

# Mass Casualty Secondary to Opioids: Overdose Planning Events

How are we as a system and community going to respond to?  
toxicological emergencies?

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# What can we do? We can Prepare

## OBJECTIVES:

- Discuss and determine the roles and responsibilities including the lead agency in preparing for, responding to, and recovering from a mass casualty event secondary to illicit opioids
- Discuss and determine the priority actions required during a mass casualty event secondary to illicit opioids
- Discuss and determine the resources, communication structures, and training needed to respond to an event

Figure 1: Trends in Opioid-Related Deaths by Year and Age Groups in Ontario, 1991 to 2015

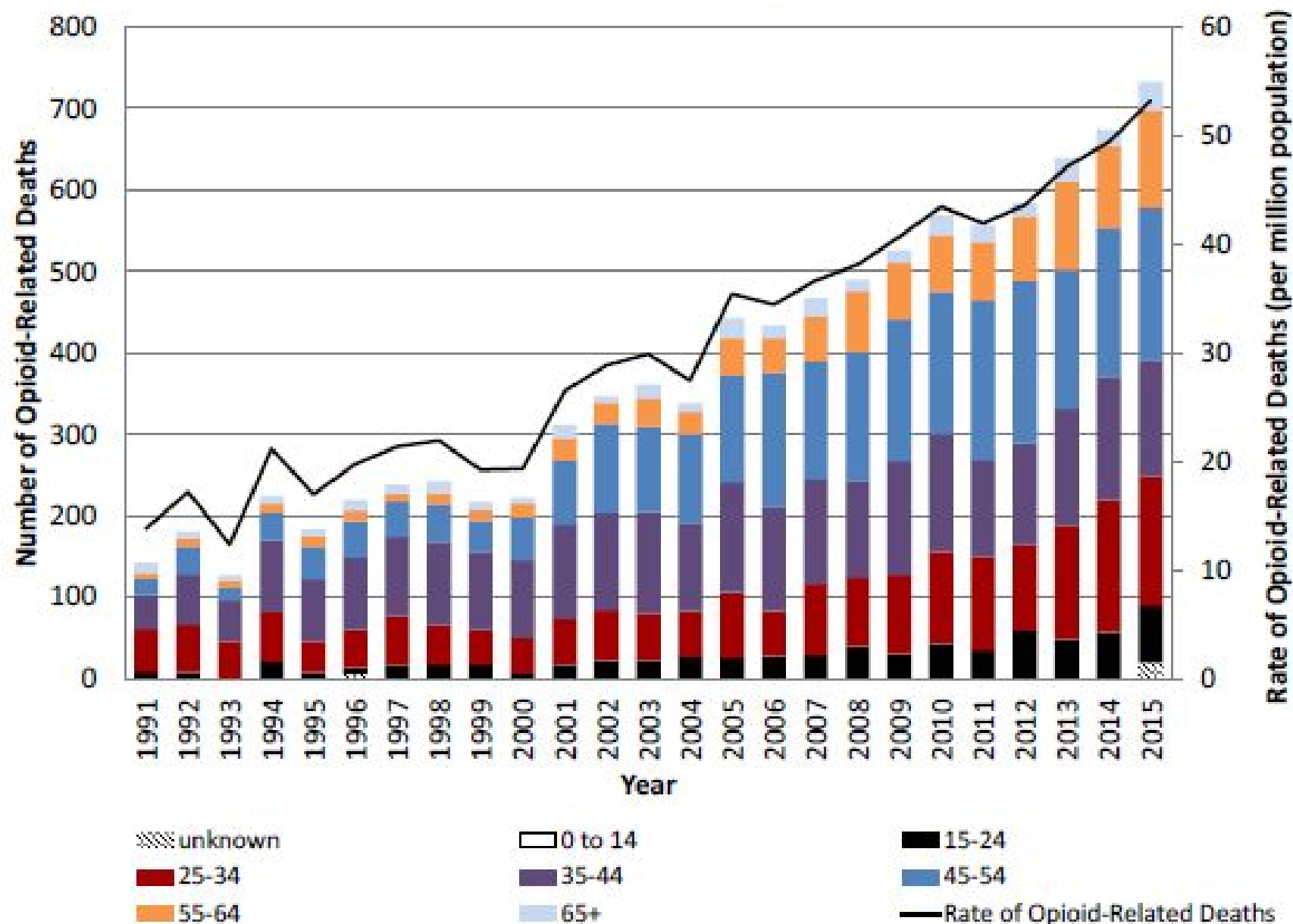
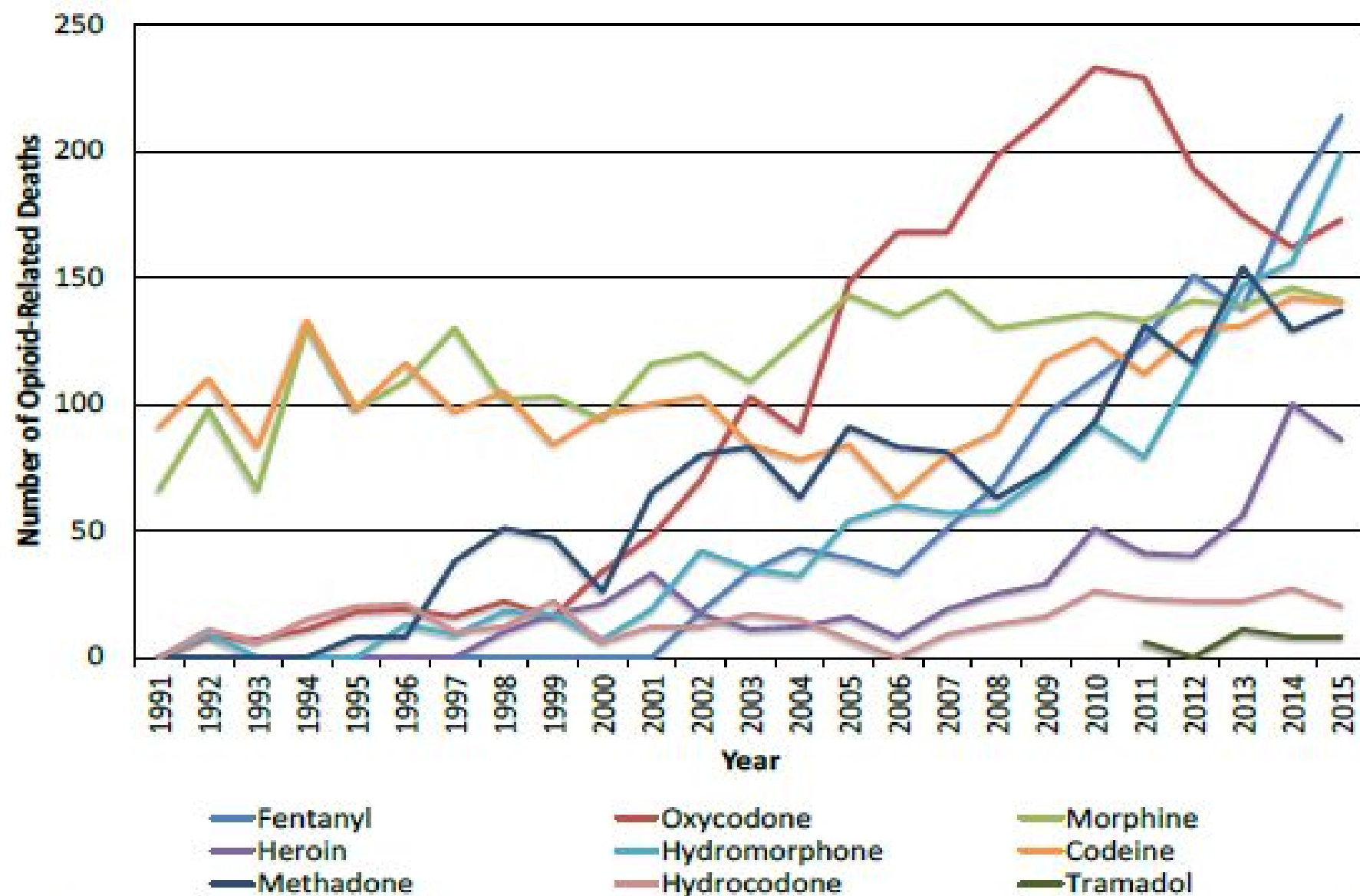


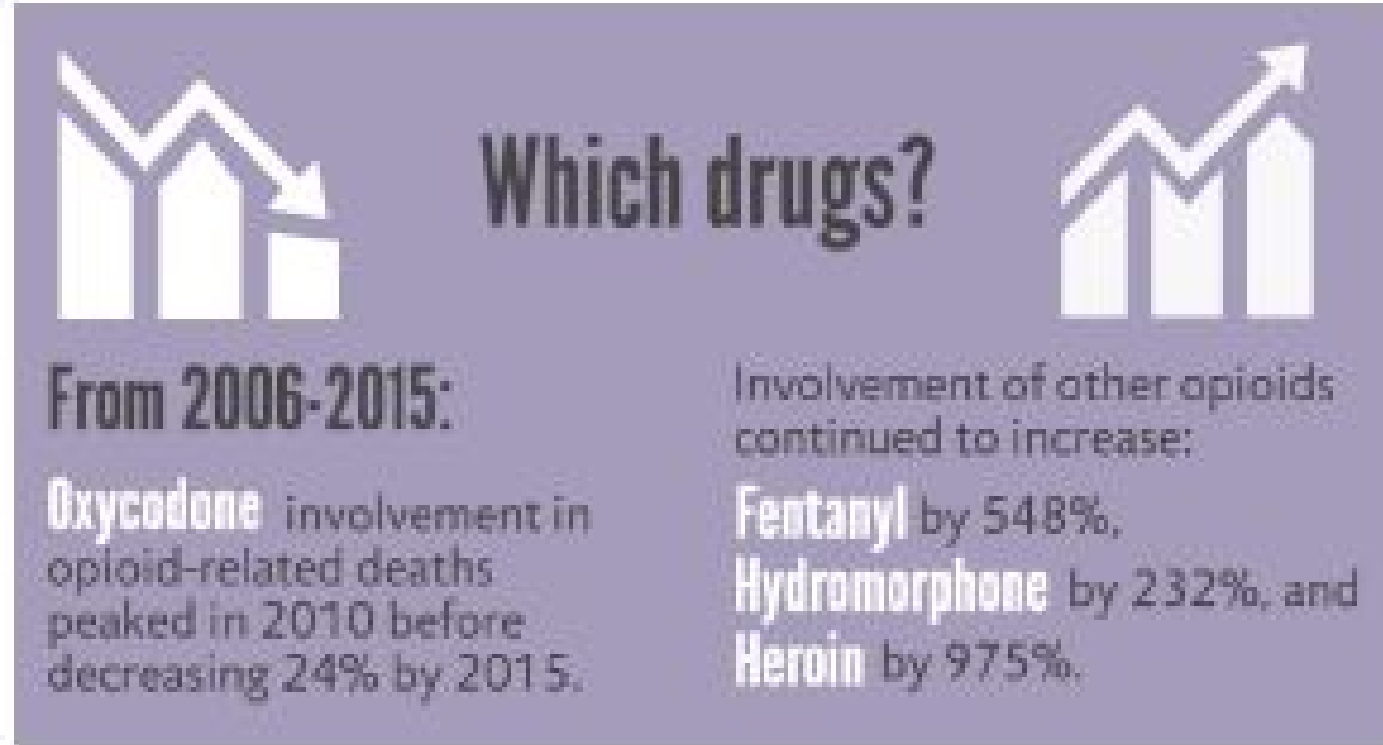
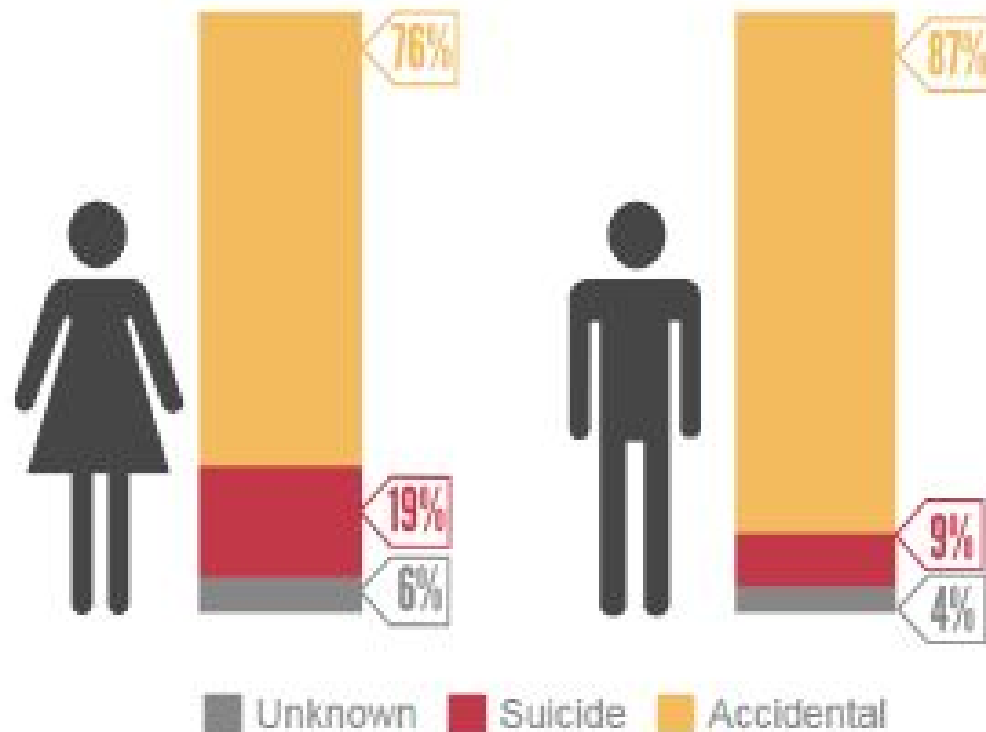
Figure 2: Trend in Opioid-Related Deaths in Ontario by Type of Opioid Involved, 1991 to 2015



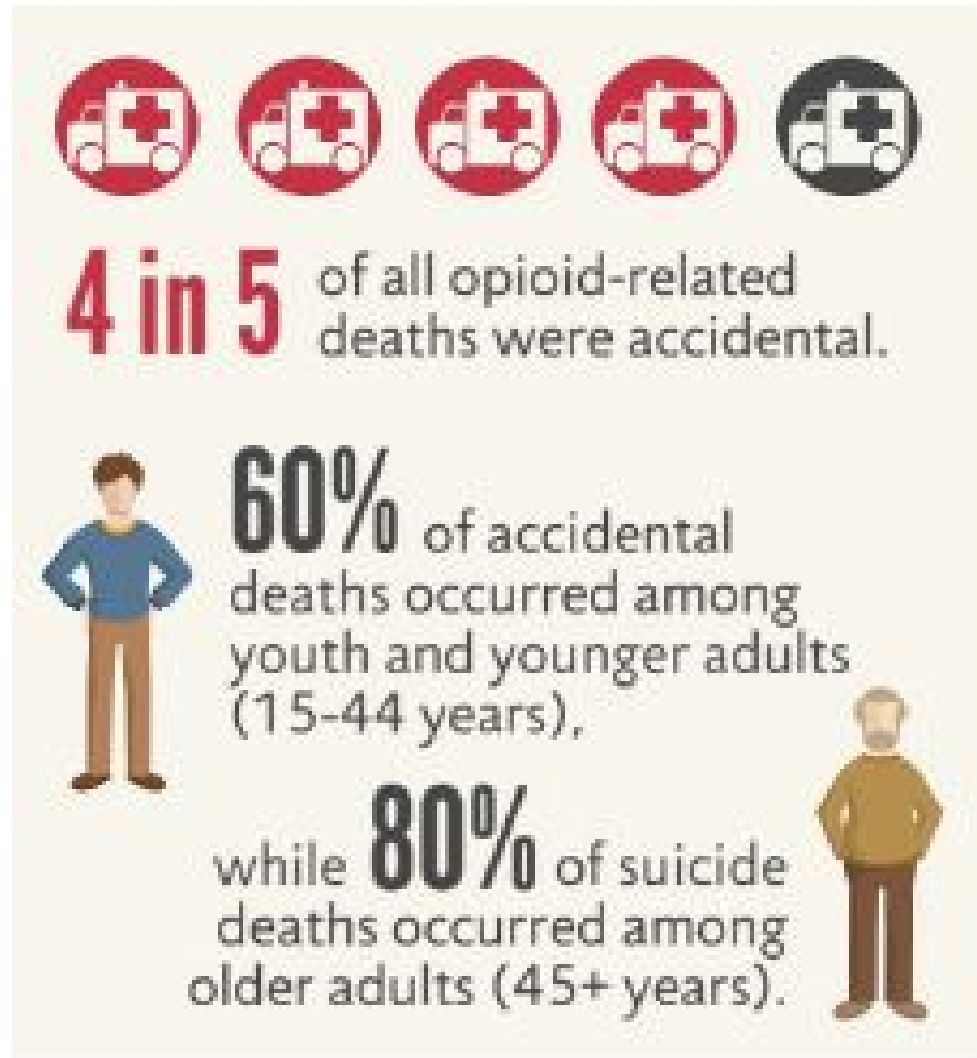
Note: 20 deaths from 2015 where details on specific opioid involvement was unavailable are not reported in this figure.

# ODPRN April 2017 Report

Figure 4: Percentage of Deaths by Manner among Men and Women in 2015



# ODPRN REPORT APRIL 2017



## Context

Many communities across North America are experiencing a public health emergency related to increases in drug related overdose deaths especially associated with opioids such as fentanyl. There are reports of multiple drugs being contaminated with fentanyl and analogues with significant morbidity and mortality in Ontario.

Recently, there are case reports of mass opioid overdose events in North America.

# The Workshop-Multi Disciplinary

- Brief introduction
- Orientation to Opioids and Illicit Fentanyl, Naloxone
- Three table top exercises-urban , rural, system wide
- Summary and Conclusion
- Write up a draft response plan for review and feedback
- Final report



# Overdose cases spike in Louisville: 52 calls in 32 hours

By Ralph Ellis and Keith Allen, CNN

🕒 Updated 6:12 AM ET, Mon February 13, 2017



# 14 fatal overdoses in Cuyahoga County over the weekend

BY: [Tara Molina](#), [Tracy Carloss](#), News 5 Staff

POSTED: 11:36 AM, Feb 5, 2017

UPDATED: 9:48 PM, Feb 6, 2017

# ‘This is unprecedented’: 174 heroin overdoses in 6 days in Cincinnati

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By **Katie Mettler** August 29, 2016 

The original numbers were startling enough — 30 heroin overdoses across Cincinnati in a single weekend.

Then they just kept climbing.

Seventy-eight more overdoses and at least three deaths were reported during a 48-hour period Tuesday and Wednesday.

And at the end of last week, after a six-day stretch of emergency-room visits that exhausted first responders and their medical supplies, the overdose tally soared to a number health officials are calling “unprecedented”: 174.



## Fentanyl suspected in sudden spike in Vancouver overdoses

Vancouver — The Canadian Press

Published Monday, Aug. 10, 2015 1:14PM EDT

Last updated Tuesday, Apr. 05, 2016 2:35PM EDT

A total of 16 drug overdoses, including six in a single hour, have been reported in Vancouver and fentanyl is the suspected culprit.

Police in the city say they handled six overdoses between 7:30 and 8:30 p.m. Sunday.

In a release, Sgt. Randy Fincham says local service providers advised police of a further 10 overdoses handled the same day, but no fatalities are reported.

## Surrey health officials warn public after 36 drug overdoses in one weekend



**JOHN COLEBOURN**

[More from John Colebourn](#)







1°

A few clouds



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## NEWS LOCAL

# Fentanyl 'definitely' in Kingston: physician



By [Steph Crosier](#), Kingston Whig-Standard  
Sunday, August 23, 2015 5:36:33 EDT PM



**FREE**  
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**PROPOSAL**  
**GUIDE**



# New stats on HIV and Hepatitis C among drug users backs calls for safe injection sites in city

By [Jonathan Sher](#), [Patrick Maloney](#), The London Free Press  
Tuesday, June 14, 2016 9:17:05 EDT PM





# Ottawa police probing two teen overdose deaths

SHAAMINI YOGARETNAM

FIRST POSTED: TUESDAY, FEBRUARY 21, 2017 07:11 PM EST | UPDATED: TUESDAY, FEBRUARY 21, 2017 07:15 PM EST



**Chloe Kotval, 14, a Grade 9 student at All Saints High School died on Tuesday. Family photo**

Ottawa police are currently investigating two fatal drug overdoses by teenagers in the west end.

District criminal investigation units probe all sudden deaths in the city, except homicides. West district, which investigates these deaths in Kanata, is currently reviewing two caused by overdoses — that of 14-year-old Chloe Kotval, whose death has sent shockwaves throughout her school community and prompted a city-wide discussion on teen opioid use, and that of an 18-year-old woman.

Staff Sgt. Sean Barrett said west district works closely with the coroner to determine cause of death and, if there is no criminal activity involved, no charges will be laid.

**SUN+** Article

**f Recommend** 37

The Ottawa police drug unit, which investigates drug trafficking and distribution, is also trying to determine where the drugs that Kotval used came from.



# Officials warn of rising deaths in Ottawa from counterfeit drugs

BY BRUCE DEACHMAN

FIRST POSTED: FRIDAY, FEBRUARY 17, 2017 05:31 PM EST | UPDATED: FRIDAY, FEBRUARY 17, 2017 05:35 PM EST



**Ottawa police and Ontario provincial police have arrested 12 people in an alleged drug distribution network.**

The arrests on Thursday of a dozen people in Ottawa believed to be involved in the trafficking of illicit opioids, coupled with the spike in recent years of drug overdose deaths in this city, underscores the need for greater public awareness, says Ottawa Public Health's manager of clinical programs.

"We follow what's happening across Canada — in Vancouver and Alberta — where they're seeing large increases in people dying from opioid overdoses," said Andrew Hendriks.

In Ottawa in 2015, there were 48 deaths from unintentional drug overdoses, a jump of 32 per cent over the previous year (the rest of Ontario saw just a six per cent increase in the same period). Of the 48 Ottawa deaths, 29 were the result of opioid use, of which 14 were

# This is a clear risk to our communities-Probable and High Impact

## Mission

To provide a coordinated response to a mass opioid overdose event in our local community.

To minimize opioid overdose mortality and morbidity.

# Why are we here? Ontario Narcotics Atlas

## Opioid use in Ontario, 2014/15

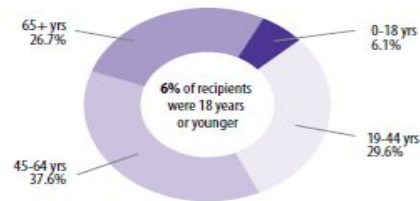
Opioids are monitored drugs that are most often used to relieve pain; use and misuse of opioids is a significant health and policy issue in Ontario.

The Narcotics Monitoring System collects dispensing data on monitored drugs from outpatient pharmacies across Ontario.



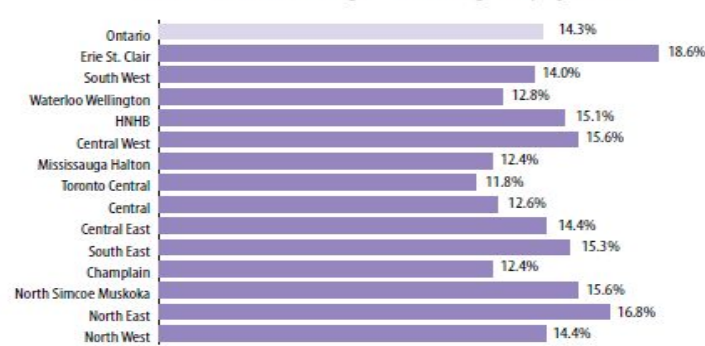
55% of recipients were female

41% of recipients had a mental health condition

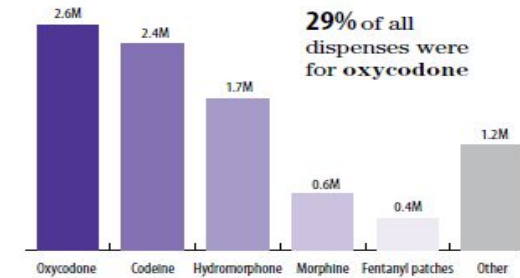


**1.96 million** Ontarians were dispensed an opioid **Totaling 9 million** dispenses  
[56% had a **single** dispense]

Percent of Ontarians dispensed an opioid, by LHIN



Nearly **2 out of every 1,000** Ontarians visited the **emergency department** within 7 days of being dispensed an opioid



The top prescribers of opioids were



**Family physicians – 38%**  
[mainly codeine, oxycodone, and hydromorphone]

and **Dentists – 17%**  
[mainly codeine]



Treatment for addiction to prescription or illegal opioids may include **methadone maintenance treatment (MMT)** or **Suboxone**

**4%**

2013/14 to 2014/15

**42,000** Ontarians were dispensed MMT  
[11.4 million dispenses]

**29%**

2013/14 to 2014/15

**11,000** Ontarians were dispensed Suboxone  
[almost 1 million dispenses]

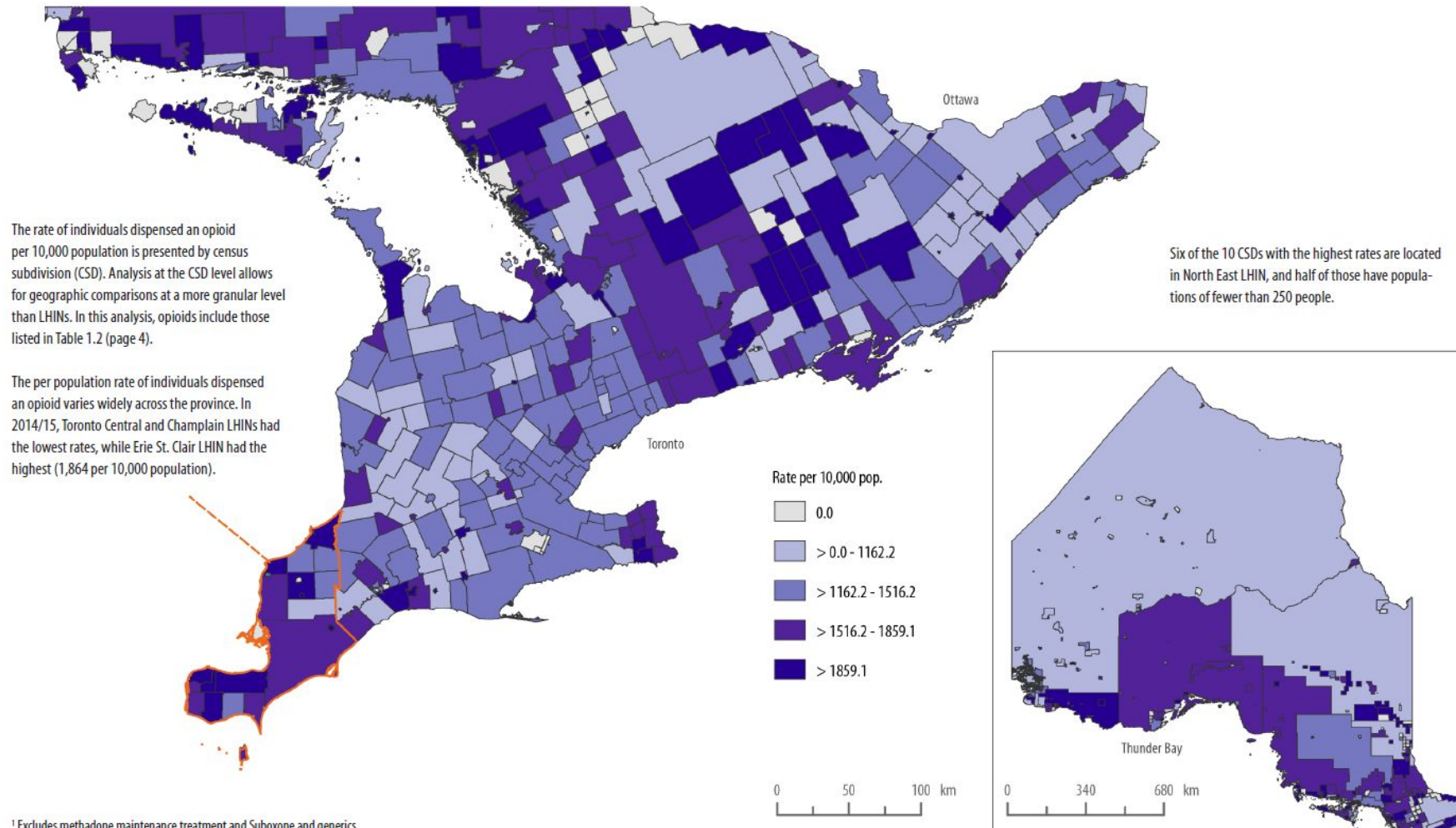
**45%** of recipients of MMT or Suboxone were **males under 45**

MMT and Suboxone were mainly prescribed by **family physicians and psychiatrists**



# Ontario Opioid Atlas, 2016

Figure 1.7: Rate of individuals dispensed an opioid<sup>1</sup> per 10,000 population, by CSD, FY 2014/15



<sup>1</sup> Excludes methadone maintenance treatment and Suboxone and generics.

Data source: Narcotics Monitoring System (NMS), MOHLTC, 2014/15.

# Deflating the Addiction Balloon-SLOWLY To AVOID Unintended Negative Consequences



**Figure 6. The Four-Pillar Approach to Drug Problems**



We do have a risk in our communities



# What can we do? We can Prepare

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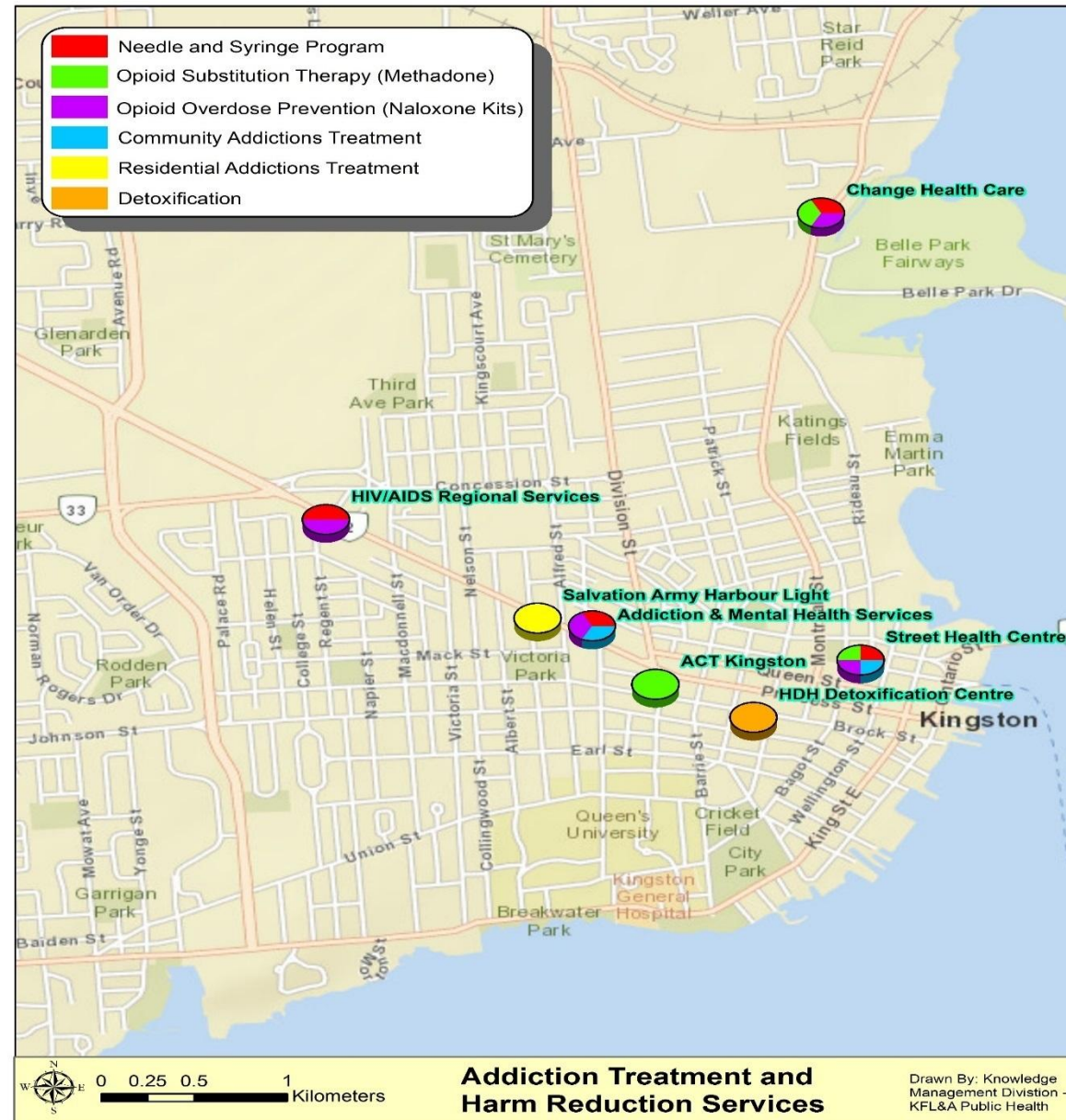


# Format

- Table-top exercise with three scenarios.
- Each scenario has a series of inputs to describe the evolution of events.
- For each input, participants will answer the following questions:
  - What are the key response actions to be taken?
  - Whose role or responsibility are those actions?
  - What resources or services are required to respond?
- Questions may be posed by moderators to stimulate discussion.
- Scenario one: seating by response sector
- Scenario two and three: seating is multi-sector by region

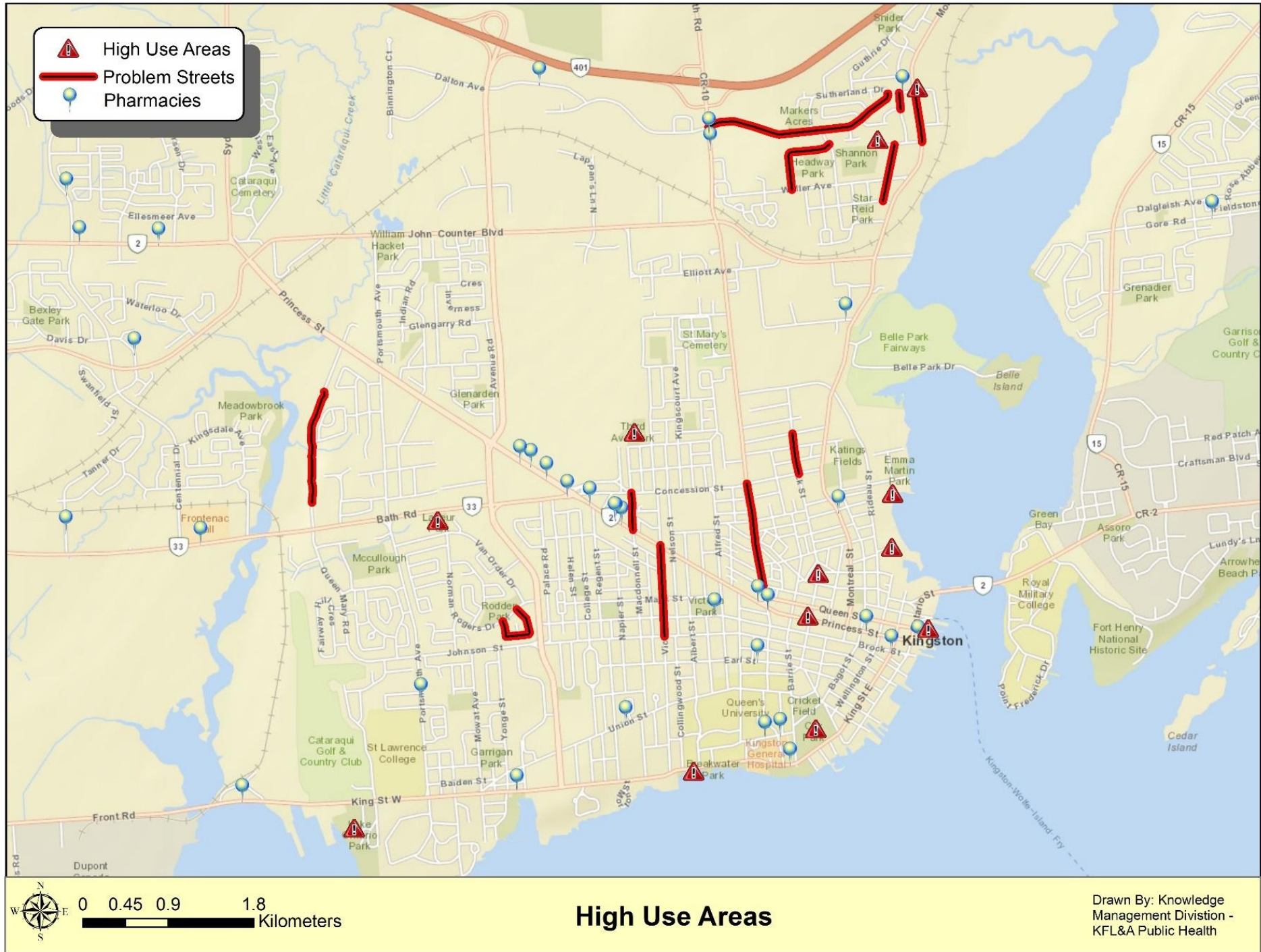
# Ground Rules

- Play your role in each scenario
- Play within the details set out by the prompts
- Stay within your own discussion group for each scenario
- Be open to discussion in a low risk, low consequence environment
- Elect a note taker at each table to document the discussion at the table and any consensus decisions made
- Fill out the question sheets provided for each prompt
- Elect a speaker at each table to speak on behalf of the group
- Fill out debrief sheet at the end of each scenario









**“High-use”** refers to areas/streets where used drug equipment is frequently found - that is, equipment that has been left behind in the community and not disposed of in a safe manner.

**Caveats:** some areas display high variability over the years and seasons (e.g. used drug equipment found depends on one or two people living in the area – the problem goes away when they move); in some low socioeconomic areas drug equipment in general is easily found throughout the area.

# Scenario 3: Regional

February 27<sup>th</sup>, 2017  
15:00h

- Paramedic services within HPE, KFLA, and LGL regions are experiencing an increased service demand for suspected overdoses.

# February 27<sup>th</sup>, 2017

## 17:00h

- Surveillance data show increased number of emergency department presentations with suspected opioid overdoses across all hospitals in the HPE, KFLA, and LGL regions.
- There are 27 opioid overdose presentations to emergency rooms in the past 8 hours split across the 3 regions.
- Baseline regional data shows that hospitals in HPE, KFLA, and LGL combined receive less than 20 suspected opioid overdoses a month



February 28<sup>th</sup>, 2017  
12:00h

- Additional 35 patients with suspected opioid overdoses have presented to various hospitals in the past 18 hours.
- Paramedic duty supervisors are being notified by CACC of code red status (no paramedic services available for response) multiple times per day.

# March 1<sup>st</sup>, 2017

## 12:00h

- 43 more suspected opioid overdoses have presented to emergency rooms across the regions in the past 24 hours.
- Increasing CACC code red (no paramedic available for response) for all regions.
- Fire services have been responding to multiple tiered response calls for unconscious patients.
- Naloxone up to 2.4mg IV [0.4mg/vial] are needed for some cases.

March 1<sup>st</sup>, 2017  
14:00h

- An investigation of the 105 suspected opioid overdose cases reveals that the majority of individuals were using heroin.
- Rumours from community partners reveal their clients have heard some form of “strong fentanyl” is circulating around.

**March 2<sup>nd</sup> 2017**

**12:00h**

- 30 more suspected opioid overdose cases are seen in hospitals across the 3 regions.
- Local harm reduction programs are noting an increase demand for naloxone kits

**March 3<sup>rd</sup>, 2017**

**12:00h**

- Another 25 suspected opioid overdose cases are seen across the 3 regions.

**March 4<sup>th</sup>, 2017**

**12:00h**

- 14 more suspected opioid overdoses cases are seen across the 3 regions.

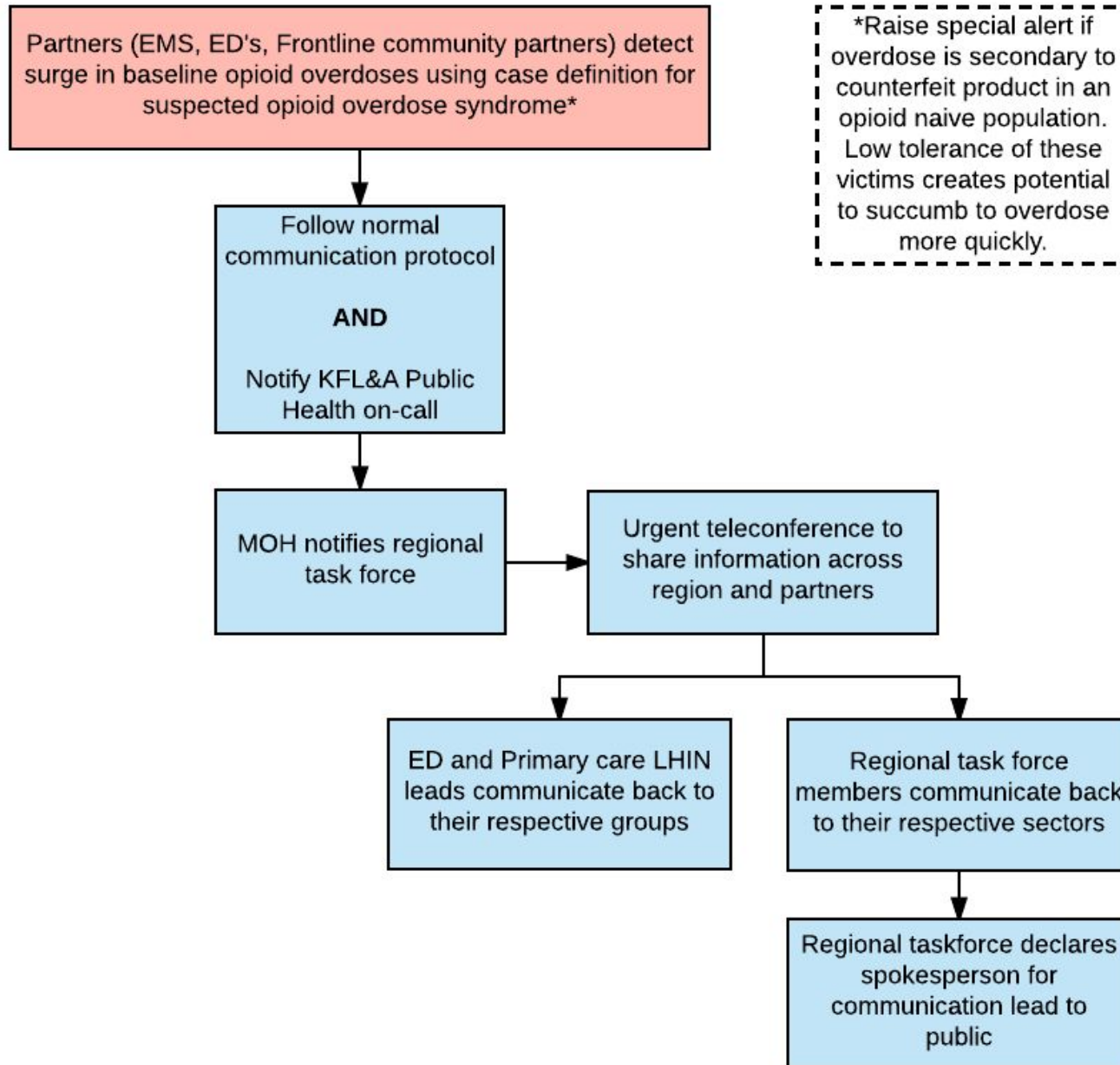
**March 5<sup>th</sup>-12<sup>th</sup>, 2017**

- Numbers of suspected opioid overdoses are back at baseline numbers

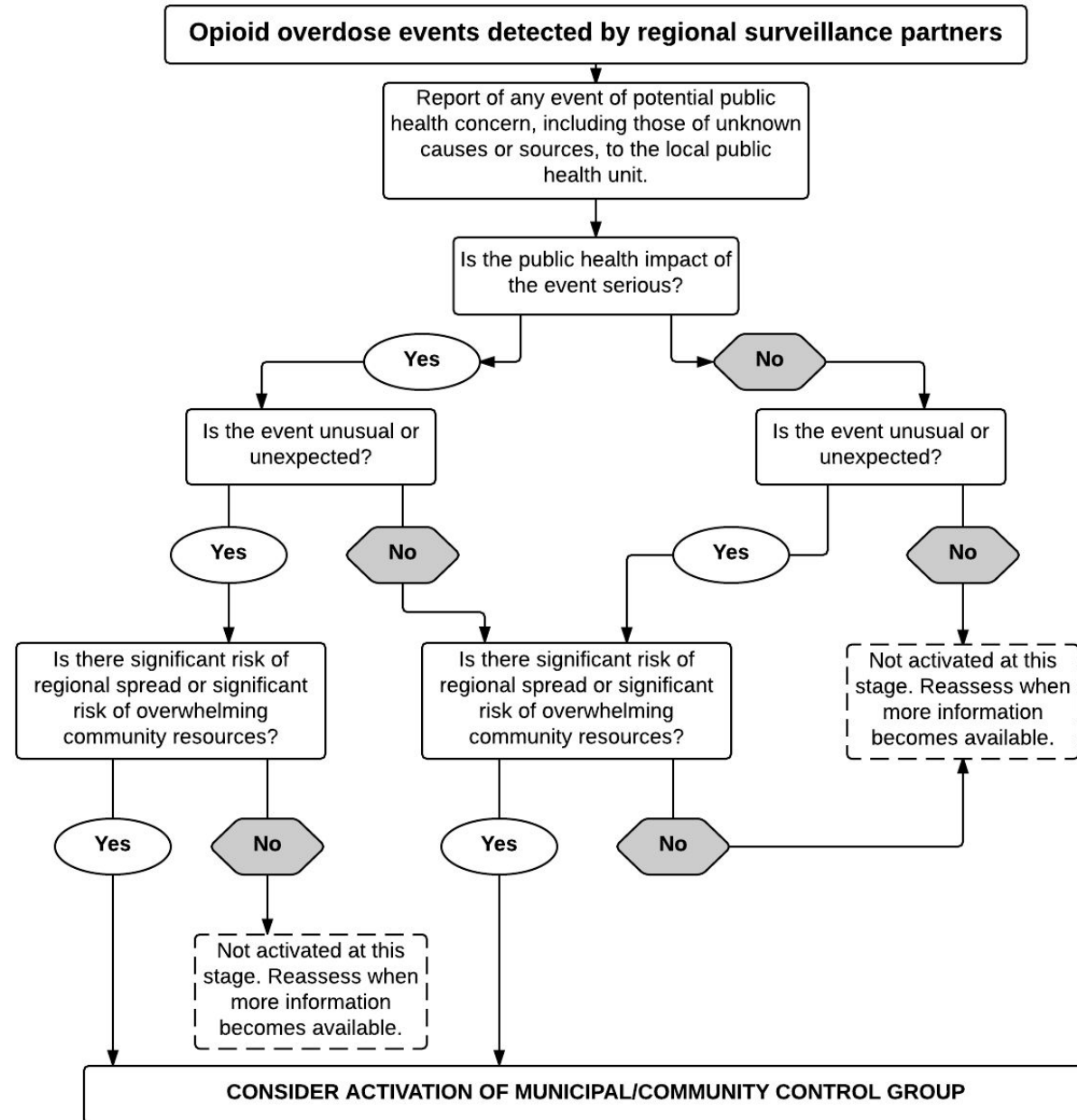
# Opioid Overdose Surge Response

# Health System Notification

## Surge in Baseline Overdoses

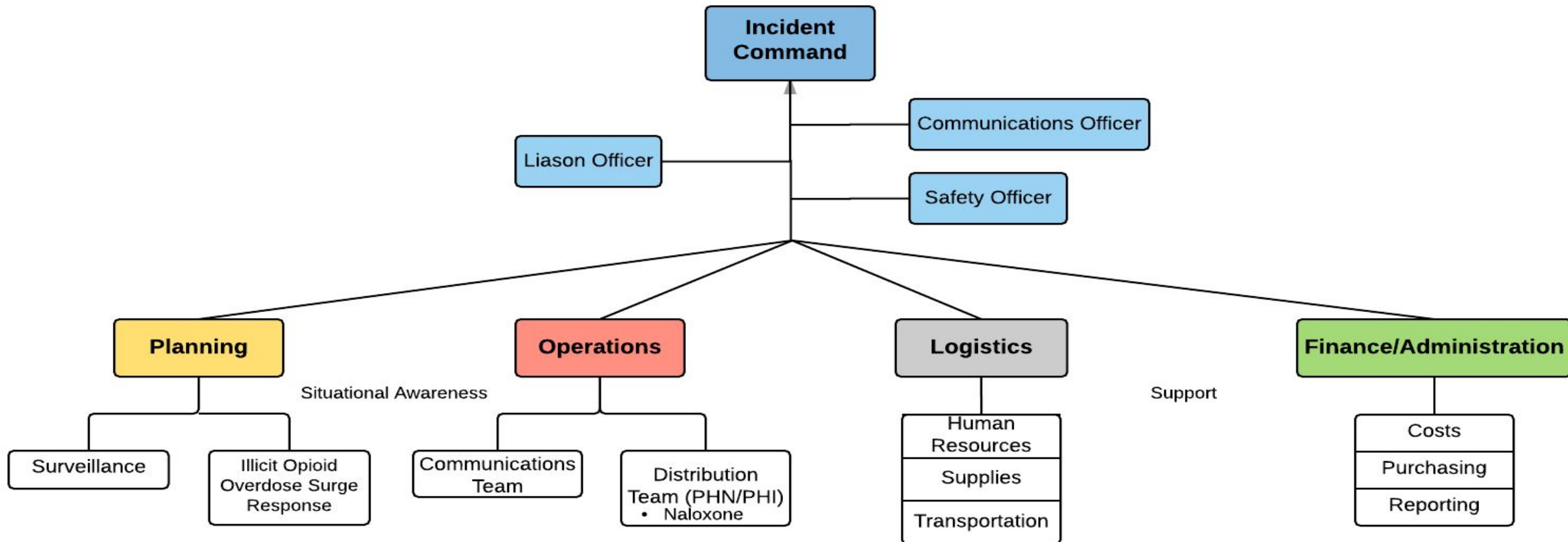


# DECISION INSTRUMENT TO ACTIVATE IMS FOR A MASS OPIOID OVERDOSE EMERGENCY



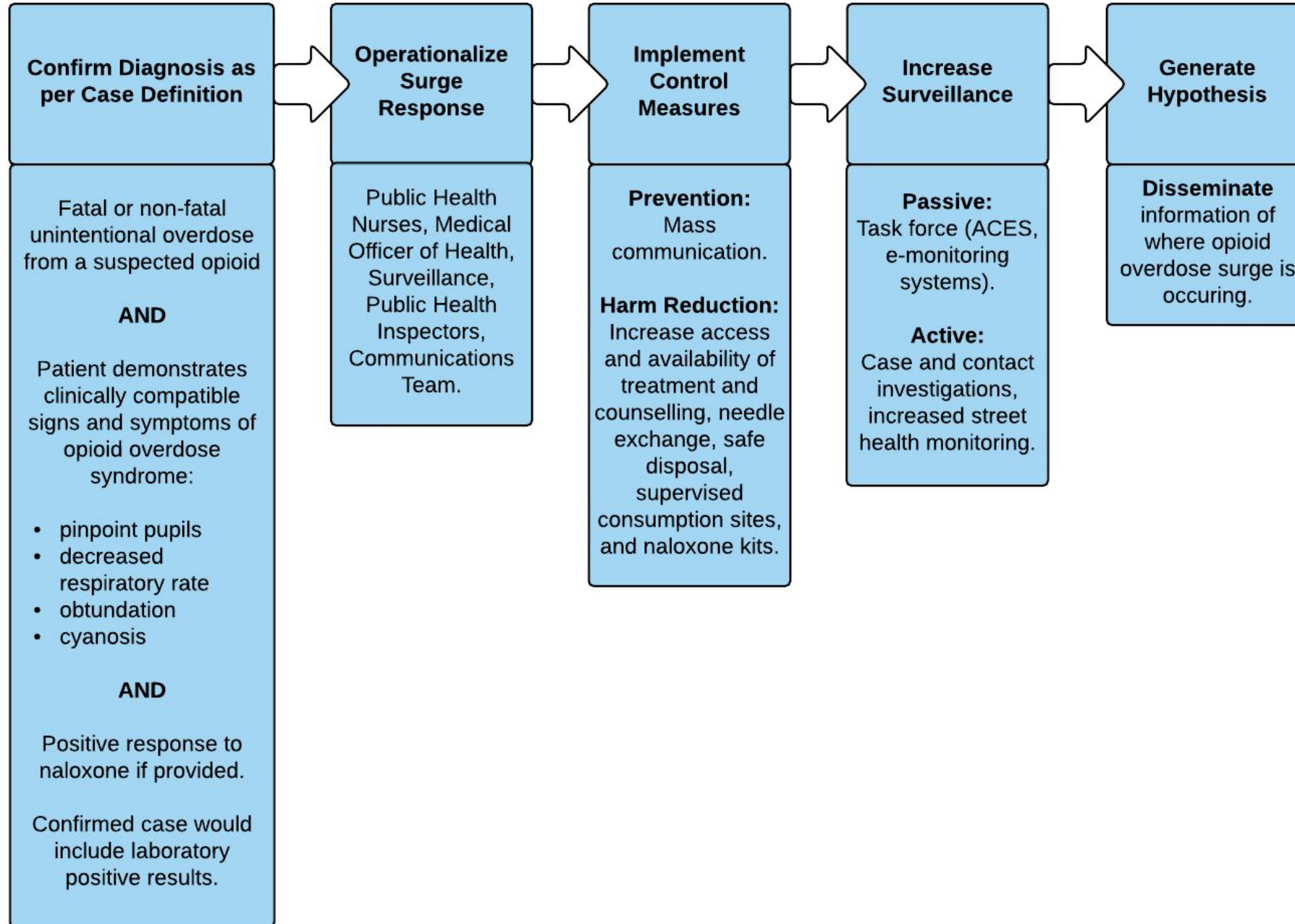
# Public Health

## Incident Management Team

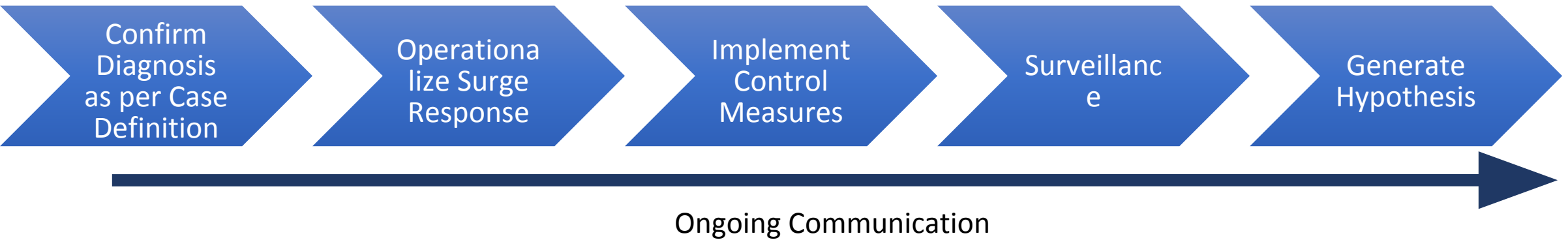




# Opioid Overdose Surge Response



## Incident Management Framework



# ED OPIOID OVERDOSE SURGE RESPONSE

Please consider the use of this opioid overdose surge response process using the following case definition for opioid overdose syndrome:

Unintentional overdose from a suspected opioid or contaminated/counterfeit substance

**AND**

Patient demonstrates clinically compatible signs and symptoms of opioid overdose syndrome:

- pinpoint pupils
- decreased respiratory rate
- obtundation
- cyanosis

**AND**

Positive response to naloxone if provided.



In the event of an increase in suspected opioid overdose syndrome from baseline involving a serious unexpected rise in morbidity or mortality **AND** a risk of regional spread or overwhelming of community resources, please contact the KFL&A MOH office on-call.

**KFL&A MOH ON-CALL: 613-549-1232**

# What can we do? We can Prepare

[kmoore@kflapublichealth.ca](mailto:kmoore@kflapublichealth.ca)

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