

August 30, 2018

Health Advisory

Fentanyl Safety Recommendations for First Responders

Summary

The increased prevalence of fentanyl (and other synthetic opioids) in the illicit drug market means that first responders need to understand how to protect themselves from exposure in the field. Law enforcement, fire, rescue, and emergency medical services (EMS) personnel must balance safety with mobility and efficiency when responding to scenes where the presence of fentanyl is suspected. As a result, the Whitehouse recently updated fentanyl safety recommendations.

Background

The United States is experiencing an opioid addiction and drug-overdose epidemic, impacting individuals of all ages and backgrounds. This epidemic has impacted individual citizens of North Dakota, including their families and communities across the state, resulting in overdose deaths. Death by opioid overdose is often preventable with the use of naloxone. [Governor Burgum's executive order 2017-16](#) not only made naloxone available from licensed pharmacists but also promotes education and resources to all healthcare professionals, families and individuals dealing with substance addictions, first responders, law enforcement professionals and community leaders.

Recommendations

The Fentanyl Safety Recommendations for First Responders provide first responders with unified, scientific, evidence-based recommendations to protect themselves when the presence of fentanyl is suspected during the course of their daily activities such as responding to overdose calls, conducting traffic stops, arrests, and searches.

The Recommendations fall into three specific categories:

- Actions first responders can take to protect themselves from exposure.
- Actions first responders can take when exposure occurs.
- Actions first responders can take when they or their partners exhibit signs of intoxication.

The *Recommendations* do not comprehensively address all scenarios and is focused on those encounters when the presence of fentanyl is suspected during the course of first responders' daily activities such as responding to overdose calls, conducting traffic stops, arrests, and searches. Activities such as field testing; executing search warrants; collecting, transporting, and storing evidence; and special operations such as hazardous material incident response teams responding to a release or spill, executing search warrants on opioid-related processing or distribution sites, or participating in other tactical operations may require additional protective actions.

FENTANYL[†]

SAFETY RECOMMENDATIONS FOR FIRST RESPONDERS

[†] For the purposes of this document, fentanyl, related substances, and synthetic opioids (herein after referred to as fentanyl[†]) includes fentanyl analogues (e.g., acetylfentanyl, acrylfentanyl, carfentanil, furanylfentanyl), novel synthetic opioids (e.g., U-47700), and other drugs that may be laced with these substances.

- ▶ **The abuse of drugs containing fentanyl[†] is killing Americans. Misinformation and inconsistent recommendations regarding fentanyl[†] have resulted in confusion in the first responder community.**
- ▶ You as a first responder (law enforcement, fire, rescue, and emergency medical services (EMS) personnel) are increasingly likely to encounter fentanyl[†] in your daily activities (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).
- ▶ This document provides scientific, evidence-based recommendations to protect yourself from exposure.

WHAT YOU NEED TO KNOW

- ▶ Fentanyl[†] can be present in a variety of forms (e.g., powder, tablets, capsules, solutions, and rocks).
- ▶ Inhalation of airborne powder is MOST LIKELY to lead to harmful effects, but is less likely to occur than skin contact.
- ▶ Incidental skin contact may occur during daily activities but is not expected to lead to harmful effects if the contaminated skin is promptly washed off with water.
- ▶ Personal Protective Equipment (PPE) is effective in protecting you from exposure.
- ▶ Slow breathing or no breathing, drowsiness or unresponsiveness, and constricted or pinpoint pupils are the specific signs consistent with fentanyl[†] intoxication.
- ▶ Naloxone is an effective medication that rapidly reverses the effects of fentanyl[†].

Actions to take . . .

To protect yourself from exposure

- ▶ Wear **gloves** when the presence of fentanyl[†] is suspected.
- ▶ **AVOID actions that may cause powder to become airborne.**
- ▶ Use a properly-fitted, NIOSH-approved **respirator ("mask")**, wear **eye protection**, and minimize skin contact when responding to a situation where small amounts of suspected fentanyl[†] are visible and may become airborne.
- ▶ Follow your department guidelines if the scene involves large amounts of suspected fentanyl[†] (e.g., distribution/storage facility, pill milling operation, clandestine lab, gross contamination, spill or release).

When exposure occurs

- ▶ Prevent further contamination and notify other first responders and dispatch.
- ▶ Do not touch your eyes, mouth, nose or any skin after touching any potentially contaminated surface.
- ▶ Wash skin thoroughly with cool water, and soap if available. **Do NOT use hand sanitizers as they may enhance absorption.**
- ▶ Wash your hands thoroughly after the incident and before eating, drinking, smoking, or using the restroom.
- ▶ If you suspect your clothing, shoes, and PPE may be contaminated, follow your department guidelines for decontamination.

If you or other first responders exhibit

- **Slow Breathing or No Breathing**
- **Drowsiness or Unresponsiveness**
- **Constricted or Pinpoint Pupils**
- ▶ Move away from the source of exposure and call EMS.
- ▶ Administer naloxone according to your department protocols. Multiple doses may be required.
- ▶ If naloxone is not available, rescue breathing can be a lifesaving measure until EMS arrives. Use standard basic life support safety precautions (e.g., pocket mask, gloves) to address the exposure risk.
- ▶ If needed, initiate CPR until EMS arrives.



Collaborative Support From:

- American College of Emergency Physicians
- American College of Medical Toxicologists
- American Industrial Hygiene Association
- Association of State and Territorial Health Officials
- Association of State Criminal Investigative Agencies
- Fraternal Order of Police

- International Association of Chiefs of Police
- International Association of Fire Chiefs
- International Association of Fire Fighters
- Major Cities Chiefs Association
- Major County Sheriffs of America
- National Alliance of State Drug Enforcement Agencies

- National Association of Counties
- National Association of County and City Health Officials
- National Association of Emergency Medical Technicians
- National Association of EMS Physicians
- National Association of State EMS Officials

- National Governor's Association
- National HIDTA Directors Association
- National Narcotic Officers' Associations' Coalition
- National Sheriffs' Association
- National Volunteer Fire Council
- Police Executive Research Forum
- Police Foundation

For More Information

Individuals, families, friends, and communities affected by addiction and recovery, including addiction recovery advocates, medical providers, behavioral health providers, law enforcement and emergency responders, are encouraged to attend the 2018 Recovery Reinvented event on Wednesday, Sept. 5, from 8 a.m. to 5 p.m. at the Fargo Civic Center. Continuing Education Credits will be available. Learn more at <https://recoveryreinvented.com>.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance

Health Advisory May not require immediate action; provides important information for a specific incident or situation

Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation

HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##