



UFF Position Statement: Responding to the Opioid Crisis

Overdose now surpasses car crashes as the leading cause of accidental death in the US. In 2014, opioid overdose deaths occurred at an average rate of 1 every 17 minutes.¹ Given the availability of these drugs, it is suspected that more recent data will show an increase in this rate.

Many people take opioids to manage both chronic and acute pain. More than 260 million opioid prescriptions are filled in the U.S. each year. The most commonly misused prescription opioids are methadone, oxycodone, hydrocodone, and fentanyl. In addition to prescription opioid misuse, the availability of illicit opioids has expanded throughout North America.

As the number of opioid related overdoses continues to rise throughout the U.S. and Canada, fire and EMS responders must be increasingly aware of the risks posed by exposure to fentanyl, carfentanil, synthetic opioids, and methamphetamine.

According to the U.S. DEA, Fentanyl is being sold as heroin in virtually every corner of our country. It is 40 to 50 times stronger than street-level heroin. A very small amount ingested, or absorbed through your skin, can kill you.² Carfentanil is a synthetic opioid used as an elephant tranquilizer, approximately 10,000 times more potent than morphine and 100 times more potent than fentanyl. Carfentanil and other fentanyl analogues present a serious risk to Fire and EMS personnel through various exposure routes. These substances can come in several forms, including powder, blotter paper, tablets, patch, and spray. Some forms can be absorbed through the skin or accidentally inhaled. If the presence of carfentanil or any synthetic opioid is suspected, firefighter and paramedics should not take samples or otherwise disturb the substance and contact law enforcement to secure and transport.

According to the Centers for Disease Control (CDC), *“Opioid overdose deaths ... can be prevented by improving prescribing practices to prevent opioid addiction, expanding the use of medication-assisted treatment, and increasing use of naloxone for suspected overdoses. Having trained EMS staff to administer naloxone ... will save lives.”* To reduce opioid overdose deaths, CDC recommends expanding training on the administration of naloxone to all emergency service staff.³

As prehospital emergency calls for opioid-associated emergencies continue to increase, first responders at all levels must be properly trained to respond to these life-threatening emergencies, including the administration of naloxone (Narcan), an opioid antagonist that competitively binds to opioid receptors, reversing the effects of opioids in the central nervous system and gastrointestinal tract. For reversing overdose, naloxone can be administered using a variety of different methods: IV, intramuscularly (IM), subcutaneously (SC), intranasal, by atomization or via endotracheal tube (ETT).

¹ Centers for Disease Control (CDC) (January 2016)

² U.S. Drug Enforcement Administration (DEA) 2017.

³ Centers for Disease Control (CDC) (January 2016)

Given the current availability of varied routes of administration, allowing more basic EMS responders and all first responders to administer naloxone will likely reduce drug overdose deaths that involve opioids. As of 2017, forty-seven states and all Canadian provinces have passed legislation to allow all first responders and civilians to administer naloxone. The remaining 3 states have legislation pending. However, state and provincial EMS regulations have not kept up with legislation. As of 2017, only 24 states allow basic EMS staff to administer naloxone for a suspected opioid overdose. Many states have adopted national guidelines that prohibit basic EMS staff from administering the drug as an injection unless using an autoinjector. All 50 states and Canadian provinces allow advanced EMS staff to administer the overdose reversal treatment.

The Metropolitan Fire Chiefs Association/Urban Fire Forum Chiefs advocate that state/provincial EMS officials update EMS regulations to coincide with state/provincial law and pursue the distribution of naloxone from all fire apparatus and emergency responders in amounts sufficient to be effective on the opioids now available in the street.

Additionally, when responding to incidents involving suspected use or overdose of opioids including fentanyl or carfentanil, first responder personnel should consider the following procedures.

- 1) Minimum appropriate PPE should include gloves, respiratory protection (minimum P100 rated mask⁴), and eye protection.
- 2) Do not handle any substance suspected to contain fentanyl or a fentanyl-related compound. If encountered, follow department's protocols regarding notification of law enforcement and hazardous materials personnel.
- 3) Be aware of signs of exposure and prepare for the administration of Naloxone (Narcan) if indicated. Multiple doses of naloxone may be required. Continue to administer a dose of naloxone every 2-3 minutes until the individual is breathing on his/her own for at least 15 minutes or arrives at hospital for definitive care.
- 4) Take appropriate precautions to prevent accidental needle sticks when handling or securing needles used by or for the patient.

In addition to the response, fire departments should establish preparedness and intervention measures to include the following.

- 1) Fire departments should find ways to marshal appropriate and effective responses to these events. Therefore, local jurisdictions should build sufficient public safety resources to assure rapid delivery and administration of naloxone to a victim.
- 2) Local fire departments should collaborate with local law enforcement to assure scene safety and mitigation of intervention.
- 3) Local fire department public education programs should address responding to opioid overdose. The most fatal opioid-related emergencies are witnessed, and patients with severe opioid toxicity won't be able to administer their own treatment. Therefore, it's reasonable to train bystanders and anyone likely to witness an overdose on what to do in case of an opioid-related emergency. Public education programs should train participants to recognize overdose, call 9-1-1, deliver basic first aid and to stay with the patient until help arrives.

⁴ NIOSH recommended minimum protection to prevent inhaling dust or powder.
<https://www.cdc.gov/niosh/topics/fentanyl/risk.html>