

## **FNIHB-OR Nursing Policy and Procedure**

Section:	<b>Professional Nursing Practice</b>	Policy Number:	<b>II-36</b>
Subject:	<b>Suspected Presence of Fentanyl Or Carfentanil: Personal Protective Equipment and Procedure for Exposure Of Health Care Worker</b>	Issued:	<b>2017-06-15</b>
		Revised:	<b>2017-06-28</b>

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### **1. POLICY**

- 1.1 When a client presents to the health facility who is suspected to have used fentanyl or carfentanil, and there is a risk of exposure of these drugs to the Community Health Nurse (CHN) or other members of the health care staff (physicians, visiting staff), the CHN/staff will conduct a point-of-care risk assessment and don the appropriate personal protective equipment (PPE).
- 1.2 At completion of client care, the CHN/staff will properly doff and dispose of PPE worn during the client encounter and perform hand hygiene.
- 1.3 Should an unintended exposure to fentanyl or carfentanil occur (e.g., eyes, inhalation, ingestion, skin contact) to a CHN/health care worker, the CHN/staff will appropriately remove the exposure (if possible), perform or have another staff member perform first aid treatment (if necessary), report the exposure to their immediate supervisor (Nurse in Charge (NIC), Zone Nurse Manager (ZNM) or delegate), and seek immediate emergency medical attention.
- 1.4 If a CHN witnesses another CHN/staff member exposed they will appropriately remove the exposure (if possible), report the exposure to their immediate supervisor (Nurse in Charge (NIC), Zone Nurse Manager (ZNM) or delegate), assess for signs and symptoms of opiate toxicity, provide first aid measures to the exposed person, and refer immediately to emergency medical services.



## 2. PRINCIPLES

- 2.1 Because CHNs/staff are not exposed to environments where these drugs are produced, transported, or stored, they are at very low risk for unintended exposure. Data from British Columbia indicates an extremely low risk of secondary exposure of health care workers who are administering front line treatment (e.g., naloxone administration, resuscitation) (*Dr. David Williams – Chief Medical Officer of Ontario, personal communication to Dr. Maurica Maher - Director and Regional Public Health Specialist Public Health Unit – FNIHB-OR, March 13, 2017*). The Ontario Ministry of Health and Long Term Care also notes that there have been no reports of health care workers being compromised while undertaking routine care, as long as they are following their standard PPE recommendations for their line of work. Therefore, the current standards for PPE for health care providers is adequate for dealing with overdoses, even those suspected of having used some of the illicit synthetic opioids (*Dr. David Williams – Chief Medical Officer of Ontario, personal communication to Dr. Maurica Maher - Director and Regional Public Health Specialist Public Health Unit – FNIHB-OR, March 13, 2017*).
- 2.2 Low-level risk involves the presence of small amounts of fentanyl or carfentanil on the person of the user, such as pill containers or folded pieces of paper; white or green residue on the person or around their mouth or on their hands; or when the client is unconscious and the cause is unknown (*Alberta Health Services, 2017*).

## 3. DEFINITIONS

**Fentanyl:** A powerful synthetic opioid drug that is similar to morphine and heroin but is 50 to 100 times more potent. It is highly addictive, but short acting. Signs and symptoms of use can appear within minutes of intravenous use or inhalation, within minutes to hours following ingestion, and within hours following dermal exposure (*Alberta Health Services, 2017*).

**Carfentanil:** Another powerful synthetic opioid, is considered 100 times more potent than fentanyl. It is not approved for use in humans, nor is it legal in Canada but it has been found in illicit drugs, often without the person using the drugs being aware of its presence.

**Point of Care Risk Assessment:** The CHNs evaluation of the likelihood of exposure to an infectious/toxic agent for a specific interaction, with a specific client in a specific environment under available conditions to be able to choose the appropriate actions/PPE needed to minimize the risk of exposure for the specific client, other clients in the environment, health care providers, visitors, etc. The POC is a critical step in determining the PPE that will be required to perform care.

**Personal Protective Equipment:** The equipment used to protect the CHN/staff from exposure to infectious agents or other hazardous exposures they may encounter while providing care. This may include gloves, gown, mask, face shield, N95 respirator and other equipment deemed necessary for the type of risk.

## 4. PROCEDURE



- 4.1 The health care provider will ensure that they have access to naloxone HCL either 0.4mg/ml ampoules with a means for administration (syringes, needles) or naloxone HCL spray (2mg to 4mg per activation).
- 4.2 Before each client interaction a point of care risk assessment should be performed in order to determine the appropriate routine precautions to implement for safe client care. To determine the risk of to the health care provider of being exposed to opioids, the point of care risk assessment must include assessment for opioid overdose or exposure. Signs and symptoms of opioid overdose or exposure include:
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| <p><b><u>Altered Level of Consciousness:</u></b></p> <ul style="list-style-type: none"><li>• Excessive drowsiness</li><li>• Difficulty thinking, speaking or walking</li><li>• Confusion</li><li>• Nonresponsive to pain or someone's voice</li><li>• Coma</li><li>• Seizures</li><li>• Pinpoint pupils</li></ul> <p><b><u>Airway:</u></b></p> <ul style="list-style-type: none"><li>• Choking</li><li>• Vomiting</li></ul> | <p><b><u>Breathing:</u></b></p> <ul style="list-style-type: none"><li>• Trouble breathing – may sound like snoring</li><li>• Slow shallow breathing</li><li>• Blue lips &amp; fingernails</li><li>• Respiratory arrest</li></ul> <p><b><u>Altered Vital Signs:</u></b></p> <ul style="list-style-type: none"><li>• Slowed heart rate</li><li>• Low blood pressure</li><li>• Dizziness</li><li>• Cold, clammy skin</li></ul> |
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- 4.3 Following the point of care risk assessment, the CHN/staff will select the appropriate PPE as outlined in *Policy 3.3 of the FNIHB-OR Infection Prevention and Control Manual*. This will include an assessment of the need for gloves, mask, gown, and eye protection.
- 4.4 If fentanyl or carfentanil may potentially have been used by the client, it is recommended that the CHN administering care don a gown, eye protection (safety glasses or safety shield), an N95 respirator mask (properly fit tested) and two (2) pairs of nitrile gloves during the client encounter (*Alberta Health Services, 2017*).
- 4.5 The CHN/staff will avoid handling suspected fentanyl or carfentanil. If this must be done for client and CHN/staff safety, the CHN/staff will ensure appropriate PPE and will secure the suspected fentanyl/carfentanil in a safe area. The product should be placed in an impermeable container (plastic bag, sterile specimen container, clean sharps box etc.), and placed in a locked room. Police should be notified and the product should be turned over to them to facilitate testing and ensure community safety. Client confidentiality must be maintained.
- 4.6 The client will be assessed and treated as indicated.
- 4.7 PPE will be doffed in the correct order, with the correct technique, and safely disposed of



to eliminate the possibility of future exposure to any opioid that may have come in contact with the PPE. See *FNIHB-OR Infection Prevention and Control Manual*. Any questions about PPE donning and doffing should be directed to the Nursing Practice Consultant.

4.8 Following removal of PPE, hands will be washed with soap and water.

4.9 Should a suspected fentanyl or carfentanil exposure occur with a CHN/staff member, the following actions shall be taken as per Alberta Health Services (2017):

**Eyes**

- Wash eyes with copious amounts of water for at least 15 minutes.

**Inhalation**

- Move staff member immediately to fresh air.
- Evaluate respiratory function and pulse.

**Ingestion**

- Ensure staff member has an unobstructed airway.
- Do not induce vomiting

**Skin**

- Remove contaminated clothing immediately.
- Thoroughly wash skin with a soap and water solution for 15 minutes, taking care not to further irritate the skin. Wash over garment if necessary.
- Rinse with water.

4.10 If respiration is impaired, administer naloxone as per *FNIHB-OR Clinical Practice Guidelines*, *FNIHB-OR Policy I-11 Over the Counter Medication* or, manufacturers guidelines and begin cardiorespiratory support which may include CPR, assisted respiration and airway support as necessary.

4.11 Any staff member that experiences a potential exposure will be transferred to a facility where they can be assessed and monitored by a health care professional for signs and symptoms of opioid exposure.

4.12 Any exposures will be promptly reported to the CHN/staff member's immediate supervisor.

## 5. RELATED POLICIES

FNIHB-OR Policy III-10 *Opioid Overdose and Naloxone*  
FNIHB-OR Policy III-11 *Over The Counter Medication*

## 6. REFERENCES AND FURTHER READING

Alberta Health Services. *Emergency medical services: Interim guidance for first responders, Opioid misuse* (2017).


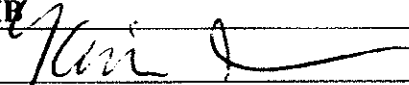
[https://www.albertamfr.ca/data/documents/OPIOID\\_MISUSE\\_INTERIM\\_GUIDANCE.pdf](https://www.albertamfr.ca/data/documents/OPIOID_MISUSE_INTERIM_GUIDANCE.pdf)





First Nations and Inuit Health Branch – Ontario Region: *Infection Prevention and Control Policy and Procedure Manual* (2017).

Kendell, P. R. W. *Communication to BC Chief Medical Health Officers* (2017).  
<https://www.fentanyl-safety.com/wp-content/uploads/UpdatedGuidance-statement-PPE-EMS-HCW-Jan2017.pdf>

<b>Approved by:</b>	<b>Effective Date:</b>
 <b>Director of Nursing, Ontario Region</b> <b>FNIHB</b>	<b>June 28, 2017</b>
 <b>Regional Executive Officer, Ontario Region</b> <b>FNIHB</b>	<b>June 28, 2017</b>

