

Revised Resolution No. 12

COMMITTEE ASSIGNMENT: Policy

Re: Opioid Response

1 WHEREAS, every day in the United States, 144
2 people die as a result of an opioid overdose; and

3 WHEREAS, in 2016 there were 2,861 opioid
4 deaths in Canada at a rate of 8 per day; and

5 WHEREAS, overdose now surpasses car crashes
6 and firearms as the leading cause of accidental death;
7 and

8 WHEREAS, according to the U.S. Centers for
9 Disease Control (CDC), in 2014, opioid overdose
10 deaths occurred at an average rate of 1 every 17
11 minutes and 2016 data show that fentanyl deaths are
12 up as much as 540%; and

13 WHEREAS, the Public Health Agency of Canada
14 estimates an increase in the death rate to more than
15 4,000 in 2017; and

16 WHEREAS, many people take opioids to manage
17 both chronic and acute pain, and more than 260
18 million opioid prescriptions are filled in the U.S.
19 each year; and

20 WHEREAS, the most commonly misused
21 prescription opioids are methadone, oxycodone,
22 hydrocodone, and fentanyl; and

23 WHEREAS, in addition to prescription opioid
24 misuse, the availability of illicit opioids has
25 expanded throughout North America; and

26 WHEREAS, according to the U.S. Drug
27 Enforcement Agency, fentanyl is being sold as heroin
28 in virtually every corner of North America; and

29 WHEREAS, as prehospital emergency calls for

30 opioid-associated emergencies continue to increase,
31 first responders at all levels must be properly trained
32 to respond to these life-threatening emergencies,
33 including the administration of naloxone (Narcan);
34 and

35 WHEREAS, State and Provincial EMS
36 Regulations have only begun to keep up with
37 legislation; and

38 WHEREAS, as of 2018, 3 states still do not allow
39 Basic EMS staff to administer naloxone for a
40 suspected opioid overdose; and

41 WHEREAS, fire fighters in BC, Alberta,
42 Saskatchewan, Manitoba, and Ontario carry
43 naloxone, equipping of fire fighters with naloxone in
44 the Atlantic provinces is sporadic; therefore be it

45 RESOLVED, That the IAFF support and promote
46 that local affiliate and state/provincial leaders should
47 encourage EMS administrators to update EMS
48 regulations to coincide with state/provincial law; and
49 be it further

50 RESOLVED, That IAFF affiliate leaders advocate
51 for the equipping of naloxone (Narcan) on all fire
52 and EMS apparatus in amounts sufficient to be
53 effective on the opioids now available in the street;
54 and be it further

55 RESOLVED, That IAFF affiliate leaders advocate
56 that minimum appropriate PPE for dealing with
57 opioids should include nitrile gloves, respiratory
58 protection (NIOSH recommended minimum P100
59 rated mask), and eye protection; and be it further

60 RESOLVED, That local fire/EMS departments
61 should collaborate with local law enforcement to
62 assure scene safety and mitigation of intervention

63 including officer safety and use of hazardous
64 materials response as needed; and be it further
65 RESOLVED, That fire/EMS department public
66 education programs should train participants to
67 prevent the use of opioids, recognize overdose, call
68 9-1-1, deliver basic first aid and to stay with the
69 patient until help arrives; and be it further
70 RESOLVED, That IAFF affiliate leaders work
71 with political officials and other decision makers to
72 address lowering the cost and extending the shelf-
73 life of naloxone (Narcan) to fire/EMS departments;
74 and be it further
75 RESOLVED, That the IAFF seek grants to fund
76 innovative fire/EMS department referral and
77 rehabilitation pilot programs and innovative
78 fire/EMS department follow-up programs.

Submitted by: IAFF Executive Board

Cost Estimate: None

COMMITTEE RECOMMENDATION: Adopt as Revised
CONVENTION ACTION: Adopted as Revised and
Amended