

"Keep Orlando a safe city by reducing crime and maintaining livable neighborhoods."

ORLANDO POLICE DEPARTMENT POLICY AND PROCEDURE
1143.3, SAFE HANDLING AND FIELD TESTING OF UNKNOWN NARCOTICS
(FENTANYL)

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CONTENTS:

1. PURPOSE
2. POLICY
3. DEFINITIONS
4. PROCEDURES
 - [4.1 Dangers of Fentanyl](#)
 - [4.2 Handling/Field Testing of Narcotics](#)
 - [4.3 Naloxone Administration](#)
 - [4.4 Quartermaster Unit Responsibilities](#)
 - [4.5 Supervisor/Manager Responsibilities](#)
 - [4.6 Policy Training](#)
5. FORMS AND APPENDICES

1. PURPOSE

This directive provides guidance for department personnel to properly and safely handle narcotics.

2. POLICY

It shall be the policy of the Orlando Police Department to establish procedures for the safe handling and field testing of unknown narcotics (Fentanyl), as a way to reduce the risk of exposure to department personnel and the public.

3. DEFINITIONS

Carfentanyl: Carfentanyl is an odorless, white powder. Carfentanyl, a fentanyl analog, is one of the most potent opioids produced. According to the National Institute on Drug Abuse (NIH), it has a quantitative potency approximately 10,000 times that of morphine, and 100 times that of fentanyl.

Safe Handling and Field Testing of Unknown Narcotics (Fentanyl), 1143.3

Fentanyl: A synthetic, short acting narcotic analgesic and sedative, used pharmacologically in anesthesia and neuroleptanalgesia, and also as an illicit drug. Drug dealers are lacing heroin and other drugs with fentanyl.

Fentanyl Analogs: A fentanyl analog is a drug that has been designed to mimic the pharmacological effects of the original drug. Some manufacturers create new fentanyl analogs to avoid classification as illegal, policy restrictions on manufacturing, and/or detection in standard drug tests. New fentanyl analogs are being made regularly.

Naloxone: A synthetic drug, which blocks opiate receptors in the nervous system.

Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are not considered to be personal protective equipment.

Synthetic Opioids: 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 legally prescribed by doctors to treat patients with mild to severe pain issues. They have many of the same qualities as opiates, despite being manmade.

4. PROCEDURES

4.1 DANGERS OF FENTANYL

Fentanyl and its analogs pose a potential hazard to law enforcement, which unknowingly come into contact with these drugs during the course of their law enforcement activities. These substances come in several forms including powder, blotter paper, tablets, and spray. They can be absorbed through the skin or inhaled as an airborne powder. While skin absorption of fentanyl commonly occurs through prescribed use of the drug, inhalation of powder is the most likely exposure route for illicitly manufactured fentanyl. Inhalation exposure can quickly result in respiratory distress.

First Responders are increasingly likely to encounter fentanyl during daily activities (e.g., responding to overdose calls, and conducting traffic stops, arrests, and searches).

4.2 HANDLING/FIELD TESTING OF NARCOTICS

4.2.1 SAFETY MEASURES

The Florida Department of Law Enforcement recommends law enforcement personnel take adequate safety measures and **handle all unknown substances as if they were lethal.**

The following safety precautions shall be followed by departmental personnel when handling potentially dangerous drugs:

- a. Use extreme caution.
- b. Wear suitable personal protective equipment (PPE) to cover the eyes, mouth, and nose to prevent absorption and inhalation of airborne particles and wear gloves to avoid absorption through the skin.
- c. Do not handle/field test suspected fentanyl or synthetic opioids alone (minimum of 2 personnel).
- d. It is ideal to conduct field testing in a controlled environment, however, when it is necessary to field test in an open-air environment, extreme care should be taken in windy or other adverse conditions.
- e. Do not eat, drink, or smoke while performing operations involving any narcotics.
- f. Wear a double set of gloves for added protection and a disposable gown to prevent powder from inadvertently contacting the skin. Different color gloves, available in the Quartermaster Unit, shall be used for outer and inner gloves. Black outer gloves may allow the user to better visualize the drug powder

Safe Handling and Field Testing of Unknown Narcotics (Fentanyl), 1143.3

residue on the glove. Blue contrasting inner gloves may allow for tears in the glove to be more apparent. If gloves are torn, they shall be changed immediately, otherwise, they should be changed after 30-60 minutes of use.

- g. A sample of the suspected narcotics can be removed from their original packaging using two methods: either the cardboard sampling sticks included with the NIK kits, or an individually wrapped plastic serrated knife. These knives can be obtained from the Quartermaster Unit. Officers shall not use their personal knives or any other non-individually wrapped object to take a sample of the substance. This creates an undue risk of contaminating the sample and poses a serious risk to officer safety.
- h. If the substance tests positive for a controlled substance, the individually wrapped knife shall be placed into evidence and packaged separately from the substance. If the substance does not test positive for a controlled substance, the individually wrapped knife shall be properly disposed of. Reuse of an individually wrapped knife shall not be permitted.
- i. If you get any powder on yourself, let someone know immediately. Remove the affected clothing or rinse with water if it has come into contact with the skin.
- j. Clean the area after contact and properly dispose of gloves and paper used in handling. Refer to the current issue of the Exposure Control Plan for disposal procedures.
- k. Immediately wash your hands with water and soap, if available, after handling/field testing any narcotics.
- l. In the event of a large spill or release of fentanyl or suspected fentanyl, vacate the area of the release or spill and notify a hazardous material incident response team (OFD). Notification shall be made via the chain of command to the on-duty Watch Commander, who will coordinate the response.
- m. At the conclusion of field testing, once all PPE has been carefully removed and properly disposed of in a biohazard bag, immediately wash hands with water and soap, if available. Do not use alcohol gel, as this opens pores and poses a greater risk of exposure.

4.2.2 SIGNS OF EXPOSURE

- a. Be aware of any signs of exposure. Symptoms include:
 1. Respiratory depression or arrest
 2. Drowsiness
 3. Disorientation
 4. Sedation
 5. Pinpoint pupils
 6. Clammy skin
- b. Onset of these symptoms usually occurs within minutes of exposure.
- c. Fentanyl and its analogs can work very quickly. In case of suspected exposure, it is important to call EMS immediately. If inhaled, move the victim to fresh air. If ingested and the victim is conscious, wash out the victim's mouth with water. In any case immediately notify a supervisor, who shall respond to the scene.
- d. Have Naloxone readily available and be ready to administer in the event of exposure. **The affected person does not have to be unresponsive to administer Naloxone.** If fentanyl exposure is suspected, administer it immediately. Be aware, it may require more than a single dose.

4.2.3 OTHER FACTORS TO CONSIDER

When responding to possible overdose calls, PPE shall be worn due to the increased risk of exposure. Special care should be taken when searching overdose scenes for evidence to reduce the likelihood of releasing any powders into the air. Once the scene has been assessed and cleared of any hazards, a supervisor may make the determination to discontinue the use of PPE by personnel on the scene.

In addition to the safety measures outlined in this section, employees will be bound by the procedures set forth in the current issue of the Exposure Control Plan.

4.3 NALOXONE ADMINISTRATION

In the event Naloxone needs to be administered to an employee or citizen, the following steps shall be followed:

- a. Administer Naloxone to the person(s) displaying the effects of an opioid overdose.
- b. Immediately contact EMS.
- c. Immediately notify the on-duty or on-call Overdose Investigative Unit Supervisor if the victim remains unresponsive and there is a likelihood of death. If there is no reason to believe the overdose will result in death and the victim is alert and stable and declines to provide information or speak with a detective, this notification can be made via email using the Naloxone Usage Form (1101 Attachment B, Naloxone Usage Form). The employee shall forward the form to the Records Unit, the Overdose Investigative Unit Supervisor, and the Patrol Services Bureau Aide.
- d. Document the Naloxone administration on an incident report.
- e. Prior to going back into service, pick up a new dose of Naloxone from the Quartermaster Unit.
- f. Please refer to P&P 1101, Life-Saving Devices. Also refer to form 1101 Attachment B, Naloxone Usage Form.

4.4 QUARTERMASTER UNIT RESPONSIBILITIES

The Quartermaster Unit will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, red bags, and cleaning materials as required by the standard set forth in this policy and the current issue of the Exposure Control Plan. The Quartermaster Unit shall ensure that adequate quantities of these items are available in the appropriate sizes.

4.5 SUPERVISOR/MANAGER RESPONSIBILITIES

Supervisors and Managers shall ensure all members under their supervision have completed the NIK System of Narcotics Identification Training PowerPoint.

Sergeants shall be required to ensure members adhere to the procedures outlined in this policy.

4.6 POLICY TRAINING

Sergeants shall be required to conduct training on these procedures (Safe Handling/Field Testing of Unknown Narcotics (Fentanyl) annually, and whenever the procedures are updated or changed. The training shall be documented on a Training Instruction and Attendance Form, which can be found in the current version of P&P 1704, In-Service Training, and is available in Power DMS. The completed form shall be submitted to the training coordinator.

5. FORMS AND APPENDICES

N/A