3-09-031 Handling Fentanyl or Suspected Fentanyl

PURPOSE OF ORDER:

The purpose of ths unit order is to establish procedures for the handling of Fentanyl and decontamination procedures in cases of accidental exposure.

SCOPE OF ORDER:

This order shall apply to all personnel assigned to, and/or working at Men's Central Jail (MCJ).

ORDER:

When encountering an inmate who is displaying signs and symptoms of an opioid overdose, personnel should don Moderate Risk Personal Protective Equipment (PPE). This includes an N95 or N100 particulate filter mask, double nitrile gloves, and eye protection. Personnel should remove the inmate from the contaminated area and follow established protocols for a medical emergency by requesting back-up and medical personnel, rendering first aid/Cardio Pulmonary Resuscitation (CPR) when necessary, and administering the Narcan Nasal Spray, in accordance with Custody Division Manual (CDM) section 5-03/060.00, "Response to Inmate Medical Emergencies."

Signs of a Fentanyl Use:

- Drowsiness or nodding
- Contsricted or pinpoint pupils
- Agitation
- Depressed respiration
- Confusion
- Euphoria

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Signs of Overdose:

- Severe drowsiness and inability to be awakened (sedation)
- Dermatitis or inflammation of the skin or rash
- Slow heartbeat
- Seizures
- Respiratory reduction
- Low blood pressure
- Nausea / vomitting

First responding personnel should contain the area and ensure safety for responding personnel. Responding personnel should don High Risk PPE (which includes all of the Moderate Risk PPE with the addition of Tychem 6000 coverall and Department-issued air-purifying respirator/gas mask with a Chemical, Biological, Radiological, and Nuclear [CBRN] filter [larger canister with purple lable banding]) and keep a Self-Contained Breathing Apparatus (SCBA) nearby. Responding medical personnel shall be made aware of the possibility of an opioid overdose.

NOTE: If Narcan Nasal Spray is used on someone who is suspected of having an opioid or Fentanyl overdose, applying personnel should wait 3-5 minutes before applying a second dose. Personnel shall continuously monitor patients' airway, breathing, circulation, and immediately begin CPR if the patient has no pulse and is not breathing.

Post Rescue Procedures

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After the scene has been secured and the affected inmate has been escorted out of the area for additional medical treatment, the safe recovery of the supected Fentanyl evidence is required. Personnel can greatly reduce the chance of inadvertent exposure by donning High Risk PPE prior to recovering suspected Fentanyl.

If a significant amount (more than five [5] grams) of loose powder suspected to be Fentanyl is located, or if a spilled powder covers more than one (1) square foot, personnel shall treat the area as a hazardous material spill. Immediately evacuate any inmates or personnel out of the affected area and turn off any fans, blowers, air handlers, or any other items/machinery which cause air movement. Personnel shall contain and limit all movement through the contaminated area by using crime scene tape, and securing doors and gates. Personnel should evacuate the surrounding housing locations if the threat of cross contamination is present.

Personnel shall notify Custody Investigative Services, Jail Investigations Unit, [REDACTED TEXT] and the Narcotics Bureau LA IMPACT Group 12, Clan Lab Squad may be contacted through the Department Operations Center (DOC), [REDACTED TEXT]. Personnel shall hold the scene until Clan Lab Squad personnel arrive to secure the loose powder. Personnel should not attempt to recover spilled narcotics in amounts over five (5) grams. Any questions or concerns regarding any amount of loose or spilled powders should be referred to the Clan Lab Squad.

Prior to recovering the evidence, ensure narcotics packaging materials (i.e. Kapak bags, narcotic evidence bag and a heat sealer) are brought to the area to avoid cross contamination or accidental exposure. Personnel should follow proper evidence collection protocols to recover the suspected Fentanyl. After the suspected Fentanyl has been recovered, the evidence shall be placed inside a Kapak bag and heat sealed. Personnel shall place the sealed Kapak bag inside a narcotics evidence bag and seal the narcotics evidence bag. "SUSPECTED FENTANYL" shall be written on the outside of the narcotics bag to alert personnel of the contents. If a Kapak bag is not available, the narcotics shall be placed inside of a sealed narcotics evidence bag. "SUSPECTED FENTANYL" shall be written on the outside of the narcotics bag.

NOTE: If there is a miniscule amount of spilled narcotics that will not be collected for evidentiary purposes, personnel may elect to clean the area. Personnel electing to clean a potentially contaminated area shall wear High Risk PPE. Personnel should mix three (3) parts Oxiclean and one (1) part water in a spray bottle to douse the contaminated area. The solution of Oxiclean and suspected Fentanyl may then be blotted with a towel. The towel shall be placed in a plastic bag, and the bag containing the towel shall be placed inside of another plastic bag. Personnel shall heat seal or double knot the outer bag and write "SUSPECTED FENTANYL."

Personnel Inadvertently Exposed to Fentanyl through Skin Contact

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If personnel are inadvertently exposed to Fentanyl, they shall immediately be escorted to an appropriate area to self-decontaminate. Escorting personnel should prepare for the potential of cross contamination and wear appropriate PPE. Hand sanitizer or an alcohol based solutions should not be used, as they aid in absorption of Fentanyl. Affected personnel should wash the affected area with soap and cold water for approximately fifteen (15) minutes. Escorting personnel should continually monitor for signs and symptoms of overdose/exposure. If the exposed person is exhibiting signs of overdose, escorting personnel shall request assistance from medical staff, administer Narcan, and follow established guidelines for personnel in medical distress.

Contaminated Clothing

If personnel's clothing becomes contaminated, they should immediately don Moderate Risk PPE. Assisting personnel should also don High Risk PPE as there is an increased chance of the Fentanyl becoming airborne during decontamination. Assisting personnel should then escort the affected employee to a location to self-decontaminate.

Once clothing has been removed, they shall be placed into a plastic bag, and the bag containing the contaminated clothing shall be placed inside of another plastic bag. The outer bag shall be heat sealed or double knotted and labeled with "SUSPECTED FENTANYL."

The plastic bag shall be stored in a designated area outside of the facility for destruction by Narcotics Bureau.

Considerations when Removin PPE

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The wearer of PPE must assume any exterior surface could be contaminated. All removal of High Risk PPE must be performed with the assistance of a partner to reduce the chance of inadvertent exposure. The last items removed should be eye protection, respirator, and inner gloves. Once the contaminated articles have been safely removed, personnel should follow the same protocols as contaminated clothing, delineated in the section above.

The only item that may be safely decontaminated is the Department issued air-purifying respirator/gas mask. The air filter shall be discarded after it is used in a Fentanyl environment. If there are any powders or liquids which may contain Fentanyl or suspected Fentanyl that directly contact the mask, the mask shall be discarded in the same manner as contaminated clothing. If no powders or liquids were in physical contact with the mask, it may be decontaminated by immersing the mask in soapy water, agitating for several minutes, rinsing with cold water, and air drying. If there is any chance the mask was in contact with Fentanyl, it shall be discarded. Personnel shall not attempt to decontaminate it.

NOTE: A Uniform Replacement Form (SH-AD-588) or Claim for Reimbursement for Damaged Personal Property (Form 76C212V6), as appropriate, shall be filled out for any items which were contaminated and removed from personnel.

