



Rapid Increase in Drug Overdoses Community Response Plan Template

A. Introduction/Background:

The purpose of this plan is to offer guidance on mobilizing immediate local efforts to respond to EpiCenter anomalies when overdose visits to emergency departments (ED) and urgent care centers increase in a community. EpiCenter is Ohio's statewide syndromic surveillance system used by state and local public health agencies to detect, track and characterize health events. The system has traditionally been used to monitor pandemic influenza, outbreaks, environmental exposures and potential bioterrorism in real-time. EpiCenter gathers de-identified information on patient symptoms and automatically alerts public health when an unusual pattern or trend is occurring. The system was recently enhanced to include the ability to identify anomalies when drug-related ED visits increase rapidly within a county in an effort to provide local health departments with more timely information to respond appropriately. The increase in drug related ED visits may be indicative of an increase in suspected drug overdoses.

B. Goals/Objectives:

Immediately conduct epidemiologic investigations to confirm increases in drug overdose ED visits in a community and subsequently mobilize community partners and resources to mitigate the circumstances and prevent additional injuries and fatalities.

C. Surveillance/Public Health Investigation/Analysis:

Local Health Department (LHD) EpiCenter Alert Response Plan:

- LHD epidemiologists or injury prevention staff should have access to EpiCenter.
- When LHD receives an EpiCenter "drugs" classifier alert, the LHD should take the following steps to validate the alert and activate the Drug Overdose Community Response Plan:
 - o Login to EpiCenter and initiate investigation by reviewing the free-text reason for visit, chief complaint in the Reason field, the discharge codes (if available), triage and/or nurses notes, as well as longitudinal visits to the same emergency department or healthcare system to validate if the ED visit may be related to a drug overdose. This may include but is not limited to references of "drug overdose" and "heroin". Ideally, complete data on encounters should be reviewed or acquired. This would include triage and/or nurses notes, as well as longitudinal visits to the same emergency department or healthcare system. Currently, EpiCenter has some final diagnosis findings in anomalies and charts.
 - o Review of the anomaly would include:
 - Identification of duplicate encounters of individuals
 - Identification of the number of overdose cases and type
 - Confirmation that the ED visit was related to a suspected drug overdose verses another drug-related condition such as alcohol or withdrawal.



- o If available, use other data sources to confirm the alert.
 - Contact county coroner's office to verify if suspected drug overdose deaths correlates with an increase in ED visits or EpiCenter alert.
 - Potent batches of drugs with synthetic opioids (or pure fentanyl) can lead to a high mortality rate.
 - Isolating the type and method of drug use may assist with targeted messages to users in the community (e.g., Counterfeit Norco Poisoning Outbreak — San Francisco Bay Area, California, March 25–April 5, 2016 http://www.cdc.gov/mmwr/volumes/65/wr/mm6516e1.htm?s_cid=mm6516e1_e)
- o If public health jurisdiction provide services to at-risk populations (e.g. Bloodborne Infectious Disease Prevention Programs, Project Dawn), information from these health care settings could be used as a data source to collaborate existing findings. These opportunities to capture word-of-mouth reports with current users may include Bloodborne Infectious Disease Prevention Programs, obtaining Naloxone (Project DAWN), sexually transmitted infection testing, and/or potentially bloodborne pathogen counseling (e.g., hepatitis, HIV). Historically, these interfaces yield positive correlations with known “bad batches” of opioids laced with fentanyl.
- If the alert is verified (as confirmed by review), inform partners per communication plan (characterizing the event with populations or geographic areas of concern) as soon as possible. “Bad batches” do not know geopolitical boundaries, and thus, what one jurisdiction is experiencing may also be experienced by neighboring jurisdictions without an anomaly. The continuum of detecting overdoses may also not correlate specifically with a “start” to a bad batch's distribution.
- Investigations will be reviewed at Ohio Department of Health (ODH); and communications with state level stakeholders may occur, depending on the findings of the anomaly.
- ODH may occasionally provide clusters from EpiCenter data in which investigation may yield additional or new findings of overdose mortality.

D. Key Partners/Roles: (LHD should create index with contact information of all partners):

- **Local Health Department** – Epi surveillance, Epi verification and data investigation, validation of data, inform partners and coordinate response, coordination with OHMAS if emergency supply of naloxone is needed
 1. Scioto County (Portsmouth City HD) Powerpoint Presentation on Naloxone use and distribution in their county: <http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/Portsmouth%20PPT-ProjDAWN2014.pdf>
- **Local Government Leadership** – Resource identification and allocation, Communication support – County Commissioners, Public Awareness Efforts
 1. Ohio Department of Mental Health & Addiction Services (OhioMHAS): <http://mha.ohio.gov/Default.aspx?tabid=817>
 2. Ohio Department of Health (ODH): <http://www.odh.ohio.gov/health/vipp/drug/ProjectDAWN.aspx>
 3. ODH – Healthy Ohio: <http://www.odh.ohio.gov/health/vipp/drug/dpoison.aspx>
 4. State of Ohio Board of Pharmacy: <http://pharmacy.ohio.gov/Pubs/NaloxoneResources.aspx>
 5. US Department of Justice, Northern District of Ohio: <https://www.justice.gov/usao-ndoh/heroin-epidemic>
 6. Ohio's Governor's Cabinet Opiate Action Team (GCOAT): <http://fightingopiateabuse.ohio.gov/>



- **ADAMH Boards/Mental Health and Recovery Services Board** – Direct outreach to users with safe use messaging (ODH to provide links), naloxone training and kits to patients and family members, training for responders on understanding addiction and frustrations associated with constant response.
- **Local Law Enforcement** – Policy in place permitting officers to carry naloxone, work with county health department to ensure officers are trained and equipped with naloxone, referral resources in place – consider a response team for connecting to treatment.
 1. Ohio Pharmacy Board Information: <http://pharmacy.ohio.gov/Documents/Pubs/Naloxone/LawEnforcement/Law%20Enforcement%20Naloxone%20Guidance%20Document.pdf>
 2. SAMPLE LE Policy on Naloxone (NC Version): <http://www.nchrc.org/law-enforcement/sample-law-enforcement-naloxone-policy/>
 3. Article on engaging LE in the use of Naloxone: http://getnaloxonenow.org/Engaging%20Law%20Enforcement%20in%20Opioid%20Overdose%20Response_Frequently%20Asked%20Questions.pdf
 4. Union County MADE Task Force: <http://peakofohio.com/news/details.cfm?id=181086#.V07jt2f2aUk>
 5. Training LE on use of Naloxone (article & video from NY): <http://peakofohio.com/news/details.cfm?id=181086#.V07jt2f2aUk>
- **County Jails** – Provide naloxone education and kits to newly released, OR refer to Project DAWN program, Immediate – have naloxone available for staff to use at jail facility
- **Emergency Medical Services** – Responders trained in recognition of overdose symptoms, trained and carrying naloxone, ensuring adequate supply of naloxone
- **Local Media** – Inform friends and family that may be in a position to help save a life to get naloxone, help advocate and make the public aware of permanent drop boxes, advertise and promote take back days in messaging, assist in spreading information about recognition of overdose symptoms to the general public
 1. ODH naloxone campaign and radio spot <http://www.odh.ohio.gov/odhprograms/naloxone/stopoverdoses>
 2. Stark County PSA: https://www.youtube.com/watch?v=-q-spjAFk5E&list=PLhLyfwa2FDwuc_xj2RxGO21DprKW5Qwn
- **Project DAWN** – Offer naloxone, promote project and increase outreach those at-risk and their family members, act as connection to other entities to promote use and provision of naloxone
 1. Cuyahoga County Opiate Task Force: <http://opiatecollaborative.cuyahogacounty.us/en-US/Project-DAWN.aspx>
 2. Summit County Opiate Task Force: <http://www.summitcountyopiatetaskforce.org/>
- **Hospital ED** – Equipped with naloxone, communicate or coordinate with LHD regarding incidents within the ED, don't release at-risk patients without naloxone kit, connect with existing EDs that have Project DAWN programs
- **Bloodborne Infectious Disease Prevention Programs** – Provide direct messaging on safe use, provide naloxone
 1. Information on Bloodborne Infectious Disease Prevention Program (March 2016) http://www.communitysolutions.com/assets/docs/Major_Reports/Health_BH/updated%20syringe%20exchange%20programs%20in%20ohio%2003212016.pdf



- **County Coroner's Office** – Assist with verification of data and emerging trends (new lethal substances)
- **Pharmacies providing naloxone without prescription** – provide resources and links to treatment – the Board of Pharmacy keeps an updated list of these available at <http://pharmacy.ohio.gov/Licensing/NaloxonePharmacy.aspx>
- **Hospital Infectious Disease Nurses** – get information out to physicians, be involved in data verification and surveillance, first line-of-contact to local health departments' epidemiologists
- **Emergency Management Agencies** – dispatchers – first line of notification, communications out to partners – oversee dispatchers
- **Physicians/Health Systems** – increase awareness and make local AOD service resources available to high-risk individuals and increase screenings and linkages to treatment
- **Schools/Universities** – educate school staff on overdose symptoms to watch for, provide linkages/treatment resources for those in need, provide information/awareness sessions on the dangers of drug use to their students
- **Poison Control Centers (PCC) in Ohio:** - Poison control centers are often the first to see and archive new drug abuse trends, anomalies and sentinel events. They often have the most specific treatment consultation and expertise. The PCCs are very much involved in all aspects of public health. When there is an increase in overdoses, they are often called upon to aid in making sure that doctors, Emergency Medical Services (EMS), etc. have access to the information they will need in order to keep patients alive. They have state-wide emergency phone access via 1 800 222-1222.

E. Communication with Partners:

Below are examples of current practices:

Current Practices/Examples:

Trumbull County – sort, remove ID, age, zip code and hospital information from the EPI Alert(s) they receive, and then they share the information with mental health and recovery boards to alert them to the potential drug overdoses occurring in their community, chief complaint may or may not always be drug overdose related and this makes it difficult sometimes to track

Scioto County – EMA serves as the hub for all dispatchers in the county, EMA has a list of people/resources to contact under homeland security in response to a PH disaster, outbreak, etc., they disseminate these overdose alerts through the system, they also watch for anecdotal data and other sources of data (i.e. Facebook, Twitter, word-of-mouth) to identify issues and then use Epi Center to help verify that data

Ongoing Supporting Activities –

- Talk with local partners about current experiences, emerging substance abuse trends and periodically review community response plans and protocols.
- All partners with Naloxone– track where/how much naloxone they're providing



F. Partner Response:

Specific Partners Plans for Response:

Local Health Department –

1. Verify Epi Alert – Section C above
2. Inform partners of verified alerts (characterizing the event with populations or geographical areas of concerns) within 24 hours or as soon as possible
3. Assess inventory of naloxone across partners including Project Dawn, ED, Treatment, LE, and EMS
4. As needed, activate systems to increase inventory of naloxone with OHMAS
5. Follow up/Report Out Create a report to assist in tracking resources used during these timeframes (Situational Awareness Reports)

Local Government Leadership –

1. Acknowledge alert within 24 hours of receipt
2. Support resource identification and allocations
3. Support public communications plan to raise community awareness

ADAMH Boards/Mental Health and Recovery Services Board –

1. Acknowledge alert within 24 hours of receipt
2. Disseminate alert information to other treatment centers and providers
3. Direct outreach to users with safe use messaging
4. Naloxone training and kits to patients and family members

Ongoing Supporting Activities –

Training for responders on understanding addiction and frustrations associated with constant response

Local Law Enforcement (LE) –

1. Acknowledge alert within 24 hours of receipt
2. Equip officers with additional naloxone kits
3. Identify additional resources needed based on LHD characterization of the event (populations or geographic areas)
4. Activate response team that is equipped with referral resources

Ongoing Supporting Activities –

Work with county health department(s) to ensure officers are trained and equipped with naloxone, consider implementation of a response team for connecting people with treatment

County Jails –

1. Acknowledge alert within 24 hours of receipt
2. Outreach to newly released inmates with safe use messaging and naloxone kits



Ongoing Supporting Activities –

Provide naloxone education and kits to newly released inmates or refer to Project DAWN program, have naloxone kits available for staff to use at jail facility

Emergency Medical Services –

1. Acknowledge alert within 24 hours of receipt
2. Equip EMS technicians with additional naloxone
3. Identify additional resources needed based on LHD characterization of the event (populations or geographic areas)

Ongoing Supporting Activities –

Responders trained in recognition of overdose symptoms, trained and carrying naloxone, ensuring adequate supply of naloxone

Local Media –

1. Acknowledge alert within 24 hours of receipt
2. Inform friends and family that may be in a position to assist a friend or family member to get naloxone kit

Ongoing Supporting Activities –

Offer support through community PSAs informing friends and family of where to get naloxone

Project DAWN –

1. Acknowledge alert within 24 hours of receipt
2. Request additional naloxone kits if needed
3. Inform friends and family members of current increase in the community
4. Offer safe use messaging during this timeframe

Ongoing Supporting Activities –

Act as connection to other entities within the community to promote use and provision of naloxone, offer naloxone, promote your project and reach those at-risk and their family members

- Project DAWN – include fentanyl in trainings to families and emphasize the importance of activating the EMS by calling 911

Hospital ED –

1. Acknowledge alert within 24 hours of receipt
2. Communicate or coordinate with LHD regarding incidents within the ED
3. Request additional naloxone kits if needed
4. Identify additional resources needed based on LHD characterization of the event (populations or geographic areas)
5. Provide naloxone kits to discharged opiate-dependent/addicted patients and other at-risk patients



Ongoing Supporting Activities –

Work toward implementing a Project DAWN Program and policies to provide at-risk patients with a naloxone kit upon discharge

Bloodborne Infectious Disease Prevention Programs –

1. Acknowledge alert within 24 hours of receipt
2. Provide direct messaging on safe use
3. Provide naloxone kit

Ongoing Supporting Activities –

Work toward implementing a Project DAWN program or increasing referrals to local Project DAWN programs

Poison Control Center(s) –

1. Acknowledge alert within 24 hours of receipt
2. Communicate and/or coordinate with LHD and/or ED regarding incidents of OD
3. Assist in offering additional/needed resources – they often have the most specific treatment consultation and expertise

Local Pharmacies –

1. Acknowledge alert within 24 hours of receipt
2. Inventory local stock of naloxone
3. Order additional naloxone, if needed
4. Advise pharmacy staff; review naloxone prescription and patient education procedures
5. Add signage advising that naloxone is available