DEPARTMENT NOTICE

22-088
Published: 9/19/22
Expires: 9/19/25

Fentanyl Safety Recommendations for First Responders

Purpose

The purpose of this Department Notice is to provide updated safety recommendations related to potential handling and exposure to Fentanyl.

Safety Procedures

When arriving at the scene where seizure of narcotics and fentanyl are suspected to be present, all members should employ the following safety precautions:

1. Use appropriate personal protective equipment (PPE); disposable respirator mask, dark colored powder-free nitrile gloves, and eye goggles.

2. Do not eat, drink, smoke, or use the bathroom while working in areas of known or suspected fentanyl.

3. Do not touch the eyes, mouth, or nose after touching any surface potentially contaminated with fentanyl.

4. Do not use hand sanitizer or bleach solutions to clean the skin. Wash hands with soap and water immediately after leaving the scene.

5. If anyone is compromised by fentanyl, which can be identified by slow breathing or no breathing, drowsiness or unresponsiveness, constricted or pinpoint pupils, move away from the source of contamination, wash with soap and water, administer naloxone (see DN 20-173, ***Opiate Overdose Prevention and Treatment – Naloxone Hydrochloride***) and call for an ambulance (code 3).

Although the above listed precautions are noted as being utilized for fentanyl related incidents, members are encouraged to use precautions for all narcotics seizures.

Police Captains shall ensure the attached flyers are posted in District Stations and Unit Facilities under their command:

- Fentanyl – Safety Recommendations for First Responders
- California Statewide Opioid Safety Workgroup

Incidental skin contact with Fentanyl or other synthetic opioids should not lead to harmful effects if the contaminated skin is promptly washed with cool water and soap if available; DO NOT use hand sanitizers in these instances as they may enhance absorption. Fentanyl is most dangerous when it is aerosolized and inhaled, so avoid actions that may cause powder to become airborne. Personal Protection Equipment (Nitrile Gloves, N95 Respirators) is useful in protecting from exposure. Naloxone is an effective medication that rapidly reverses the effects of Fentanyl.

[redacted]

References:

DN 22-089 – TruNarc Analyzer – Narcotics Field Testing
[redacted]
DN 20-173 - Opiate Overdose Prevention and Treatment – Naloxone Hydrochloride

[redacted]

[redacted]

WILLIAM SCOTT
Chief of Police

Per DN 20-150, all sworn & non-sworn members shall electronically acknowledge this Department document in PowerDMS. Members whose duties are relevant to this document shall be held responsible for compliance. Any questions regarding this policy should be made to sfpd.writtendirectives@sfgov.org who will provide additional information.

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

https://www.whitehouse.gov/ondcp/key-issues/fentanyl

California Statewide Opioid Safety Workgroup

Responding to a Fentanyl Overdose:
What California First Responders Need to Know

California has seen an increasing number of fentanyl/fentanyl analog-related overdoses. Preliminary 2018 data report 743 fentanyl-related overdose deaths (an increase of 72% from 2017).[1] With fentanyl in our drug supply, first responders (e.g., emergency medical services and law enforcement) are likely to encounter it on the job and may have safety concerns. To address these concerns, the American College of Medical Toxicology (ACMT) and the American Academy of Clinical Toxicology (AACT) released a position statement for first responders.[2]

The risk of clinically significant exposure to emergency responders is extremely low.

According to the ACMT and AACT Position Statement:

- Incidental skin absorption is unlikely to cause clinical signs of toxicity.
- Nitrile gloves provide sufficient protection for routine handling.
- Simple washing with soap and water is adequate to remove fentanyl from contaminated skin. *Hand sanitizers and cleaning agents may increase fentanyl absorption and should not be used.*
- If drug particles are suspended in the air, a fit-tested N95 respirator provides reasonable protection.

Assisted ventilation and naloxone administration is the standard first aid response to opioid overdose.

Signs, Symptoms, and Management of a Suspected Fentanyl Overdose:

- Fentanyl produces characteristic opioid overdose signs and symptoms including decreased level of consciousness, slowed breathing, lack of response to stimulation, and constricted pupils.
- Peak respiratory depression can occur in 5 minutes or less. A rapid response is imperative.[3]
- Naloxone administration and assisted ventilation are the most critical interventions.
- California Poison Control System can assist in the management of a suspected fentanyl overdose. They can be reached at 1-800-222-1222.

Aftercare for Overdose Victims:

First responders can be critical liaisons linking those suffering from opioid use disorder with treatment and follow-up care. When possible, people who have experienced overdose should be linked to care based on their individual circumstances:

- Harm reduction and syringe services programs provide a variety of health and social services for people who use drugs and often serve as trusted entry points to other parts of the health system. Click here to find a harm reduction provider near you (https://tinyurl.com/yxmycoj3).
- Medications used to treat opioid use disorder reduce the risk of overdose. Click here to find local substance use disorder treatment in your community (https://choosemat.org).

If You Need Naloxone in Your Agency/Community:

A list of naloxone access options in California (https://tinyurl.com/yyt2busc) is available from the California Health Care Foundation. Community members can also access naloxone through local harm reduction services (https://tinyurl.com/yxmycoj3).

Frequently Asked Questions

I have heard news reports about first responders developing toxicity from just entering the room where someone has overdosed. Should I be concerned?

Mass media reports of fentanyl toxicity by first responders through passive contact in their job duties are more myth than fact. In order to create clinically significant toxicity, an adequate dose of fentanyl must be absorbed into the blood stream and enter the central nervous system. Simply being in a room where fentanyl is present will not result in toxicity or overdose.

If I see white powder on the scene next to an overdose victim, do I need to wear a mask?

An undisturbed white powder is unlikely to be an inhalation risk to first responders. Even in industrial settings at the highest airborne concentration, it would take 200 minutes of exposure to achieve a dose of 100mcg of fentanyl.[2] However, if drug particles are suspended in the air, a fit-tested N95 respirator is suggested.

Can I experience opioid toxicity if I get fentanyl on my skin?

It would be highly unlikely to experience opioid toxicity from incidental dermal exposure. Absorption of fentanyl from transdermal patches designed to deliver the drug systemically requires hours to produce a therapeutic serum level. To prevent the possibility of absorption, immediate cleansing with soap and water should follow any inadvertent contact.

Will assisted ventilation with a bag-valve-mask or barrier mask put me at risk for inhaling fentanyl from an overdose victim?

Fentanyl and other opioids are not exhaled or excreted through sweat or the skin; therefore, first responders are not at risk of toxicity when providing assisted ventilation.

Do I need to administer more doses of naloxone to reverse a fentanyl overdose?

Fentanyl overdoses are responsive to naloxone like other opioids. Standard naloxone dosing should be implemented with repeated administration every 2-3 minutes until respiratory function is restored. Early and concurrent introduction of ventilatory support should always be a priority.[4]

I see the same patients for an opioid overdose multiple times. What can I do as a first responder to stop this cycle?

Individuals who have experienced an overdose are at the highest risk of experiencing a subsequent overdose. Linking patients to local harm reduction and substance use disorder treatment programs that provide medications for opioid use disorder are the most critical interventions to prevent future overdoses. First responders should also ensure that survivors of an overdose have naloxone on hand for themselves and others.

---

[1] https://cdph.ca.gov/OpioidDashboard

[2] Moss MJ et al. ACMT and AACT position statement: preventing occupational fentanyl and fentanyl analog exposure to emergency responders. Clinical Toxicology 2018:56:297-300.

[3] Harper MH et al. The Magnitude and Duration of Respiratory Depression produced by Fentanyl and Fentanyl plus Droperidol in Man. JPET 1976;199:464-468.

[4] Lynch MJ, Suyama J, Guyette F. Scene Safety and Force Protection in the era of ultra-potent Opioids. Prehospital Emergency Care 2018;22:157-162.