

# Overdose Alert



April 21st 2022

**Several suspected overdoses have occurred in our region over the past few days.**

Take extra caution by:

- *Not using alone* - When using with someone else, don't use at the same time.
- *Avoid mixing different drugs* - Mixing drugs, including alcohol, increases the risk of overdose
- *Go slow* - Use smaller amounts and do test doses to check the strength of your drugs
- Get overdose prevention training & carry a naloxone kit

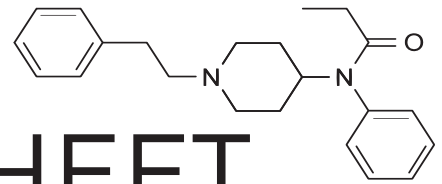
Mental Health Crisis Line: 1-877-470-5200

Connex Ontario: 1-866-531-2600

Rapid Access Addiction Medicine Clinic: 519-376-3999







# FENTANYL FACT SHEET

## SAFELY RESPONDING TO AN ONSITE OVERDOSE AT WORK

The risk of inadvertent exposure to fentanyl for staff responding to an opioid overdose in their workplace is extremely low. Routine precautions and overdose prevention training are sufficient for managing the risk of unintended fentanyl exposure while responding to a suspected opioid overdose.<sup>1</sup>

### WHAT IS FENTANYL?

**Prescription fentanyl** is a potent synthetic opioid that is used to relieve pain. It may be administered via a patch, injection, lozenge, or spray.

**Non-prescription fentanyl** and its analogues are produced domestically in illegal drug labs or smuggled into Canada from other regions. It may be sold as a powder, a pill, or mixed into other street drugs. Illicit fentanyl is especially dangerous because the strength and concentration of the drug is impossible to know.



“[I]t is very unlikely that small, unintentional skin exposures to tablets or powder would cause significant opioid toxicity, and if toxicity were to occur it would not develop rapidly, allowing time for removal.”<sup>2</sup>

### SIGNS OF OPIOID OVERDOSE

- Can’t wake the person up
- Breathing is very slow, erratic or has stopped
- Deep snoring or gurgling sounds
- Fingernails or lips are blue or purple
- Body is very limp
- Pupils are very small
- Skin feels cold and clammy

## MYTHS vs. FACTS

*\*Adapted from the Ontario Poison Centre.<sup>3</sup>*

MYTH	FACT
Touching fentanyl powder can poison you.	Inadvertent contact will not cause toxicity. However, if powder remains on the skin and you put your hand in your mouth, the drug could be absorbed.
Rescuers may succumb to opioid overdose when helping victims.	Although very small doses of fentanyl and its analogues can be dangerous, there are no reports of rescuers succumbing to opioid overdoses when helping victims. There are no reports of peers, EMS workers or hospital staff getting ill by providing basic lifesaving care to these victims. Universal precautions should be followed as per usual.

# STEPS TO REDUCE RISKS FOR FIRST AID RESPONDERS



Have Naloxone kits onsite and ensure staff are trained to use them.



Establish an overdose prevention and response protocol.



Wear nitrile gloves and do not touch your eyes, nose, or mouth.



If you touch fentanyl, immediately wash the area with lots of water.\*

• Note: Do not attempt to wash with alcohol-based hand sanitizers as they do not remove opioids from the skin.

Mental Health and Addictions Helpline  
**ConnexOntario: 1-866-531-2600**

To get your free Naloxone kit, visit the Grey Bruce Health Unit or your local pharmacy



## REFERENCES

<sup>1</sup>Ministry of Health, British Columbia. (2017). Guidance statement regarding Personal Protective Equipment for Emergency Medical Services and Health Care Workers dealing with overdose victims. Retrieved from: <https://www.fentanyl-safety.com/wp-content/uploads/UpdatedGuidance-statement-PPE-EMS-HCW-Jan2017.pdf>

<sup>2</sup>American College of Medical Toxicology (ACMT) & American Academy of Clinical Toxicology (AACT). (2017). ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders. Retrieved from: [https://www.acmt.net/\\_Library/Fentanyl\\_Position/Fentanyl\\_PPE\\_Emergency\\_Responders\\_.pdf](https://www.acmt.net/_Library/Fentanyl_Position/Fentanyl_PPE_Emergency_Responders_.pdf)

<sup>3</sup>Ontario Poison Centre. (2017). Opioid Overdose Management. Retrieved from: <http://www.ontariopoisoncentre.ca/health-care-professionals/opioid-management/opioid-management.aspx>

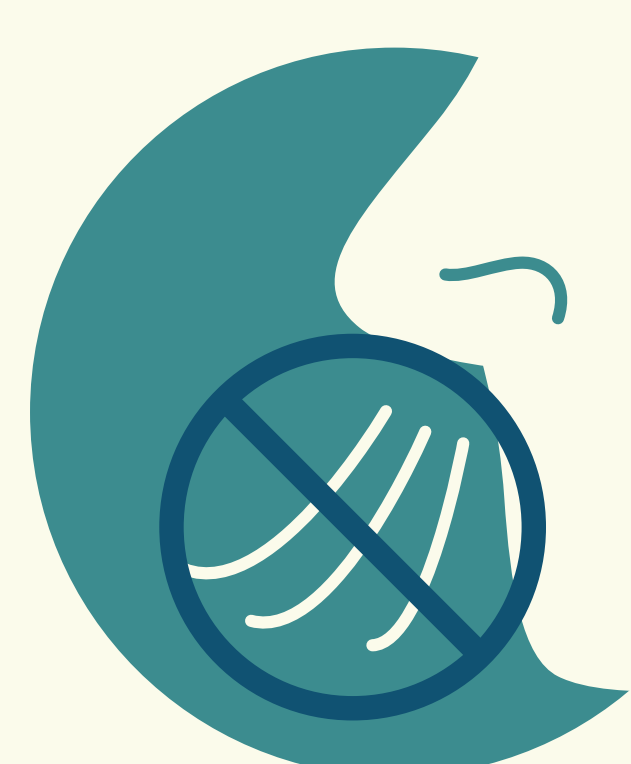
# Intranasal Naloxone

can temporarily reverse opioid overdoses. Opioids include:

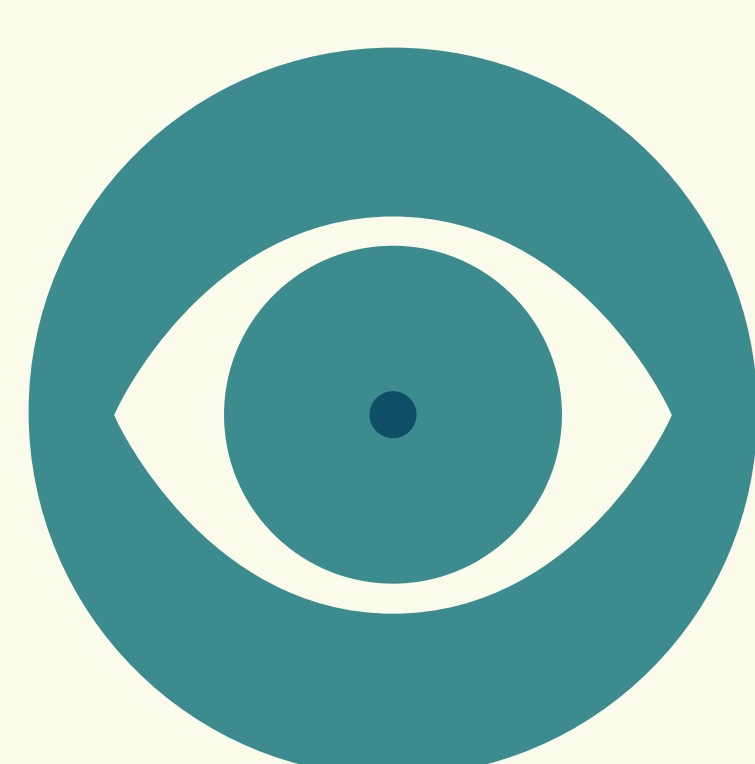
{ Codeine Demerol Hydromorphone Heroin Oxycodone  
Dilaudid Morphine Buprenorphine Fentanyl Methadone

1

## Signs of an Opioid Overdose



Soft/no breath  
or snoring



Pinpoint  
pupils



Blue lips, nails,  
or skin



Cold,  
clammy skin



Limp  
body



Doesn't respond  
to shouting

2

Call 911

3

## Give Naloxone



Peel the  
package open



Place your thumb  
on the plunger



Press plunger  
firmly into nostril

4

## Check The Person's Breathing

### Breathing



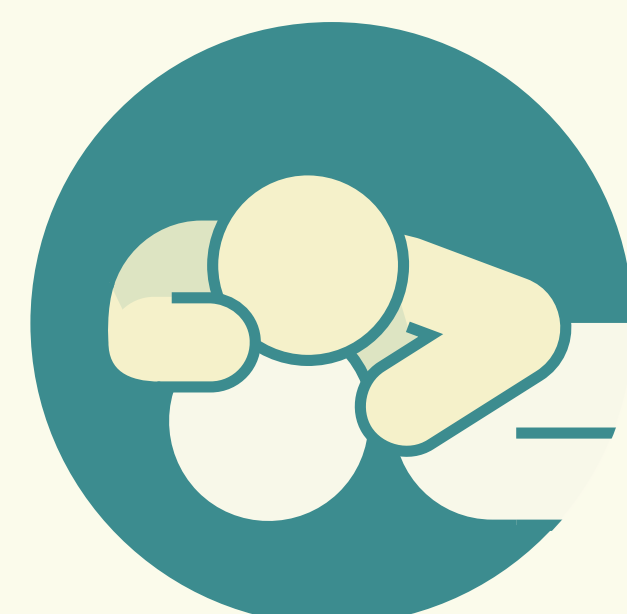
Put person in  
recovery position

- Hand supports head  
- Knee stops body from  
rolling onto stomach

*Rescue breathing:*  
Tilt head back, lift  
chin, pinch nostrils  
closed, give breaths

*Compressions:*  
Push hard and fast in  
center of chest to the  
beat of *Stayin' Alive*

### Not Breathing



Give rescue breathing  
and/or chest compressions

5

## Stay Calm

If no improvement after 2-3 minutes, give another dose and  
continue rescue breathing and/or chest compressions until help arrives

### More info:

<http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/>  
<http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Take-Home-Naloxone-Canada-2016-en.pdf>  
<http://www.albertahealthservices.ca/info/page12491.aspx>  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>



# Tips for Talking with People Who Use Drugs

## Opioid overdose is a serious medical emergency.

Encourage clients to call 911 for an opioid overdose, even if Naloxone has been administered. Naloxone is short acting and overdose can return once this medication wears off.

### Be Aware of Your Language

Stigma is a major barrier to individuals seeking help. The words we use often contribute to this stigma. You can have a positive impact by using people first language. For example, instead of “addict”, “junkie”, or “user”, use wording such as “people who use drugs”.

Avoid using words like “potent”, “strong” or “more powerful” when talking about drugs. Such terms could result in an increase in people seeking out the drug for a better high. Alternatives like “**more toxic**”, “**lethal**” and “**deadly**” imply harm and are better word choices.

### Use a harm reduction approach

Recognize that abstinence is not the goal of many people who use drugs. Support clients “**where they are at**”.

### Review signs of an opioid overdose



Blue Lips,  
Nails, Or Skin



Limp Body



Doesn't Respond  
To Shouting



Pinpoint Pupils



Soft/No Breath  
Or Snoring



Cold, Clammy Skin

### Discuss harm reduction strategies:

- Carry a naloxone kit. Naloxone is available for free at most local pharmacies and at the Grey Bruce Health Unit.
- Avoid using alone. When using with someone else, avoid using at the same time.
- Know your tolerance. If using after a period of not using – use less.
- Avoid mixing drugs. Mixing drugs, including alcohol, increases the risk of overdose.
- Test a small amount at first and go slowly.
- Use new supplies and sharps containers, available through Public Health and community needle syringe program sites.
- Avoid sharing supplies; sharing supplies increases the risk of getting a blood borne infection such as HIV and Hepatitis C.

### For those seeking help for substance use provide positive reinforcement and offer:

ConnexOntario: 1-866-531-2600 or RAAM Clinic: 519-376-3999

Seek support from colleagues or Employee Assistance Program if you are experiencing substance use issues or need to debrief about challenging situations.

**“Harm Reduction keeps people alive to make a different choice, on a different day.”**

*Dr. Bernie Pauly, Scientist, December 19, 2016*

