

SIGNS AND SYMPTOMS OF EXPOSURE TO OPIOIDS

- Respiratory distress, respiratory depression or arrest
- Nervous system depression
- Drowsiness
- Reduced level of consciousness
- Pinpoint pupils
- Dizziness
- Nausea/vomiting
- Limp body

If you get ANY contaminate on your skin, contact OCC and remove contaminated clothing immediately. Flush eyes with water and/or exposed skin with soap and water for 15 minutes.

If you or your partner inadvertently inhale powder, CALL EMERGENCY MEDICAL SERVICES (EMS) IMMEDIATELY. Conduct a situational assessment for your own personal safety, don PPE accordingly. Monitor the health of the individual until EMS arrives.

Evaluate breathing. If required, provide artificial respiration using a pocket mask with a one- way valve. DO NOT USE MOUTH-TO-MOUTH METHOD.

QUESTIONS?

For high risk handling, contact division HQ for a referral to CLEAR team leader for assistance.
Contact your OCC.

FRONTLINE MEMBER'S POCKET GUIDE TO HANDLING OF HIGHLY TOXIC SUBSTANCES E.G. FENTANYL



**Division
Clandestine Lab Enforcement
and Response Team
(CLEAR Team)**

Contact your OCC and ask for the
on-call CLEAR team leader

RISK TO EMPLOYEES

Fentanyl is a street drug used as a heroin substitute; it can be found in tablet or sold as powder. Pharmaceutical fentanyl patches have also been seized. It is 50-100 times more powerful than morphine and a lethal dose is only 2 mg (2 grains of salt).

Like other tableted drugs, the colour and shape does not confirm what it contains. Fentanyl tablets have been known to mimic Oxycodone pills [green]. Powdered form can be of a different colour, e.g. white, pink, purple, blue or green. It may resemble Heroin.

There are no presumptive test kits for fentanyl. Only lab analysis can confirm the presence of fentanyl; Do not conduct field tests when highly toxic substances are suspected.

While it can be absorbed through unbroken skin, it does take some time. Inhalation or incidental ingestion is the greatest threat to employees.

DO NOT ASSUME a white powder is just cocaine. **DO NOT SMELL OR TASTE IT!!**

Perform a Situational Risk Assessment and consider the following:

1. Quantity and form. Pills vs powder and how much?
2. Packaging. Is it street level (cut) or for transportation (not cut yet or for pill making)
3. Potential exposure risk. What is the chance of accidental inhalation or bare skin contamination?

COMMON RISK HANDLING GUIDELINES

(for all risk levels)

1. Any potential contact, wash immediately with soap and water for 15 minutes. Wash over the garment if necessary
2. With a partner, process the suspect powder/drug following the drug process, part 6, for highly toxic substances. If any symptoms are identified, contact EMS immediately

RISK TO EMPLOYEES

LOW LEVEL RISK HANDLING GUIDELINES

(less than 1 gram powder or tablets)

1. Always wear double nitrile gloves. If available, use dark-coloured nitrile gloves. A waterproof dark-coloured Gore-Tex® or similar type patrol/take down jacket will provide an additional level of safety
2. Ensure your arms are covered by wearing long sleeved shirts
3. Wear a fit tested N95 or N100 or fit tested air-purifying respirator with a P100 or N100 cartridge. Safety goggles/glasses must be worn with respirator
4. Place drug in a doubled exhibit bag clearly labelled "highly toxic substance". Transport the exhibit in trunk/back of a PMV
5. All disposable PPE will be placed in an exhibit bag and labelled as "PPE - may contain highly toxic substances" and sent for incineration
6. Air purifying respirators and goggles are to be decontaminated as per manufacturer's specifications

MODERATE RISK HANDLING GUIDELINES

(bigger than pre-packaged street level distribution)

1. Wear a fit tested, full face, air purifying respirator (APR) with P100 or N100 cartridge
2. Put on disposable Tyvek® coveralls in biohazard kit. If not available, use waterproof dark-coloured Gore-Tex®, or patrol/take-down jacket
3. Ensure a second member is present to assist with handling
4. Use black nitrile gloves and larger green gloves to handle exhibit and place in a double exhibit bag and secure container. Store and transport exhibit in the trunk/back of a PMV
5. Refer to PPE removal guidelines in Biohazard Kit

HIGH RISK HANDLING GUIDELINES

(large volumes of powder consistent with either processing or synthesizing operations, bulk quantities)

1. Remove yourself from the suspect powder's location. Secure the location and contact division HQ for referral to CLEAR Team Leader for assistance. DO NOT handle the highly toxic substance unless situation dictates immediate action and mitigation for officer or public safety
2. Notify your supervisor.
3. Do not go inside public or police vehicles if there's a risk of contamination

Highly Toxic Powders e.g. Fentanyl

EXHIBIT HANDLING



1

Fentanyl Exposure Is Extremely Dangerous

Wearing a disposable coverall protects against exposure.

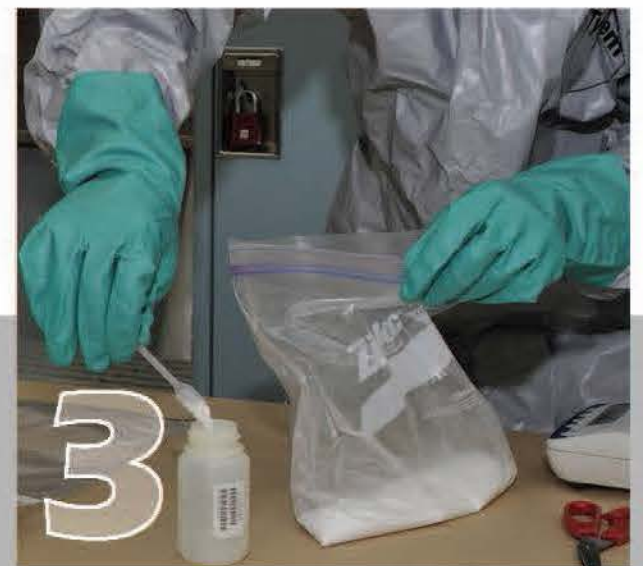
Member is wearing:

- 8mm industrial gloves rolled over suit
- full face respirator with P100 or N100 cartridges
- booties to protect footwear (if booties are not available wash shoes with soap and water afterwards)



2

- Put paper on scale and zero
- Weigh powder in original packaging
- Zero sample container on scale



3

- Sample exhibit using a scoop or similar instrument
- Record sample weight
- Now consider the outside of the sample container contaminated



4

- Zero new exhibit bag
- Empty powder into the new exhibit bag
- Record new weight
- Zero scale and then weigh the empty bag that contained the exhibit
- Record this weight
- The original bag is considered contaminated. Place in separate exhibit bag. This is also considered contaminated

USE EXTREME CAUTION

- Clean member holds open a new exhibit bag
- Exhibit handler places sample container into bag



5

6

- Repeat the process for the bag that contains the remainder of the exhibit
- This ensures the outer bag is clean and free from contamination

- Attach Fentanyl labels on all exhibit bags



7

- Remaining exhibit is placed in a secure container by clean member to prevent a rupture such as a paint can
- This container is labelled "Fentanyl"
- Sample that is being submitted for analysis must also be labelled as Fentanyl



8

If you have any questions, please contact the OCC and ask for the on-call CLEAR team leader

Safe Removal of Personal PROTECTIVE EQUIPMENT

1



Both members must keep respirators on until removal process is complete. Exhibit handler removes outer gloves. Keep inner gloves on.

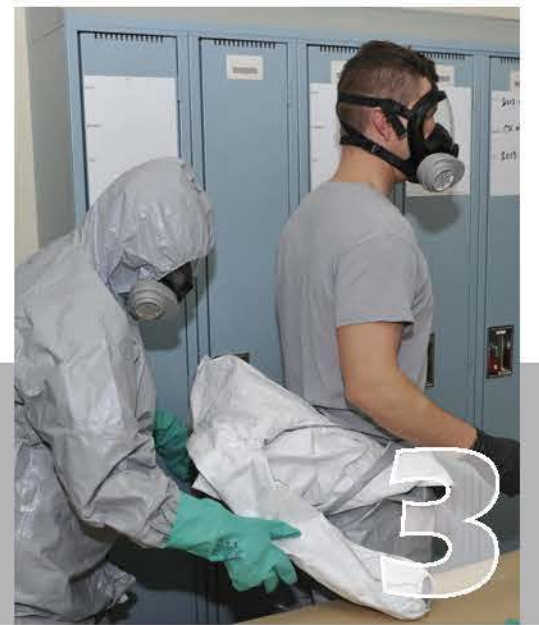
2



Clean member removes exhibit handler's suit. Unzip the suit and start at the hood and roll inside to outside, moving down the body.

Only the inside of the suit is exposed

3



4



Place suit, booties and outer gloves on the paper that was used during exhibit handling.

Exhibit handler removes respirator from shin and pulls up and away from face. Remove cartridges and place them in suit.

5



6



Pull down cuff of one inner glove, peeling off of one hand. Glove should be inside out and placed with suit. Repeat for the other hand.

Clean member places items in bag. Exhibit handler puts on fresh nitrile gloves and repeats process on clean member.

7



Both members wash hands and face with cold water and soap. Wash respirator with cold water only and hang to dry. Place back in resealable plastic bag once dry.

IT IS IMPERATIVE THAT THE PPE USED IN THIS PROCESS BE INCINERATED.

If you have any questions, please contact the OCC and ask for the on-call CLEAR team leader

Handling Guidelines for Highly Toxic Substances



Current status

Highly toxic substances (e.g. fentanyl, fentanyl analogs, W-18, or other potent synthetic opioids) represent a significant risk to RCMP 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 RCMP 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 in Canada. 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 RCMP 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 RCMP employees.

Guidelines

1. General
2. Risk Assessment
3. Lower Risk Guidelines
4. Moderate Risk Guidelines
5. High Risk Guidelines
6. Engineered Controls: Fume Hood
7. Transportation of Exhibits Containing Highly Toxic Substances
8. Submission of Samples to Health Canada for Analysis
9. Destruction
10. Police Service Dog Drug Searches
11. Execution of CDSA Search Warrants
12. First Aid
13. Presumptive Field Tests
14. Controlled Deliveries

1. General

1.1 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 RCMP 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. RCMP employees are reminded to be highly vigilant to this threat and be cognisant of the procedures and guidelines to mitigate the risks.

2. Risk Assessment

- 2.1 An investigation based threat assessment must be conducted during the course of any Controlled Drugs and Substances Act 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 RCMP employees and members of the general public;
- 2.2 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).
- 2.3 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;

- 2.4 Should RCMP 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 Division Clandestine Laboratory Enforcement and Response Team (CLEAR) team leader / designate or local drug section members;

3. Lower Risk Guidelines

- 3.1 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 – RCMP 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;

- 3.2 Do not taste, feel, or sniff suspected drugs;
- 3.3 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 colour or black should be used as the presence of light coloured powder will be easily visible. Light coloured powder contamination will be harder to identify on light coloured gloves;
- 3.4 Wear long sleeved shirt to prevent accidental exposure from highly toxic substances, in powder form. A waterproof dark coloured 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;
- 3.5 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.
- 3.6 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;**

- 3.7 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;
- 3.8 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 emergency services (9-1-1) immediately;
- 3.9 Symptoms of exposure to highly toxic substances can be temporarily interrupted by the administration of naloxone. Local ambulance services may carry naloxone. Confirm with your local ambulance services before conducting any sampling of unknown substances. Naloxone is available and carried by RCMP Emergency Medical Response Team (EMRT) members. If available, have naloxone on hand during exhibit handling along with someone trained in its administration;
- 3.10 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 3.14 and 3.15;
- 3.11 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.
- 3.12 If laboratory analysis is conducted, the results of the analysis, once received, must be provided to the exhibit custodian. The exhibit custodian must have the exhibit properly labelled based on the analysis results for any

future handling. Fluorescent danger labels or Workplace Hazardous Materials Information System (WHMIS) hazard labels shall be affixed to the exhibit;

- 3.13 Large volumes of any exhibit which may contain highly toxic substances should be bagged as per section 3.11 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;
- 3.14 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;
- 3.15 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.
- 3.16 Minimize the handling of 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.
- 3.17 Should accidental exposure occur, follow First Aid Protocols in Section 12

4. Moderate Risk Guidelines

- 4.1 Moderate risk refers to larger bulk volumes of powdered drugs which are beyond those that are typically pre-packaged for street-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 street-level distribution. Follow the same handling guidelines as “Lower Risk” (Section 3) with the following additions:

- 4.2 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;
- 4.3 Large volumes of any exhibit which may contain highly toxic substances must be bagged as per 3.11 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;
- 4.4 Consider using full body PPE, e.g. disposable Tyvek coveralls (i.e. from your Bio-hazard kit) 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 coloured 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;
- 4.5 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 services (9-1-1) should assistance be needed;
- 4.6 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;

4.7 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.

4.8 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;

4.9 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. For further information in relation to PPE decontamination and cleaning procedures, contact the Division Clandestine Laboratory Enforcement and Response Team (CLEAR) team leader / designate or the RCMP National Drug Program Coordinator;

4.10 Should accidental exposure occur, follow First Aid Protocols in Sec. 12.

5. High Risk Guidelines

5.1 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;

- 5.2 Pure highly toxic substance represents a real and significant officer and public safety risk and must not be handled without proper training and PPE. Immediately contact Division HQ for a referral to Clandestine Laboratory Enforcement and Response Team (CLEAR) team leader / designate for assistance and guidance from your division or your nearest division if a CLEAR team is not available in your division;
- 5.3 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 as indicated in 5.2;
- 5.4 Do not handle highly toxic substances unless the situation dictates immediate action in order to mitigate the risk to officer or public safety;
- 5.5 Immediately notify your supervisor of the incident and situational risk factors identified;
- 5.6 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;
- 5.7 Should accidental exposure occur, follow First Aid Protocols in Sec. 12.

6. Engineered Controls: Fume Hood

- 6.1 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;
- 6.2 Any RCMP employee using a fume hood equipped with filtration system must be trained in the general operating instructions and limitations of the equipment;
- 6.3 Regular maintenance and functionality checks must be conducted on the equipment as per the manufacturer's specifications and recorded;

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

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

7. Transportation of Exhibits containing Highly toxic substances

7.1 Exhibits which may contain or are confirmed to be containing highly toxic substances shall be transported in accordance with the *Transportation of Dangerous Goods Act and Regulations*. This is necessary to prevent accidental exposure to any RCMP employee, the general public and prevent contamination of any RCMP vehicles;

7.2 Small volumes of street 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;

7.3 Any exhibit of any volume of substance which may contain highly toxic substance(s) must be bagged as per Section 3.11. 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;

7.4 Any exhibit which may contain highly toxic substances will be transported directly to a detachment or RCMP facility as soon as practical;

7.5 Large volumes of confirmed highly toxic substances must be packaged as per 7.3, and must be packaged inside a UN rated container as per the *Transportation of Dangerous Goods Regulations*. The UN rating must be appropriate for storage and transport;

Aircraft

7.6 Transportation via aircraft of exhibits suspected of containing highly toxic substances should be avoided. Should air transport be required, ensure the sample is properly bagged as per 3.11, labeled and placed inside a suitable protection case equipped with an automatic purge valve that equalizes air pressure such as a Pelican case. The container needs also to be labelled as per section 7.5 and manifested to the air carrier as such.

8. Submission of samples to Health Canada for Analysis

8.1 The Health Canada Drug Analysis Lab requires a sample of 0.5 to 1.0 gram of suspected highly toxic substances for the purpose of laboratory analysis. Due to the risks associated with the transportation of highly toxic substances, samples should not be submitted in volumes over 1.0 gram per sample;

8.2 Any sample of suspected highly toxic substances being submitted to the Health Canada Drug Analysis Lab must be double bagged and labeled as "suspected fentanyl". Label as per Section 3.11 must be applied.

9. Destruction

9.1 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;

9.2 The destruction of highly toxic substances shall be conducted in accordance with federal and provincial / territorial legislation. 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;

9.3 Guidance on the safe destruction of highly toxic substances can be obtained through your Division Clandestine Laboratory Enforcement and Response Team (CLEAR) team leader / designate, or Health Canada chemist.

10. Police Service Dog Drug Searches

- 10.1 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;
- 10.2 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;
- 10.3 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.

11. Execution of CDSA Search Warrants

- 11.1 A Situational Risk Assessment must be conducted prior to and regularly during the execution a *Controlled Drugs and Substances Act* search where highly toxic substances may be present. This assessment is necessary to protect all RCMP employees and members of the general public;
- 11.2 Should the investigation based threat assessment identify any level of risk associated to the presence of highly toxic substances the Division RCMP Clandestine Lab Enforcement and Response (CLEAR) team leader / designate may be consulted for assistance and guidance on investigative avenues and on appropriate PPE required prior to operational intervention;
- 11.3 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 3.3, 3.4, 3.5, should be provided and used by members and employees;
- 11.4 The use of an RCMP trained Emergency Medical Response Team (EMRT) member or assistance from local emergency services will be assessed in consideration of the Investigation Based Threat Assessment.

12. First Aid

12.1 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;

12.2 If at any time, you suspect or experience any symptoms associated to narcotic effects, notify a co-worker and contact medical assistance (9-1-1) immediately;

12.2.1 Symptoms associated to narcotic effects include:

- Respiratory distress, respiratory depression or arrest;
- Nervous system depression.
- Drowsiness
- Reduced level of consciousness;
- Pinpoint pupils;
- Dizziness; and
- Nausea/vomiting

12.3 Should you, while in the process of handling or sampling an unknown exhibit, feel any of the symptoms listed in Section 12.2.1 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.

12.4 Should you encounter an RCMP 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 medical assistance (9-1-1). 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;

12.4.1 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.

- 12.5 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 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;
- 12.6 CAUTION: Officer Safety: Opioids drug users who are in an overdose situation may become combative after the administration of naloxone as they regain consciousness ;
- 12.7 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.

13. Presumptive Field Test Kits

- 13.1 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.

13.2 See OM 6.9 in relation to the use of field test kits.

14. Controlled Deliveries

- 14.1 Prior to conducting a controlled delivery of a highly toxic substance, seek guidance from your regional or provincial / territorial Public Prosecution Service of Canada Crown Counsel (or agent) 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;
- 14.2 Do not re-use any of the inner packaging from the highly toxic substance intercepted. This will mitigate the risk of cross contamination
- 14.3 Transportation of exhibits associated to controlled deliveries where a highly toxic substance is suspected or present will comply with guidelines outlined in Section 7, "Transportation of Exhibits containing Highly Toxic Substances".
- 14.4 For information pertaining to Circulation of Drugs – Police Discretion, see ch. 6.5.

Prepared by:

Sgt Luc CHICOINE
National Drug Program Coordinator
Federal Coordination Center – Domestic
RCMP National HQ