

# **Guidance on Personal Protective Equipment and Safety Considerations for First Responders, First Receivers, Provincial Correctional Officers and Provincial Sheriffs Dealing with Illicit Fentanyl**

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## *Glossary*

Additional Precautions	Extra measures, when routine practices alone may not interrupt transmission of an infectious agent. They are used in addition to routine practices (not in place of), and are initiated both on condition/clinical presentation (syndrome) and on specific etiology (diagnosis). (PHAC, 2012)
Aerosolize	Solid or liquid particles suspended in the air, whose motion is governed principally by particle size, which ranges from 10 µm–100 µm. (Stellman JM, 1998).
Blotting Paper	A format for dosing illicit substances to be administered sublingually or ingested. Liquid solutions of the illicit substance are applied to blotting paper which is normally used to absorb excess liquid such as ink, from writing paper.
CLEAR	RCMP Clandestine Laboratory Enforcement and Response Team
Decontamination	The process of making any person, object, or area safe by absorbing, destroying, neutralizing, making harmless, or removing the hazardous material. (US Dept. of Health and Human Services, n.d.). Refer to Section 8.
DEA	US Department of Justice Drug Enforcement Agency
DH EPR Branch	Department of Health Emergency Preparedness and Response Branch
Fentanyl	<p>Fentanyl is a powerful synthetic opioid drug which is approximately 100 times more powerful than morphine.</p> <p>It is commonly used legitimately as an anesthetic in hospitals or for long-term pain management in the form of prescription Fentanyl patches or in veterinary applications for sedation and general anesthesia. (DEA, 2017)</p> <p>Fentanyl and its analogues are listed as a schedule I drug under the Controlled Drugs and Substances Act in Canada. (Government of Canada, 2017)</p>
Fentanyl Analogue	An analogue is a compound having a structure similar to that of another one, but differing from it in respect of a certain component (Wikipedia, n.d.). A number of Fentanyl analogues have been identified by law enforcement across Canada. Analogues of Fentanyl can vary in potency / toxic properties

depending on the chemical structure with some being less potent / toxic than Fentanyl and some being significantly more; Ohmefentanyl and Carfentanil are significantly more potent than Fentanyl. Carfentanil is approximately 10,000 times more powerful than a comparable dose of morphine versus Fentanyl at 100 times. (DEA, 2017)

First Responder	A trained and officially mandated responder involved in a response to the scene of an accident or an emergency event. Examples of first responders are police, firefighters, search and rescue, and emergency medical service personnel.
First Receiver	First receivers are those receiving casualties for treatment and are not typically at the site of the incident, i.e. assistance will usually be given at the first receiver's normal place of work. Examples of first receivers are nurses, physicians, and addictions and mental health services personnel.
Illicit Fentanyl	<p>Fentanyl has become very popular in the sales of illicit street drugs as either a cutting agent or direct substitution for heroin or in the manufacturing of counterfeit Oxycodone pills. It can also be found on blotter paper, as a liquid or nasal spray.</p> <p>Other illicit drugs such as cocaine and methamphetamine have been found to contain Fentanyl or a Fentanyl analogue. This may be an intentional mix on the part of the drug trafficker or may be as a result of an accidental cross contamination as the drug trafficker may be selling Fentanyl and other illicit drugs. (JIBC, 2017 - <a href="http://www.fentanylsafety.com">www.fentanylsafety.com</a>)</p>
JIBC	Justice Institute of British Columbia
Personal use amount (of an illicit substance)	Drugs in volumes consistent with street level distribution and packaging volume, pre-packaged and intended for personal use.
PPE	Personal Protective Equipment - Personal protective equipment consists of gowns, gloves, masks, facial protection (i.e., masks and eye protection, face shields or masks with visor attachment) or respirators that can be used by first responders, correctional officers, health care workers/first receivers to provide a barrier that will prevent potential exposure to infectious microorganisms. (PHAC, 2012). In the context of this document, PPE will also be applied to provide a barrier to prevent potential exposure to fentanyl and its analogues.

RCMP

Royal Canadian Mounted Police

Routine Practices

A comprehensive set of infection prevention and control measures that have been developed for use in the routine care of all patients at all times in all health care settings. Routine practices aim to minimize or prevent healthcare-associated infections in all individuals in the health care setting, including patients, health care workers, other staff, visitors and contractors. (PHAC, 2012)

Unintentional Contamination

In the context of this document, unintentional contamination refers to accidental contact with fentanyl or one of its analogues.

## *1. Purpose*

The purpose of this document is to provide guidance on personal protective equipment and safe handling for New Brunswick first responders<sup>1</sup>, correctional officers, provincial sheriffs and first receivers in settings where there is potential risk of unintentional contamination with illicit fentanyl or its analogues, in the course of carrying out their duties.

## *2. Background*

The lethal dose of pure fentanyl powder in an adult with no built up tolerance is potentially as low as two milligrams [RCMP, 2017]. The size of two milligrams of pure fentanyl is comparable to a few (3-4) grains of salt. Personal use amounts or street level distribution and packaging volumes are generally less than one milligram, often in pill, capsule or tablet form or mixed with other powdered substances such as heroin, cocaine or methamphetamine [JIBC, 2017]. Those responding to victims of overdose and those handling substances suspected to contain fentanyl or a fentanyl analogue are potentially at risk of unintentional contamination. Proper precautions based on a risk assessment and the correct use of personal protective equipment can prevent personal injury or fatality.

## *3. Scope*

The scope of this guidance document is limited to New Brunswick first responders<sup>1</sup>, correctional officers, provincial sheriffs and first receivers in settings where there is potential for unintentional contamination with illicit fentanyl (or an analogue). Specific procedures, protocols, training and educational material are the responsibility of implementing organizations.

## *4. Planning Assumptions*

- The potentially fatal dose of pure fentanyl powder is two milligrams for an adult with no previous exposure.
- Fentanyl or its analogues have been identified in powder, pill, capsule, liquid, nasal spray, syringes and on blotting paper (DEA, 2017).
- Unintentional contamination with illicit fentanyl (or an analogue) can occur through unintentional direct contact with the skin, eyes and mouth or by inhalation of powder.
- Environments where illicit fentanyl is being produced, transported or stored are considered “High Risk”. Only specialized teams (RCMP CLEAR Team) will perform tasks in high risk environments. (Refer to risk assessment frameworks, Section 6)
- Victims will be decontaminated prior to arriving at hospital emergency departments (see Section 8.1).
- Emergency departments will receive ‘walk-ins’ however it is highly unlikely that these patients will be contaminated with an uncontained illicit substance potentially containing fentanyl (or an analogue).

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<sup>1</sup> RCMP and HazMat are exceptions to any reference to first responders in this document as they have protocols already in place for their particular risk environment.

- Any illicit powdered drug should be assumed to potentially contain fentanyl (or an analogue).
- Workers potentially exposed to low and/or moderate risk environments will have been trained in the use of personal protective equipment and will have been fit-tested for the type of respiratory protection used by their organization.
- Even with training, procedures and appropriate personal protective equipment, there will be work refusals associated with the handling and treatment of fentanyl overdose victims.

## 5. Occupational Health and Safety

In accordance with the NB Occupational Health and Safety Act, employees potentially exposed to environments with the potential for unintentional contamination with illicit fentanyl (or an analogue) must be provided with appropriate training, equipment and fit-testing (where respirator is required, i.e. N95). Personal protective equipment (PPE) is the last line of defense; proper procedure and administrative controls to minimize risk of unintentional contamination should precede reliance on PPE. Employees should understand and recognize the hazard, know the signs and symptoms of opioid intoxication, receive training in the use of PPE (donning and doffing/removing, understanding limitations and safe disposal) and what to do in case of unintentional contamination.

General Regulation 91-191 of the Occupational Health and Safety Act requires employers with staff that may require the use of a respirator to develop and implement a Code of Practice for respirator use and care (Gen. Reg. 91-191 S. 45-47). A resource document to assist in the development of the Code of Practice is available using the following link:

[http://www.worksafenb.ca/docs/COP-RespiratoryProtection\\_e.pdf](http://www.worksafenb.ca/docs/COP-RespiratoryProtection_e.pdf)

At the time this document was written, there was no occupational exposure limit established for fentanyl [NIOSH, 2017 (2)].

## 6. Risk Assessment Framework and Safety Considerations

### 6.1. KEY SIGNS AND SYMPTOMS OF FENTANYL (OR AN ANALOGUE) INTOXICATION/POISONING:

- depressed level of consciousness (drowsiness, lethargy or coma)
- respiratory depression or hypoventilation (slower and more shallow breathing, decreased rate of breathing, sporadic breathing, apnea or arrest)
- pinpoint pupils
- other possible symptoms and signs include nausea and confusion and blue lips and fingernails; however, these non-specific symptoms alone, without any of the first three objective signs listed above, are not sufficient to signal to fentanyl (or an analogue) toxicity.

## 6.2. EXPOSURE RISK

Unintentional contamination with illicit fentanyl (or an analogue) may occur through:

a. Dermal Contact

Fentanyl (or an analogue) may be absorbed through contact with exposed skin. Fentanyl and its analogues are poorly absorbed through the skin and require sufficient surface area and time to result in significant toxicity.

Dermal contact can be mitigated by covering exposed skin surfaces, wearing long sleeves and nitrile gloves. Any contact with the skin should be thoroughly flushed with water.

b. Ocular-Facial (Mucous Membrane) Exposure

Eyes and face (nose and mouth) may come into contact with fentanyl (or an analogue) through splashes (unlikely), aerosol (see #3) or indirect contact by touching the face. Fentanyl and its analogues are more readily absorbed through mucous membranes than through the skin.

Mucous membrane exposure can be mitigated by wearing facial protection, including eye protection.

c. Aerosol Exposure

When powdered fentanyl (or an analogue) is aerosolized, there is a risk of inhaling or breathing in fine particles.

Aerosol exposure can be mitigated through the use of respiratory protection. A properly fitted N95 respirator will provide the required respiratory protection.

The risk of unintentional contamination will be minimized by using good hygiene practices (washing hands and exposed skin), proper disposal of PPE (see 'Disposal' section 9), proper handling of contaminated clothing or reusable equipment (see 'Decontamination' section 8), and where appropriate, keeping the work environment clean with a damp cloth.

The following tables provide a framework for evaluating the risk of unintentional contamination with fentanyl (or an analogue).

6.3. HEALTH CARE WORKERS, EMERGENCY MEDICAL SERVICES, MENTAL HEALTH & ADDICTIONS, FIRE SERVICES (MEDICAL)

**TABLE 1.** Risk Framework for Health Care Workers, Emergency Medical Services, Mental Health & Addictions Services, And Fire Services (Medical Response)

Risk of Unintentional Contamination	VERY LOW Risk of dermal contact with contained forms of fentanyl or its analogues.	LOW Risk of dermal and/or ocular-facial contact with small amounts of uncontained powder or liquid forms of fentanyl or its analogues.	MODERATE Risk of dermal contact, ocular-facial exposure and aerosol exposure with small amounts of uncontained powder or splashing uncontained liquid forms of fentanyl or its analogues.	HIGH Risk of dermal contact, ocular-facial and aerosol exposure with large amounts of mixed illicit substances and/or pure fentanyl or its analogues.
<b>Hazard</b>	Personal use amounts of an illicit substance (potentially cut with fentanyl or an analogue): <ul style="list-style-type: none"> <li>• Pills, capsules, tablets, syringes or blotting paper</li> <li>• <u>Contained</u> powder or liquid</li> </ul>	<u>Uncontained</u> personal use amounts of powder or liquid (potentially cut with fentanyl or an analogue) i.e. a person or environment with <u>evidence of contamination</u> with personal use amounts of powder or liquid. – this is a <u>rare</u> situation.	<u>Uncontained</u> personal use amounts of powder or liquid (potentially cut with fentanyl or an analogue) i.e. a person or environment with <u>evidence of contamination</u> with personal use amounts of powder or liquid. – this is a rare situation.	Larger quantities of any illicit powder where there is suspicion of production, transportation or storage: <ul style="list-style-type: none"> <li>• uncut, pure fentanyl powder (or its analogues), or;</li> <li>• larger than street level volumes of any powdered or liquid illicit substance.</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Naloxone administration by injection or nasal spray</li> <li>• Consultation or interaction with a user / impaired person.</li> <li>• Transportation of an uncontaminated victim of overdose</li> <li>• Receiving victim of overdose in emergency room or clinic</li> <li>• Provision of first aid or medical care to an uncontaminated victim</li> <li>• Searching bags or asking person to turn out pockets</li> </ul>	<ul style="list-style-type: none"> <li>• Actions involving direct contact with a contaminated person or environment – <b>MOVE CASUALTY TO AN UNCONTAMINATED, WELL-VENTILATED AREA TO ADMINISTER CARE</b></li> <li>• Transportation of a contaminated casualty</li> <li>• Provision of first aid or medical care to a contaminated victim</li> </ul>	<ul style="list-style-type: none"> <li>• Decontamination (including removal and disposal of contaminated clothing with visible powder)</li> <li>• Handling uncontained personal use amounts of powder or liquid.</li> <li>• Tasks that would potentially aerosolize powdered illicit substances potentially containing fentanyl or its analogues.</li> </ul> <p><b>AVOID PERFORMING UNNECESSARY MODERATE RISK ACTIVITIES</b></p>	<p><b>NOT APPLICABLE, SPECIALIZED TRAINING REQUIRED – NOTIFY RCMP CLEAR TEAM</b></p> <p><b>DO NOT ENTER HIGH RISK ENVIRONMENT OR PERFORM HIGH RISK ACTIVITIES, for example:</b></p> <ul style="list-style-type: none"> <li>• Entering a space where production, transportation or storage of a highly toxic substance is taking place (e.g. synthesis laboratory, tableting/pill press laboratory)</li> <li>• Handling illicit substances in a space with quantities larger than personal use amounts or street level volumes</li> </ul>
<b>Personal Protective Equipment (PPE) Requirements</b>	<p><b>PPE Required only for infection prevention and control purposes; apply routine practices and additional precautions.</b></p> <p><b>DO NOT TOUCH SUSPECTED ILLICIT SUBSTANCES OR DRUG PARAPHERNALIA</b></p>	<p><b>PPE Required</b></p> <ul style="list-style-type: none"> <li>• Facial protection</li> <li>• Nitrile gloves</li> <li>• Long sleeves</li> <li>• Safety goggles</li> </ul> <p>For infection prevention and control purposes, apply routine practices and additional precautions.</p> <p><b>DO NOT HANDLE SUSPECTED ILLICIT SUBSTANCES OR DRUG PARAPHERNALIA</b></p> <p><b>DO NOT ATTEMPT TO RESUSCITATE A CONTAMINATED PERSON UNLESS TRAINED IN THE USE OF PPE</b></p>	<p><b>PPE Required</b></p> <ul style="list-style-type: none"> <li>• N95 Respirator (minimum)</li> <li>• Nitrile gloves</li> <li>• Long sleeves</li> <li>• Safety goggles</li> </ul> <p>For infection prevention and control purposes, apply routine practices and additional precautions</p> <p><b>DO NOT HANDLE SUSPECTED ILLICIT SUBSTANCES OR DRUG PARAPHERNALIA except as required for casualty decontamination</b></p>	<p><b>NOT APPLICABLE</b></p> <p><b>DO NOT HANDLE A SUSPECTED ILLICIT SUBSTANCE OR DRUG PARAPHERNALIA</b></p> <p><b>BACK OUT AND CONTACT DISPATCH FOR ASSISTANCE</b></p>

### 6.3.1. Safety Considerations

#### Ambulance NB

Paramedics should not be exposed to high levels of risk in the course of performing their duties, as they are not expected to handle illicit substances or work in environments where illicit substances are being produced, transported or stored. Paramedics treating victims of overdose would rarely be exposed to even low to moderate risk environments or tasks.

- Assess risk - Upon entering a space (including motor vehicles), look for signs of illicit drug activity or any kind of fentanyl contamination such as a potential overdose victim, tablets, capsules, loose powders or nasal spray bottles.
- Do not proceed if risk is above 'moderate' (i.e. high risk level, as per Table 1). Notify dispatch, request law enforcement and wait for appropriate resources to arrive.
- Do not enter spaces used to mix or prepare illicit substances potentially containing fentanyl (or an analogue) or having any signs of powdered or liquid fentanyl or clandestine activities. Notify dispatch and request law enforcement.
- Do not handle illicit substances in any form. Notify dispatch and request law enforcement. Although pure fentanyl powder is not commonly encountered by first responders, any powder should be assumed to contain fentanyl.
- Paramedics should not transport samples or quantities of any suspected illicit substance. It should be left for the police as it is potential evidence. The hospital does not need a sample.
- If a paramedic has already entered a high risk area, he/she should remove him/herself immediately and inform other responders.
- In the unlikely event of a casualty contaminated with personal use amounts of suspicious powder or liquid, don PPE as per Table 1, remove the casualty's outer clothing with as little disruption as possible and wipe or wash visible contamination before placing in an emergency vehicle; if the situation requires, injectable Naloxone can be administered through the clothing.
- If a suspicious substance has been contacted, advise another responder and wash affected area with soap and water for at least 15 minutes. Decontaminate yourself, if required (see Section 8.1).
- Pay attention to personal well-being and the well-being of fellow responders. Learn to recognize signs and symptoms of fentanyl toxicity (see section 6.1). Inform another responder and call dispatch if symptoms develop.

[Adapted from Alberta Health Service, 2017 and Vancouver Fire Rescue Service, 2016]

Emergency Departments, Addictions Mental Health Services Personnel or Primary Care providers

The risk of unintended fentanyl (or an analogue) contamination in health care workers treating overdose victims is very low. In British Columbia, the epicenter of the Canadian opioid overdose epidemic, there have been no reported cases of unintentional contamination with fentanyl to health care workers administering naloxone, despite thousands of overdose reversals in the field and in health care facilities. (BC Chief Public Health Officer, 2017)

- Health care workers are working in a controlled environment and will often be alerted by first responders of any potential fentanyl (or an analogue) involvement.
- It is highly unlikely that a 'walk-in' will be contaminated with an illicit substance of any kind.
- On the rare occasion a casualty is received from high risk or moderate risk areas he/she will be decontaminated prior to being transported to hospital (by the RCMP CLEAR Team, Hazmat or Ambulance NB, depending on circumstances).
- No PPE is required specifically for the purposes of preventing the risk of unintentional contamination with fentanyl (or an analogue); PPE for routine practices and additional precautions should continue to be applied for the purposes of infection prevention and control.
- Pay attention to personal well-being and the well-being of fellow health care providers. Learn to recognize signs and symptoms of fentanyl toxicity (see section 6.1). Inform another responder and call dispatch if symptoms develop.

[Adapted from BC Chief Public Health Officer, 2017; Alberta Health Service, 2017; Vancouver Fire Rescue Service, 2016]

Fire Services (Medical Response)

Fire Services medical response workers should not be exposed to high levels of risk in the course of performing their duties as they are not expected to handle illicit substances or work in environments where illicit substances are being produced, transported or stored. Those treating victims of overdose would rarely be exposed to even low to moderate risk environments or tasks.

- Assess risk – Upon entering a space (including motor vehicles), look for signs of illicit drug activity or any kind of fentanyl contamination such as a potential overdose victim, tablets, capsules, syringes, loose powders or nasal spray bottles.
- Do not proceed if risk is above 'moderate' (i.e. high risk level, as per Table 1). Notify dispatch, request law enforcement and wait for appropriate resources to arrive.
- Do not enter spaces used to mix or prepare illicit substances potentially containing fentanyl (or an analogue) or having any signs of powdered or liquid fentanyl or clandestine activities. Notify dispatch and request law enforcement.
- Do not unnecessarily handle illicit substances in any form. Notify dispatch and request law enforcement. Although pure fentanyl powder is not commonly encountered by first responders, any powder should be assumed to contain fentanyl.

- Do not transport samples or quantities of any suspected illicit substance. Leave it for the police as it is potential evidence.
- If a responder has already entered a high risk area, he/she should remove him/herself immediately and inform other responders.
- In the unlikely event of a contaminated casualty, don PPE as per Table 1, remove outer clothing with as little disruption as possible and wipe or wash visible contamination before placing a victim in an emergency vehicle; if the situation requires, injectable Naloxone can be administered through the clothing.
- If a suspicious substance has been contacted, advise another responder and wash affected area with soap and water for at least 15 minutes. Decontaminate yourself, if required (see Section 8.1).
- Pay attention to personal well-being and the well-being of fellow responders. Learn to recognize signs and symptoms of fentanyl toxicity (see section 6.1). Inform another responder and call dispatch if symptoms develop.

[Adapted from Alberta Health Service, 2017 and Vancouver Fire Rescue Service, 2016]

6.4. MUNICIPAL POLICE, PROVINCIAL CORRECTIONAL OFFICERS, PROVINCIAL SHERIFFS & FIRE SERVICES (NON-MEDICAL)  
**TABLE 2. Risk Framework for Municipal Police, Provincial Correctional Officers, Provincial Sheriffs & Fire Services (non-medical)**

Risk of unintentional Contamination	<b>VERY LOW</b> Risk of <u>dermal contact</u> with contained forms of fentanyl or its analogues.	<b>LOW</b> Risk of <u>dermal and/or ocular-facial</u> contact with small amounts of uncontained powder or liquid or contained forms of fentanyl or its analogues (if directly and deliberately handling).	<b>MODERATE</b> Risk of <u>dermal contact, ocular-facial exposure and aerosol exposure</u> with small amounts of uncontained powder or splashing uncontained liquid forms of fentanyl or its analogues.	<b>HIGH</b> Risk of <u>dermal contact, ocular-facial and aerosol exposure</u> with large amounts of mixed illicit substances and/or pure fentanyl or its analogues.
Hazard	Personal use amounts of an illicit substance (potentially cut with fentanyl or an analogue): <ul style="list-style-type: none"> <li>• Pills, capsules, tablets, syringes or blotting paper</li> <li>• <u>Contained</u> powder or liquid</li> </ul>	<u>Uncontained</u> personal use amounts of powder or liquid (potentially cut with fentanyl or an analogue) i.e. a person or environment with <u>evidence of contamination</u> with personal use amounts of powder or liquid. OR <u>Direct and deliberate handling of contained personal use amounts</u> of illicit substance in any format (potentially cut with fentanyl or an analogue). – this is a <u>rare</u> situation.	<u>Uncontained</u> personal use amounts of powder or liquid (potentially cut with fentanyl or an analogue) i.e. a person or environment with <u>evidence of contamination</u> with personal use amounts of powder or liquid. – this is a rare situation.	Larger quantities of any illicit powder where there is suspicion of production, transportation or storage: <ul style="list-style-type: none"> <li>• uncut, pure fentanyl powder (or its analogues);</li> <li>• larger than street level volumes of any powdered or liquid illicit substance.</li> </ul>
Activity	<ul style="list-style-type: none"> <li>• Naloxone administration</li> <li>• Interaction with a user / impaired person.</li> <li>• Searching or frisking search for hidden weapons, drugs, or other items.</li> <li>• Transportation of an uncontaminated user/impaired person</li> <li>• Searching bags or asking person to turn out pockets.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug related arrest or search warrant execution.</li> <li>• Accident scene or roadside vehicle search where there is evidence or suspicion of powdered illicit substance.</li> <li>• Transportation of a person. contaminated with illicit powdered substance</li> <li>• Handling (but NOT processing i.e. evidence collection, packaging and labeling) contained personal use amounts of illicit substances.</li> <li>• Executing an eviction at a residence with evidence of uncontained powdered or liquid.</li> </ul>	<ul style="list-style-type: none"> <li>• Forensic sampling</li> <li>• Handling, processing and sampling uncontained personal use amounts of powder or liquid.</li> <li>• Handling mail or packages.</li> <li>• Tasks that would potentially aerosolize illicit substances potentially containing fentanyl or its analogues. E.g. sweeping (wet, never dry sweep) or removing air from bags of illicit substances.</li> <li>• Decontamination (including removal and disposal of contaminated clothing).</li> </ul>	<p><b>NOT APPLICABLE, SPECIALIZED TRAINING REQUIRED – NOTIFY RCMP CLEAR TEAM</b></p> <p><b>DO NOT ENTER HIGH RISK ENVIRONMENT OR PERFORM HIGH RISK ACTIVITIES, for example:</b></p> <ul style="list-style-type: none"> <li>• Entering a space where production, transportation or storage of a highly toxic substance is taking place (e.g. synthesis laboratory, tableting/pill press laboratory)</li> <li>• Handling illicit substances in a space with quantities larger than street level volumes</li> </ul>
Personal Protective Equipment Requirements	<p><b>No PPE Required</b></p> <ul style="list-style-type: none"> <li>• For infection prevention and control purposes, apply routine practices and additional precautions</li> <li>• Nitrile gloves, if handling illicit substance</li> </ul> <p><b>THIS RISK CATEGORY IS ONLY APPLICABLE TO CORRECTIONAL OFFICERS, SHERIFFS AND FIRE (NON-MEDICAL RESPONSE). LAW ENFORCEMENT MUST ASSUME RISK IS ALWAYS LOW OR ABOVE DUE TO HIGHER RISK ACTIVITIES REQUIRED IN THE COURSE OF PERFORMING DUTIES i.e. handling of illicit substances.</b></p>	<p><b>PPE Required</b></p> <ul style="list-style-type: none"> <li>• Facial protection</li> <li>• Nitrile gloves</li> <li>• Long sleeves</li> <li>• Safety goggles</li> <li>• For infection prevention and control purposes, apply routine practices and additional precautions.</li> </ul> <p><b>DO NOT HANDLE SUSPECTED ILLICIT SUBSTANCES OR DRUG PARAPHERNALIA BEYOND WHAT IS REQUIRED BY LAW OR DUTY</b></p> <p><b>DO NOT ATTEMPT TO RESUSCITATE A CONTAMINATED PERSON UNLESS TRAINED IN THE USE OF PPE</b></p>	<p><b>PPE Required</b></p> <ul style="list-style-type: none"> <li>• N95 Respirator (minimum)</li> <li>• Nitrile gloves</li> <li>• Long sleeves</li> <li>• Safety goggles</li> <li>• For infection prevention and control purposes, apply routine practices and additional precautions</li> </ul>	<p><b>DO NOT HANDLE A SUSPECTED ILLICIT SUBSTANCE OR DRUG PARAPHERNALIA</b></p> <p><b>BACK OUT AND CONTACT DISPATCH FOR ASSISTANCE</b></p>

#### 6.4.1. *Safety Considerations*

##### Municipal Police and Fire Services

First responders such as police and fire are required to enter environments with an unknown level of risk. They may encounter low and moderate risk environments and be required to perform low to moderate risk activities in the course of their work. Fire services including Hazmat may assist the RCMP CLEAR Team in decontamination however they will work outside of the high risk environment.

- Upon entering a space (including motor vehicles), look for signs of illicit drug activity or any kind of fentanyl contamination such as a potential overdose victim, tablets, capsules, loose powders, liquids or nasal spray bottles.
- If signs of a high risk environment are detected, request the RCMP CLEAR team, as per organization-specific protocols.
- If a responder has already entered a high risk area, he/she should remove themselves immediately and inform other responders.
- Do not perform field tests or sampling – if a suspicious substances in any form is evident, assume it may contain fentanyl or an analogue.
- Do not handle suspected highly toxic substances unless situation dictates immediate action and mitigation for an officer or for public safety.
- Wear appropriate PPE for evidence collection and processing (as per Table 2).
- Wearing appropriate PPE, remove casualties from environments with potential risk of contamination, as carefully as possible to a clear, safe well-ventilated area free of contamination.
- If uncontained powder or liquid has been contacted, inform another responder and wash affected area with soap and water for at least 15 minutes. Self-decontamination should be performed, if required (see Section 8.1).
- Pay attention to personal well-being and the well-being of fellow responders. Learn to recognize signs and symptoms of fentanyl toxicity (see section 6.1). Inform another responder and call dispatch if symptoms develop.

[Adapted from Alberta Health Service, 2017; Vancouver Fire Rescue Service, 2016; US Dept. of Justice DEA, 2017]

##### Correctional Officers

Correctional Officers should not be exposed to high levels of risk as they are not exposed to environments where illicit substances are being produced, transported or stored. They may encounter low or moderate (if handling mail) risk environments in the course of performing their duties, with personal use amounts or street level volumes and packaging.

- Look for signs of illicit drug activity or any kind of suspicious tablets, capsules, loose powders, liquids or nasal spray bottles.
- Do not touch suspicious substances unless situation dictates immediate action and mitigation for an officer or for the safety of inmates and workers. Notify law enforcement as per organization-specific protocols.

- Wear appropriate PPE (as per Table 2) for low or moderate risk tasks such as handling mail or packages.
- If a suspicious substance has been contacted, advise another officer and wash affected area with soap and water for at least 15 minutes. Self-decontamination should be performed, if required (see Section 8.1).
- Pay attention to personal well-being and the well-being of fellow officers. Learn to recognize signs and symptoms of fentanyl toxicity (see section 6.1). Inform another responder and call dispatch if symptoms develop.

[Adapted from Alberta Health Service, 2017 and Vancouver Fire Rescue Service, 2016]

### Sheriff Services

Sheriffs should not be exposed to moderate or high levels of risk in the course of performing their duties as they are not expected to handle illicit substances or work in environments where illicit substances are being produced, transported or stored. They may encounter low risk environments with personal use amounts or street level volumes and packaging.

- Look for signs of illicit drug activity or any kind of suspicious tablets, capsules, loose powders, liquids or nasal spray bottles.
- Do not proceed if risk is above 'low' (i.e. moderate or high risk level, as per Table 2). Notify dispatch, request law enforcement and wait for appropriate resources to arrive.
- Do not enter spaces used to mix or prepare illicit substances potentially containing fentanyl (or an analogue) or having any signs of powdered or liquid fentanyl or clandestine activities. Notify dispatch and request law enforcement.
- If a sheriff has already entered a high risk area, he/she should remove him/herself immediately and inform other workers.
- Do not handle illicit substances in any form. Notify dispatch and request law enforcement. Although pure fentanyl powder is not commonly encountered in a residential environment or in personal use amounts, any powder should be assumed to contain fentanyl.
- Do not transport samples or quantities of any suspected illicit substance. Leave it for the police as it is potential evidence.
- If a suspicious substance has been contacted, advise another worker and wash affected area with soap and water for at least 15 minutes. Self-decontamination should be performed, if required (see Section 8.1).
- Pay attention to personal well-being and the well-being of fellow officers. Learn to recognize signs and symptoms of fentanyl toxicity (see section 6.1). Inform another responder and call dispatch if symptoms develop.

[Adapted from Alberta Health Service, 2017 and Vancouver Fire Rescue Service, 2016]

## 7. Donning and Doffing

Refer to organization-specific and equipment-specific donning and doffing protocols. The risk of self-contamination is often highest in doffing or removing PPE. **Employees must receive proper training from employers on these protocols.**

## 8. Decontamination

### 8.1. SELF-DECONTAMINATION

Use organization-specific standard protocols recommended for decontamination.

General guidance below is based on recommendations from RCMP CLEAR Team Occupational Health and Safety.

- If only the hands are contaminated, wash with soap and water for at least 15 minutes.
- If contamination is more extensive:
  - For clothing, remove as per recommended doffing procedure. Place in a plastic bag to be moved to a decontamination sink or 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 a decontamination shower that meets the ANSI standard Z358.1-1990 (ANSI, 1990) and be placed in the shower stream to eliminate the contaminant. This method should follow the 15 minute flushing rule.
  - Following this decontamination recommendation, the clothing items are considered to be safe and may be laundered normally.
  - Any unintentional contamination should be reported, as per organization-specific protocols.

### 8.2. CASUALTY DECONTAMINATION

Use organization-specific standard protocols recommended for decontamination.

Decontamination of casualties should only be performed by those trained in the proper use of personal protective equipment, as per the risk assessment framework (see Section 6) and organization-specific training, policies and procedures.

- Slowly and carefully so as not to disturb any powder, remove the casualty from the contaminated area into the decontamination corridor.
- Remove all clothing (at least down to their undergarments) and place the clothing in a labeled plastic bag.
- Thoroughly wash and rinse (using cold or warm water) the contaminated skin of the casualty for 15 minutes (at least) using a soap and water solution. Be careful not to break the casualty's skin during the decontamination process, and cover all open wounds.
- Cover the casualty to prevent shock and loss of body heat.
- Move the casualty to an area where emergency medical treatment can be provided.

[NIOSH, 2017]

## 9. Disposal

### 9.1. PERSONAL PROTECTIVE EQUIPMENT DISPOSAL

Re-usable equipment must be cleaned according to the manufacturer's specifications. All disposable personal protective equipment must be placed and sealed in a plastic bag, clearly marked "Biohazardous Waste for Incineration" (or placed in designated 'biohazard bags') and sent for incineration. [JIBC, 2017]

### 9.2. CLOTHING FROM CASUALTY DECONTAMINATION – HEALTH CARE ENVIRONMENT

Any patient clothing removed during decontamination and placed in plastic bags marked as "Biohazardous Waste for Incineration" (or placed in designated "biohazard bags") should be treated as disposable PPE (see above) and sent for incineration.

### 9.3. DISPOSAL OF ILLICIT FENTANYL

Only specially trained responders will be involved in fentanyl (or an analogue) disposal i.e. the RCMP CLEAR Team, as required. If suspicious powder, pills/capsules, liquid or nasal sprays are evident, assume they may contain fentanyl (or an analogue) and do not handle. Contact law enforcement as per organization-specific standard protocols.

Fentanyl (or an analogue), due to its oral toxicity, is defined as a Class 6.1 Toxic Substance as per the Transportation of Dangerous Goods Regulations (TDG) in Canada. As such, specially trained teams must treat fentanyl (or an analogue) as any known potent synthetic opioid and transport it in a Packing Group I container, as per TDG regulations. The destruction of fentanyl (or analogue) exhibits is required to be conducted with an appropriate hazardous waste incinerator capable of safely destroying the exhibit while preventing inadvertent contamination.

[JIBC, 2017]

## 10. Management of Contaminated Decedents

Prior to transport to a funeral home or to a hospital (if an autopsy is ordered), a decedent contaminated with personal use amounts of an illicit substance potentially containing fentanyl (or an analogue), will be decontaminated. First responders participating in the response will collaborate to determine the level of risk and decontamination responsibility, on a case-by-case basis. On the rare occasion when a decedent is grossly contaminated from a high risk environment, the RCMP CLEAR Team will be notified and will manage the decontamination process.

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