INTERIM GUIDANCE FOR FIRST RESPONDERS: OPIOID MISUSE

January, 2017
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OPIOID MISUSE OVERVIEW

Relation to Fentanyl Misuse
Fentanyl is a powerful synthetic opioid drug that is similar to morphine and heroin but is 50 – 100 times more potent. Carfentanil, another powerful synthetic opioid, is considered a 100 times more potent than fentanyl. Fentanyl is prescribed as a pain killer or used as an anesthetic under a medical practitioner’s supervision.

Fentanyl is becoming the common name used in dealing with many of the synthetic drugs being used by individuals. Although actual fentanyl has become a common illicitly used drug, it is important to understand that other opioids may be present and that their potency can vary drastically. The image below details the vast differences between the different opioids.

Opioid Comparison Chart: (http://www.straight.com/blogra/770691/homeless-vancouver-fentanyl-overdoses...)

Non-pharmaceutical fentanyl and carfentanil can typically be available in the following forms:

POWDER

PILLS
Non-pharmaceutical fentanyl available on the street may contain varying concentration of fentanyl or its analogues and may be mixed with other drugs such as cocaine and heroin. It may be sold disguised as another drug alleged to be oxycodone or heroin.

The amount of fentanyl and carfentanil in the powder or tablets may fluctuate every time it is purchased because it is difficult to mix evenly given the small amounts of fentanyl being added to the product. Fentanyl and carfentanil are highly potent drugs and thus increase the risk of overdose especially in individuals who take them unknowingly.

**How Much Fentanyl is Dangerous?**
Current literature indicates that the lethal dose for fentanyl is 2 mg.

![Lethal dose comparison](image)

**How does fentanyl work?**
Fentanyl binds to the body's opioid receptors, which are found in areas of the brain that control pain and emotions producing a state of euphoria and relaxation.

Fentanyl is a highly addictive and short acting synthetic opioid. Fentanyl signs and symptoms can occur within minutes following intravenous or inhalation exposure, within minutes to hours following ingestion, and within hours following dermal exposure.

**Links to other Fentanyl Misuse Information:**
The Alberta Health Services website has information regarding all things Fentanyl related including the Take Home Naloxone kit program and public information: [http://www.stopods.ca](http://www.stopods.ca) or [http://www.albertahealthservices.ca/info/page13663.aspx](http://www.albertahealthservices.ca/info/page13663.aspx)


The RCMP, in collaboration with other first response agencies in British Columbia, have established a website designed for first responders: [https://www.fentanylsafety.com/](https://www.fentanylsafety.com/)
OPIOID MISUSE EVENT ANATOMY

CALL TO MAN-DOWN; POSSIBLE OD

DON APPROPRIATE PPE:
- N95 Mask
- Nitrile Gloves
- Safety Glasses / Goggles
- Long sleeved duty shirt, duty jacket or isolation gown
- Access to Naloxone

STREET LEVEL RISK ASSESSMENT

DO NOT PROCEED
Implement “Hold Back”… Wait for Appropriate Resources to arrive…

REQUIRED RESOURCES:
- Police?
- Fire?
- EMS?

DO NOT PROCEED

VICTIMS INVOLVED?

NO

YES

DECONTAMINATION

CONSIDER PADIS
1-800-332-1414

SIGNALS & SYMPTOMS
opioid / fentanyl OD.

VENTILATION & CIRCULATORY SUPPORT.


Consider Naloxone administration

EMERGENCY MEDICAL SERVICES (EMS):

Early Notification to Receiving Hospital Destination

FOLLOW ROUTINE PROCEDURES.

POST EVENT ACTIONS

Ensure all required reporting has been completed.
Follow all decontamination and disposal guidelines issued by your agency.

NEVER place a contaminated individual in any emergency vehicle until decontamination has occurred.
OPIOID OVERDOSE / EXPOSURE SIGNS & SYMPTOMS

The signs and symptoms of an opioid overdose or exposure will depend on the purity, amount and route of administration.

The onset of symptoms can range from immediate to being delayed by minutes, hours or days.

**Signs & Symptoms of an opioid overdose / exposure may include:**

**Altered Level of Consciousness:**
- Excessive drowsiness
- Difficulty thinking, speaking or walking
- Confusion
- Nonresponsive to pain or someone’s voice
- Coma
- Seizures
- Pinpoint pupils

**Breathing:**
- Trouble breathing – may sound like snoring
- Slow shallow breathing
- Blue lips & fingernails
- Respiratory arrest

**Altered Vital Signs:**
- Slowed heart rate
- Low blood pressure
- Dizziness
- Cold, clammy skin

**Airway:**
- Choking
- Vomiting
<table>
<thead>
<tr>
<th>Condition</th>
<th>Illustration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slow or no breathing</td>
<td><img src="image1.png" alt="Image" /></td>
</tr>
<tr>
<td>Blue lips and nails</td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
<tr>
<td>No movement (cannot wake them)</td>
<td><img src="image3.png" alt="Image" /></td>
</tr>
<tr>
<td>Choking or throwing up</td>
<td><img src="image4.png" alt="Image" /></td>
</tr>
<tr>
<td>Gurgling or snoring sounds</td>
<td><img src="image5.png" alt="Image" /></td>
</tr>
<tr>
<td>Pupils are tiny</td>
<td><img src="image6.png" alt="Image" /></td>
</tr>
<tr>
<td>Cold and clammy skin</td>
<td><img src="image7.png" alt="Image" /></td>
</tr>
<tr>
<td>Seizure</td>
<td><img src="image8.png" alt="Image" /></td>
</tr>
</tbody>
</table>

*Courtesy Alberta Health Services*
The increasing prevalence related to the misuse of opioids within Alberta has resulted in an increased focus on the drug Naloxone. While Naloxone is an effective reversal agent in the treatment of narcotic related overdose; it is imperative for all first responders to remember that the primary and most important / effective treatment of a narcotic related emergency is the provision of high quality airway management and cardiopulmonary support and resuscitation.

AHS has created a document that also outlines the importance of rescue breathing when an opioid overdose is suspected. [http://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-thn-rescue-breathing.pdf](http://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-thn-rescue-breathing.pdf)

This section will review:
- Naloxone
- Routes of Administration
- Treatment guidelines:
  - Patient Care
  - Secondary Exposures
- Take Home Naloxone Kits (THNK)

**Naloxone Overview**
Naloxone is an antidote that may be used to reverse the action of opioid overdose. It does not work every time it is used and its effects may not last as long as effects from the involved opioid. It is administered when there is reason to believe the affected person is experiencing opioid overdose.

More information on Naloxone is available here:

**Routes of Administration**
Naloxone is available as an injection administered intravenously (I.V.), intramuscularly (I.M.) or as a nasal spray (I.N.). First responders should be aware that multiple routes of naloxone administration may be encountered as some are in use by individual prescription and are also currently being used by other first response agencies.

Access and administration of naloxone for patient care is agency specific. The route of naloxone administration selected by a first response agency involves consideration of several parameters, including (but not limited to):
- Current legislation and regulations related to access and administration of naloxone in Canada and Alberta.
- Registration of staff members with the Alberta College of Paramedics (EMR, EMT-A, EMT-Paramedic).
- Access to recognized training.
- Staff safety.

AHS EMS staff are reminded to follow existing Medical Control Protocols (MCPs) when suspecting an opioid overdose.

Work is underway for access and administration of naloxone for AHS EMS Medical First Response (MFR) program agencies.

**Treatment Guidelines**

1. **Patient Care**
   All levels of first responders are reminded that the primary and most important / effective treatment of a narcotic related emergency is the provision of high quality airway management and cardiopulmonary support and resuscitation.

   Always follow established MCPs and employer guidelines when administering naloxone. A verbal report should clearly describe the route, dose, time of administration and patient response to naloxone when handing over patient care to another trained medical provider.

2. **Unintentional Exposure**
   In the event that a medical responder is believed to have been exposed to an opioid and is displaying signs and symptoms related to opioid exposure; administration of naloxone is to comply with existing AHS EMS and MFR medical control protocols.

   Ideally naloxone should be administered by another qualified first responder; self-administration (if capable) may be required.

   Ensure other first responders are alerted to any exposure and contact dispatch to request additional medical assistance as soon as possible.

**Take Home Naloxone Kits**

In response to the increasing misuse of fentanyl AHS has developed a program that facilitates access of naloxone to individuals who are at risk of opioid overdose. First Responders should be aware that these kits exist and may be used by patients and bystanders prior to the arrival of emergency services.

Current Take Home Naloxone Kit contents:
- 2 vials of 0.4mg / ml Naloxone
- 2 syringes
- 2 alcohol swabs
- 1 pair of gloves
- 1 One-way rescue breathing barrier mask
- 1 Instruction pamphlet.
*NOTE: Starting February 2017, Take Home Naloxone Kits contain 3 vials of naloxone, 3 syringes and 3 alcohol swabs.

If the kit is encountered, first responders should:

- Watch for the presence of sharps (although these kits contain retractable sharps devices – take caution when approaching the scene).
- Inquire with any bystanders or the patient about the number, timing and location of administration(s).
- If possible collect the kit to bring with the patient to the hospital.
- Account for all naloxone administrations when determining if more naloxone is indicated.

To learn more about the Take Home Naloxone Kits, please visit: [http://www.albertahealthservices.ca/info/page12491.aspx](http://www.albertahealthservices.ca/info/page12491.aspx)
FIELD LEVEL RISK ASSESSMENT

With an increased prevalence of fentanyl related emergency events, first-responders are reminded to be vigilant and conduct a Field Level Risk Assessment while responding to / arriving at scene.

This document contains information to assist first responders identify low level and high level risks associated with fentanyl misuse and corresponding actions to take.

Consider the following when conducting a field level risk assessment:

- Person is unconscious and cause is unknown – assume it is a synthetic opioid.
- Drugs present on the person e.g. pill containers, folded pieces of paper
- White or green residue on the person, around the mouth or hands
- Observe the scene for drug paraphernalia or other signs of possible illicit drug use

Low Level Risk

Situations such as small amount of drugs present on the user or the street drug trafficker.

‘Street Level’ Fentanyl is often taken unknowingly because it is being sold as oxycodone, morphine or other less potent but highly addictive opioids. Like other tableted drugs, the colour and shape does not confirm what it contains.

Street level Fentanyl is commonly referred to as:
- green beans / beans
- green apples / apples
- shady eighties / eighties
- fake oxy
- greenies

*It is strongly believed by experts that the potential to encounter even “street level” fentanyl is LOW. The ‘street level’ fentanyl is considered to be between 3-5% pure.*

Corresponding Actions:

- Always wear PPE as described in: Fentanyl/Opioid Personal Protective Equipment.
- Prevent skin and eye contact
- Do not handle pills – advise law enforcement.
- If you must handle pills – always wear double nitrile gloves.
- Remain vigilant for any signs of high level risk activity.
High Level Risk
Examples of situations that require higher level precautions are the presence of fentanyl in amounts larger than pre-packaged street level distribution or entering spaces used to mix/prepare fentanyl containing drugs (clandestine activity).

Although these situations are typically encountered by Law Enforcement, it is important to be vigilant and safe. If any signs of powdered fentanyl or clandestine activities exist you should exit the building immediately, notify dispatch and request Law Enforcement attend the scene to assess the situation.

Fentanyl Powders
Fentanyl is often transported as a powder intended to be pressed in to pills or to resemble heroin. Fentanyl powder may be cut with other ingredients but should be assumed to be highly potent and to pose significant risk to responders.

Colours of fentanyl powder include:
white, pink, purple, blue or green.

Although fentanyl powder is not commonly encountered by first responders; it should be assumed to be raw and consequently assumed to pose significant risk to first responders.

Clandestine Activity
The expression "clan lab" refers to any location where drugs are grown, produced or prepared" (http://www.rcmp-grc.gc.ca/drugs-droges/msdi-ilcmds/lab-eng.htm).

Fentanyl pill pressing “labs” or facilities don’t necessarily present with strong odors. There may be no evidence that you are in a suspect or hazardous environment. The following are some images detailing what you should be aware of to improve your situational awareness.

As an emergency responder, you may respond to a location where fentanyl is being manufactured for distribution. Being vigilant and aware of your surroundings while having a high index of suspicion for clandestine activities is always important.
Items to be aware of that are clues of a possible clan lab include:

- Magic Bullet blenders
- Vacuum sealer
- Distilled water
- Spray bottle with brown dye*
- Strange stove top staining
- Powders (microcrystalline cellulose, caffeine)
- Digital scales
- Hydraulic Press
- Glacial acetic acid*
- Foil packages with Ziplocs

Other items to be vigilant of:

- Personal protective equipment used by the occupants – shows presence of a harmful substance.
- Fentanyl mixed with heroin – glacial acetic acid may be used in this process; distinctive vinegar-like odor may be present.
Silver packs are furanyl fentanyl.

Industrial looking equipment; pill processing and press machines

Corresponding Actions:
- If you encounter any powder – assume it is fentanyl or carfentanil, inform others and remove yourself from the area immediately.
- Contact your Dispatch; relay your findings.
- If not present - request law enforcement, Hazardous Materials team and Incident Response Paramedics (IRP) – if available.

**DO NOT RE-ENTER THE AREA!**

**FENTANYL/ OPIOID PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Fentanyl, carfentanil, and other new and emerging potent synthetic drugs may pose a risk to First Responders who may come into contact with the drugs or individuals who are taking these drugs.

- Emergency Medical Services
- Fire Services
- Medical First Responders

**Routes of Exposure**
Exposure to fentanyl and its analogs may occur through:
- Inhalation
- Skin contact
- Absorption through the eye and ingestion e.g. touching mouth with contaminated hands.

**Safe Work Precautions**
Occupational exposure limits have not been established for exposure to fentanyl and its analogs. Workers are required to assess the specific risks of situations as they occur through conducting a Field Level Risk Assessment.
Low Level Risk indicates the use of the PPE and associated donning / doffing and decontamination procedures described within this document.

High Level Risk indicates the following actions:
- If you have already entered a High Risk area - inform other responders and remove yourselves immediately.
- Contact your Dispatch; relay your findings.
- If not present - request law enforcement, Hazardous Materials team and Incident Response Paramedics (IRP) – if available.

**DO NOT RE-ENTER THE AREA!**

*See the Field Level Risk Assessment document for more information on Low and High Level Risks related to Fentanyl / Opioids.*

Low Level Risk PPE
- Gown, long sleeved duty shirt or duty jacket.
- 2 pairs of properly extended cuff nitrile (at least 5mm thickness) gloves
- Safety glasses with side shields, face shield or safety goggles
- N95 respirator – Worker must be fit tested

The following are guidelines for proper donning and doffing of the aforementioned PPE.
PPE Donning Guidelines

N95 Donning:

1. Perform hand hygiene. Remove the mask from the package and ensure both straps are intact.

2. Open and pre-form the mask's profile; *ensure the padded nose bridge is on TOP.

3. Place both straps on the back of your fingers in preparation for placement over your mouth and nose.
4. Cup the mask in your hand and position it under your chin and over your nose. Use your free hand to pull each strap over and behind your head as shown.

***Placement of either style of mask follows the same procedure***

5. Form the nose piece snugly over the bridge of your nose and seat/adjust the rest of the mask comfortably over your face and chin.

***Note*** Pinching the nose piece with one hand can result in an improper mask seal and result in a decrease in respirator performance.
6. Fit check your N95.
**Negative fit check**: Cup your hands over your mask without excessive pressure and breathe in sharply. A light collapse of the respirator should be felt with no air leaking in around the seal. For the **positive fit check**, cup your hands over respirator and blow out. A built-up of air should be felt with no air leaking out around the seal.

**Safety Glasses with side shields and Full-face shield**

7. Don safety goggles only after your N95 is properly fitted. A full-face shield may be worn over your goggles and mask.
Putting on (Donning) Personal Protective Equipment (PPE)

1. **HAND HYGIENE**
   - A. Using an alcohol-based hand rub is the preferred way to clean your hands.
   - B. If your hands look or feel dirty, soap and water must be used to wash your hands.

2. **Gown**
   - A. Make sure the gown covers from neck to knees to wrist.
   - B. Tie at the back of neck and waist.

3a. **Procedure/Surgical mask**
   - Secure the ties or elastic around your head so the mask stays in place.
   - Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.

3b. **N95 respirator**
   - There are different styles of N95 respirators (pictured below). They include:
     a. molded cup
     b. duckbill
     c. flat-fold
     d. v-fold
   - All styles have the same basic steps for donning. Molded cup and duckbill are pictured below. Refer to the manufacturer for specific donning instructions.

4. **Eye protection or face shields**
   - Place over the eyes (or face).
   - Adjust to fit.

5. **Gloves**
   - Pull the cuffs of the gloves over the cuffs of the gown.

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PPE Doffing Guidelines

N95 Doffing:

1. Begin with removal of your gloves. Grab and turn the edge of one glove first in preparation to slide it off. Holding the first glove in the palm of the other hand, grab the INSIDE edge of the second glove until you can pull it over and off your hand.

2. Ensure you enclose the second glove over the first such that they are both inside, out, one inside the other. Discard appropriately.

3. Remove your goggles next by lifting them up and away from your face while not disturbing your mask.

4. Hook your index fingers on both side under both of the elastic straps.

5. Carefully pull both straps up and forward over your head. *Do not touch or manipulate the mask itself; utilize only the straps to doff the mask.

6. Complete by moving the mask down and away from your face, again using only the straps. Discard appropriately.

7. PERFORM PROPER HAND HYGIENE.
Doffing Duty Jacket and Shirt:
The removal of jackets and shirts suspected to be contaminated with fentanyl powder will be a two person process.

Both staff members should have already donned full PPE including goggles/face shield, N95 mask, and nitrile gloves.

Items of clothing with small amounts of contaminate may be removed following the standard donning and doffing guidelines and decontaminated following the decontamination guidelines.

The overarching goal during doffing always includes rolling garments inside out into themselves to further contain and reduce potential spread of the potential contaminants. This will be done in a controlled and gentle fashion. This may include, but is not limited to, EMS duty jackets, shirts, yellow gowns, etc.

Once garments have been decontaminated, staff should proceed with proper doffing procedures of their PPE (see “N95 donning and doffing”).

The following process begins with the scenario of a potentially contained EMS duty jacket. If a jacket is not the issue, proceed to doffing of an EMS duty shirt.

**Doffing Duty Jacket:**
1) The assistant will open the zipper in a controlled, non-disruptive fashion.

2) Beginning at the collar, the assistant will roll and curl the jacket carefully downward and inside, out into itself.

   At intervals, the assistant should retake the highest edge of the material and continue rolling it downward and inside out, always being careful to curl the jacket’s exterior within the jacket’s interior.
3) Once the jacket is low enough to do so, carefully slide the jacket’s cuffs off the person’s hands.

4) Carefully pull the jacket down and away. Place in hospital biohazard bin. Doff personal protective equipment and perform hand hygiene.

*Special notes:*
- If there is contaminant on or over the zipper or anywhere on anterior of the jacket in general, **undoing to zipper may further spread the contaminant.**
- In this case the jacket’s zipper should remain undisturbed.
- The assistant should instead remove the jacket from the front by first cutting the material of the jacket from the waist on the back, up the spine to the collar. In this way, the jacket can be removed in the same process as shown above except it will be rolled and contained down the person’s front instead down off their back.
- If the item to be removed is a yellow gown, the procedure for rolling and removing it will be the same as removing a jacket from a person’s front.
Doffing Duty Shirt:

1) Remove your radio and contain it aside for cleaning. To prevent contaminating your belt and its contents begin by carefully untucking the shirt from as high as possible. Gently pull upward on the shirt from well above your waist until all the material is free.

2) The assistant will undo the zipper in a controlled fashion.

3) The assistant will also undo the buttons as required.

4) Identical to the removal of an EMS duty jacket, the assistant will begin at the collar and roll and curl the shirt carefully downward and inside out into itself.
At intervals, retake the highest edge of the material and continue rolling it downward and inside out, always being careful to curl the shirt’s exterior within its interior.

5) Once the shirt is low enough to do so, carefully slide it off the person’s hands.
6) The shirt will be placed inside the hospital biohazard bin.
7) Proceed with removal of PPE and hand-washing procedures.
Taking off (Doffing) Personal Protective Equipment (PPE)

1 Gloves
   A. Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.
   ♦ Hold the glove by the opposite glove/hand.
   B. Slide an ungloved finger or thumb under the wrist of the remaining glove.
   C. Peel the glove off and over the first glove, making a loop for both gloves.
   ♦ Put the gloves in the garbage.

2 Hand Hygiene
   A. Using an alcohol-based hand rub is the preferred way to clean your hands.
   B. If your hands look or feel dirty, soap and water must be used to wash your hands.

3 Gown
   A. Carefully unfasten ties.
   B. Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.
   C. Turn the gown inside out during removal.
   ♦ Put in hamper or, if disposable, put in garbage.

4 Hand Hygiene
   ♦ Clean your hands. (See No. 2)
   ♦ Exit the patient room, close the door and clean your hands again.

5 Eye protection or face shield
   ♦ Handle only by headband or ear pieces.
   ♦ Carefully pull away from face.
   ♦ Put reusable items in appropriate area for cleaning.
   ♦ Put disposable items into garbage.

6 Mask or N95 respirator
   ♦ Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
   ♦ Start with the bottom tie, then remove the top tie.
   ♦ Throw the mask in the garbage.
   There are different styles of N95 respirators but all styles have the same basic steps for donning.

7 Hand Hygiene
   ♦ Clean your hands. (See No. 2)

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Disposal and Decontamination

The following recommendations are from the RCMP Clear Team OHS Advisor and follow recommendations for RCMP officers with small amounts of contaminant on clothing.

If the person has a small amount of powder contamination on clothing the following steps may be completed:

1. For a shirt, remove the shirt following recommended doffing procedure. Place the shirt in a plastic bag to be moved to a decontamination sink or decontamination shower. The item of clothing can be placed in the shower or sink to soak in water. This will dilute the contaminant and eliminate the inhalation risk. Alternatively the person may be escorted to the decontamination shower and be placed in the decontamination shower stream to eliminate the contaminant. This method should follow the 15 minute flushing rule.

2. Following this decontamination recommendation the clothing items are considered to be safe and may be laundered normally.

Any contamination or accidental exposure should be reported to your Supervisor and reported through My Safety Net: (https://mysafetynet.albertahealthservices.ca/prd/portalregistration/login rails)
**Opioid Exposure Safety for First Responders**

Increasingly, First Responders are attending emergencies related to opioid or fentanyl misuse. Consequently, the potential of unintentional exposure to fentanyl (particularly in powder form) and fentanyl processing activities must be considered. Such exposures, although a low likelihood, can place the personal safety of first responders at risk.

This document is intended to provide first responders with information regarding immediate actions to take in the event an unintentional exposure occurs.

**Routes of Exposure**

If encountered, Fentanyl powder and powder residue can affect the health of first responders. Routes that fentanyl can be absorbed by the body include:

- **Eyes** – Aerosolized Fentanyl powder and residue can be absorbed through the eyes.
- **Inhalation** - Fentanyl can be dangerous if inhaled.
  - Aerosolized / misting of fentanyl powder/residue can incapacitate responders.
- **Ingestion** - Fentanyl can be lethal should incidental ingestion occur.
- **Skin** - Fentanyl can be absorbed through unbroken skin; it does take some time for this to occur (hours to days).

**Avoid Exposure**

The best way to stay safe is to avoid exposure whenever possible. Conduct a Street Level Risk Assessment. If there are indications of fentanyl powders or clandestine activities, do not enter the area.

If you have already entered the area and it appears grossly contaminated e.g. layer of powder/residue on surfaces, drug paraphernalia, leave immediately. Move with purposeful movements to avoid disturbing any powder/residue/paraphernalia.

Inform other responders, dispatch and law enforcement of your observations.

**Minimal or Limited Exposure**

Should contact with fentanyl powder/residue/aerosol/mist occur, the following PEARLS will significantly limit the potential of an unintentional exposure:

- **Use PPE** - follow the recommendations for donning, doffing and appropriately dispose of all PPE. Ensure PPE fits properly and that you are comfortable in it. Resisting a temptation to adjust your PPE will further limit opportunity of exposure...

- **Avoid Handling Any Suspected Opioids**
  - Inform Law Enforcement of any pills that are encountered.
  - If you must handle suspected opioid substances, always wear nitrile gloves.
• Avoid placing your hands near your face.
• Do not eat, drink, or smoke when in an area potentially contaminated with fentanyl.
• Always practice thorough and frequent hand washing.

ASSUME ANY WHITE POWDER IS FENTANYL! NEVER TOUCH, SMELL, TASTE IT!!

Remove yourself from the environment and relay your findings to other responders, dispatch and law enforcement.
• Do not open packages or containers suspected of containing fentanyl.

Suspected Responder Opioid Exposure Immediate Actions
If exposed to fentanyl powder/residue/aerosol/mist/ paraphernalia, the following actions should occur immediately:
• Inform other responders, dispatch and your immediate Supervisor.
• Immediately remove self or victim from the source of exposure.
• Request medical assistance (if not already present).
• If required, undergo decontamination.
• Continuously monitor the victim (self-monitor if alone) for further symptoms of opioid/fentanyl exposure/overdose.

Based on the route of exposure, the following actions are recommended:

**Eyes**
• Wash eyes with copious amounts of water for at least 15 minutes.

**Inhalation**
• Move (the victim) immediately to fresh air.
• Evaluate respiratory function and pulse.

**Ingestion**
• Ensure victim has an unobstructed airway.
• Do not induce vomiting

**Skin**
• Remove contaminated clothing immediately.
• Thoroughly wash skin with a soap and water solution for 15 minutes, taking care not to further irritate the skin. Wash over garment if necessary.
• Rinse with water.

**Priority Treatments**
If signs and symptoms of an opioid exposure/overdose are present:
• Evaluate breathing.
  ▪ If required, provide artificial respiration using a bag valve mask or pocket mask with a one way valve – Never use mouth to mouth.
• Evaluate circulation.
  ▪ If pulse is absent – begin CPR.
If required, (Self) administer naloxone.
  ▪ Follow the MCPs and administration guidelines you have been approved to use.

*Ensure completion of your agencies Work Safety reporting is completed for all suspected exposures!*