kick them in the testicles or burn the bottom of their feet	• Could cause serious harm
• Let them sleep it off!	• Person could stop breathing and die. The person may not be sleeping




5 steps to responding to an opioid overdose

STEP 1		SHOUT & SHAKE their name their shoulders
STEP 2		CALL 9-1-1 If unresponsive.
STEP 3		GIVE NALOXONE 1 spray into nostril or inject 1 vial or ampoule into arm or leg.
STEP 4		PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS
STEP 5		IS IT WORKING? If no improvement after 2-3 minutes, repeat steps 3 & 4. Stay with them.

RECOVERY POSITION If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.

head should be tilted back slightly to open airway



hand supports head knee stops body from rolling onto stomach

SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp



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Step 1 – Shout and shake

Is the person responsive? Perhaps they are just sleeping.

- The person responding should:

- Stimulate with **NOISE**

- Shout their name
- Say, “Hey, are you okay?”

- Stimulate with **TOUCH**

- Tell the individual what you are doing before you touch them
 - “Hi... I’m just checking that you’re okay.”
- Shake their shoulders
- Rub your knuckles hard on their chest bone or under their nose
- Pinch their ear lobe



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Are they responding?

- If the person who may have overdosed responds to stimuli, the person responding should keep an eye on them
 - Do not leave them alone in case the substances they took have not fully taken effect – they could still overdose



Step 2 – Call 911

- If the person has overdosed and/or is unconscious, the person responding should call 911
- Some dispatchers/operators will ask if you need ambulance, fire or police
- After 911 is called, the person responding should continue **IMMEDIATELY** to step 3, give naloxone, while waiting for help to arrive
- When first responders do arrive, someone at the scene should tell them as much as possible about the overdose. This may include, but is not limited to:
 - What substance(s) the person took
 - How long the person has been unconscious
 - How much naloxone has already been given, if any



A horizontal graphic with a red background on the left and white on the right. On the red background, the word "STEP" is written in white above a large white number "2". To the right of the "2" is a circular icon containing a smartphone with "CALL 911" on its screen. Further right, the text "CALL 9-1-1" is written in red, with "If unresponsive." in black below it.

Reluctance to call 911

- Many people who use substances have had bad experiences in hospitals and/or emergency departments and may be reluctant to seek medical care
- Substance use is criminalized
 - Many people who use substances have already been arrested and have had bad experiences with the police
 - They can be fearful of arrest

Good Samaritan Drug Overdose Act, 2017

See an overdose? Call 911 immediately.

Under Canada's *Good Samaritan Drug Overdose Act*, if you seek medical help for yourself or for someone else who has overdosed, neither of you will be charged for possessing or using drugs, nor will anyone else at the scene.

See the other side of this card to know exactly when the Good Samaritan law will and won't protect you against charges.



Police may not always know about the law's protections.

If you need legal help, call
1 (800) 668-8258 (toll-free) for Legal Aid Ontario or
1 (855) 947-5255 (toll-free) for Law Society Referral Service,
also online at <https://lsrs.lsuc.on.ca/lrsr>.

The law does provide protection against charges for	The law does not provide protection against charges for
Possessing drugs for your own use	Selling illegal drugs (trafficking): Police may suspect this if you have a large amount of drugs, cash or items like scales, baggies, and debt lists
	Offences other than drug possession
Violating conditions of your parole, bail, probation or conditional sentence for a simple drug possession charge	Any outstanding arrest warrants
	Violating conditions of your parole, bail, probation or conditional sentence for an offence that is not simple possession

Endorsed by the Ontario Association of Chiefs of Police.

Disclaimer: This is legal information — not legal advice.
If you need legal advice, please consult a lawyer about your situation.

English and French versions available for download from www.aidslaw.ca



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Step 3 – Give naloxone

- How to administer nasal spray naloxone
 - Nasal spray naloxone is administered into the nostril
 - It does not require breathing to be absorbed across the mucosal lining
 - The person responding should:
 - Put on disposable gloves and/or other personal protective equipment (PPE), if available
 - [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)
 - Lay the person who has overdosed on their back, wipe the nose clear (if necessary) and keep the head tilted backwards slightly with one hand



How to administer nasal spray naloxone

PEEL



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.

PLACE



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

PRESS



Press the plunger firmly to release the dose into the patient's nose.

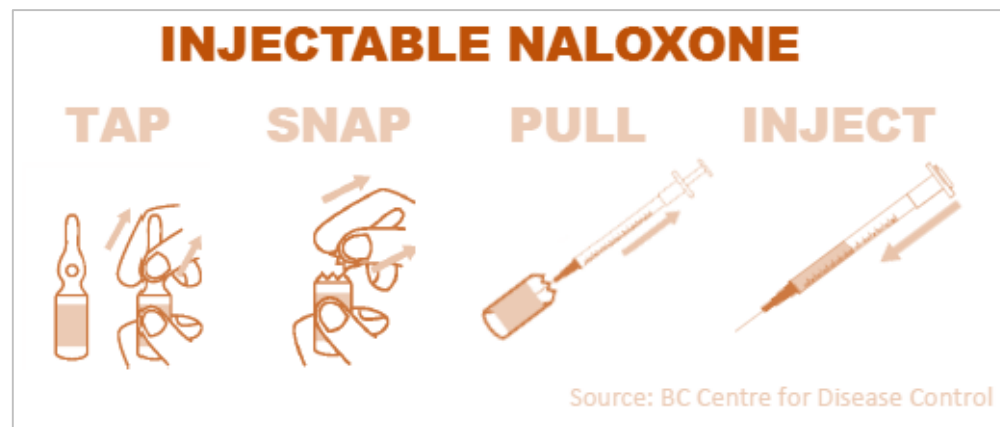
DO NOT touch the plunger until the device is in the nostril of the person has overdosed. This will help avoid accidentally triggering the spray.



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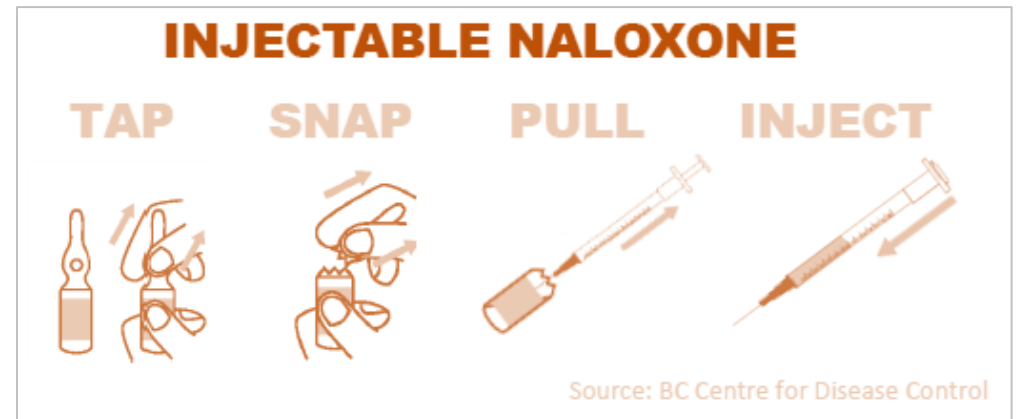
How to administer injectable naloxone

- The person responding should:
 - Put on disposable gloves and/or other personal protective equipment (PPE), if available
 - [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)
 - Grasp the top (narrow end) as well as the bottom end of the ampoule with the thumb and forefinger of each hand
 - Use snapper or alcohol pad to grasp
 - Swirl or tap the ampoule so the liquid falls into bottom
 - Snap open the ampoule away from them
 - Remove a syringe from its packaging, and remove the cap
 - Insert the needle into the ampoule and pull the syringe plunger up to draw up the naloxone
 - Turn the syringe, needle pointing up, and lightly tap the syringe, then slowly push the plunger to expel air bubbles
 - A little bit of air is not harmful



How to administer injectable naloxone

- The person responding should:
 - Wipe the skin of the individual who has overdosed with an alcohol swab, if able to do so
 - Insert the needle, at a 90 degree angle, into:
 - Large muscle of the thigh
 - Upper arm (i.e., muscle below the shoulder)
 - Buttocks
 - Can inject through clothing if you need to
 - Push the plunger down, and inject all of the naloxone
 - Note the time or start a timer on a phone
 - The individual responding will want to know how long it has been in case another dose of naloxone is needed



Additional considerations for administering naloxone during COVID-19

- Naloxone is safe to give. It does not aerosolize COVID-19
- Still have concerns?
 - Use personal protective equipment (PPE), when possible
 - Other suggestions
 - The person responding should gently and loosely place a mask or cloth to cover the mouth and nose of the person who is overdosing. The mask or cloth should be removed if the individual responding has to leave the person who has overdosed alone, and/or if the person who has overdosed starts breathing again (i.e., reduce risk of choking if they vomit)
 - Another option would be to tilt the head of the person who is overdosing to the side
 - **Remember:** The person responding should avoid touching their face
- In many cases individuals in the public administering naloxone
 - Know the health status of the individual overdosing
 - Have already been in close contact with the individual who is overdosing
- Everyone has a choice to administer
 - Life and death situation



How to check for breathing

- If the person who has overdosed does not respond to shaking and shouting, the person responding should check their breathing
 - Is the chest and/or stomach of the person who is overdosing rising and falling?
 - Place the back of the hand over the mouth of the individual who is overdosing – Can their breath be felt?
 - Hold the glass screen of a mobile phone over the person who is overdosing's mouth – Does it fog up?
- If the person who is overdosing is breathing, the person responding should put them in the recovery position and keep monitoring them until they are more alert
 - The recovery position will keep their airway clear and open
 - It will also prevent them from choking if they vomit



If breathing → Recovery position

RECOVERY POSITION

Figure 1: Kneel by the person. Raise the arm closest to you and place the arm out at a 90 degree angle to the body.

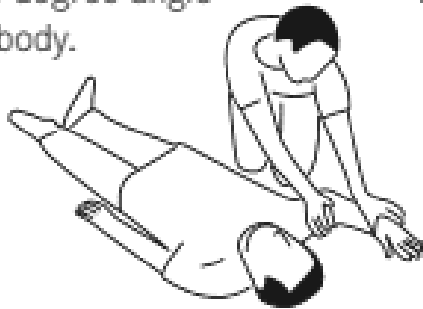


Figure 2: Place the other hand under their head against their cheek, to support their head.

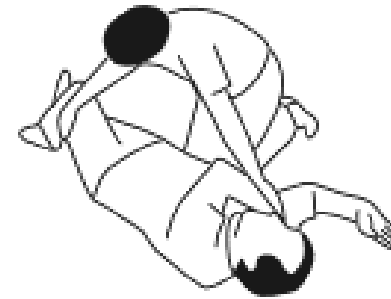
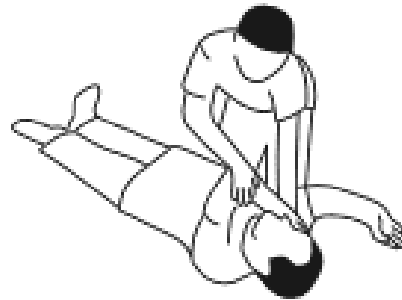
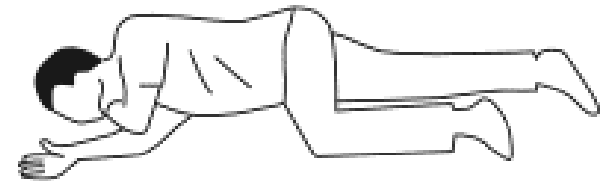


Figure 3: Lift the leg furthest away from you and place their foot on the floor.

Figure 4: Using their knee as a lever gently pull the person onto their side, towards you.

Tilt the head back and ensure airway is open and clear.



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Step 4 – Perform rescue breathing and/or chest compressions

- If the individual responding has been trained and/or are comfortable, and the person overdosing is not breathing, perform rescue breathing and/or chest compressions



If not breathing (prior to COVID-19) → Rescue breathing and/or chest compressions

Rescue breathing (30 compressions for every 2 rescue breaths)



- ✓ Head tilt
- ✓ Jaw support
- ✓ Nose pinch
- ✓ Mouth seal



- ✓ Check for rise and fall of chest with each breath

Chest Compressions (100-120 per minute)



- ✓ Commence compressions with the individual on a firm surface.
- ✓ Hands are positioned over middle of chest.
- ✓ Depress chest to one third depth.



If not breathing (during COVID-19) → Chest compressions **ONLY**

Rescue breathing (30 compressions for every 2 rescue breaths)

Rescue breaths are **NOT** recommended during COVID-19



Chest Compressions (100-120 per minute)



- ✓ Commence compressions with the individual on a firm surface.
- ✓ Hands are positioned over middle of chest.
- ✓ Depress chest to one third depth.

Step 5 – Is it working?

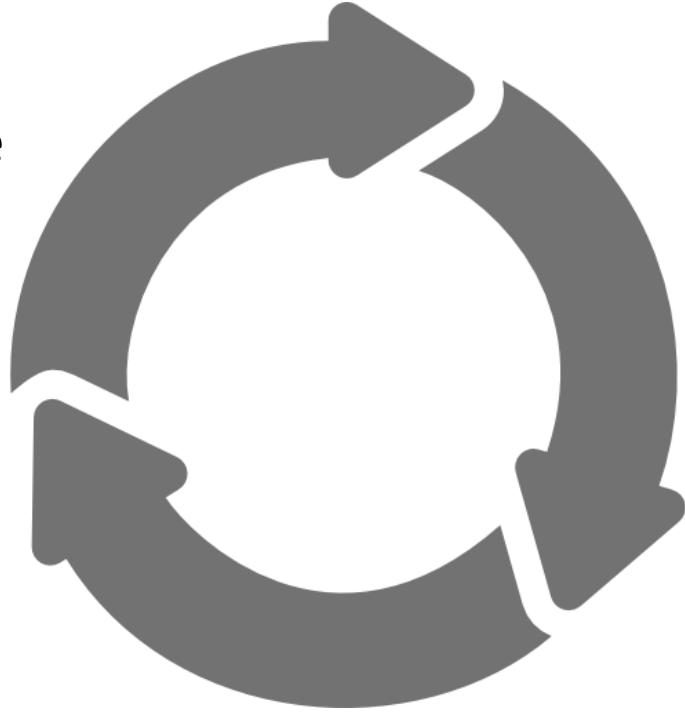
- The person responding should continue performing rescue breathing and/or chest compressions after administering naloxone, if necessary
- Naloxone usually starts working in less than 5 minutes
 - After this time, breathing should be checked again
- If the person who overdosed is not responding, the person responding should administer another dose of naloxone
 - The other nostril should be used if giving nasal spray naloxone
- The individual responding can keep repeating doses of naloxone as necessary, if they have access to additional doses
- The person who is responding should continue to provide rescue breathing and/or chest compressions until the person who overdosed becomes alert or until help arrives
- Individuals responding should monitor and prepare in case the person who overdosed loses consciousness again, as the naloxone wears off



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1. Give naloxone



2. Perform rescue breathing and/or chest compressions (approximately 2-3 minutes)



3. Check for breathing

- Breathing → Recovery position and monitor
- Not breathing → Give additional dose of naloxone



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If naloxone is NOT working

- Reasons a person may not respond to naloxone:
 - There could be another serious medical issue
 - A higher dose of naloxone is needed
 - Tolerance to opioids varies from individual-to-individual
 - Each opioid varies in half-life and strength/potency
 - Some fentanyl analogues require additional doses of naloxone



If naloxone is NOT working

- Reasons a person may not respond to naloxone:
 - The person is under the influence of a substance other than opioids
 - Administering naloxone will not harm them
- Benzodiazepines (a.k.a. “benzos” or “pams”)
 - Drugs used to treat anxiety and depression that have a sedating effect
 - Opioids are being laced and/or mixed with benzodiazepines
 - When someone experiences an opioid overdose and a benzodiazepine is involved, individuals may not regain consciousness after naloxone has been administered
 - **Remember:** Naloxone only works on opioids
 - More doses of naloxone should only be given if the person is not breathing
 - If the person is breathing normally but remains unconscious, the person responding should place them in the recovery position and stay with them until emergency services arrive



After an overdose

- When naloxone starts working the individual who overdosed may:
 - Wake up suddenly or slowly, and be confused
 - The person responding should take a step back
 - Experience mild to severe withdrawal symptoms
 - They may feel sick or be sweating
 - They may also throw up or soil themselves
 - The individual responding should explain that these symptoms will go away as the naloxone wears off (30-45 minutes)
 - Want to use more substances
 - The person responding should explain that taking more of the substance will be a waste as the naloxone will block any opioids from binding to the receptors on the brain. Taking more of the substance can also further increase the risk of overdosing again



After an overdose

- Caring for the individual
 - The person responding should provide emotional support and reassurance, and explain what has happened
 - If paramedics were not called, those at the scene should suggest a trip to the hospital for further observation
- Public and personal safety
 - If nasal spray naloxone was used, the applicator should be thrown into the garbage. If injectable naloxone was used, the needle/syringe and ampoule should be disposed of in a hard-sided puncture proof container like a biohazard container or a pop bottle
 - Individuals responding to the overdose should wash their hands with soap and water or use an alcohol-based hand sanitizer



3. Overdose prevention tips



Preventing opioid overdose

Four key principles for preventing opioid overdose you can share with clients include:

- Don't use alone
- Be aware of your tolerance
- Avoid mixing substances
- Know the quality of your substance(s)



Don't use alone

If an individual overdoses alone, no one will be able to help them.

Prevention:

- Fix with a friend
- Call someone to let them know you are about to use
- Set-up a call or text check-in
- Leave your door unlocked
- Use the overdose prevention line

**USING DRUGS ALONE CAN
INCREASE RISK OF FATAL
OVERDOSE.**

**The Overdose Prevention
Line can help.**
1-888-853-8542



24 hours a day, 7 days a week

Someone will stay on the phone with
you while you use and will call 9-1-1
only if you overdose.



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Be aware of your tolerance

A person's ability to withstand the effects of a substance

- Develops over time
- Can be affected by age, weight, health, stress and/or situation
- Can rapidly decrease when an individual has taken a break from using either street or prescription substances

Prevention:

- Use less substances
- Try a small dose of the substance to start (i.e., start slow)
- Use by snorting or swallowing instead of injecting



Avoid mixing substances

Many overdose deaths occur when multiple and different types of substances have been taken.

Prevention:

- Avoid mixing substances
 - Especially depressants like benzodiazepines, other opioids and alcohol
- Try to use only one substance at a time
- If you are mixing, use less of each substance



Know the quality of your substance(s)

The quality of substances is unpredictable. Illegal substances are unregulated; therefore, their purity and strength can be different with each batch, even from the same dealer.

Prevention:

- Know your dealer – Try to stick to the same source
 - Ask if they have a new supply
 - Ask others if they have tried a particular batch
- Does the substance look, smell or taste different?
- Access drug checking kits or services if you are able
- Try a small dose of the substance to start (i.e., start slow)



Additional tips to consider for preventing an opioid overdose

- Additional tips for preventing opioid overdose you can share with clients include:
 - Avoid taking unknown substances or switching substances, where possible
 - Use substances in a familiar setting
 - Pick-up or get naloxone replaced, as needed



4. Your agency's role



Ontario Naloxone Program (ONP)

- Ministry funded
- Provides naloxone free-of-charge to select individuals in Ontario
- Who can you distribute naloxone to under the Ontario Naloxone Program (ONP)?
 - Individuals at-risk of opioid overdose
 - Family members or friends of individuals at-risk of opioid overdose
- *At the end of the training, we will discuss where individuals who do not meet this criteria can get a naloxone kit*



What is your role under the Ontario Naloxone Program (ONP)?

- Ensure staff are trained in naloxone
- Ensure staff are comfortable and have the resources to train clients to use naloxone
 - **ONP agencies:** www.myhealthunit.ca/naloxonepartner
 - **General information:** www.myhealthunit.ca/naloxone
- Order naloxone, as needed
- Store naloxone in a safe place
- Provide quarterly reports to the Health Unit
- Attend Naloxone Community of Practice meetings, where possible



Ordering naloxone

- Naloxone orders can be submitted at: <https://forms.myhealthunit.ca/Naloxone-Ordering-Form/Naloxone-Ordering-Form>
- Your agency can order:
 - Nasal spray naloxone kits
 - Nasal spray naloxone refills (just the replacement medication)
 - Injectable naloxone kits
- Naloxone orders can be placed at any time and typically take 1-3 days to get ready
- When your order is ready for pick-up someone will connect with contact you
- Orders can be picked-up at the Health Unit
 - North Bay (345 Oak Street West)
 - Parry Sound (70 Joseph Street)



The screenshot shows the 'Naloxone Kits and Refills Ordering Form' interface. At the top left is the logo for the North Bay Parry Sound District Health Unit, with the text 'Bureau de santé du district de North Bay-Parry Sound'. To the right is a navigation menu with five items: 'Public Health Services', 'Health Topics', 'Health Professionals and Partners' (which is highlighted), 'Community Data and Reports', and 'About Us'. Below the navigation is the title 'Welcome - Naloxone Kits and Refills Ordering Form' and a sub-header 'Please complete the following form to order naloxone for your agency.' There is a text input field for the agency name, followed by a dropdown menu labeled 'What agency or emergency service are you ordering naloxone for? *'. At the bottom right is a blue 'Continue' button.

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How do I order naloxone?

This instructional video is for agencies and first responders in the North Bay Parry Sound District Health Unit region who have been on-boarded under the Ontario Naloxone Program (ONP).



Reporting naloxone distribution – Naloxone distributing agencies

- Naloxone reporting quarters:
 - Q1 – April to June
 - Q2 – July to September
 - Q3 – October to December
 - Q4 – January to March
- Ensure that each quarterly report only includes dates for the specified reporting period
- Enter all client and overdose-related information into the reporting form
- Complete the online overdose reporting form, if an overdose is reported, and there is time to do so
 - <https://forms.myhealthunit.ca/Reporting-Forms/Overdose-Reporting-Form>
- The Health Unit will send a reminder email about reporting at the end of the quarter/beginning of the next quarter

Health Unit
Bureau de santé

Please complete the following information each time your organization provides a client with a naloxone kit. Where possible, select an option from the drop-down list. Please submit this file electronically to Katharine D'Connell at the North Bay, Early Sound District Health Unit by January 8, April 9, July 6, and October 8. If you have any questions about this form or about the naloxone program, please contact Katharine D'Connell at harm.reduction@healthunit.ca or at 705-

Client Number	Example	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1. Date of Visit (DD/MM/YY)	29/06/20																								
2. Client Name	Melissa Williams																								
3. Gender	Male																								
4. Age	24																								
5. Client Residence	West Kelowna																								
6. Since your last visit, have you seen or experienced an opioid overdose? If "yes", complete questions 7-11. If "no" or "I don't know" skip to question 12.	No																								
7. For the overdose you saw or experienced how many cases of nasal spray naloxone were given?	2																								
8. For the overdose you saw or experienced how many cases of injectable naloxone were given?	0																								
9. Was 911 called for the overdose you saw and/or were involved in?	Yes																								
10. If the client said "yes" to seeing or experiencing an overdose, submit an online report. Click here and complete your report.	Completed a form																								
11. Was nasal spray naloxone training provided to the client by your agency?	Yes																								
12. Was injectable naloxone training provided to the client by your agency?	No																								
13. How many nasal spray naloxone kits were distributed to clients by your agency?	2																								
14. How many injectable naloxone kits were distributed to clients by your agency?	0																								



How do I complete naloxone reporting?

This instructional video is for agencies in the North Bay Parry Sound District Health Unit region who have been on-boarded under the Ontario Naloxone Program (ONP).



North Bay Parry Sound District
Health Unit



Bureau de santé
du district de North Bay-Parry Sound

5. Additional information



Naloxone window decal

- Available in English and French
- Similar to an AED window decal
- Creates awareness of where naloxone can be found/located
- Reduces stigma
 - Creates a welcoming environment
- **Future:** Map all locations that have naloxone on-site



Developing a workplace policy and guidelines

- General information on naloxone
- Training requirements and materials
- Personnel permitted to be trained and/or respond to an overdose (incl. roles and responsibilities)
- How to respond to an overdose
- Reporting an incident
 - Internal
 - External
- Debriefing and self-care
- Storage of naloxone on-site
- Where to pick-up additional naloxone



We can support you with this!

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Where to get a naloxone kit for individual or workplace use

Find free naloxone kit locations:

www.ontario.ca/page/get-naloxone-kits-free

Call **1-866-532-3161** Monday to Friday 8:30 a.m. to 5 p.m.

Home > Health and wellness > Addiction and mental health > Opioids

Where to get a free naloxone kit


Check our map of locations where you can get naloxone kits and training on how to use them.

This page is not for emergencies. If you are with someone who has overdosed, call 911 immediately.

Search the map to find the closest pharmacy* or community organization where you can pick up a naloxone kit.

*Not all pharmacies carry naloxone kits. Call ahead to check if your pharmacy has naloxone kits in stock. You can also ask the pharmacist any questions you might have.

Enter a city, address or complete postal code:



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Remember....

- Store naloxone at room temperature and away from light
- Check the expiry date on your naloxone regularly
- Contact the Health Unit if your agency would like assistance developing a naloxone policy/guidelines or if you would like to obtain a naloxone window decal
- Remind clients to carry their naloxone kit with them at all times
 - Encourage clients to let others know where they store naloxone
- Encourage other people to carry naloxone
 - **Naloxone Locator:** www.ontario.ca/page/get-naloxone-kits-free
 - **Call:** 1-866-532-3161 – Monday to Friday 8:30 a.m. to 5 p.m.
- Encourage clients to report naloxone use and get their naloxone kit replaced
- Provide support if a client has been involved in an overdose



Questions?

Katharine O'Connell

Community Health Promoter
North Bay Parry Sound District Health Unit
– North Bay
705-474-1400 ext. 5322
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Samantha Docherty

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References available upon request.

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