

FIRST RESPONDER PRECAUTIONS FOR UNKNOWN OPIOIDS

Introduction

The following recommendations are intended for Emergency Medical Service (EMS), Fire and Rescue, and Law Enforcement staff who may be exposed to opioids in the course of their daily activities, such as responding to opioid overdoses or other activities where small volumes of opioids may be present. Opioids may consist of multiple substances in varying amounts such as heroin, morphine, fentanyl, carfentanyl, or other fentanyl analogs. These substances are available in several forms, including powders, pills, liquids, and nasal sprays.

General Precautions for All First Responders

- Avoid handling of any substances or paraphernalia if possible
- Assume all unknown powdered drugs may contain fentanyl and/or its analogs
- Minimize exposure opportunities by covering bare skin
- Notify everyone in proximity as to the possibility for the presence of a dangerous drug
- Do not taste, touch, or sniff suspected drugs of any kind
- If alone, notify someone to ensure your safety is monitored
- Ensure naloxone is immediately available for use
- Perform risk assessments on every scene to determine exposure risks

Opioid Exposure Risk Assessment		
Opioids potentially or confirmed present at scene or with patient	No Visible Powder Present	Minimal
	Visible Powder Present	Moderate

Minimal Risk Personal Protective Equipment Recommendations	
Disposable nitrile gloves	Uniform, minimizing skin contact

Example: An EMS response to a suspected fentanyl overdose or law enforcement operation where intelligence indicates fentanyl products are suspected but are not visible on scene

Moderate Risk Personal Protective Equipment Recommendations	
Disposable nitrile gloves	Uniform, minimizing skin contact
NIOSH-approved respirator	Safety goggles/glasses

Example: An EMS response to a suspected fentanyl overdose or law enforcement operation where fentanyl products are suspected and small amounts are visible on scene

Signs and Symptoms of Exposure

Signs and symptoms of exposure may occur extremely rapidly or may be delayed. In general, watch for the following:

- Disorientation, drowsiness, or profound exhaustion
- Unconsciousness or decreased responsiveness
- Clammy skin
- Coughing, respiratory distress or arrest
- Constricted or pinpoint pupils
- Dizziness

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Exposure Routes	Exposure Decontamination
Potential exposure routes of greatest concern include inhalation, mucous membrane contact, ingestion, and percutaneous exposure. Skin contact is also a potential exposure route, but is <u>not</u> likely to lead to overdose unless large volumes of highly concentrated powder are encountered over an extended period of time. Brief skin contact with fentanyl or its analogs is not expected to lead to toxic effects if any visible contamination is promptly removed. Fentanyl and analogs are water soluble, so expedient decontamination (rinsing) of any contacted areas with water is advisable.	Areas of direct skin contact with any residue suspected of containing synthetic opioids should be immediately washed with copious amounts of water. As soon as feasible, skin surfaces should be additionally washed with soap and water. Use of alcohol-based hand disinfectants or hypochlorite bleach solutions must be avoided as they may enhance skin absorption of fentanyl analogs. Contaminated PPE should be removed using techniques that prevent aerosolizing powdered contaminants while avoiding unprotected contact with the outer layers of the PPE.

Medical Countermeasures and Exposure Treatment

If exposure is suspected, immediately move to a safe area to decontaminate and seek immediate medical attention. Naloxone is an antidote for opioid overdose. Immediately administering naloxone can reverse an overdose, although multiple doses of naloxone may be required. Naloxone may need to be re-administered after a period of time. Prepare to provide respiratory assistance if needed. EMS should immediately transport all exposed individuals for further monitoring and treatment.

Additional Information

All personal protective equipment (PPE) and standards should follow all applicable OSHA regulation, NFPA standards, and employer protocols as applicable. Operations involving gross contamination, or large-scale accidental spills or release, crime scene and evidence collection, laboratory, K-9, and HAZMAT require additional precautions not contained in this guidance, including the utilization of Level A PPE.

References and Additional Resources

- American College of Medical Toxicology and American Academy of Clinical Toxicology (2017). *Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders*. <https://www.acmt.net>
- CDC NIOSH (2017). *Fentanyl: Prevention Occupational Exposure to Emergency Responders*. <https://www.cdc.gov/>
- Drug Enforcement Agency (2017). *A Briefing Guide for First Responders*. <https://www.dea.gov/>
- Drug Enforcement Agency (2016). *DEA Issues Carfentanil Warning to Police and Public*. <https://www.dea.gov/>
- Indiana Department of Homeland Security (2017). *Carfentanil Safety for Responders*. <http://www.in.gov/dhs/>
- Indiana State Police (2017). *ISP Lab Bulletin 2017-01 General Precautions for Dangerous Drugs*. <http://www.in.gov/isp/>
- The Interagency Board (2017). *Recommendation on Selection and Use of Personal Protective Equipment and Decontamination Products for First Responders Against Exposure Hazards to Synthetic Opioids, Including Fentanyl and Fentanyl Analogs*. <https://www.interagencyboard.org/>
- The Interagency Board (2017). *Recommended Best Practices to Minimize Emergency Responder Exposures to Synthetic Opioids, Including Fentanyl and Fentanyl Analogs*. <https://www.interagencyboard.org/>
- White House (2017). *Fentanyl Safety Recommendations for First Responders*. <https://www.whitehouse.gov/>

