

Fentanyl Exposure and Emergency Responders

BACKGROUND

A police officer and two EMT's needed treatment for potential exposure to heroin and fentanyl after responding to a drug overdose. In this community the local police department serve as the supplemental first responder as the local fire district provides the R-1 volunteer service.

INCIDENT

The emergency call was received by a central communications dispatch for a 20 year old unconscious female found on the floor in a living room of a two story residential structure in a suburban neighborhood. Police and EMS were immediately dispatched to the location. The responding officer in that area requested additional information while in route and was advised that the parent arriving home from work found the patient unconscious and unresponsive with no prior medical history. Dispatch also advised all responding units that CPR was in progress. Approximately 4 minutes after dispatch the officer arrived on scene, made an initial assessment to determine if the patient had a pulse. Determining that no pulse was present the officer continued CPR. While the officer was performing CPR on the 20 year patient, the parent sat back into a chair clutching her chest complaining of chest pain.

The officer continued CPR on the initial patient and radioed for an additional EMS unit for the parent experiencing chest pain. A second ambulance was dispatched to the location. EMS arrived on scene and began to assess the unresponsive patient, and requested that the officer continue CPR while they began Advanced Life Support (ALS) efforts. At some point during patient care the officer became dizzy and his heart began to beat rapidly, originally thought to be symptoms of high adrenaline and over exertion the officer turned over CPR efforts to the EMS crew on scene.

A second officer arrived on scene and began to gather information from the parent who began to exhibit the same signs that the initial officer was displaying, despite being in a seated position. The second ambulance arrived on scene and the officer communicated that the first officer and the parent were exhibiting similar symptoms, despite very different activity levels on scene. The EMS Captain on scene requested additional resources identifying that this may be an opioid overdose scene; with a potential fentanyl exposure. The captain requested additional law enforcement, EMS and paramedic personnel to handle up to 8 patients – this includes all first responders, the parent and unresponsive patient.

The arriving paramedic administered two doses of Narcan® to the unresponsive 20 year old patient, which immediately revived the patient back to a semi-conscious state. The patient then began to have a regular heart rate and was able to breathe unassisted.

The initial officer's condition began to rapidly deteriorate and the paramedic administered one dose of nasal Narcan to the officer. A member of the attending EMS personnel began to feel similar effects and immediately removed themselves from the premise as additional ambulance crews arrived.

In all, the officer, parent and two EMS personnel all exhibited similar symptoms on scene and were transported to the local hospital for evaluation and treatment associated with a fentanyl exposure.

Upon examination of the scene it was determined that red flags were present that indicated that the 20 year old patient was experiencing an opioid overdose. These indicators consisted of body position the parent found the young female, a "nose cone", and small baggies with a label known to be associated with opioid's; specifically fentanyl.

The subsequent investigation revealed that the patient was given this product to "try or experiment with" and when the package was opened on her bedroom dresser, skin contact was made with the patient's hands. After eating and touching her eyes, the patient began feeling ill and went to the living room to dial 911 but was concerned that she would be exposed to the illegal activities that were taking place so she returned the phone to its receiver. The parent then used the same phone to dial 911 thereby exposing her to the drug. She then tried to perform CPR on the patient which added additional product exposure to the patient's chest. When the officer arrived, he also touched the patient's chest while trying to illicit a painful stimulant response – Sternal Rub. The patient had vomited on her chest and face. The officer was not wearing his personal protective equipment



INCIDENT *(continued)*

(PPE) at this time. A member of the EMS personnel relieved the officer, touching the patient's contaminated skin exposing them to the opioid as well. The two EMS personnel on the scene were treated for symptoms, but did not need Narcan.

The incident represents the first time that first responders needed to be treated for a possible overdose while responding to a call and accentuates growing fear among emergency responders around the country about possible contact with opioids while at an emergency scene.

DAMAGES

The officer and the two EMS personnel were remanded for overnight observation and released the following day. All three were placed on two week leaves for evaluation and further testing related to their opioid exposures. The initial combined reserve for the three claims was \$10,000. All three claims ultimately were closed with a total net incurred of \$4,000.

LIABILITY

The liability is 100% based on the statements and reports that were released for review.

KEY RECOMMENDATIONS

- Educate first responders on indicating red flags of opioid overdose scenes.
- Communicate the importance of wearing proper personal protective equipment (PPE) when initiating patient care.

Questions on this topic? Ask your Supervisor or contact your CIRMA Risk Management Consultant at (203) 946-3700.