TIVERTON POLICE DEPARTMENT

SUBJECT: Handling Guidelines for Highly Toxic Substances	**GENERAL ORDER NO. 610.35**
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I. POLICY

It is the responsibility of the Tiverton Police Department to take all reasonable measures to allow its members to perform their duties in a safe and effective manner. The safe performance of daily operations is threatened by highly toxic substances (e.g. fentanyl, fentanyl analogs, W-18, or other potent synthetic opioids). It is the policy of the department to continuously provide its employees with information and education on prevention of exposure to these substances and provide necessary safety equipment and procedures to minimize the exposure risks and institute post-exposure reporting, evaluation and treatment for all members exposed to these substances in the line of work.

II. PURPOSE

Highly toxic substances (e.g. fentanyl, fentanyl analogs, W-18, or other potent synthetic opioids) represent a significant risk to Tiverton Police Department employees who may come into contact with these substances during the course of their duties. The processing of such substances includes the handling, sampling, storage, and destruction. Due to the high level of risk associated to the high toxicity and the extreme potency of these synthetic opioids, additional policy surrounding the processing, personal protective equipment [PPE], storage and destruction has been developed to mitigate the risk Tiverton Police Department employees may be exposed to during investigations where highly toxic substances may be encountered. The popularity of these

highly toxic substances has been observed and continues to increase in prevalence. It is also of note that these highly toxic substances (e.g. fentanyl, fentanyl analogs, W-18, or other potent synthetic opioids) have showed an increase in potency in recent years, increasing the level of risk to Tiverton Police Department employees.

Highly toxic substances are a serious threat and must be dealt with accordingly. Fentanyl is a skin permeable substance with an estimated lethal dose at 2mg. Several analogs to fentanyl have been identified, which range from less potent to extremely more potent than the fentanyl molecule. Strict handling procedures and guidelines along with appropriate PPE must be in place and available to mitigate the risks to Tiverton Police Department employees.

III. DEFINITIONS

Carfentanil (Carfentanyl) (also known as 4-carbomethoxyfentanyl): is an analog of the synthetic opioid analgesic fentanyl. It was found to be four orders of magnitude or 10,000 times more potent than morphine, making it one of the most potent known and the most potent commercially used opioids.

Fentanyl: is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. It is a schedule II prescription drug, and it is typically used to treat patients with severe pain or to manage pain after surgery. It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids. In its prescription form, fentanyl is known by such names as Actiq®, Duragesic®, and Sublimaze®

Opioids: are substances that act on opioid receptors to produce morphine-like effects. Opioids are most often used medically to relieve pain. Opioids include opiates, an older term that refers to such drugs derived from opium, including morphine itself. Other opioids are semi-synthetic and synthetic drugs such as hydrocodone, oxycodone and fentanyl; antagonist drugs such as naloxone and endogenous peptides such as the endorphins. The terms opiate and narcotic are sometimes encountered as synonyms for opioid. Opiate is properly limited to the natural alkaloids found in the resin of the opium poppy although some include semi-synthetic derivatives.

Synthetic Opioids: are narcotic analgesic drugs that are manufactured in chemical laboratories with a similar chemical structure to natural opiate drugs. These substances can be illicit drugs or medications that are legally prescribed by doctors to treat patients with mild to severe pain issues. They have many of the same qualities that opiates do, despite being manmade.

W-18 is a compound in a series of 32 substances (named W-1 to W-32) that were first synthesized in academic research on analgesic drug discovery in the 1980s and appeared as a designer drug in the 2010s.

IV. GUIDELINES

A. General

1. Highly toxic substances (e.g. fentanyl, fentanyl analogs, W-18, or other potent synthetic opioids) are powerful synthetic drugs that can be absorbed through different routes of exposure including through the skin, by inhalation, ingestion or injection. Accidental exposures to Tiverton Police Department employees may occur during the course of their duties when conducting an arrest, searching an individual, a vehicle or scene for drug related offences, administering first aid to overdose victims, or processing / handling evidence. Tiverton Police Department employees are reminded to be highly vigilant to this threat and be cognizant of the procedures and guidelines to mitigate the risks.

B. Risk Assessment

1. An investigation based threat assessment must be conducted during the course of any controlled substances investigation, or any other investigation that results in suspected drugs being located. Highly toxic substances, e.g. fentanyl, fentanyl analogs, or other potent synthetic opioids have been found in a number of drug commodities including heroin, tablets, cocaine, and methamphetamine. The threat assessment must be constantly evaluated, as additional information becomes known in order to re-assess and modify the safe response and appropriate PPE needed to mitigate the risks and to ensure the safety of Tiverton Police Department employees and members of the general public;

2. Consideration should be given to the processing of seized exhibits which may contain highly toxic substances, and the situational risk assessment, including criminal history and police records associated to the subjects involved (i.e. recreational drug user, street level drug trafficker, and mid-level drug trafficker).

3. Highly toxic substances distributed on the street for consumption by drug users is typically cut to a lower purity level and if so, does not represent the same level of risk as pure substances. Notwithstanding, any exhibit which may contain highly toxic substances at any concentration should be handled with caution and appropriate precautions should be taken to avoid accidental exposure and contamination;

4. Should Tiverton Police Department employees not have sufficient knowledge, training, and PPE available to conduct the processing and handling of highly toxic substances in a safe manner, they must notify their supervisor to obtain the required support. If needed, subject matter experts (SMEs) should be consulted for guidance such as the Drug Enforcement Administration (DEA) or the Rhode Island Department of Health Forensic Chemistry Unit

C. Lower Risk Guidelines

1. Items that are identified through the Situational Risk Assessment to have a lower risk of exposure include: street level packaged drugs, drugs in small amounts packaged in 1 gram volumes or less, or drugs in tableted form.

   Note – Tiverton Police Department employees are to use the PPE listed in moderate to high risk handling guidelines during lower risk handling operations. Lower risk handling guidelines required a minimum level of protection to conduct the task;

2. Do not taste, feel, or sniff suspected drugs;

3. Always wear nitrile gloves. Wearing double sets of gloves, layered, will provide added protection in case of a tear to an outer glove. If available, nitrile gloves of darker color or black should be used as the presence of light colored powder will be easily visible. Light colored powder contamination will be harder to identify on light colored gloves;

4. Wear long sleeved shirt to prevent accidental exposure from highly toxic substances, in powder form. A waterproof dark colored Gortex or similar type patrol or take down jacket will provide an additional level of safety. Any contaminate will be easily identifiable and can be removed by running water over the garment;

5. Wear a fit tested N95 or N100 respirator or fit tested air purifying respirator with a P100 or N100 cartridge. A chemical / P100 combination cartridge will also provide the appropriate protection. Safety goggles or safety glasses with side shields must be worn with these types of respirators in order to protect from exposure through the eyes.

6. The processing of any exhibit which may contain highly toxic substances should be completed under a fume hood. The fume hood must be equipped with a filtration system [HEPA or filtered plumbed filtration] to prevent airborne contamination. If a fume hood is not available, processing of an exhibit suspected to contain highly toxic substances must be completed in a designated location where steps to prevent contamination of the work surface and environment are possible. Placing disposable paper on an appropriate exhibit processing table should be done to prevent any contamination of the work surface. **DO NOT PROCESS EXHIBITS AT YOUR DESK;**

7. The processing of any exhibit which may contain highly toxic substances should be completed with a partner, or if not available, let someone know where you are to check on you at regular intervals;

8. In the event that you notice contaminate on yourself during seizing / processing, immediately advise someone. If the contaminate is noticed on a piece of clothing, immediately remove the clothing, if possible, or rinse with water to prevent further contamination. In the event the substance has come in contact with your skin, rinse thoroughly with soap and water for at least 15 minutes. If any noticeable opioid exposure symptoms are present, contact the Tiverton Fire Department ambulance immediately;

9. Symptoms of exposure to highly toxic substances can be temporarily interrupted by the administration of naloxone (refer to General Order 610.30, Naloxone Use). If available, have naloxone on hand during exhibit handling along with someone trained in its administration;

10. Once the processing is completed, carefully clean your work surface and properly dispose of gloves, paper and any other items used in the processing and exhibit handling as per Sections IV (C) (13, 14);

11. Any exhibit which may contain highly toxic substances must be packaged carefully to prevent any contamination. **The exhibit must be double bagged and clearly labelled as containing highly toxic substances. The second bag will be a heat sealed plastic bag.**

12. Large volumes of any exhibit which may contain highly toxic substances should be bagged as per section IV (C) (11) and the bagged substance securely sealed into containers e.g. new empty paint can or plastic pail. This will prevent accidental tears in an exhibit bag during storage. The exhibit shall be properly identified as "may contain highly toxic substances" for future handling until laboratory analysis confirms the content. Fluorescent danger labels or Workplace Hazardous Materials Information System (WHMIS) hazard labels shall be affixed to the exhibit;

13. All disposable personal protective equipment including gloves and N95/N100 masks and other items utilized in the processing of any exhibit which may contain highly toxic substances, must be safely discarded and secured inside an exhibit bag and clearly marked "PPE -may contain highly toxic substances" and sent for incineration;

14. PPE such as air purifying respirators and safety goggles / safety glasses with side shields, which will be re-used, must be decontaminated and cleaned as per the manufacturer's instructions. Rinsing with large volumes of water and hanging to dry is generally sufficient for decontaminating re-usable PPE used for processing exhibits which may contain highly toxic substances if no manufacturer's instructions are available.

15. Minimize the handling of an exhibit which may contain highly toxic substances. The handling of suspected highly toxic exhibits is to be limited to only what is necessary for investigational purposes.

16. Should accidental exposure occur, follow First Aid Protocols in Section IV (K).

D. Moderate Risk Guidelines

1. Moderate risk refers to larger bulk volumes of powdered drugs which are beyond those that are typically pre-packaged for streel-level distribution e.g. larger than one gram, approximate weight; Mid-level drug traffickers where bulk volumes of drugs may be present or larger volumes of drugs being cut for streel-level distribution. Follow the same handling guidelines as "Lower Risk" (Section IV (C) with the following additions:

2. Use a fit tested full face air purifying respirator with a P100 or N100 cartridge. A chemical/P100 combination cartridge will also provide adequate protection level;

3. Large volumes of any exhibit which may contain highly toxic substances must be bagged as per Section IV (C) (11) and the bagged substance securely sealed into containers such as a new empty paint can or plastic pails to prevent accidental tears in an exhibit bag during storage and transportation back to the Detachment. The exhibit shall be properly identified as "may contain highly toxic substances" for any future handling until laboratory analysis confirms the content. Fluorescent danger labels or Workplace Hazardous Materials Information System (WHMIS) hazard labels shall be affixed to the exhibit;

4. Consider using full body PPE, e.g. disposable Tyvek coveralls to prevent accidental exposure to the powder and to prevent contaminating your work clothes while handling the exhibit. If not available, ensure a waterproof dark colored Gore-Tex or similar type patrol or take down jacket is worn. It will provide an additional level of safety. Any contaminate present will be easily identifiable and can be removed by running water over the garment. Once the exhibit is packaged and secured, e.g.in the trunk or back of your vehicle, check your clothing for contamination. If any powder residue is observed, remove the jacket and place in a plastic bag for cleaning. Do not wear the jacket in your vehicle;

5. A second member must be available to assist at all times when processing and handling exhibits which may contain highly toxic substances. The second member will be able to render assistance by contacting emergency medical services should assistance be needed;

6. Two person processing team:

   One member will be identified as the primary exhibit handler (dirty member). Both members will be wearing double nitrile gloves and a fit-tested full face mask respirator. Once exhibit processing has begun, the dirty member must not touch the exterior of any clean exhibit bags, equipment, door knobs, or items that may become contaminated with the gloves used for processing the exhibit. If an item is accidentally touched, it is deemed contaminated and must be carefully cleaned or discarded.

   The second member will be identified as the "clean" member. The clean member will be responsible to hold open any new exhibit bags for the primary exhibit handler. The clean member will manipulate any clean equipment such as scales, cameras, etc. to prevent cross contamination. This member will also be responsible for any documentation required e.g. notes, photographs, and video, required during the processing stage;

7. The use of a fume hood equipped with filtration system (HEPA or filtered plumbed filtration) will assist in mitigating the risk for airborne contamination, thus mitigating possible accidental exposure.

8. All disposable PPE including gloves and N95/N100 masks and other items utilized in the processing of any exhibit which may contain highly toxic substances must be safely discarded and secured inside an exhibit bag and clearly marked "PPE - may contain highly toxic substances" and sent for incineration;

9. PPE such as air purifying respirators and safety goggles / safety glasses with side shields, which will be re-used, must be decontaminated and cleaned as per the manufacturer's instructions. Rinsing with large volumes of water and hanging to dry is generally sufficient for processing exhibit which may contain highly toxic substances if no manufacturer's instructions are available.

10. Should accidental exposure occur, follow First Aid Protocols in Section IV (K).

E. High Risk Guidelines

1. High risk refers to the presence of bulk quantities of highly toxic substances, often in powder form. The high probability to find such bulk quantities of highly toxic substances was identified in the investigative threat assessment. e.g. suspected tableting operations, mid-level drug traffickers who may be mixing pure highly toxic substances with cutting agents, possible clandestine drug labs synthesizing highly toxic substances or other synthetic drugs;

2. Pure highly toxic substance represents a real and significant officer and public safety risk and must not be handled without proper training and PPE.

3. When inadvertently encountering a high risk situation, a member should, if safe to do so, immediately attempt to remove his / her self from the immediate location where the highly toxic substance may be present. Continuity of the scene should be maintained. Secure the scene and seek assistance;

4. Do not handle highly toxic substances unless the situation dictates immediate action in order to mitigate the risk to officer or public safety;

5. Immediately notify your supervisor of the incident and situational risk factors identified;

6. If the Situational Risk Assessment identifies any level of risk for accidental exposure, do not attempt to mitigate this risk without the proper assistance and PPE;

7. Should accidental exposure occur, follow First Aid Protocols in Section IV (K).

8. Engineered Controls: Fume Hood

   a. Processing of exhibits, e.g. sampling, opening, which may contain or have been in contact with highly toxic substances must be conducted under a fume hood equipped with filtration system [HEPA or filtered plumbed filtration] to prevent airborne contamination;

   b. Any Tiverton Police Department employee using a fume hood equipped with filtration system must be trained in the general operating instructions and limitations of the equipment;

   c. Regular maintenance and functionality checks must be conducted on the equipment as per the manufacturer's specifications and recorded;

   d. A log book for the fume hood must be completed and available at all times to identify all source of contamination.

   e. The log book shall be available and stored in a visible area and in proximity to the fume hood.

F. Transportation of Exhibits containing highly toxic substances

1. Small volumes of streel level drugs consistent with "Lower Risk Guidelines," can be transported via ground in double bagged and sealed plastic exhibit bags. The exhibit must be placed in the trunk or in an area of the vehicle to prevent accidental exposure to any occupants should a vehicular collision occur during transportation. If available, a hard sided container should be used to house the exhibit during transportation;

2. Any exhibit of any volume of substance which may contain highly toxic substance(s) must be bagged as per Section IV (C) (11). The bagged exhibit should in turn be sealed into a container such as a new empty paint can or plastic pail, to prevent accidental tears in an exhibit bag during storage. The exhibit shall be properly identified as "may contain highly toxic substances" for any future handling until laboratory analysis confirms the content. Fluorescent danger labels or Workplace Hazardous Materials Information System (WHMIS) hazard labels shall be affixed to the exhibit;

3. Any exhibit which may contain highly toxic substances will be transported directly to the Rhode Island Department of Health Drug Chemistry Unit as soon as practical;

4. Contact the Rhode Island Department of Health Drug Chemistry Unit or the United States Drug Enforcement Administration (DEA) for guidance on transporting large volumes of confirmed highly toxic substances.

G. Submission of samples to Rhode Island Department of Health Drug Chemistry Unit

1. Consult the Rhode Island Department of Health Division of Laboratories Center for Forensic Sciences Laboratory Service Manual for specific guidelines;

2. Any sample of suspected highly toxic substances being submitted to the Rhode Island Department of Health Forensic Chemistry Unit must be double bagged and labeled as "suspected fentanyl". Label as per Section IV (C) (11) must be applied.

H. Destruction

1. Due to the high level of risk associated to the presence of highly toxic substances special care must be taken to prevent accidental exposure and contamination during the destruction process;

2. The destruction of highly toxic substances must be conducted through the contracting of a hazardous waste incinerator capable of safely destroying the highly toxic substance while preventing accidental exposure and contamination during the destruction process;

I. Police Service Dog Drug Searches

1. Police service dog handlers must take care to prevent service dog from accidental exposure to highly toxic substances. Should an Investigation Based Threat Assessment identify any level of risk present and in order to mitigate the risk for accidental exposure, the service dog or handler must not be used;

2. During a search conducted by a police service dog where highly toxic substances may be located, two members must be present and ready to assist the service dog and handler during the search in the event of an accidental exposure;

3. Special attention must be taken to prevent a police service dog from damaging e.g. accidentally puncturing or tearing, any container, or directly accessing any area where highly toxic substances may be located.

J. Execution of Search Warrants

1. A Situational Risk Assessment must be conducted prior to and regularly during the execution a search where highly toxic substances may be present. This assessment is necessary to protect all Tiverton Police Department employees and members of the general public;

2. Should the investigation based threat assessment identify any level of risk associated to the presence of highly toxic substances the Rhode Island Department of Health Drug Chemistry Unit or the United States Drug Enforcement Administration (DEA) may be consulted for assistance and guidance on investigative avenues and on appropriate PPE required prior to operational intervention;

3. Should the Investigation Based Threat Assessment identify a low level of risk associated to the presence of highly toxic substances a minimum PPE level, as per Sections IV (C) should be provided and used by members and employees;

4. The use of a trained emergency medical personnel or assistance from local emergency medical services (Tiverton Fire Department) will be assessed in consideration of the Investigation Based Threat Assessment.

K. First Aid

1. In the event of an accidental exposure to highly toxic substances immediately advise someone of the incident. Remain calm and carefully remove the contaminated clothing. In the event that the accidental exposure touched your skin, rinse thoroughly with soap and water for at least 15 minutes;

2. If at any time, you suspect or experience any symptoms associated to narcotic effects, notify a co-worker and contact local emergency medical services (Tiverton Fire Department) immediately;

3. Symptoms associated to narcotic effects include:

   a. Respiratory distress, respiratory depression or arrest;

   b. Nervous system depression;

c. Drowsiness;

d. Reduced level of consciousness;

e. Pinpoint pupils;

f. Dizziness; and

g. Nausea/vomiting

4. Should you, while in the process of handling or sampling an unknown exhibit, feel any of the symptoms listed in Section IV (K) (3) stop all activity and place item on a secure surface. If possible, distance yourself from the source of exposure to avoid further contamination and spillage should there be loss of consciousness or uncontrolled body movement, and to mitigate further exposure to the first responder.

5. Should you encounter a Tiverton Police Department employee or member of the general public in medical distress, conduct a risk assessment to determine the cause for the medical distress and the required first aid measures. If the presence or suspected presence of highly toxic substances is identified, immediately advise a co-worker contact emergency medical services (Tiverton Fire Department). If a highly toxic substance, is suspected to be present, take precautions to mitigate any accidental exposures and contamination, including removing the individual from the source of exposure if safe to do so;

6. Emergency first aid measures should then be implemented with ongoing monitoring of the individual until either spontaneous recovery or emergency medical services are in attendance. First aid measures include respiratory assessment and support of respiratory function including rescue breathing. Rescue breathing should only be providing using a pocket mask with a one-way valve to prevent contamination. Vomiting should not be induced even in suspected cases of ingestion.

7. Naloxone is a medication that can be administered as an adjunct to first aid measures to temporarily interrupt the effects of a suspected opioid overdose. Naloxone is intended for immediate administration as a lifesaving emergency intervention when opioids overdose is suspected with symptoms of respiratory depression. Naloxone shall be administered in accordance with training and policy (refer to General Order 610.30, Naloxone Use) following applicable EMS protocol. Rescue breathing and standard resuscitative procedures must be provided even if naloxone is not available. Rescue breathing should only be providing using a pocket mask with a one-way valve to prevent contamination. Do not stop until relieved or until spontaneous breathing returns. Do not administer naloxone if you have not been trained to do so;

8. CAUTION: Officer Safety: Opioids drug users who are in an overdose situation may become combative after the administration of naloxone as they regain consciousness;

9. Naloxone: Once administered, naloxone can take up to 5 minutes to take effect. The duration of effect will last from 20 to 90 minutes; this can be shorter than that of many opioids. Ongoing monitoring and respiratory support is required. Any person who has been exposed to suspected highly toxic substances and has been administered naloxone requires immediate medical follow up by emergency medical services and follow-up for definitive medical care. Even if symptoms seem to be reversed, members are not to resume duties until assessed and advised accordingly by a medical professional.

K. Presumptive Field Test Kits

1. CAUTION: Field test kits designed for drugs such as heroin and cocaine may provide a false positive indicator when used to identify highly toxic substances, e.g. fentanyl, fentanyl analogs, or other potent synthetic opioids. Furthermore, conducting field tests increases the risk of exposure to highly toxic substances. **Do not conduct field tests when highly toxic substances are suspected.**

L. Controlled Deliveries

1. Prior to conducting a controlled delivery of a highly toxic substance, seek guidance from the Rhode Island Department of Attorney General to determine if any amount of highly toxic substances is required for this part of the investigation. If possible, no highly toxic substances should be used during the course of the Controlled Delivery as it may jeopardize the health and safety of anyone coming into contact with the package. If a sample is required, a risk assessment must be conducted to determine the feasibility of conducting a controlled delivery in a manner to mitigate the risk to anyone who will and potentially will come in contact with the package;

2. Do not re-use any of the inner packaging from the highly toxic substance intercepted. This will mitigate the risk of cross contamination

3. Transportation of exhibits associated to controlled deliveries where a highly toxic substance is suspected or present will comply with guidelines outlined in Section IV (F), "Transportation of Exhibits containing Highly Toxic Substances".