



MYTHS AND FACTS: Fentanyl Exposure, Protection, and Treatment

Information for the DHS workforce from the Office of Health Affairs and the Occupational Safety and Health Program

EXPOSURE

MYTH: Touching even a small amount of fentanyl can result in opioid overdose, coma, or death.

▶ **FACT:** An incidental skin exposure to fentanyl is extremely unlikely to immediately harm you.

- The most common route of incidental exposure is by inhaling the powdered drug or transferring it from your skin to your eyes, nose, or mouth (mucous membranes).
- Fentanyl can be removed from skin with soap and water. Do **NOT** use alcohol-based hand sanitizers or wipes. (Alcohol-based products may increase the skin's absorption of fentanyl.)

MYTH: First responders are frequently overdosing from contact with fentanyl overdose victims or contaminated environments.

▶ **FACT:** Most first responder's encounters with overdose victims and contaminated environments do not present a significant drug exposure threat to responders.

- Fentanyl will not cause sudden death.
- Reports of responders falling ill after skin exposure to fentanyl have not been validated with details or evidence, and experts agree routine encounters do not present a significant risk of drug exposure.
- Commonly used controls and appropriate personal protective equipment (PPE) will protect responders, even in non-routine situations, such as fentanyl exposure from high concentration of airborne powder, gross environmental contamination, and other unusual conditions.

PROTECTION

MYTH: PPE cannot protect the workforce from fentanyl exposure.

▶ **FACT:** Properly selected and worn PPE does protect the DHS workforce.

- Wear the PPE identified for the task; when exposure to drug powders is likely, PPE includes gloves, properly-fitted respiratory protection, and safety goggles. (See references for additional information regarding PPE selection.)
- **AVOID** powdered gloves. (Powder particulates from the glove may absorb and spread contaminants to unintended surfaces.)

MYTH: The standard methods for dealing with suspicious substances don't apply to fentanyl.

▶ **FACT:** Existing precautions for the DHS workforce contacting or working near unknown, suspicious powdered substances are appropriate for most incidental encounters with fentanyl.

- Avoid direct contact when possible; wear the PPE identified in plans for the specific task or activity.
- Always wash your hands—**USING SOAP and WATER**—at the end of every tour and after handling a suspicious substance.
- Do **NOT** eat, drink, or smoke during or after handling a suspicious substance until you have washed your hands.
- For visible contamination of equipment or clothing, use established decontamination and notification procedures.

TREATMENT

MYTH: Naloxone can't save you from a fentanyl overdose.

▶ **FACT:** Naloxone (e.g., Narcan Nasal Spray™) is a safe medication that counteracts the effects of an opioid overdose—including an overdose from fentanyl.

- If you suspect an overdose, do not delay the administration of naloxone (following DHS Policy Directive 247-01 and protocols).
- Fentanyl overdoses may require more than one dose of naloxone, since the effect of naloxone only lasts for a limited period of time. If signs and symptoms reappear, re-administer naloxone.
- Naloxone is not definitive medical care. If you suspect an opioid overdose or administer naloxone, call for emergency medical assistance so the patient can be transported to a hospital for additional care.
- If naloxone is **NOT** available, provide rescue breathing or life-saving efforts until emergency services arrive.

MYTH: If I feel sick after encountering a powdered substance, I am experiencing a fentanyl overdose.

▶ **FACT:** The signs and symptoms of fentanyl overdose are the same as all opioid overdoses: decreasing level of consciousness, slowed breathing, and pinpoint pupils.

- Other signs and symptoms like dizziness, rapid heart rate, nausea and vomiting, or "feeling ill" are more specific for heat injuries, dehydration, and adrenaline responses.
- **When in doubt, give naloxone and call for emergency medical assistance.**

References:

- Consult with your mission operations and Occupational Safety and Health program personnel for component-specific protective guidelines.
- DHS OHA Naloxone guidance documents. <https://go.usa.gov/xRfFm>
- Centers for Disease Control and Prevention: NIOSH-Fentanyl: Preventing Occupational Exposure to Emergency Responders. <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>
- InterAgency Board's "Recommendations on Selection and Use of Personal Protective Equipment and Decontamination Products for First Responders Against Exposure Hazards to Synthetic Opioids, Including Fentanyl and Fentanyl Analogues" (August 2017). <http://bit.ly/2xd92PT>

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