

What The Fentanyl?

With increasing reports of first responders exposed to opioid overdose patients, overdose scenes, and even loose powdered opioids, there is a significant amount of concern regarding the risks associated with this type of exposure.

Myth 1: Fentanyl can be absorbed through skin by touching it

Fentanyl powder is essentially not absorbed through skin, and would take massive amounts over long time

Myth 2: Fentanyl powder can get into the air and be inhaled

This would only be an issue in settings with extreme air movement as powdered opioids do not aerosolize

Myth 3: New potent synthetic opioids are even more dangerous for first responders

Even extremely potent analogs like carfentanil behave the same as fentanyl in passive exposure

Symptoms of opioid toxicity:

- Depressed mental status
- Decreased respiratory rate
- Decreased tidal volume (shallow breathing)
- Miotic (constricted) pupils

Nonspecific symptoms like lightheadedness, dizziness, palpitations, numbness and tingling, fear, anxiety, abnormal taste, etc are not indicative of opioid toxicity

Indications for Narcan (naloxone):

- Apnea*
- Hypoxemia
- Bradypnea (respiratory rate <12/minute)
- Hypopnea (& hypercapnea)

*apneic or bradypneic patients should receive bag-valve mask ventilation prior to & during naloxone administration because of a risk of ARDS

Recommended PPE:

- Universal precautions
- Nitrile gloves
- Skin exposures should be washed with water (alcohol-based hand sanitizers do not remove exposure, and may increase drug absorption)
- If desired, or in scenes with significant air movement, N-95 masks are sufficient to prevent inhalation
- Haz-Mat is NOT necessary

More in-depth additional information, including the position statements from NAEMSP, ACMT and AACT, can be found here: <http://www.naemsp.org/Documents/Press%20Releases/NAEMSP%20Toxicology%20Press%20Release.pdf>