

CENTRAL YORK FIRE SERVICES.

March 15, 2017

CENTRAL YORK FIRE SERVICES (INFORMATION) REPORT 2017-02

To: Joint Council Committee

Origin: Central York Fire Services – Fire Chief Ian Laing

Subject: Naloxone Protocol

COMMENTS

In response to the impending situation regarding the influx of new illicit drugs, Central York Fire Services is undertaking a proactive step to train and equip our staff with a potentially life saving tool. The potency of these new drugs outlines the dangers to those who use them as well as those that respond to emergency medical incidents.

Dr. Young, the CYFS Medical Director is working with staff to coordinate a program to ensure our staff are aware of the signs and symptoms that could be encountered at medical incidents involving drug overdose. Our Medical Director has already put this protocol in place for the City of Barrie police and fire services.

This report is for information purposes only;

BACKGROUND

In the last year, Canada has seen a marked increase in drug overdoses related to the use of Fentanyl and Carfentanil. Although local emergency services have increased their level of protection when responding to possible drug overdoses, there still is a significant threat for first responders to be exposed and develop adverse effects.

Fentanyl is a powerful synthetic opioid used for the treatment of acute and chronic pain. Fentanyl is approximately 100 times stronger than morphine. Recently, even more potent forms of fentanyl have been illicitly produced and abused in Canada. Fentanyl is now being found in heroin, MDMA (Ecstasy) drugs, and illicitly

produced oxycodone. Fentanyl and its analogues can come in solid, liquid or powder and are often mixed with other street drugs.

Carfentanil was previously used exclusively for veterinary use with large animals and is not approved for use in humans. Carfentanil and other analogues have been discovered in Ontario. It is approximately 100 times more potent than fentanyl and 10,000 times more potent than morphine. There has been an increase in unintentional fentanyl and carfentanil related overdose fatalities mostly due to the potency of the drug and its unpredictable concentration/distribution within the final product such as a tablet or powder.

Even with proper Personal Protective Equipment available, the presence of fentanyl/carfentanil poses a significant threat to first responders and law enforcement personnel who may come in contact with it. In the last three years, there have been occurrences of first responders being accidentally exposed to fentanyl and requiring treatment with naloxone. The most common methods of exposure are inhalation and absorption.

The drug often produces an airborne dust, which increases the chance of first responder contamination. Carfentanil causes negative effects on humans at a dose of 1 microgram, the size of one grain of salt.

In response to the Fentanyl/Carfentanil crisis, Health Canada has delisted Noloxone, making it readily available over the counter without prescription.

Every RCMP officer and other police services have been issued their own dose of antidote to carry. A number of fire services in York Region are in the process of obtaining Naloxone for the protection of their first responders should they be accidentally exposed while attending a medical incident. Naloxone is available as a nasal spray which is the safest manner to administer the antidote to our staff.

Treatment

Naloxone is the most effective way to quickly reverse the effects of opioids.

Paramedic Services carry Naloxone for the treatment of individuals that have suffered an overdose of these new drugs. Once the patient has been treated on the scene and transported to hospital there is still a risk to the other emergency responders that remain on scene. As our staff prepare to clear the incident there is a chance to be accidentally exposed to the residue of these drugs. Proper treatment requires the immediate administration of the antidote to protect our staff from the effects of these drugs. Other jurisdictions advise that symptoms on affected first responders typically appear after paramedics have left the scene, which may contribute to unnecessary delays in the administration of the antidote.

CYFS Position

CYFS will be purchasing Noloxone nasal spray and carrying it on all vehicles that respond to medical emergencies for the primary purpose of keeping our staff safe from the effects of accidental exposure to fentanyl or carfentanil.

The primary intention is to have Noloxone available should a firefighter be exposed and suffer adverse effects. We consider this course of action to be in-line with the Occupational Health & Safety Acts which requires employers to take every reasonable precaution for the protection of the worker.

BUDGET IMPACT

The cost of the training by the Medical Director and the antidote will be covered in the approved operating budget. For information purposes, each apparatus will carry a box containing two doses of the antidote at a cost of \$125. The total cost of \$750 will ensure all front run vehicles have access to this antidote.

IMPACT ON THE MASTER FIRE PLAN

There is no impact to the CYFS Master Fire Plan.

CONTACT

For further information or questions regarding this report, please contact;

tan Laing, Fire Chief Central York Fire Services