



City of Richmond

Report to Committee

To: Community Safety Committee

Date: January 29, 2016

From: Tim Wilkinson
Acting Fire Chief

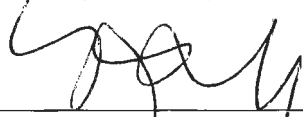

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Re: Naloxone Protocols

Staff Recommendation

That Council request BC Emergency Health Services (BCEHS) approve the addition of Naloxone protocols to Richmond's Medical First Responder Program.

Tim Wilkinson
Acting Fire Chief
(604-303-2701)

REPORT CONCURRENCE	
CONCURRENCE OF GENERAL MANAGER 	
REVIEWED BY STAFF REPORT / AGENDA REVIEW SUBCOMMITTEE	INITIALS: DW
APPROVED BY CAO 	

Staff Report

Origin

This report supports Council's 2014-2018 Term Goal #1 A Safe Community:

Maintain emphasis on community safety to ensure Richmond continues to be a safe community.

- 1.1. Policy and service models that reflect Richmond-specific needs.*
- 1.2. Program and service enhancements that improve community safety services in the City.*
- 1.3. Improved perception of Richmond as a safe community.*
- 1.4. Effective interagency relationships and partnerships.*

Background

Drug overdoses stemming from opioid drugs have been a significant issue in the Province of British Columbia in past years. More recently, Fentanyl (a synthetic opioid drug) overdose cases across the country have increased at an alarming rate. In 2015, 3,000 overdoses and approximately 400 deaths were reported in British Columbia due to opioid drug usage. Ninety percent of the province's overdoses are in Surrey and Vancouver combined, with no deaths attributed to Fentanyl overdoses in Richmond between 2012 and 2015. In recognition of this public health crisis, Health Canada has proposed changes to the prescription status of Naloxone (a drug that temporarily reverses opioid drug overdoses) to make the drug more widely available to address the growing number of opioid overdoses, this includes proposed changes specifically for emergency use of Naloxone for opioid overdose outside of hospital settings.

Drug overdoses can be reversed through the early administration of Naloxone or Narcan. The BC Centre for Disease Control (BCCDC) and many hospitals in BC introduced the "Take Home Naloxone" program in 2012. The program provides Naloxone kits to individuals as a harm reduction measure and to save lives. In BC over 5,000 lay people have been trained by the BCCDC and those individuals were able to reverse 370 overdoses. While this is an excellent program more help is required.

Analysis

On January 28, 2016, Health Minister Terry Lake introduced a new program that is the result of collaboration between the Ministry of Health, Provincial Health Services Authority (PHSA), BC Emergency Health Services (BCEHS), BC Centre for Disease Control (BCCDC), Fraser Health and municipal authorities to respond to the rising number of drug overdose cases in B.C. Through this work, the emergency medical assistants' regulation was amended to permit licensed fire rescue first responders to administer naloxone.

The program is patient centric and intended to have the closest resource available administer lifesaving drugs at earliest possible moment. When someone overdoses on opioids, including heroin, oxycodone, fentanyl and methadone, their breathing can either slow down or stop

completely and can eventually lead to severe brain damage or death. The ministerial order will allow first responders, who often arrive before the ambulance, to administer Naloxone or Narcan. When Naloxone is administered to a person who has overdosed quickly enough, through an injection in the arm, thigh or buttocks, it can reverse the effects. Within about five minutes after a dose, the person should begin to breathe more normally and it will become easier to wake them.

The initial rollout of the program will likely be in the cities that are most impacted and implemented through their fire departments. This initiative can be replicated with appropriate medical oversight and training by BCEHS. Any municipalities who would like to participate with their fire services administering Naloxone can join the program after signing an agreement with BCEHS, which provides clinical and quality oversight of the program. Firefighters must take special BCEHS training to administer the medication, as well as provide BCEHS and BCCDC with Ministry of Health BC Emergency Health Services Provincial Health patient care information that will be used to track patient outcomes. In the future, the program may also be considered for police officers.

The training required to license a First Responder to administer Naloxone/Narcan takes approximately 20 minutes per person. Richmond Fire-Rescue has a cadre of First Responder instructors who would be able to distribute the training across all emergency response staff.

Financial Impact

The cost to train RFR staff would be minimal as BCEHS would train RFR medical instructors who would in turn train the remainder of staff.

Naloxone/Narcan (in ampoules) is distributed using hypodermic needles and each dose of Naloxone/Narcan costs \$3.00. A person requires one dose to recover from an overdose. Richmond Fire-Rescue would carry two doses in each of the emergency response vehicles totalling 20 doses with an additional 10 doses being kept as a reserve supply. RFR anticipates a total financial impact of being under \$2,000 a year. This cost could be accommodated within current operational budgets.

Conclusion

Deaths from opioid overdoses are preventable.

Richmond Fire-Rescue, as a Medical First Responder Department, is a significant contributor to the pre-hospital care system. Richmond Fire-Rescue is uniquely situated within the City to allow for rapid intervention into overdose situations.

RFR staff is well trained, dedicated and ready to deploy one more lifesaving protocol.



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TW:tw