



July 29, 2019

Greetings,

On behalf of the MO-HOPE Project, we want to thank you and your department for protecting the people of your community by carrying naloxone (Narcan). Over the past two years, law enforcement and firefighters have reversed over 650 overdoses in Missouri. Your efforts are saving lives.

As the opioid crisis continues to impact our communities, we've begun to hear of concerns about incidents in which officers are exposed to fentanyl. While the chances of clinically significant fentanyl exposure to emergency responders is "extremely low" (American College for Medical Toxicology, 2017) we want to address these concerns directly to ensure officer safety while not causing any delay in officer response to overdose events.

First, please remember that powdered fentanyl is not easily absorbed through the skin, and washing skin with soap and water will safely remove the drug from the skin. According to the CDC's National Institute for Occupational Safety and Health (NIOSH),

"Skin contact is also a potential exposure route, but is not likely to lead to overdose unless large volumes of highly concentrated powder are encountered over an extended period of time. Brief skin contact with fentanyl or its analogues is not expected to lead to toxic effects if any visible contamination is promptly removed."

Second, the presence of undisturbed powdered fentanyl at the scene of an overdose is unlikely to cause harm via inhalation. According to the American College for Medical Toxicity, "toxicity cannot occur from simply being in close proximity to the drug." In the event of a minimal-level exposure ("response to a situation where it is suspected that fentanyl may be present but no fentanyl products are visible"), officers can protect themselves with recommended PPE that includes nitrile gloves only. In the event of a moderate-level exposure ("response to a situation where small amounts of fentanyl products are visible"), recommended PPE includes nitrile gloves, eye protection, and a basic face mask (NIOSH, 2017).

Third, if an officer is conscious, there is no need to administer naloxone. According to the American College of Medical Toxicology,

"In the unlikely event of poisoning, naloxone should be administered to those with objective signs of hypoventilation or a depressed level of consciousness, and not for vague concerns such as dizziness or anxiety.

As a reminder, an opioid overdose causes the body to slow down such that an individual stops breathing or is barely breathing. Signs of an opioid overdose include (NIOSH, 2017):

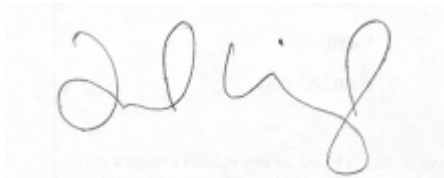
- Unconsciousness or unresponsiveness
- Shallow breathing or no breathing
- Pinpoint pupils

“In the absence of prolonged hypoxia, no persistent effects are expected following fentanyl or fentanyl analog exposures” (ACMT, 2017).

While the administration of naloxone to a conscious individual will not cause harm, any unnecessary use of this medication will further deplete Missouri’s already limited supply of this valuable resource to your officers and the communities you serve and protect.

We ask that you share this information with your fellow officers. As more exposure incidents are featured in various media outlets, we want to make sure that your department has the most accurate information to continue providing excellent service to your community. Please don’t hesitate to reach out if you need further information.

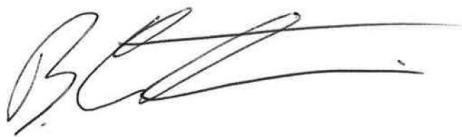
Thank you,



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References:

American College of Medical Toxicology (2017). *ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders*. Retrieved from https://www.acmt.net/Library/Positions/Fentanyl_PPE_Emergency_Responders_.pdf

National Institute for Occupational Safety and Health, (2017). *Preventing Occupational Exposure to Emergency Responders*. Retrieved from <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>