



Managing second-hand incidental exposure to smoke or vapour from illicit/licit substances

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Responding to substance use incidents and overdoses are not new for Interior Health employees or other first responders. There is little to no risk for a staff member to be harmed from exposure while responding to an overdose or substance use event, however exposure to smoke or vapour from illicit/licit substances has additional safety concerns that need to be addressed. Below you will find information about substance use, exposure, PPE, and risk-mitigation steps, with a focus on exposures that occur as a one-off or infrequently.

What are the risks from incidental second-hand exposure to smoke or vapour from illicit/licit substances?

Illicit substances, such as crack, fentanyl, and methamphetamines are generally burned for a shorter duration than cannabis and tobacco, meaning there is less time for smoke or vapour to accumulate. There are no recorded overdoses in B.C. from incidental second-hand exposure to smoke or vapour from illicit substances.

Exposure to smoke and vapour from an illicit substance is different than experiencing an overdose. The risk of overdose is extremely low from a secondary exposure, but stress/anxiety responses are common when people encounter substances when providing clinical care.

Additional safety considerations are required when there is a risk of exposure to smoke or vapour from illicit/licit substances.

Care of a patient:

- Where smoke/vapour is present and the patient may have used in an enclosed space (i.e. bathroom), additional PPE must be considered such as a respiratory protection (N95) and nitrile gloves.

If you are accidentally exposed to smoke or vapour (this includes tobacco):

- Immediately leave area where contaminants are present and move to fresh air (outside) or to another room or area where the contaminants are not present.
- In the event of substance use in an uncontrolled indoor environment (i.e. bathroom or patient room) where there is the production of smoke or vapour, do not enter the area unless overdose response is required. Allow for the building HVAC system to remove the airborne contaminants. If the specific air change rate of the room is unknown, allow for 2 hours to pass prior to entry without respiratory protection where smoking has taken place. This is the same recommendation that is provided regarding tobacco smoke/vapour, not just for illicit substances.

References & Resources:

- [BCCDC: Assessing the risk of occupational fentanyl exposures in overdose prevention services \(OPS\) and safe consumption services \(SCS\) sites in British Columbia](#)
- [NCBI: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders](#)
- [BCCDC OD Toolkit](#)
- [PHSA Controlled Substance Risk Assessment \(CRSA\) Tool](#)