

First Responder Precautions for Unknown Opioids

Unknown opioids may consist of multiple substances in varying amounts. Examples may include heroin, morphine, fentanyl, carfentanil, and others. Carfentanil and other fentanyl-related compounds are a serious danger to public safety, first responder, medical, treatment, and laboratory personnel. These substances are available in several forms, including powder, and they can be absorbed through the skin or accidental inhalation of airborne powder.

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		
Carfentanil or other fentanyl-related compounds potentially or confirmed present at scene or with patient	No Visible Powder Present	Medium Risk
	Visible Powder Present	High Risk

Medium Risk Personal Protective Equipment Recommendations

- Disposable nitrile gloves*
- Safety goggles or glasses for eye protection
- Disposable N95 masks or respirators

High Risk Personal Protective Equipment Recommendations

- Disposable nitrile gloves*
- Safety goggles or glasses for eye protection
- Half or full mask filtering respirator rated to P100**
- Impermeable Coveralls, boot covers, and protective sleeves if performing any task that could potentially aerosolize compounds
- **Full Level A PPE for any handling or collection of substance**

**Nitrile gloves should be a minimum 5 mil thickness and powder-free. Consider double gloving as an additional precaution if appropriate. Replace gloves immediately if torn or after 30-60 minutes of use. Dark gloves may allow better visualization of any drug powder residue.*

***If P100 is not available, N95 should be utilized*

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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
- Coughing, respiratory distress or arrest
- Pinpoint pupils and clammy skin

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 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, and HAZMAT require additional precautions not contained in this guidance, including the utilization of Level A PPE.

References and Resources

CDC NIOSH (2017). *Fentanyl: Prevention Occupational Exposure to Emergency Responders*.

<https://www.cdc.gov/niosh/topics/fentanyl/risk.html>

Drug Enforcement Agency (2017). *A Briefing Guide for First Responders*.

https://www.dea.gov/druginfo/Fentanyl_BriefingGuideforFirstResponders_June2017.pdf

Drug Enforcement Agency (2016). *DEA Issues Carfentanil Warning to Police and Public*.

<https://www.dea.gov/divisions/hq/2016/hq092216.shtml>

Indiana Department of Homeland Security (2017). *Increasingly Potent Opiates Put Hoosiers, Responders at Risk*.

Indiana State Police (2017). *ISP Lab Bulletin 2017-01*.