



National Institute of
Environmental Health Sciences
Worker Training Program



Prevention of Occupational Exposure to Fentanyl and Other Opioids

December 2022



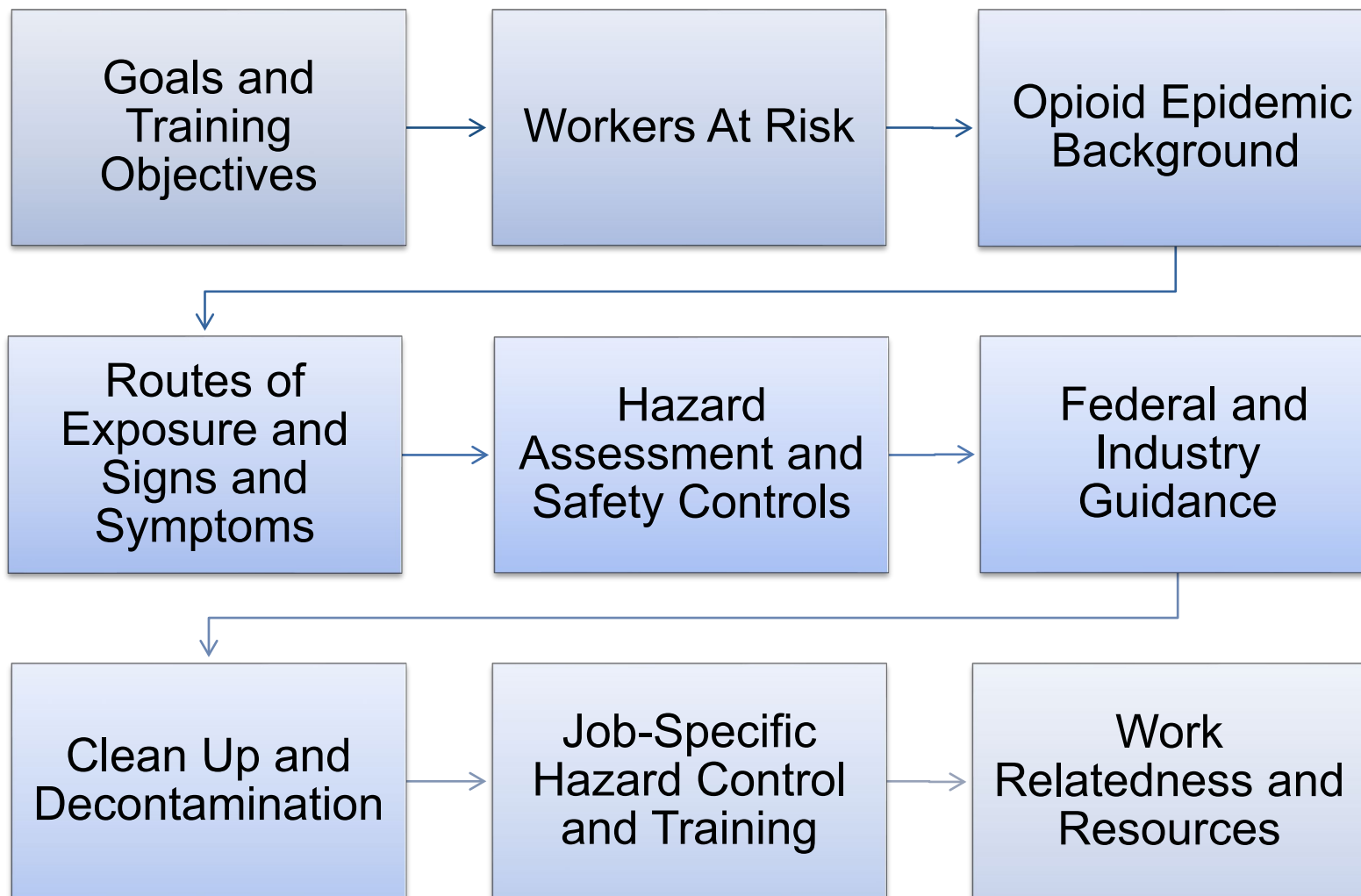
Prevention of Occupational Exposure to Fentanyl and Other Opioids

GOALS AND TRAINING OBJECTIVES



Prevention of Occupational Exposure to Fentanyl and Other Opioids

Program Agenda



Course Objectives



After completing this course, participants will be able to:

1. **Recognize** occupations with potential exposure to fentanyl and other opiates.
2. **Describe** major signs and symptoms of opioid exposure and post-exposure treatment options
3. **Explain** basic work practices and control measures for worker protection.
4. **Discuss** methods for decontamination and clean-up.

Prevention of Occupational Exposure to Fentanyl and Other Opioids

CAUTION!



This presentation by itself **is not** sufficient training for personnel who have potential for occupational exposure to fentanyl and other opioids.

- Personnel must be trained to follow their employer's site-specific policies and procedures. Training must include **practice** putting on and taking off PPE and respirators and performing decontamination procedures until personnel are confident in doing so.

1. Small Group Activity.



Workshop participant concerns about opioids

Time for activity: 20 minutes

Objective: The goal of this activity is to learn from participants about their concerns and experiences with opioids in the workplace and community.

Task: Choose a recorder/reporter. Ask each participant what their concerns and experiences are with opioids in the workplace and community, and why they are attending the workshop. Report back and discuss.

What Is an Opioid?

- A class of drugs used to reduce pain.
- Prescription opioids are prescribed to treat moderate to severe pain, but have serious risks and side effects. Examples: oxycodone, hydrocodone, morphine, methadone, and fentanyl.
- Illegal opioid: heroin, illegally produced fentanyl and other synthetic opioids.



What Is Fentanyl?

- Powerful synthetic drug, similar to morphine and heroin.
- 50 to 100 times more potent than morphine.
- Rapid-acting synthetic opioid that alleviates pain.
- Depresses central nervous system and respiratory function.
- Exposure may be fatal.



Chemical Characteristics of Fentanyl



NFPA 704 Warning Signal for Fentanyl

- Health: 4
- Flammability: 1
- Reactivity: 0



Hazard Communication

Annex A – Fentanyl Hazardous Substance Workplace Label

Labelling Info – FENTANYL CITRATE – CAS# 990-73-8



Toxic Material

Label Hazard Warning DANGER! Potent Narcotic. May be fatal if inhaled, absorbed through skin, or swallowed. Causes central nervous system effects.



Irritants

Safe Handling Precautions: do not breathe dust. Do not get in eyes, on skin, or on clothing. Keep container closed. Use only with adequate ventilation. Wash thoroughly after handling. Wear suitable protective clothing, respirator, eye protection and gloves.



Health Hazards

First Aid: Immediately flush eyes with plenty of water for at least 15 minutes. Immediately flush skin with plenty of water. If gas/fume/vapor/dust/mist from the material is inhaled, remove the affected person immediately to fresh air. Get medical attention immediately. Do not use mouth-to-mouth method if victim inhaled the substance.

IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.



Flammable

Never give anything by mouth to a victim who is unconscious or is having convulsions.

Do not induce vomiting without advice from poison control center.

Do not use mouth-to-mouth method if victim ingested the substance.

Induce artificial respiration with the aid of a pocket mask equipped with a one-way valve or other proper respiratory medical device.

Rinse mouth thoroughly. If vomiting occurs, keep head low so that stomach content doesn't get in to the lungs.

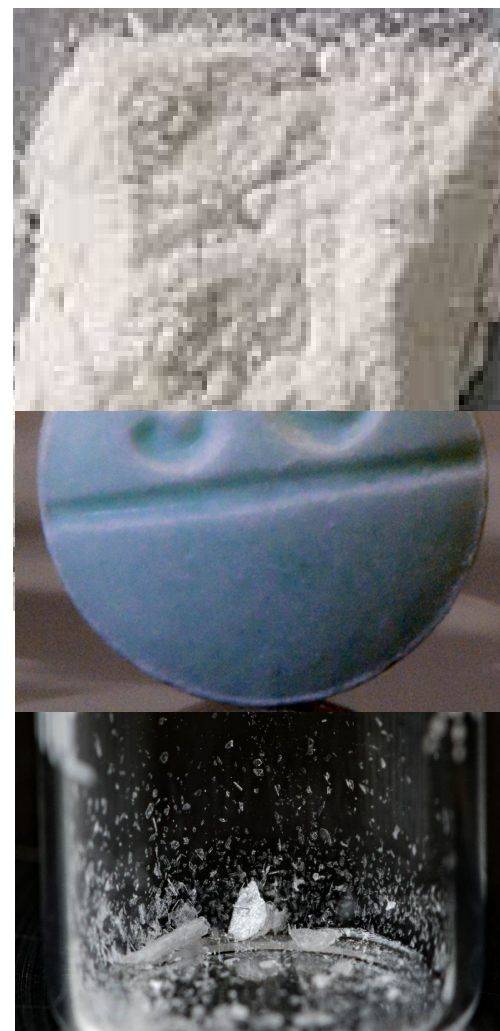
Prescription Fentanyl

- Oral Tablets
- Lozenges on a stick “Lollipops”
- Oral Sprays
- Patches
- Injectables (intravenous liquid)



What Does Illegal Fentanyl Look Like?

- A fine or coarse powder, could be white or other colors.
- Illicit pills or tablets disguised as prescription opioids.
- A liquid or gel.
- Nasal sprays or eye drops.
- Candy or 'edible'.



Prevention of Occupational Exposure to Fentanyl and Other Opioids

Photos of Illegal Fentanyl



Illegal Forms of Fentanyl and Synthetic Opioids

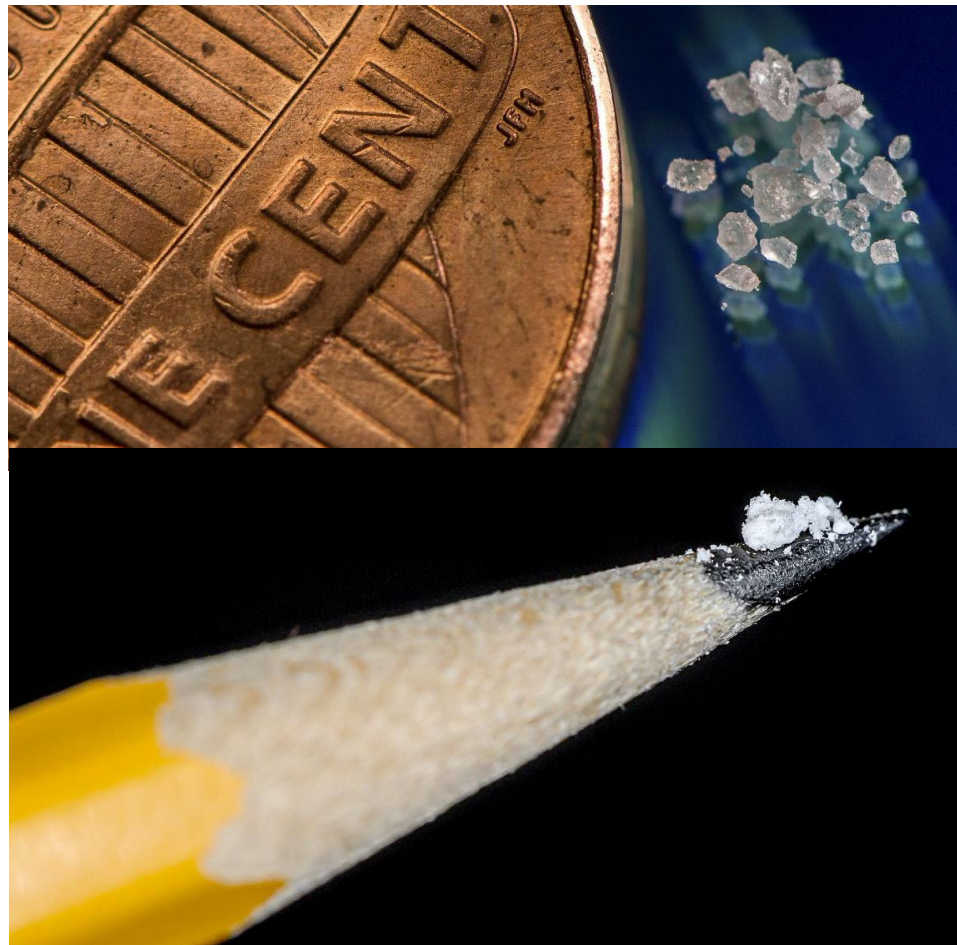
Street names:

Apache, China Girl,
China Town, Dance
Fever, Friend,
Goodfellas, Great Bear,
He-Man, Jackpot,
King Ivory, Murder 8,
Tango & Cash, TNT,
more.



How Much Fentanyl Is Fatal?

- 2-3 milligrams of fentanyl can induce respiratory depression, arrest, and death.
- ***Comparable to 5-7 grains of salt!***
- 1 kilogram of fentanyl can kill 500,000 people. (US DEA)



How Many Types of Fentanyl Are There?

USDOJ lists at least 40 analogs in this class.

Acrylfentanyl

Butyrfentanyl

Carfentanil

Alfentanil

Sufentanil

Remifentanil

Opioids: USDEA Schedule II Drugs

Schedule I:

Drugs without accepted medical use, with high potential for abuse and dependence: LSD, heroin, peyote, marijuana

Schedule II:

Accepted medical drugs with high potential for abuse and dependence: Hydrocodone, cocaine, Adderall, fentanyl, methamphetamine

Schedule III:

Medical drugs with moderate to low potential for dependence: Tylenol with codeine, testosterone, ketamine

Schedule IV:

Medical drugs with low potential for abuse or dependence: Xanax, Valium, Ativan, Tramadol

Schedule V:

Medical drugs with lower potential for abuse than Schedule IV: Robitussin AC, Lomotil, Lyrica

Seizures of Illegal Fentanyl Spiked in 2022





Prevention of Occupational Exposure to Fentanyl and Other Opioids

WORKERS AT RISK

Prevention of Occupational Exposure to Fentanyl and Other Opioids

Worker Populations with Potential Exposure



2. Small Group Activity



Affected worker populations and job tasks

Time for activity: 20 minutes

Objective: The goal of this activity is to brainstorm which industries and job tasks have potential exposure to fentanyl and other synthetic opioids.

Task: Choose a recorder/reporter. List industries and job tasks that have potential exposure. Report back and discuss.

Prevention of Occupational Exposure to Fentanyl and Other Opioids

Worker Populations with Potential Exposure (cont.)

Industry	Job Tasks
Pre-hospital (EMS)	911 calls involving treating, stabilizing, and transporting overdose cases. Exposure to needles and drug paraphernalia.
Law enforcement	Investigating, frisking, arresting, transporting people with drugs or who have overdosed.
Crime laboratories	Evidence handling and laboratory evaluation of confiscated drugs and drug paraphernalia.
Health care	Emergency department treatment of overdose cases. Use of Illicit opioids in patient rooms.
Environmental services, response and cleanup workers	Cleaning of affected crime scenes, spills, or abandoned drug labs.
Fire service	Fire suppression at contaminated locations.
Public employers (DOT, Highway Maintenance, Parks, Environmental Conservation, Corrections & Parole Officers)	Removal of needles/ drug paraphernalia from public roads, highways, and parks. Confiscation of contraband, searching, arresting.



OPIOID EPIDEMIC BACKGROUND



Prevention of Occupational Exposure to Fentanyl and Other Opioids

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

MORE THAN
564,000

PEOPLE DIED FROM AN
OPIOID OVERDOSE
(1999-2020)

www.cdc.gov

A Multi-Layered Problem in Three Distinct Waves



1990s

mark a rise in prescription
opioid overdose deaths

Rx OPIOIDS

Includes natural, semi-synthetic,
and methadone and can be
prescribed by doctors



2010

marks a rise in heroin
overdose deaths

HEROIN

An illegal opioid



2013

marks a rise in synthetic
opioid overdose deaths

SYNTHETIC OPIOIDS

Includes illicitly made fentanyl

Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose

Scope of the Problem



As many as
1 in 4
PEOPLE

receiving prescription
opioids long term in a
primary care setting
struggles with
addiction.

Warning! Interaction with Benzodiazepines

- Prescription opioid overdose deaths often involve drug interactions with benzodiazepines.
- Benzodiazepines are central nervous system depressants used to sedate, induce sleep, prevent seizures, and relieve anxiety.
- Examples include alprazolam (Xanax[®]), diazepam (Valium[®]), and lorazepam (Ativan[®]). Avoid taking benzodiazepines while taking prescription opioids whenever possible.



Comparing Opioid Lethality



Lethal doses of heroin, fentanyl, and carfentanil.
(U.S. DEA photo)

Lethal Dose

- 30 milligrams- heroin
- 2 to 3 milligrams- fentanyl - 50 times more potent than heroin.
- 20 micrograms- carfentanil -100 times more potent than fentanyl.

Fake Pills More Lethal Than Ever

DEA LAB TESTING REVEALS THAT

4 OUT OF EVERY **10** PILLS

WITH FENTANYL CONTAIN A POTENTIALLY

LETHAL DOSE

**Fake pills often contain fentanyl
and are more lethal than ever before.**



US Opioid Fatality Numbers

Overdose deaths continue to rise:

- 2020: 92,000
- 2021: 107,000
- Fentanyl is main driver of overdose.

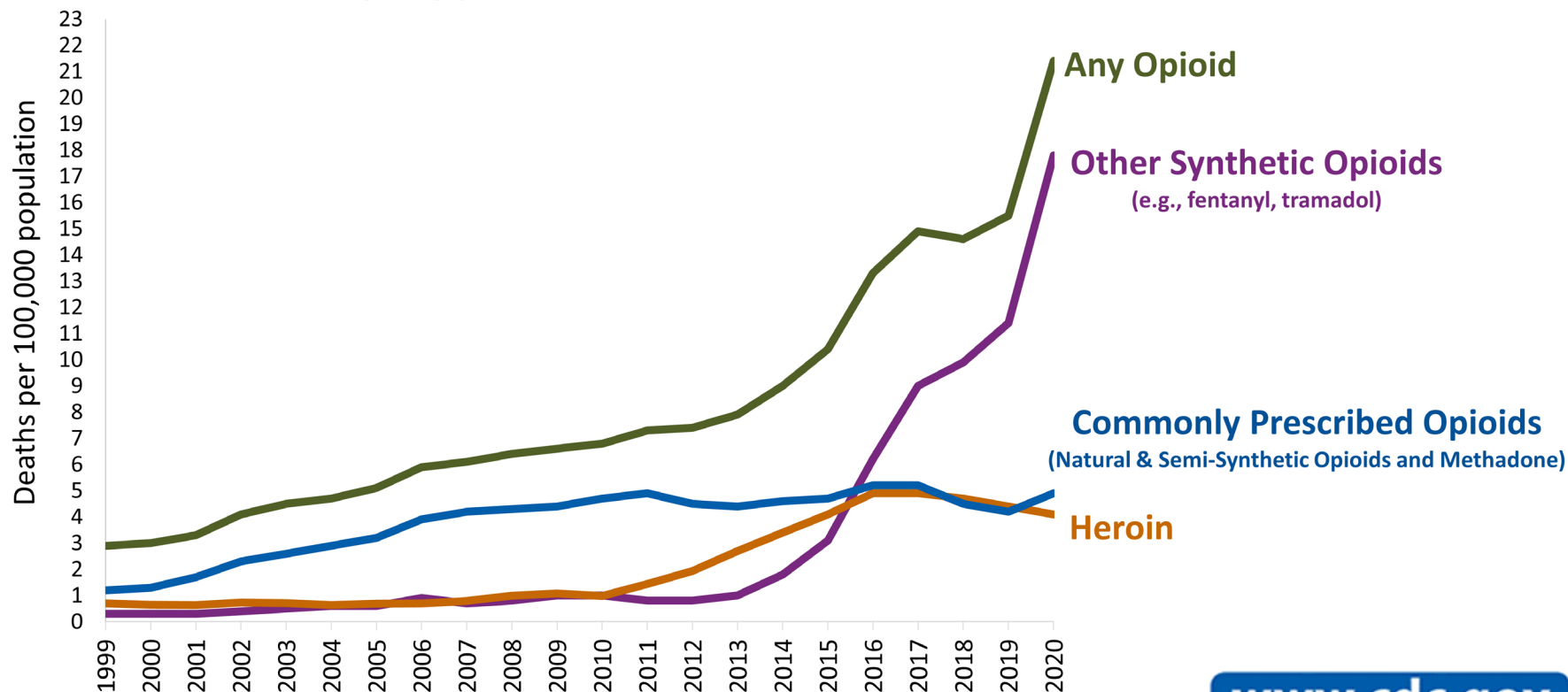
Illicit Opioids Are The Major Cause Of The Crisis

- Fentanyl is often mixed with heroin and other street drugs.
- Manufactured tablets look like prescription drugs.
- Users often don't know they are using drugs containing fentanyl.



Prevention of Occupational Exposure to Fentanyl and Other Opioids

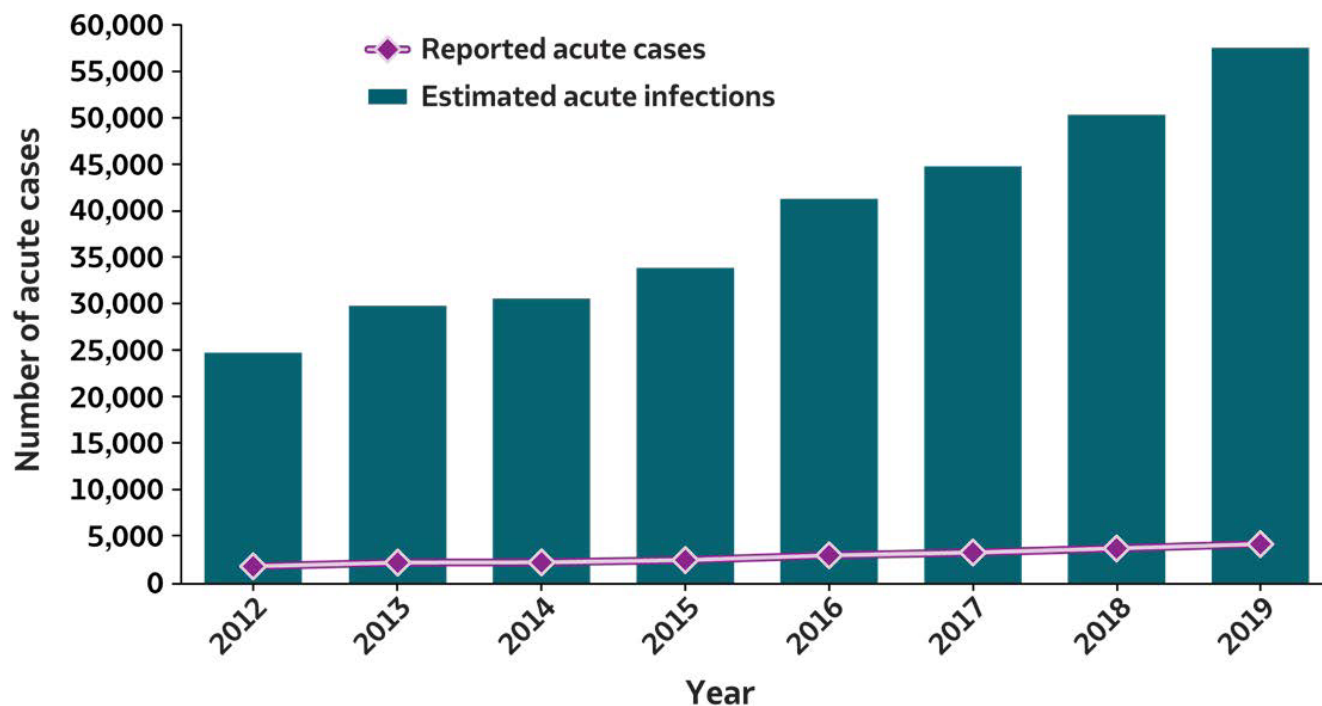
Overdose Death Rates Involving Opioids, by Type, United States, 1999-2020



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/>.

Increased Hepatitis C Infection

- Acute hepatitis C incidence more than doubled from 2012-2019.
- The main cause was use of injection drugs, mainly opioids.



ROUTES OF EXPOSURE AND SIGNS AND SYMPTOMS



Fentanyl Routes of Exposure

**Inhalation
(breathing)**

**Ingestion
(swallowing)**

**Injection
(poke,
needlestick)**

**Mucosal
(eyes, nose,
mouth)**

**Dermal (skin
exposure)**

Skin Exposure

- Skin exposure to powdered or dry forms of fentanyl is not likely to cause overdoses in small amounts if promptly removed.
- Liquid or highly concentrated fentanyl can be absorbed rapidly via skin and can be extremely toxic.

It is prudent to provide full skin protection because the fatal dose is so low.

Signs and Symptoms of Overdose

- Stupor.
- Pinpoint pupils that later may become dilated.
- Cold and clammy skin.
- **Cyanosis:** blue or purplish discoloration due to low oxygen - *skin, lips, earlobes, nailbeds*.
- Coma.
- Respiratory failure, leading to death.

The presence of a triad of symptoms is strongly suggestive of opioid poisoning:

1. Coma
2. Pinpoint pupils
3. Respiratory depression

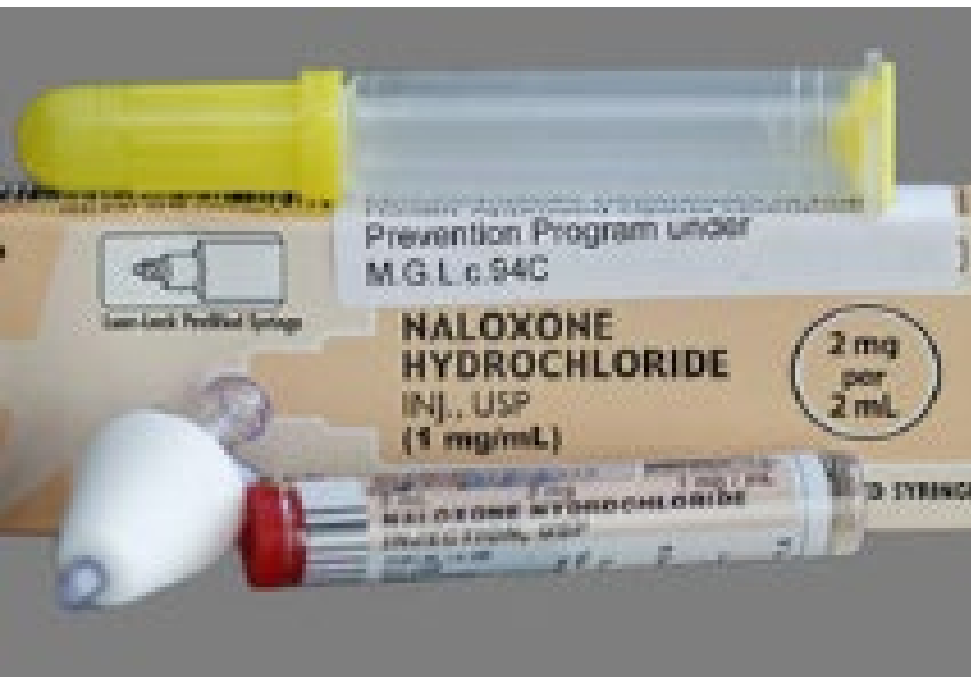
Post-Exposure Treatment

- Naloxone (Narcan[®]) should always be on hand when there are potential exposures!
- Naloxone doesn't work with drugs other than opioids.
- Naloxone is safe and effective.



Naloxone (Injectable and Nasal Spray)

- Sometimes multiple doses are required.
- May trigger withdrawal symptoms in addicted people.



Prevention of Occupational Exposure to Fentanyl and Other Opioids

**Naloxone
administration by
EMS personnel
increased 75%
from 2012-2016**



State Laws Vary on Naloxone

As of January 2022:

- 50 states and DC - Naloxone accessible without prescription.
- 46 states and DC - “Good Samaritan” laws eliminate arrest, charging, prosecution for overdose reporting.
- 45 states and DC - Civil immunity for dispensing naloxone, and 39 states and DC provide criminal immunity.
- State laws all different. Check your state for more information.

<http://www.pdaps.org/datasets/laws-regulating-administration-of-naloxone-1501695139>

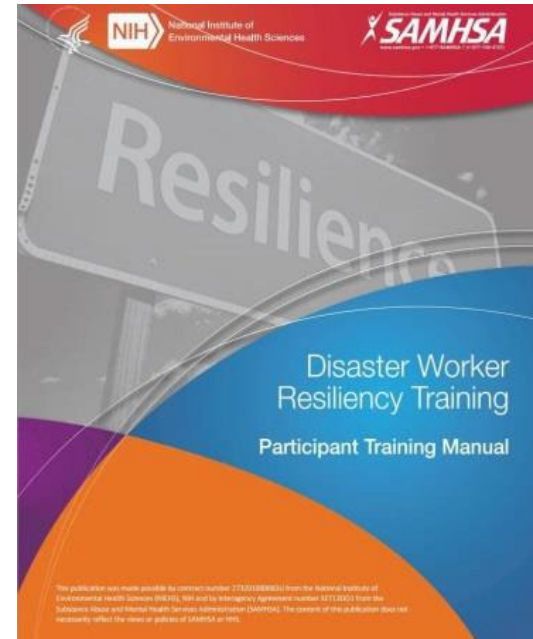
Occupational Exposure Case Reports

- Law Enforcement - Police, Probation, Corrections
 - EMS and Fire Fighters.
 - Emergency Department Staff.
 - Crime Lab Analysts.
 - “Sniffer” Drug Dogs.
-
- *Specific routes of exposure not identified.*
 - *All personnel administered naloxone and recovered.*



Exposure to Opioids and Overdose Emergencies Are Traumatic Events

- Resilience is the ability to become strong, healthy, or successful again after something bad happens.
- It is normal to have a reaction to an abnormal event.
- Everyone reacts differently to stress and trauma.
- Stress can impact thinking, behavior, social interaction, and cause physical pain.
- Organizations should provide training and other supports to help increase worker resilience.





HAZARD ASSESSMENT AND SAFETY CONTROLS

Questions for Hazard Assessment

Which occupations/
job tasks expose
workers to fentanyl?

Do employees work
close to potential
sources of exposure?

What are the exposure
risks? Inhalation,
ingestion, contact,
splashes, injection?

Will work environment,
equipment, or task
increase potential for
exposure?

OSHA Requirements

- OSHA's PPE and Respiratory Protection standards detail employer requirements.
- Employers must try to eliminate hazards before employing PPE and respirators.
- Selection of PPE and respirators must be based on a site-specific hazard assessment.
- The hazard assessment must be documented.



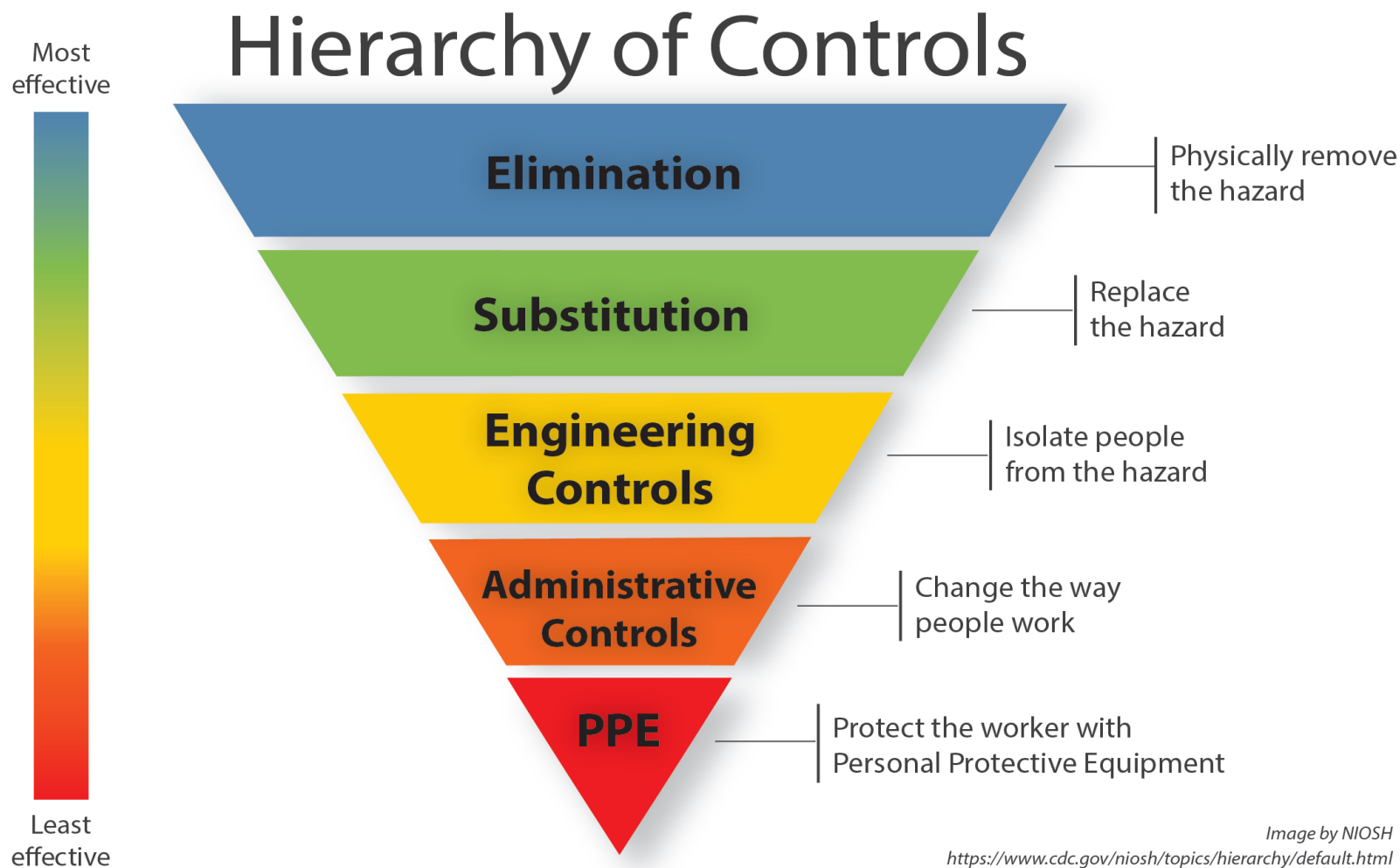
OSHA PPE and respiratory protection standards

Where applicable, the OSHA PPE and respiratory protection standards requires employers to:

- Conduct an assessment for PPE
- Provide PPE at no cost, appropriate to the hazard
- Train employees on how to don (put on) and doff (take off) PPE and respirators
- Train workers to maintain, store, and replace PPE
- Provide medical evaluation and fit testing



Prevention of Occupational Exposure to Fentanyl and Other Opioids



Engineering Controls

A laboratory chemical fume hood protects lab workers using an enclosure and exhaust ventilation.



Administrative Controls

To prevent airborne drug exposures on the job, the DEA recommends that evidence should not be tested in the field.

NYS Department of Transportation Photos



Discarded syringes left in public parks and roadside rest stops.

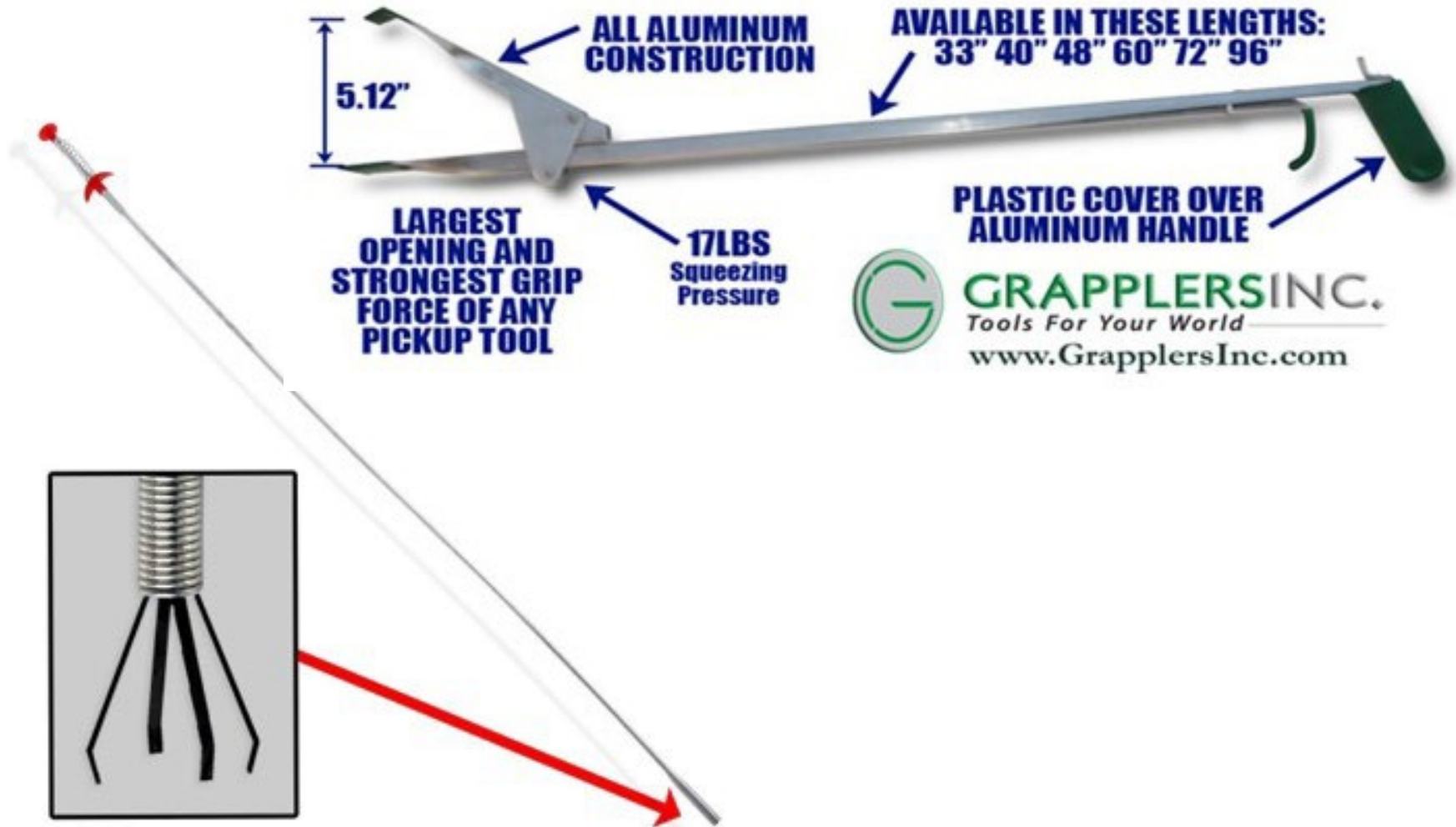
Engineering Controls

New York State DOT
uses several industrial
grade pick-up tools to
prevent worker
exposure to sharps and
drug paraphernalia
dumped along highway.



Prevention of Occupational Exposure to Fentanyl and Other Opioids

INDUSTRIAL GRADE PICK-UP TOOL



Disposal of Contaminated Sharps

OSHA Requirements for Sharps Containers:

- Puncture-resistant.
- Leakproof sides and bottom.
- Appropriately labeled or color-coded red.
- Closable.
- Kept upright to prevent spillage.
- When 2/3 full, must be replaced.





3. Class Activity and Discussion

Brainstorm Key Elements of a Fentanyl Exposure Control Plan

Time for activity: 10 minutes

Objective: Brainstorm components of a Fentanyl Exposure Control Plan to protect workers from occupational exposure to fentanyl and other drugs.

Task: Ask for a volunteer to take notes on a flip chart.

Identify elements of a Fentanyl Exposure Control Plan.

- What do emergency workers need to stay safe when exposed to fentanyl in the field?
- Is there an existing plan at your workplace?
- If yes, are there gaps in that plan?

Key Elements of Fentanyl Exposure Control Plan (ECP)

- Job Hazard Assessment
- Safe work practices:
 - Engineering Controls
 - Administrative Controls
 - Written policy
 - Staffing
 - Training
 - Emergency Response and Decontamination
- PPE and Respirators
 - Medical screening, fit testing, etc.



Prevention of Occupational Exposure to Fentanyl and Other Opioids

FEDERAL AND INDUSTRY GUIDANCE

There are No OSHA or NIOSH Occupational Exposure Limits for Fentanyl (OELs)

- Some drug manufacturers have established OELs, 8-hour time weighted average (TWA) and short-term exposure limits (STEL) for fentanyl:

0.1 microgram / M³ for fentanyl, 8-hour TWA



Guidelines and Best Practices

We will now review guidelines and best practices from several federal agencies and science organizations.



NIOSH Guidelines – Job Categories

Fentanyl: Preventing Occupational Exposure to Emergency Responders

- Identifying the PPE appropriate for the risk - first select the correct job category, as defined below, and then the level of exposure anticipated
- Job Categories
 1. Pre-hospital Patient Care
 2. Law Enforcement: Routine Duties
 3. Investigation and Evidence Handling
 4. Special Operations and Decontamination

NIOSH Fentanyl Exposure Categories

1. **Minimal:** Response to a situation where it is suspected that fentanyl may be present, but no fentanyl is visible.
2. **Moderate:** Response to a situation where small amounts of fentanyl is visible.
3. **High:** Response to a situation where liquid fentanyl or large amounts of fentanyl is visible.

It is important to recognize that the exposure level may change and PPE should be adjusted accordingly!

NIOSH Standard Operating Procedures

- Hazard assessment.
- No drinking, eating, smoking at the scene.
- Do not touch eyes, nose, mouth.
- Field testing is NOT recommended.
- Avoid tasks that aerosolize suspected fentanyl.
- Wash hands with soap and water.

Do NOT use hand sanitizer or bleach to clean contaminated skin as they may enhance skin absorption of fentanyl.



Prevention of Occupational Exposure to Fentanyl and Other Opioids

Key

- ✓ Minimum protection recommended.
- When an on-scene health risk assessment is conducted and higher protection is warranted.
- If particulate + gas/vapor hazard is expected above the immediately dangerous to life or health (IDLH) values or concentration is unknown, SCBA is recommended.

Not recommended, refer scene to special operations response workers (such as local hazmat team)

Personal protective equipment recommendations for protection against fentanyl

Personal Protective Equipment	Pre-Hospital Patient Care			Law Enforcement Routine Duties			Investigations and Evidence Collection			Special Operations and Decontamination					
Exposure Level	Minimal	Moderate	High	Minimal	Moderate	High	Minimal	Moderate	High	Minimal	Moderate	High			
Respiratory Protection															
Disposable N100, R100, or P100 FFR ¹		✓	Not recommended		✓	Not recommended		✓			✓				
Elastomeric APR ²								●	✓		●	✓			
PAPR ³									●		●	●			
SCBA ⁴									■			■			
Face and Eye Protection															
Safety goggles/glasses ⁵		✓	Not recommended		✓	Not recommended		✓	✓		✓	✓			
Hand Protection															
Nitrile gloves ⁶	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓			
Nitrile gloves, double or use of thicker gloves		●			●			●	●		●	✓			
Dermal Protection															
Wrist/arm protection ⁷		✓	Not recommended		✓	Not recommended		✓			✓				
Particulate hazards protective ensemble (i.e., NFPA 1999 Single or Multi-Use or NFPA 1994 Class 4 Ensemble)									✓			✓			
Chemical hazards protective ensemble (i.e., NFPA 1994 Class 3 Ensemble or Higher)									●			●			

NIOSH Standard Safe Operating Procedures

Working dogs
should be
removed from the
scene.



CDC/NIOSH: How to Properly Use PPE to Avoid Illicit Drug Exposures for First Responders

**Illicit Drugs,
Including Fentanyl**

**Preventing
Occupational
Exposure to
Emergency
Responders**

**Using Personal
Protective Equipment**

Fentanyl
Heroin
Synthetic cannabinoids
Morphine
Cocaine
Cannabis
Alcohol
Buprenorphine

CDC

InterAgency Board Guidance

- Best practices to minimize exposure to first responders.
- PPE based on potential for exposure and wearer's operational response function.
- Skin decontamination.
- Medical countermeasures, including naloxone.



Prevention of Occupational Exposure to Fentanyl and Other Opioids

IAB Recommended Best Practices

Exposure Risk	Operational Functions	Minimum Recommended PPE	Decon Recommendations
Minimal (no visible product or product contained within syringe or other package)	Response to a person with suspected overdose	Standard duty uniform and nitrile gloves (NFPA 1999)	<ul style="list-style-type: none"> • People: Wash with soap and water • Surfaces: Peracetic acid, hydrogen peroxide, or dichloroisocyanuric acid solutions
Moderate (small volume [grams] of material visible and not contained within a package)	Response to one or more persons with suspected overdose; response to a localized seizure (e.g., traffic stop)	Standard duty uniform; nitrile gloves (NFPA 1999); P100 filtering facepiece respirator; safety glasses	<ul style="list-style-type: none"> • People: Wash with soap and water • Surfaces: Peracetic acid, hydrogen peroxide, or dichloroisocyanuric acid solutions
Moderate (large volume [kilograms] of material)	Response to a bulk storage or distribution facility	Standard duty uniform with long sleeves or sleeve covers; nitrile gloves (NFPA 1999); P100 filtering facepiece respirator; non-vented or indirect vented goggles	<ul style="list-style-type: none"> • People: Wash with soap and water • PPE and Sensitive Equipment: Peracetic acid solutions ($\text{pH} \leq 7$) • Surfaces: Peracetic acid, hydrogen peroxide, or dichloroisocyanuric acid solutions
High (milling lab with particulates present)	Response to a suspected opioid milling operation that mixes synthetic opioids with binders or other illicit materials to produce a street-level product	NFPA 1999 multi-use ensemble or NFPA 1994 Class 4 or 4R ensemble; full face air-purifying respirator (APR) with P100 filters	<ul style="list-style-type: none"> • People: Wash with soap and water • PPE and Sensitive Equipment: Peracetic acid solutions ($\text{pH} \leq 7$) • Surfaces: Peracetic acid, hydrogen peroxide, or dichloroisocyanuric acid solutions
High (production lab with bulk chemicals present)	Response to a suspected opioid production laboratory, potentially including a milling operation, that produces illicit materials using any combination of chemical precursors	NFPA 1994 Class 3 or 3R ensemble or higher; full face CBRN APR or higher	<ul style="list-style-type: none"> • People: Wash with soap and water • PPE and Sensitive Equipment: Peracetic acid solutions ($\text{pH} \leq 7$) • Surfaces: Peracetic acid, hydrogen peroxide, or dichloroisocyanuric acid solutions

Pharmaceutical Laboratory PPE Examples

- Elastomeric Half-face respirator with N100, R100 or P100 filters.
- Disposable half-face respirator (N100, R100 or P100).
- Safety goggles or full-face elastomeric respirator.
- Double nitrile gloves.
- Coated gown or jumpsuit.
- Shoe covers.
- Head cover.



PPE and Infectious Diseases

- Infectious disease hazards may be encountered when responding to overdoses or crime scenes.
- **Protect yourself** with PPE and respirators.
- **Airborne and Contact Transmission:**
 - COVID-19, TB, Monkeypox Virus (Mpox), Flu, etc.
- **Bloodborne Transmission:**
 - Hepatitis B, C, HIV



Packaging and Transportation

- DEA recommends against field testing of suspected fentanyl.
- DEA provides detailed guidance on packaging and transporting evidence in compliance with U.S. DOT regulations.



Detection and Testing

- Sampling and laboratory testing can detect fentanyl and fentanyl analogs at very low levels.
- Some of these methods can also detect fentanyl that has been combined with heroin down to 0.1%.



4. Small Group Activity



Workplace Protection from Fentanyl Exposure – Scenario

Time for activity: 20 minutes

Objective: Identify risk and protective measures needed based on a scenario.

Task: Select a recorder and reporter. Read a transcript (in call out box) of an EMS/911 Dispatcher regarding a potential overdose.

1. How would you assess the risk category at this location?
2. What PPE do you need to bring?
3. Was anything missing from the Dispatcher's message?

911 Dispatcher: "Ambulance requested to the [address redacted]. There is a 28-year-old male who took heroin earlier and they're requesting Narcan use. Again, ambulance requested [information redacted] thinks that he's done. Can we see what the 28-year-old male who took heroin earlier and help advise with requested Narcan use, please advise. They're at [address redacted]."

EMS: "20/20, responding to call."



Prevention of Occupational Exposure to Fentanyl and Other Opioids

CLEAN UP AND DECONTAMINATION



IAB Decontamination for Skin Exposure

- Direct skin contact with fentanyl should be immediately flushed with large amounts of water.
- Wash skin surfaces with soap and water as soon as feasible.
- **DO NOT USE** alcohol-based hand disinfectants or bleach solutions as they enhance skin absorption of fentanyl.



IAB Cleanup and Decontamination

- **Take care to avoid contamination when removing PPE.**
- Isolate used PPE for decon or disposal.
- Decon PPE surfaces with absorbent wipes, and a peracetic acid (5%) or hydrogen peroxide-based (10%) solution.
- Minimize chlorine-based decon solutions as they may deteriorate the PPE.



JOB-SPECIFIC HAZARD CONTROL AND TRAINING

The next few slides show some
occupation-specific concerns.

Prevention of Occupational Exposure to Fentanyl and Other Opioids

EMS



Law Enforcement



This photo shows powdered fentanyl on the floor of a car seized during the Ohio arrest.

Clandestine Labs



Clandestine drug lab assessment / cleanup

Personal protective equipment (PPE) for preliminary and post clearance site assessment of a clandestine fentanyl and carfentanil processing, handling, pill pressing, and packaging site.



Crime Laboratories

- First quarter of 2017: DEA laboratory system had 230 identifications of fentanyl or fentanyl-related substances.
- Heroin was found in combination with fentanyl in 61% of the identifications.



Death Care Sector - Hazard Assessment

- Assess remains for hazards before moving body.
- Employ safe methods to search pockets for sharps or drugs.
- Treat unknown substances as hazardous until identified.
- Make sure PPE and respirators are available.
- Availability of naloxone.





WORK RELATEDNESS AND RESOURCES

Work-Related Injuries and Opioid Misuse

- **2020:** 2.7 million reported workplace injuries and illnesses.
- How many of the **92,000 opioid overdose deaths in 2020** began as pain treatment for work injuries?
- Insurance companies and employers often challenge necessity of treatment under state workers' compensation systems.
- **Result:** Treatment delays and pain may lead to self-medication and potential addiction.

Work-Related Injuries and Opioid Misuse (cont.)

- **Solutions:**

- Primary Prevention: Prevent work-related injuries and stress.
- Promote alternative treatments for pain.
- Eliminate delays in treatment for work injuries.
- Expand and improve access to addiction treatment.

Alternative-To-Discipline (ATD) Programs in Healthcare

ATD programs help workers recover from addiction and return-to-work without losing their license and careers:

- Stop work during treatment.
- Receive individual support and recovery program.
- Accountability.
- Return to work may include reduced hours and no access to narcotics.
- Get treatment and monitoring for 2 to 5 years.

Shouldn't this approach be applied to other occupations and industries?



Implement Workplace Supported Recovery Programs

Also called “Recovery-Friendly Workplace”

- Encourages safer worksites.
- Applies to injured workers as well as those in recovery.
- Lowers barriers to seeking and receiving care.
- Reduces Stigma for substance use disorder (SUD).
- Provides recovery and treatment resources.
- Peer coaching and community support.



5. Large or Small Group Activity



Applying what you learned today

Time for activity: 15 minutes

Objective: The goal of this activity is to discuss any potential actions you may take based on today's workshop.

Task: Choose a recorder/reporter. Ideas for actions based on today's workshop. Actions may be individual or organizational. Report back and discuss.

Resources

1. CDC: Fentanyl, Preventing Emergency Responder's Exposures to Illicit Drugs
2. IAB: Recommendations on Selection and Use of PPE and Decontamination Products for First Responders Against Exposure Hazards to Synthetic Opioids, Including Fentanyl and Fentanyl Analogs
3. ACMT/AACT Position Statement: Preventing Fentanyl and Fentanyl Analog Exposure to Emergency Responders
4. DEA: Fentanyl, Safety Recommendations for First Responders
5. DEA: DEA Issues Carfentanil Warning To Police And Public

Questions and Evaluations

- Questions? Concerns?
- Evaluations

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