

# CT EMS SWORD

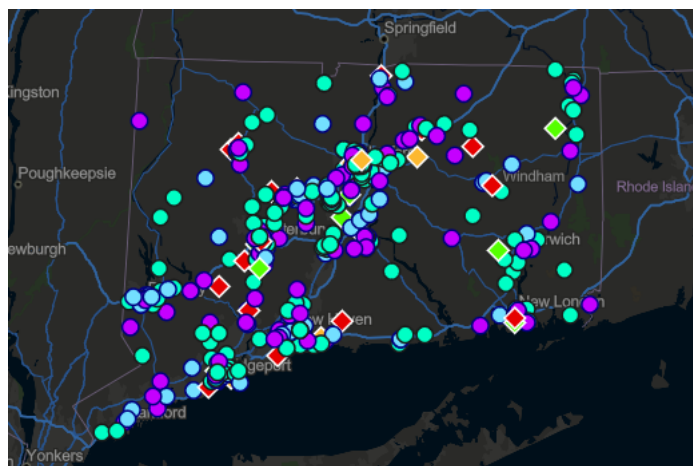
## Statewide Opioid Reporting Directive Newsletter

July 2019, Issue II

### SWORD Reporting Picks up Cluster of Crack/Cocaine/Opioid Overdoses

Thanks to EMS providers calling in suspected opioid overdoses to the **Connecticut Poison Control Center (CPCC)**, local health and public safety agencies were able to quickly muster a response to alert communities to possible danger from contaminated crack/cocaine. Early on Saturday June 1, 2019, **American Medical Response** crews in Hartford began responding to a series of overdoses where patients were found with pinpoint pupils and agonal respirations. The patients responded to naloxone, but insisted they had only smoked crack or used cocaine. The CPCC contacted the state **Department of Public Health** to begin investigating. AMR Supervisor John Spencer put out a notice to all crews to be on notice and to remember to report all cases to CPCC as mandated by the SWORD Initiative. As the cases continued to come in, including two double overdoses in neighboring towns, and several fatalities in Hartford, local harm reduction workers began distributing fentanyl test strips to people with substance use disorder and spreading the word for them not to use alone as well as to have naloxone available. **CT DPH Office of Emergency Medical Services (OEMS)** notified stakeholders and together with the **Hartford Public Health Department** and the **Hartford Police Department** took steps to help bring the crisis under control.

EMS should remain vigilant and remember to report all possible opioid overdoses to the **Connecticut Poison Control Center** by calling **1-800-222-1222**.



Location of June calls into CPCC

### Reporting Tips

- ◇ Try to report as soon as possible after your call is finished. Timely reporting can be life-saving in cases of bad batch outbreaks.
- ◇ Mention time of 911 call.
- ◇ Give best address possible. All ODs are plotted on a map and if we can pinpoint where along a road a patient overdosed it will be helpful.
- ◇ If you forget to report right after a call, it is acceptable to report later.
- ◇ Describe drug packaging. This is helpful to statewide law enforcement

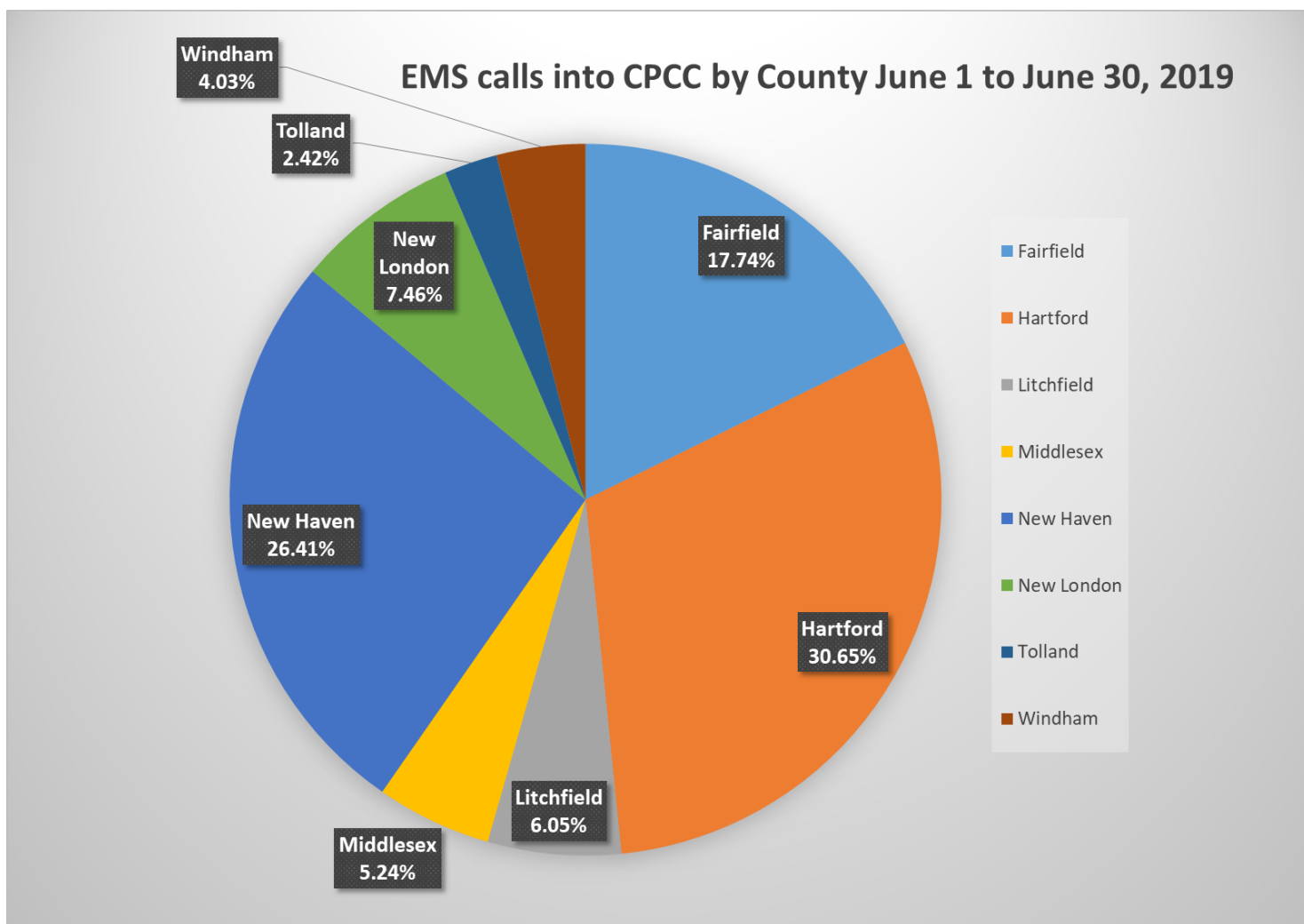
**KUDOS:** Great job by [redacted] and many other EMS responders for their calls. Keep up the great work!

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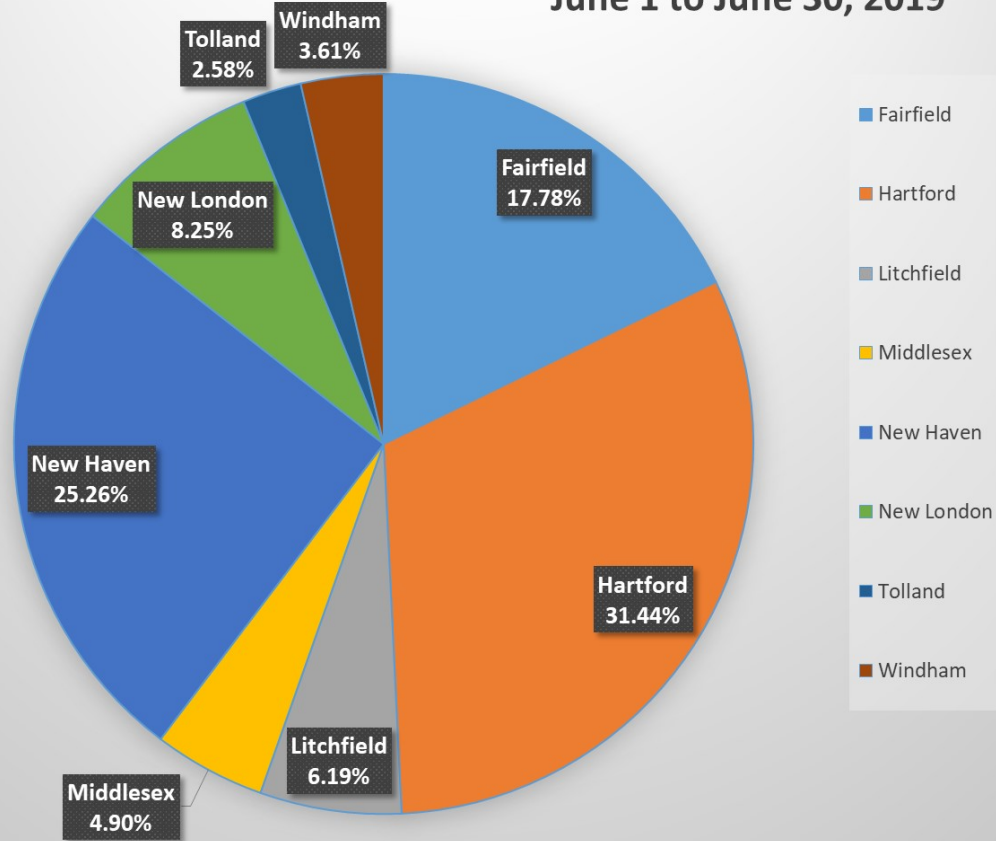
## SWORD Statewide Reporting– June 2019

Results from the first full month of SWORD reporting are in! The Connecticut Poison Control Center received 496 calls in June, including 388 naloxone administrations and 41 fatalities. The data is entered into Toxicall and ODMAP software, which will assist your local public health department, public safety and community agencies such as harm reduction, better target their response to this epidemic that has killed over 1,000 Connecticut citizens in each of the last two years.

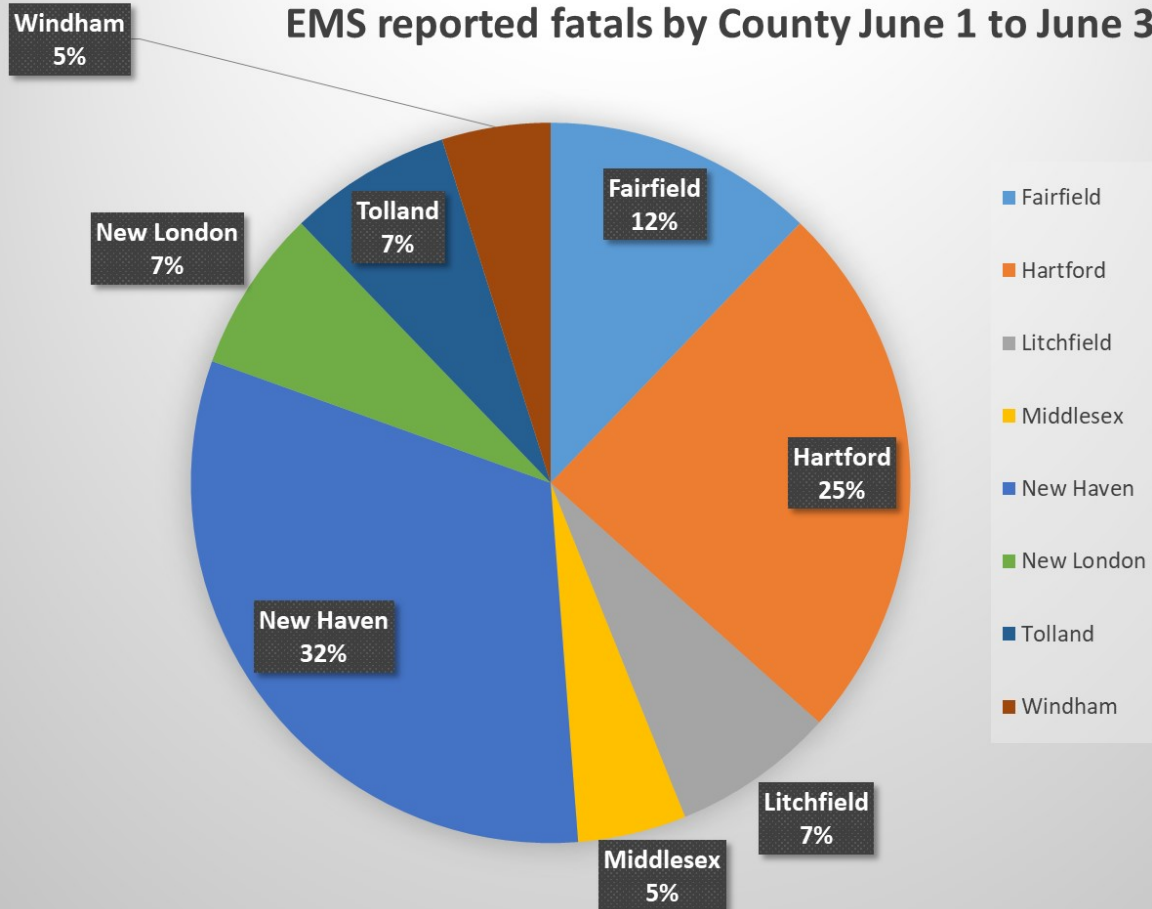
Here's the reporting by county:



## CT Naloxone Administrations by County June 1 to June 30, 2019



## EMS reported fatals by County June 1 to June 30, 2019



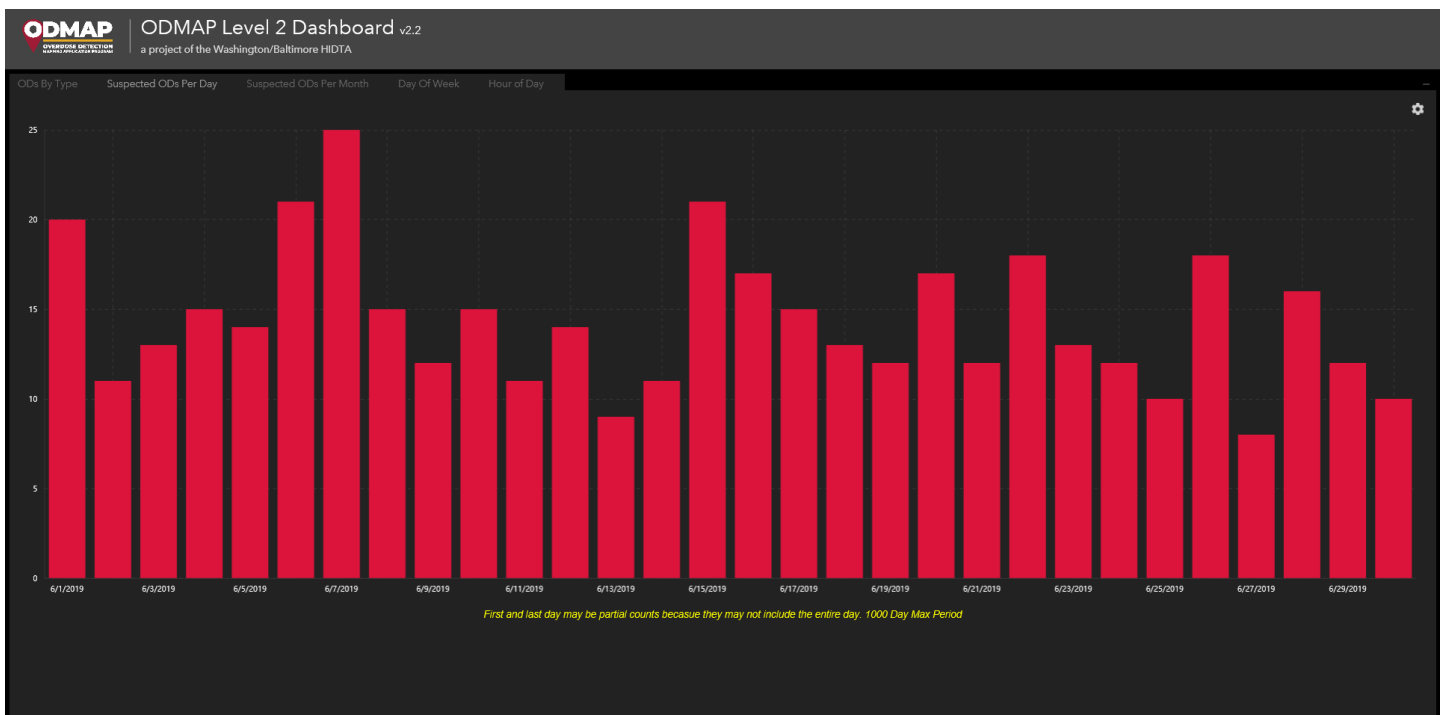
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## ODMAP Access for EMS, Fire Departments, Hospitals and Law Enforcement

ODMAP is available to government (tribal, local, state, and federal) entities serving the interests of public safety and/or public health. ODMAP is also available to licensed first responder agencies and hospitals. Once you have signed a participation agreement, you will be able to view the ODMAP along with certain charts like the graph at the bottom of the page which shows suspected overdoses per day.

Once you gain Level 2 access, your agency may view real-time overdose data. The [Overdose Spike Response Framework](#) is a resource that can guide development of a local Overdose Response Plan.

Agencies will want to 1) first request [Agency Access](#) and then 2) decide an Agency Administrator (who can set alerts) and then 3) create Level 2 users.



Number of Suspected Overdoses per Day.

***Thank you for your participation!***

Office of Emergency Medical Services

Contact Stacey Durante at [stacey.durante@ct.gov](mailto:stacey.durante@ct.gov) with questions.