



NARCAN CARRY AND USE IN DEPARTMENT OF THE INTERIOR WORKPLACES

Kate Flanigan Sawyer MD MPH
Department of the Interior
Office of Occupational Safety and Health

April 2024



U.S. Department of the Interior | Office of Occupational Safety and Health



OPIOID PROBLEM IN THE US

- Drug overdose continues to be a major public health issue in the US:
 - The rate of drug overdose deaths nearly quadrupled from 2002–2022
 - In 2022, there were 107,941 drug overdose deaths
 - 75% of these deaths involved opioids (morphine, fentanyl, heroin, hydrocodone, and oxycodone)

WHAT IS NARCAN (GENERIC NALOXONE)?

- Life-saving medication that is used to reverse the effects of opioid overdose
- Naloxone is currently manufactured as an injection or as a nasal spray.
- Narcan is a brand name for naloxone nasal spray

NARCAN: PRESCRIPTION TO OVER-THE-COUNTER USE

- Narcan Nasal Spray was first approved by the U.S Food and Drug Administration (FDA) in 2015 as a prescription drug
- In March 2023, after reviewing safety data, the FDA approved Narcan Nasal Spray for over-the-counter (OTC) use

LEGAL OBSTACLES TO DEVELOPING NARCAN POLICY AT THE DEPARTMENT OF THE INTERIOR

- Use of Narcan or any medication, prescription, or OTC by Interior lay personnel (e.g., non-healthcare providers) on other employees and/or members of the public
- Liability concerns for Interior employees who use Narcan on others (if responding is not in their position description)
- Whether it is legal to use appropriated government funds for a Narcan program

LEGAL OPINION AT THE DEPARTMENT OF THE INTERIOR

Employees who:

- Occupy positions that already include the performance of emergency medical response, as indicated in position descriptions (e.g., law enforcement or emergency medical response personnel),
- Voluntarily choose to participate in the program, and
- Successfully complete/maintain training to become/remain qualified to administer Narcan
 - Does not change any term or condition of employment or working conditions for any employee

DOES THE DEPARTMENT OF THE INTERIOR NEED A NARCAN PROGRAM?

- 1. Question 1:** Is there guidance for Narcan carry and use from the FDA?
- 2. Question 2:** Is there an occupational exposure risk to the Department's employees?
- 3. Question 3:** Will the Department's employees encounter opioid overdose in the course of their duties?

QUESTION 1: FDA RECOMMENDATIONS FOR CARRYING NARCAN

The FDA recommends the following individuals carry Narcan:

- People who are prescribed opioid pain relievers,
- People who are prescribed medicines to treat opioid use disorder,
- People who are at increased risk of opioid overdoses, (e.g., people who also use alcohol or other drugs such as benzodiazepines), and
- Caregivers of people who are at risk of an opioid overdose

QUESTION 2: IS THERE AN OCCUPATIONAL EXPOSURE RISK TO DEPARTMENT EMPLOYEES?

- MYTH:
 - Exposure to fentanyl by touch can cause overdose
 - Breathing in fentanyl dust can cause overdose
- FACT: The occupational risk of clinically significant incidental exposure to opioids is extremely low as toxicity cannot occur from simply being in proximity to the drug.
 - For opioid toxicity to occur, the drug must enter the blood and brain.



HEALTH

LISTEN & FOLLOW

Cops say they're being poisoned by fentanyl. Experts say the risk is 'extremely low'

May 16, 2023 · 6:15 PM ET
Heard on All Things Considered
By Brian Mann

5-Minute Listen

+ PLAYLIST



Critics say U.S. government training videos like this one from the Centers for Disease Control and Prevention exaggerate



Media Reports of Unintentional Opioid Exposure of Public Safety First Responders in North America

Paul Alexander Herman¹ · Daniel Saul Brenner¹ · Stewart Dandorf¹ · Stephanie Kemp¹ · Breann Kroll¹ · Joshua Trebach¹ · Yu-Hsiang Hsieh¹ · Andrew Ian Stolbach¹

Received: 24 January 2020 / Revised: 29 January 2020 / Accepted: 2 February 2020 / Published online: 24 February 2020
© American College of Medical Toxicology 2020

In 2018, more than 48,000 Americans died from opioid overdose, with synthetic opioids such as fentanyl contributing to more than half [1, 2]. Public safety first responders, including law enforcement officers and emergency medical service (EMS) providers, encounter opioids in the field during law enforcement operation responses to opioid overdoses [3]. Because opioids kill by suppression of breathing, timely first responder response may be the difference between life and death.

In 2016, commenters on an online medical toxicologist discussion forum made us aware of unverified reports that first responders themselves may be at risk from unintentional opioid exposure from small amounts of drug on patient clothing or in the air. These reports were attributed to lay media or discussions with EMS personnel. In response to similar reports, federal agencies issued guidance on addressing these potential exposures as early as 2016 [4, 5]. In September of that year, the United States Drug Enforcement Agency (DEA) warned “fentanyl can be absorbed through the skin or through accidental inhalation of airborne powder” [6]. In a June 2017 DEA video, the Acting Administrator advised not to touch fentanyl “without the proper personal protective equipment” [7]. This statement was accompanied by an image of level A personal protective equipment (PPE), consisting of a positive pressure suit with self-contained breathing apparatus.

The consensus of the scientific community remains that illness from unintentional exposures is extremely unlikely, because opioids are not efficiently absorbed through the skin and are unlikely to be carried in the air [8]. In a rare case report

of law enforcement officer opioid exposure in a peer-reviewed literature, clinical manifestations were not consistent with opioids, and none of the law enforcement officers tested was positive for opioid metabolites [9]. In other words, the phenomenon of first responder opioid exposure that seemed to be frequently reported in news media has not been confirmed scientifically. Nevertheless, these media reports led to recommendations for higher level PPE for emergency responders.

On the surface, it may seem like a reasonable, conservative recommendation to encourage emergency responders to wear maximum protective equipment if there is any small chance of unintentional opioid exposure. However, unnecessary PPE may delay emergency care to opioid-poisoned patients [4]. A short delay in response can be lethal for a patient who is not breathing.

We wanted to investigate the initial lay media reports to understand where they came from and what they reported. We were curious to see how these media reports concluded first responder exposure when we could not find any confirmation in the scientific literature. Using a team of five reviewers, we searched LexisNexis for English-language print and online lay publications on first responder opioid exposure published in North America between January 2012 and March 2018. We randomly assigned articles to one of the five reviewers who used a standardized data collection form. We set aside articles that did not mention a specific case of first responder exposure. (Many articles discussed the issue without reporting a specific case.) If the article reported an exposure to a first responder, the reviewers recorded the route of exposure, the documented clinical manifestations, and whether any confirmatory drug testing was described.

"The consensus of the scientific community remains that illness from unintentional exposures is extremely unlikely because opioids are not efficiently absorbed through the skin and are unlikely to be carried in the air"... "our reviewers did not find a single one [report] that reported a plausible route of exposure, clinical manifestations consistent with exposure, and laboratory testing that confirmed exposure."

ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders

Michael J. Moss¹ · Brandon J. Warrick² · Lewis S. Nelson³ · Charles A. McKay⁴ · Pierre-André Dubé⁵ · Sophie Gosselin⁶ · Robert B. Palmer⁷ · Andrew I. Stolbach⁸

Received: 2 August 2017 / Accepted: 10 August 2017 / Published online: 25 August 2017
© American College of Medical Toxicology 2017

The position of the American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology (AACT), is as follows:

Fentanyl and its analogs are potent opioid receptor agonists, but the risk of clinically significant exposure to emergency responders is extremely low. To date, we have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids. Incidental dermal absorption is unlikely to cause opioid toxicity. For routine handling of drug, nitrile gloves provide sufficient dermal protection. In exceptional circumstances where there are drug particles or droplets suspended in the air, an N95 respirator provides sufficient protection. Workers who may encounter fentanyl or fentanyl analogs should be trained to recognize the signs and symptoms of opioid intoxication, have naloxone readily available, and be trained to administer naloxone and provide active medical assistance. In the unlikely event of poisoning, naloxone should be administered to those with objective signs of hypoventilation or a depressed level of consciousness, and not

for vague concerns such as dizziness or anxiety. In the absence of prolonged hypoxia, no persistent effects are expected following fentanyl or fentanyl analog exposures. Those with small subclinical exposures and those who awaken normally following naloxone administration will not experience long-term effects. While individual practitioners may differ, these are the positions of American College of Medical Toxicology and American Academy of Clinical Toxicology at the time written, after a review of the issue and scientific literature.

Background

Fentanyl and fentanyl analogs are potent opioid receptor agonists. Fentanyl and its analogs are increasingly implicated in overdose and death in North America among illicit opioid users. The reported mortality from synthetic opioids rose 72.2% (to 9850) from 2014 to 2015 [1]. Due to limitations in identifying analogs, this figure likely underrepresents death

“To date, we have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids. Incidental dermal absorption is unlikely to cause opioid toxicity.”

QUESTION 3: WILL DEPARTMENT OF THE INTERIOR EMPLOYEES ENCOUNTER OPIOID OVERDOSE IN THE COURSE OF THEIR DUTIES?

- The likelihood of a Department of the Interior employee encountering another employee or member of the public who is experiencing an opioid overdose is low
 - The Department's Injury/Illness/Exposure Recordkeeping System (Safety Management Information System) did not capture any reports of opioid overdose among employees or any events where an employee responded to another individual's overdose from 2013–2023

SUMMARY OF DOES THE DEPARTMENT OF THE INTERIOR NEED A NARCAN PROGRAM?

1. Is there a recommendation for Narcan carry and use from the FDA?

Not really

2. Is there an occupational exposure risk to Department employees?

Not really

3. Will Department employees encounter opioid overdose in the course of their duties?

Not really

SO...DOES THE DEPARTMENT REALLY NEED A NARCAN PROGRAM?

YES

- Opioid problem is not going away
- The Department of the Interior has varied workplaces
- The Department of the Interior has many law enforcement officers/ emergency responders
- Narcan training and use is relatively simple and straightforward
- Narcan saves lives



OVERVIEW OF DEPARTMENT OF THE INTERIOR NARCAN PROGRAM GUIDANCE

- Conduct an assessment:
 1. Operational risk
 2. Cost
 3. Employee interest



NARCAN GUIDANCE: OPERATIONAL RISK

- Review current recommendations provided by the National Institute for Occupational Safety and Health and assess both:
 - The likelihood of a Department employee encountering another Department employee or member of the public who is experiencing an opioid overdose due to their job duties and geographical location
 - The proximity of the Department workplaces to EMS and other medical care.
 - In urban settings, EMS units average 7 minutes from the time of a 911 call to arrival on scene

NARCAN GUIDANCE: COST

- Materials:
 - One carton of two 4 mg doses of Narcan ranges from \$50-125, replace every 2-3 years
- Training:
 - Opioid Education Training is administered as part of the American Heart Association *Heartsaver First Aid CPR AED*, or *BLS certification* courses. The cost to obtain either of these certifications is approximately \$70 per person and must be renewed every two years.
- Personnel:
 - The time required for personnel to undergo training (including travel time) varies, but most courses are completed in 8 hours. Additional Department-specific Narcan training materials would likely require one additional hour at most.

NARCAN GUIDANCE: STAFF

- Willing to be trained and use Narcan when needed?
 - An opioid overdose is a life-threatening emergency.
 - Must be trained/able to recognize/differentiate an opioid overdose from other causes of unresponsiveness (e.g., sudden cardiac arrest, electrocution, choking).
 - Narcan is only a temporary treatment;
 - Multiple doses will be needed if the overdosing individual becomes unconscious again.
 - The use of Narcan may result in severe opioid withdrawal. Some may experience significant side effects including tachycardia, nausea, vomiting, and aggressive/combatative behavior after Narcan has been administered. Responders must be prepared to manage these potential side effects.

DEPARTMENT OF THE INTERIOR NARCAN PROGRAM IMPLEMENTATION GUIDANCE

- **Program Implementation**

1. Overview
2. Roles/Responsibilities
3. Training/Certification
4. Narcan Use Reporting

NARCAN PROGRAM IMPLEMENTATION

GUIDANCE: OVERVIEW

- Narcan may be used when opioid exposure or overdose is suspected
- Narcan use is authorized, but not required, during those situations where in the opinion of the responder, it is medically indicated to prevent the loss of life or mitigate suspected opiate overdose
- Only personnel trained and certified in the use of Narcan are authorized to carry and/or deploy Narcan while participating in their normal job duties
- This guidance does not create a duty to act. However, personnel who voluntarily choose to participate in their agency/bureau Narcan program are expected to follow the Department guidance for training, carry, and use, as well as reporting after use

NARCAN PROGRAM IMPLEMENTATION GUIDANCE: ROLES AND RESPONSIBILITIES

- Program Coordinator roles:
 - Arrange for Narcan purchase
 - Coordinate/Verify training
 - Inspect Narcan kits and distribute to trained personnel
 - Ensure trained personnel understand storage and maintenance requirements
 - Ensure that use of Narcan is documented in an incident report
 - Replace damaged, unusable, expired, or used Narcan kits
- Authorized personnel who choose to carry Narcan should:
 - Maintain up to date training to recognize the signs of an opioid overdose and know how to administer the medication properly.
 - Report Narcan use

NARCAN PROGRAM IMPLEMENTATION GUIDANCE: TRAINING

- Responders must complete all of the following training prior to the issuance/carry/use of Narcan:
 - American Heart Association's Heartsaver First Aid CPR AED training or Basic Life Support (BLS) (or equivalent from a nationally recognized organization)
 - Department of Interior Narcan Training and Information Document
 - Certify every two years

NARCAN PROGRAM IMPLEMENTATION GUIDANCE: NARCAN USE REPORTING

- Personnel who deploy Narcan are expected to complete Narcan Use Incident Report
- No personally identifying information on report
- Purpose to assess program
- Reviewed by the employee's bureau/agency Narcan program coordinator and the Department of the Interior's Medical Officer

Questions?

NARCAN CARRY AND USE IN DEPARTMENT OF THE
INTERIOR WORKPLACES