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Next Review 2026

Drug Toxicity Response Plan

Renfrew County and District

Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

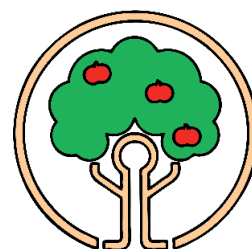


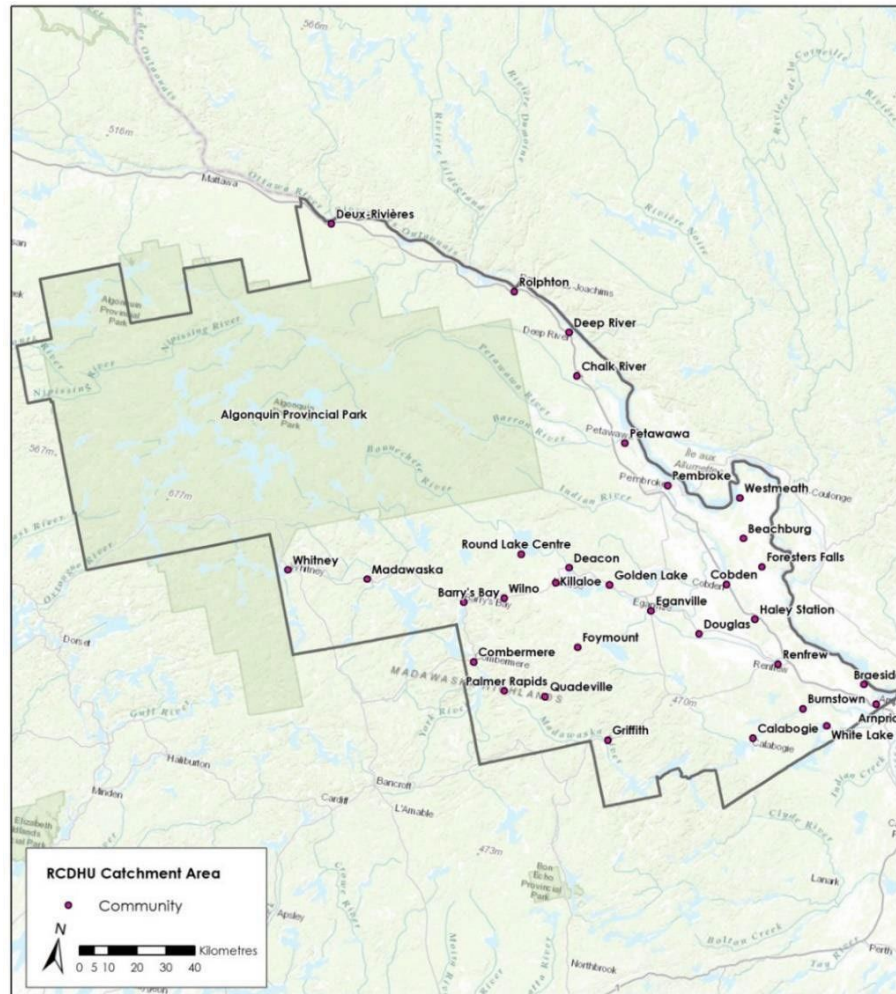
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Overview

The *Drug Toxicity Response Plan for Renfrew County and District* identifies how the community will respond to substance use medical emergency events that have the potential to tax first responders, hospitals, other resources, and/or cause harm or death in the community.



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RCDHU Catchment Area

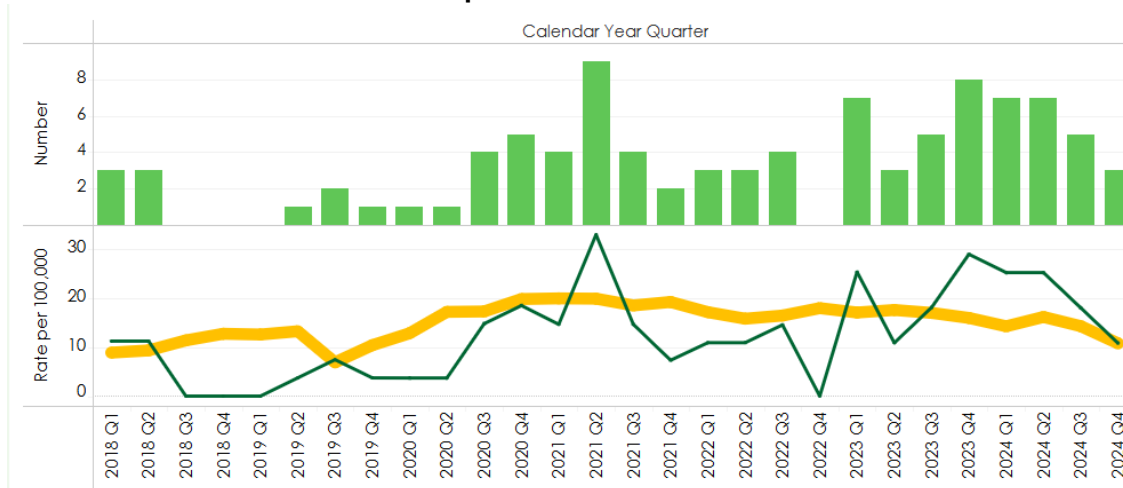
The scope of this plan will include all of Renfrew County, and the surrounding area of South Algonquin Township and most of Algonquin Park. This area will be referred to as Renfrew County and District which is roughly 15,000 square kilometers and the population is estimated at 110,116 (2022).

Background

The number of confirmed deaths due to opioids remained relatively stable between 2016 to 2019 in RCD with an average of four to five opioid-related deaths observed each year, in 2020, there were 11 opioid-related deaths, and this number increased to 19 in 2021, 10 in 2022, 23 in 2023 and 22 in 2024.¹ Suspect drug poisonings are even higher with investigations and results still pending.

Provincially, fentanyl continues to drive this increase in deaths as it was involved in 87.0% of deaths during the pandemic up from 75.0% in the pre-pandemic cohort.²

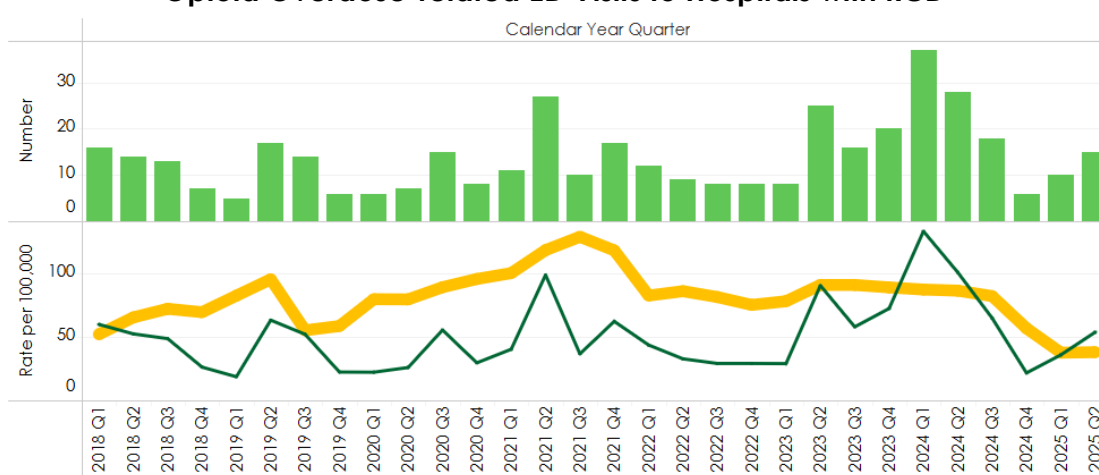
Confirmed Opioid-related Deaths in RCD



The top panel of this graph displays the number of opioid-related deaths that occurred in RCD by calendar year quarter. The bottom panel shows the annualized rate of opioid-related deaths per 100,000 population that occurred within RCD (green line) versus Ontario (yellow line).

Similarly, opioid overdose-related emergency department (ED) visits began increasing in 2021 with a total of 65 and reached an all-time high of 89 in 2024. Once again the bottom panel shows the annualized rate of ED visits per 100,000 population in RCD (green line) versus Ontario (yellow line).

Opioid Overdose-related ED Visits to Hospitals with RCD



Aim

This document outlines how Renfrew County and District Health Unit (RCDHU), and/or partners, will respond to a surge in substance use medical emergencies and/or detection of high-potency drug formulations in RCD to prevent harm to residents.

Plan Activation

RCDHU and/or partners will activate this plan in the following situations:

- Surveillance data demonstrates an increase of concern relating to *substance use medical emergencies* in emergency department visits, suspect drug-related deaths, or emergency medical services (EMS) calls, with an identified or suspected cause as determined by RCDHU, local hospitals and/or EMS.
- A community partner reports to RCDHU that the presence of high-potency drug formulation has been detected in RCD and/or an aberration.
- There is a mass casualty event secondary to *substance use medical emergencies*. In this case, the receiving hospital would notify RCDHU subject to their assessment and determination of a mass casualty event.
- There is prolonged/sustained increase in *substance use medical emergencies*/high potency formulations circulating.

In the event of a notable increase of concern and/or the detection of a high-potency drug formulation in RCD, RCDHU and partners may convene a meeting(s) and as appropriate, commence an investigation to collect more information and/or identify the cause. Depending on the findings, RCDHU and/or partners may issue an alert to the community via media, social media and text alerts to people who use drugs. RCDHU will distribute the alert to partners via an e-mail distribution list maintained by RCDHU.

Once activation trigger(s) are reached, partners will declare when they are in enhanced or activated response operations. Each organization will follow their usual processes for escalation, notification and activation of their emergency response plans, if applicable. When multiple organizations declare they are in enhanced or emergency response operations, an Incident Management System structure may be put in place based on the requirements of each of the participating organizations and if applicable. This response will be aligned with the *Drug Toxicity Response Plan for Renfrew County and District*.

Surveillance and Early Warning

An early warning system enables rapid detection of situations involving drugs that require a public health and/or community response through data collection and surveillance, and by collaborating with community partners.

Surveillance data will be used to inform the response plan and will consist of quantitative and qualitative data sources.

Quantitative Data Sources

Table 1: Quantitative Data Sources to Inform Drug Toxicity Response in Renfrew County and District

Type of Data	Responsible Agency (data source)	Indicator	Current Lag Time	Monitored	Anticipated Reporting to Community Partners
Emergency Medical Services	County of Renfrew Paramedic Service (call database)	Number of calls for suspected opioid-related incidents	1-7 days	Weekly	Quarterly
Emergency Department Visits	RCDHU (Weekly report from Ministry of Health using NACRS ⁱⁱ data)	Number of opioid-related emergency department visits	2 weeks	Weekly	Quarterly
	RCDHU (NACRS ⁱⁱ via PHO ⁱⁱⁱ)	Age/sex demographics of individuals that visited emergency departments for opioid-related concerns	1 year	Annually	NA (Publicly-available)
	RCDHU (ACES ⁱ)	Number of visits to local emergency department for opioid and toxicity concerns (Syndrome= OPI+TOX)	Near-live	Weekly	NA

Deaths	RCDHU (Weekly report from OCCO ^{iv})	Number of suspect drug-related deaths	1 week	Weekly	Quarterly
	RCDHU (OCCO ^{iv} via PHO ⁱⁱⁱ)	Age/sex demographics of deaths related to opioids	1 year	Annually	NA (Publicly-available)
Naloxone	RCDHU & community partners & pharmacies	Number of naloxone kits distributed	Quarterly	Quarterly	Quarterly

ⁱ Acute Care Enhanced Surveillance (ACES)

ⁱⁱ National Ambulatory Care Reporting System (NACRS)

ⁱⁱⁱ Public Health Ontario (PHO)

^{iv} Office of the Chief Coroner of Ontario (OCCO)

Qualitative Data Sources

The following non-exhaustive list of reports from community partners will trigger plan activation or further investigation:

- Lab confirmation of high-potency drug formulations in our community
- Partner identification of high-potency drug formulations circulating in our community
- Concerns raised by people who use drugs or their service providers
- Unusual trends and/or increase in emergency department visits, as recognized by clinicians
- Surge plan initiated at a hospital in response to substance use medical emergencies
- Unusual trends and/or increase in *substance use medical emergency* calls to County of Renfrew Paramedic Services

Notification and Activation

The implementation and enhancement of early warning systems reporting is the responsibility of each community partner. Roles and responsibilities below are shared amongst all to ensure timely identification and a coherent dissemination of information.

Any member of the community can report an substance use medical emergency through [RCDHU's Online Substance Use Medical Emergency Reporting Form](#).

Roles and Responsibilities

Police Services:

- ✓ Conduct routine surveillance. If made aware of suspected or confirmed substances circulating in RCD that may cause harm or threaten the safety of residents and/or a surge of *substance use medical emergencies* / fatalities, designated members notify RCDHU within 24 hours.
- ✓ Participate in additional knowledge exchange/follow-up with RCDHU and community partners as needed.

Paramedic Services:

- ✓ Conduct routine surveillance. In the event of a surge of *substance use medical emergency* calls (as determined by EMS) and/or if situations arise that threaten to overwhelm system capacity in Renfrew County and District, designated members notify RCDHU within 24 hours.
- ✓ Participate in weekly knowledge exchange (e.g., sharing drug-related call data) with RCDHU and other community partners as needed.

Hospitals:

- ✓ Conduct routine surveillance. In the event of an increase or surge of suspected/confirmed *substance use medical emergency* related emergency department visits and/or hospital admissions occurs, designated members notify RCDHU within 24 hours.
- ✓ Participate in additional knowledge exchange/follow-up with RCDHU and community partners as needed.

Other Community Partner/Community Member concerns:

- ✓ Community partners/members notify RCDHU when a suspected substance and/or unusual trends are noted in RCD that may cause harm or threaten the health and safety of residents.
- ✓ Participate in additional knowledge exchange/follow-up with RCDHU and community partners as needed.

Renfrew County and District Health Unit:

- ✓ Routine surveillance and management of incoming data from Ministry of Health, Office of the Chief Coroner of Ontario Office, community partners, etc.
- ✓ When made aware, RCDHU will notify the Medical Officer of Health of incoming reported findings from police, paramedic services, hospitals, community partners, community members and any other routine and relevant data.
- ✓ RCDHU will share relevant data with community partners as needed for review and decision making to determine response level/activation of plan.
- ✓ Compile and share quarterly updates with community partners.

Response Levels

Level 0: Routine Operations

Surveillance

- Community partners will collect and share regularly (weekly) drug-related data with RCDHU such as confirmed or suspected *substance use medical emergencies*, presence of high- risk drug formulations in the community through [RCDHU's Online Substance Use Medical Emergency Reporting Form](#).
- Alternatively, an email report can be sent to harmreduction@rcdhu.com.
- Community partners will notify RCDHU when a suspected substance and/or unusual trends are noted that may cause harm or threaten the health and safety of residents within **24 hours**. To make a report, please call RCDHU's main reception at 613-732-3629 (1-800-267-1097) on weekdays between 8:00 a.m. and 4:00 p.m. After hours (evenings, weekends and holidays), please call 613-735-9926 to have the on-call manager/coordinator paged.

Communication

- RCDHU will provide a situation report to community partners quarterly through a meeting or written update.
- RCDHU will maintain a contact list of community partners. It is the responsibility of each partner organization to notify RCDHU of any changes.
- Based on the circumstance/need, community partner(s) will be determined to manage the reported event and escalation.
- All organizations will regularly provide education and information regarding substance use, risks, harm reduction, treatment etc. via social media platforms, websites, in person client interaction etc.

Harm Reduction

- Naloxone distribution and training as per the Ontario Naloxone Program, Memorandum's of Understanding and Ontario Naloxone Program for Pharmacies.
- Needle syringe program at RCDHU (core site) and satellite sites.
- Needle drop boxes – Municipalities encouraged to adopt in their communities as a safe and convenient way to dispose of sharps/paraphernalia.

Level 1: Potential concern identified/detection of a high potency drug(s)

Continue with previous step

Surveillance

- RCDHU will increase surveillance of all data sources available to them.
- RCDHU will request that community partners provide relevant qualitative information/insights and/or quantitative trends.
- RCDHU, in consultation with community partners, will review all data sources to determine if there is increased activity other than the initial reported event and if response plan should be escalated.

Communication

- Notification to community partners to review reported event(s)
- Notification to Medical Officer of Health (MOH)

Harm Reduction

- No additional activities

Level 2: Multiple substance use medical emergencies /substance(s) of concern reported

Continue with previous steps

Surveillance

- Community partners will increase surveillance and knowledge exchange with RCDHU (every 2 to 3 days) for both qualitative and quantitative data.

Communication

- Community partners will meet as necessary.
- Coordinate communications to the public via media release, websites, social media, text message, and personal communication.
- Communicate information to community partners.
- RCDHU will forward alerts/warning issued to Ministry of Health at AddictionandSubstances@ontario.ca
- Consider notifying the Ministry of Emergency Operations Centre at eocoperations.moh@ontario.ca of the emergency.
- Notification of neighbouring health units/police/EMS/municipalities etc.

Harm Reduction

- Identify and promote support for those affected.

Level 3: Prolonged Activity

Continue with previous steps

Surveillance

- Increase surveillance and knowledge exchange (daily) for both qualitative and quantitative data.
- RCDHU will increase frequency of reporting to community partners as data is available.

Communication

- Initiate weekly meetings with community partners and/or liaison officer to review ongoing response and weekly epidemiology.
- Reporting to County and municipal partners as required.
- Notify the Ministry of Emergency Operations Centre at eocoperations.moh@ontario.ca of the emergency.
- Activate Incident Management System (IMS)/Emergency Operations Centre (EOC) -emergency declared.
- RCDHU will investigate and establish an intake line as required.
- Community partners will host public information sessions/community meetings as required.

Harm Reduction

- Increase naloxone distribution and harm reduction services through previously arranged memorandum of understanding with community partners.
- Investigate need and eligibility for additional memorandums of understanding, Ontario Naloxone Program partners, needle exchange sites, on site distribution/walkabouts for high-risk area(s) identified etc.

Level 4: Sustained Activity

Continue with previous steps

Surveillance

- RCDHU will request more timely data from quantitative data sources.

Communication

- Communication with Ministry of Health regarding opportunities available.

Harm Reduction

- Investigate need and eligibility for supervised consumption site(s), safe supply, drug checking services, etc.

Plan Demobilization

A meeting to discuss demobilization/debrief will be held with community partners members as required.

This plan will demobilize and return to *Level 0: Routine Operations* after:

- Surveillance data indicate that incidence of *substance use medical emergencies* has returned to a 'stable' baseline
- The activities can be carried out by the most appropriate involved organizations on a longer term

Community partners will be notified via e-mail that the plan has been demobilized.

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive opioid tool. Toronto, ON: King's Printer for Ontario; 2023. [cited 2022 Dec 02].
2. Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C, Toner, L, Watford J on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2021.