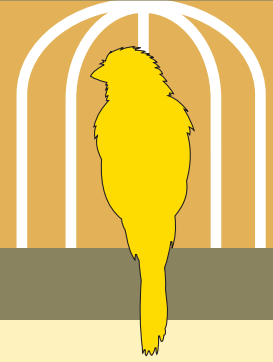


Occupational Opioid Exposure



HEALTH AND SAFETY FACT SHEET

CUPE / Canadian Union
of Public Employees

Please note: This sheet is for information purposes only. Any claims made in this sheet should not be considered medical or legal advice.

For information related to treating overdoses, please refer to the CUPE fact sheet, Opioid Overdose Response.

What are opioids?

Opioids are a class of drugs that are designed to reduce pain. Common opioids include codeine, morphine, heroin, oxycodone, methadone and fentanyl as well as its analogues including carfentanil and ohmefentanyl. There has been a dramatic increase in the non-medically prescribed use of opioids. Any of these can be administered as tablets, capsules, syrups, liquids for injection, nose sprays, skin patches or even suppositories^[1].

Effects of exposure may include:

- Feelings of euphoria and relaxation
- False sense of well-being
- Confusion
- Sedation
- Drowsiness
- Dizziness/lightheadedness
- Nausea and vomiting
- Constipation
- Respiratory depression or arrest
- Death

Exposure: Direct and Incidental

Some workers have a chance of being exposed to opioids. There are two potential types of activities that can lead to a potential exposure: direct and incidental.

Direct exposure can occur when a worker is required to actively handle the drug. Occupations in medical and treatment fields, as well as in policing and security, are examples where workers might be expected to handle these substances. These workplaces should have existing protocols as part of their overall safety plans to help protect workers from exposure. For example, health care facilities will have exposure control programs in place to prevent exposure for all medications, opioids included.

Incidental exposure occurs to workers who are not directly tasked with handling drugs as part of their occupation. Workers acting in capacity as law enforcement, inspectors, public health, in community facilities with public access and cleaning staff for example, may face the risk of incidental exposure during activities such as cleaning or performing inspections for and/or handling materials that are associated with opioids, such as needles, pipes or other drug-associated objects. Additionally, CUPE members may meet clients or members of the public who have these drugs in their possession.

Regardless of the nature or location of one's work, exposure through inhalation of powder or skin absorption can lead to overdose. The new synthetic forms of opioids can cause an overdose reaction with a very small level of exposure.

Exposure prevention and control plans

Employers must develop exposure prevention and control plans. These plans should be developed in consultation with potentially affected employees, their representatives, or their health and safety committees and include reporting mechanisms for (potential) exposures. Plans should consider respiratory protection, gloves, eye protection, protective clothing and naloxone kits.

Respiratory protection

The American Center for Disease Control (CDC)^[ii] recommends that first responders – such as law enforcement and emergency medical services (EMS) personnel – who are expected to directly handle opioids as part of their job, should wear a NIOSH-approved half-mask filtering facepiece respirator that is rated P100.

Other workers who are not expected to handle opioids, but for whom incidental exposure is possible, should be provided with and trained on the use of a fit-tested N95 half-face respirator.

For information on respirators, please refer to CUPE's fact sheet on **Respiratory Protection** (<https://cupe.ca/respiratory-protection>).

Gloves

Workers that need to do sorting in piles or non-visual searching should be provided with puncture proof gloves. Additionally, workers should be provided with correctly sized nitrile gloves to wear when they are performing work in a setting where they might reasonably be exposed to opioids. If the gloves are torn or punctured, they should be changed immediately and replaced after 30–60 minutes of use if they have been exposed to opioids or any unknown substance.

The CDC notes that the practice of “double gloving” (wearing two sets of gloves) is suggested while handling fentanyl-related compounds. If wearing long sleeves, the inner gloves should be worn under the sleeves, while the outer gloves should be placed over the cuff to provide further protection against skin exposure. The use of two colors while “double gloving” can help visualize outer glove holes and tears.

Eye protection

Where a half-mask respirator is used, CSA-approved safety goggles or glasses should also be worn to prevent exposure through the eyes.

Coveralls, boot covers and protective sleeves

Workers who are performing any task that would potentially spread an opioid, or cause it to be in the surrounding air, such as sweeping, should wear protection that covers their arms and legs. Options include coveralls or chemical-resistant and disposable protective sleeves that are impermeable, coated and film-based. Coveralls worn over work clothing should fit snugly at the wrists and ankles to decrease contamination at these interfaces. Protective sleeves should fit snugly at the wrist and bicep. Chemical-resistant and disposable boot covers are also recommended to reduce spread of contamination. Gloves, coveralls and boot covers (which may be purchased as one piece) as well as protective sleeves should be appropriately disposed of immediately after use.

Countering an opioid exposure: Naloxone

Naloxone (aka Narcan) is a common and extremely effective counter-agent for an opioid overdose. This drug does not require a prescription, and is available as an injection or a nasal spray. It works by attaching to the same receptors in the brain as an opioid does, thus blocking the opioid's effect. Naloxone is generally considered to be safe to use. It is also believed to be safe to administer even if there are no opioids present, unless the recipient is allergic. CUPE recommends that for occupations where there is an opportunity for incidental exposure, workers should have quick access to the nasal spray form of this drug and be provided with sufficient training to understand when and how to use it.

[i] <https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids.html>

[ii] <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>



FIND MORE RESOURCES: cupe.ca/health-and-safety

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