



# BEHIND THE EVIDENCE:

Ensuring Safe Practices in Drug Processing

A dark silhouette of a world map is centered on a light blue background. Overlaid on the map are several text boxes. At the top center, a red trapezoidal box contains the word "Breaking" in white. Below it, a white trapezoidal box contains the word "News" in black. Four white rectangular boxes with black borders are arranged in a descending staircase pattern from left to right, each containing a news headline and a date.

# Breaking

# News

**“Police officer released from hospital after being exposed to possible fentanyl”**

-December 17, 2024

**“Two police officers exposed to fentanyl while responding to calls within the same week”**

-December 24, 2024

**“Drug exposure sends two police officers to hospital”**

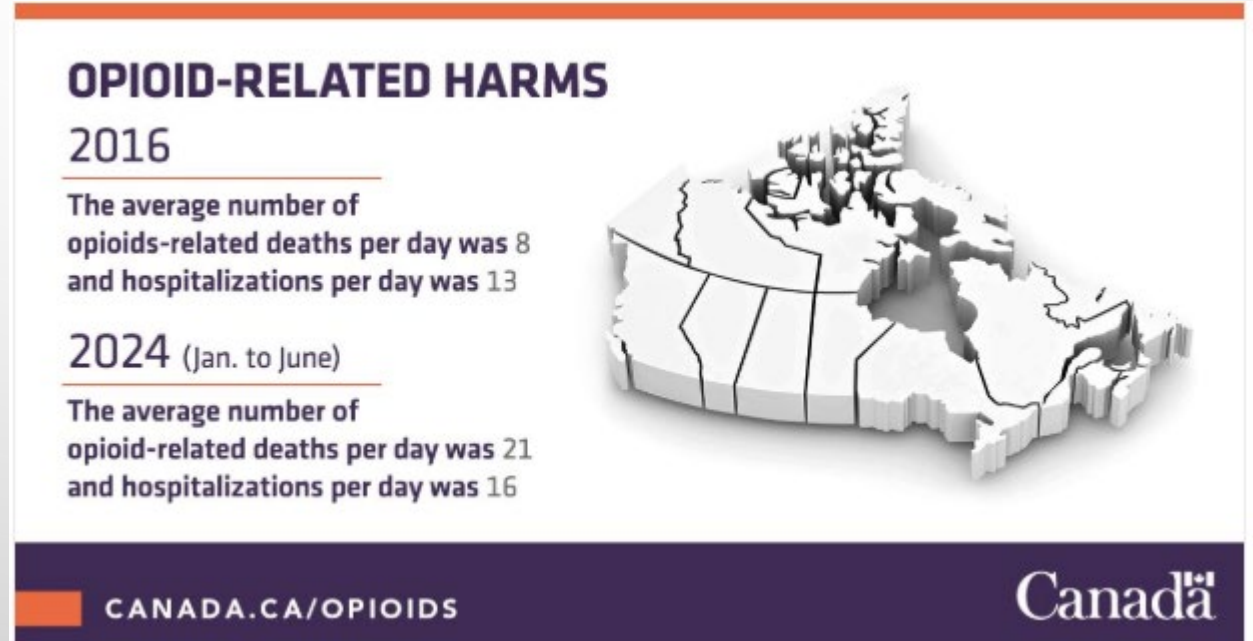
-February 12, 2025

**“Officer taken to hospital after exposure during investigation”**

-March 3, 2025

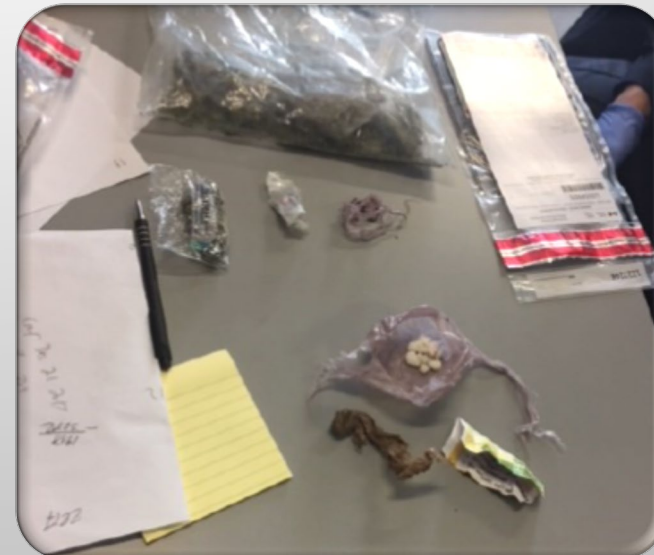
# WHY DO WE PROCESS DRUGS?

- Since 2016, trends involving opioid related injuries and deaths have continued to evolve
- 83% of opioid related deaths occur in BC, Alberta, and Ontario
- Narcotics are used for evidentiary purposes in court
- In 2024, EPB processed 4200+ narcotic samples for Health Canada analysis
- EPB provides secure storage for extensive CDSA-contaminated paraphernalia
- At current time, approx. 10,000 narcotics exhibits in EPB custody

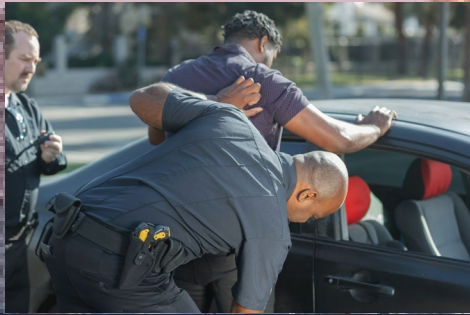


# WHERE IT STARTED

- Drug Processing “Stations” were various workspaces including common areas:
  - Conference tables
  - Member workstations
  - Lunchrooms
- Officers were seizing and preparing drug samples without appropriate controls.
  - Performing high-risk tasks, such as decanting, which could aerosolize certain drugs.
  - No training for overdose situations
  - Lack of PPE



# WHERE IT STARTED



Officer search results in seizing illicit drug(s), on a suspect, in a vehicle, in residences, at a scene, etc.



Officer brings illicit drug(s) to their division in an evidence bag.



Officer initiates on-site sampling process for Health Canada. Sampling of solids, liquids, and powders are being taken.



Central Property performs a visual check of package suitability and transports sample to Health Canada.

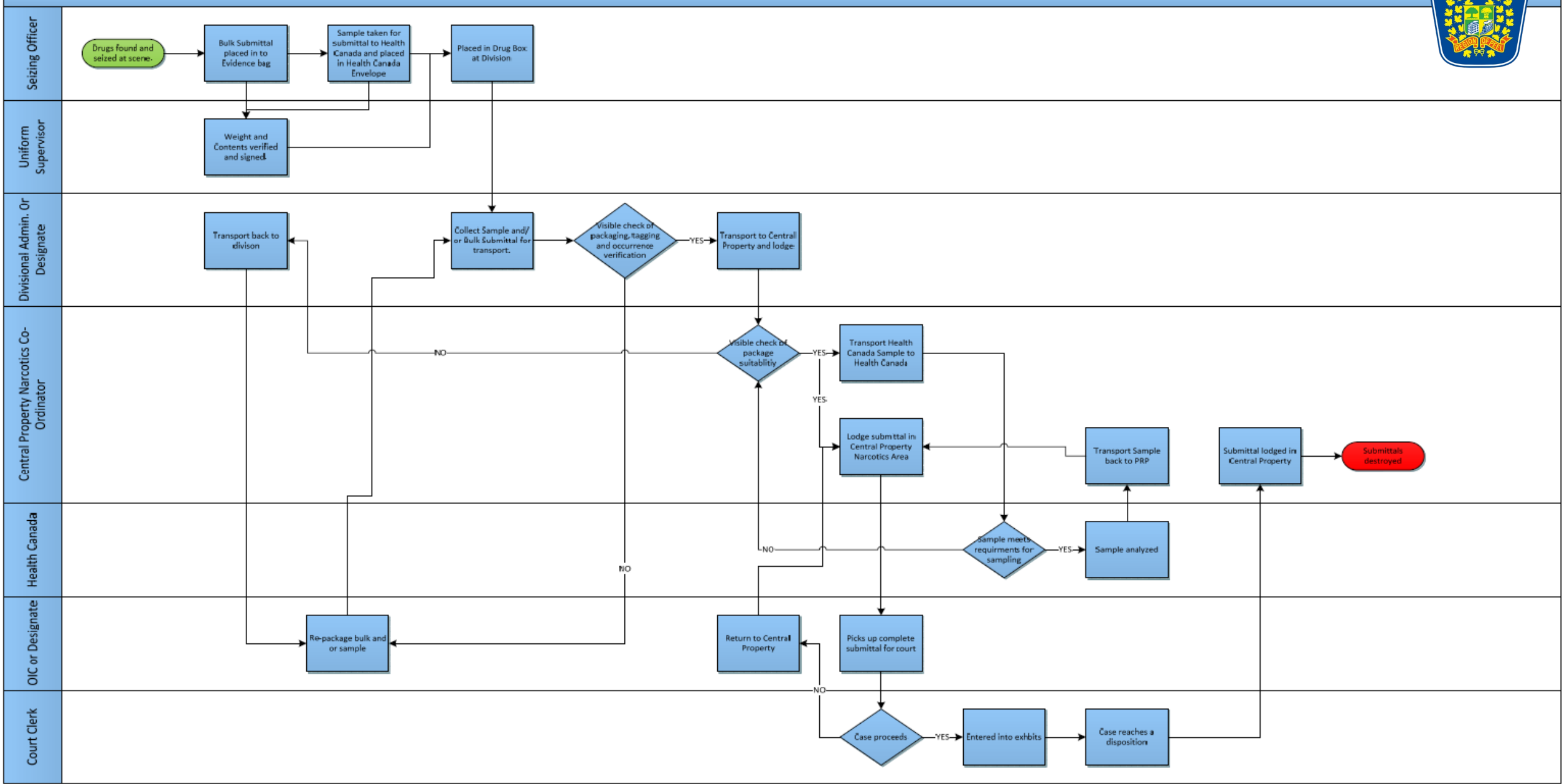


Divisional Admin Sgt. Picks up drugs from receptacle box on a weekly basis and brings them to Central Property.



Officer places seized drugs into drug receptacle box.

Drug Seizure and Processing Method (General Seizure)



# HAZARDS IDENTIFIED THROUGH JSA



Cross contamination of drugs on workspaces, clothing, equipment, etc.



Lack of procedure/training



Lack of proper tools/PPE



Aerosolization of drugs



No controls in place for spills



Odours causing headaches, desensitization, etc.



Drug residue on evidence being stored and passed around



Improper hygiene practices

OHS  
UNIT

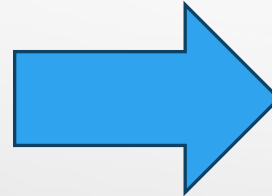
BUY IN FROM MAJOR  
PARTIES = SUCCESS!!!



# RECOMMENDATION

## Challenges With Pre-Centralized Process

- High risk of exposure
- Limited training (no experts)
- Lack of space
- No stock of tools and PPE
- No spill procedure
- Limited storage
- Smelly rooms
- Excessive handling of drugs
- Unorganized
- Poor security (just a drop box in an unsecured room).
- Health Canada refusing submissions

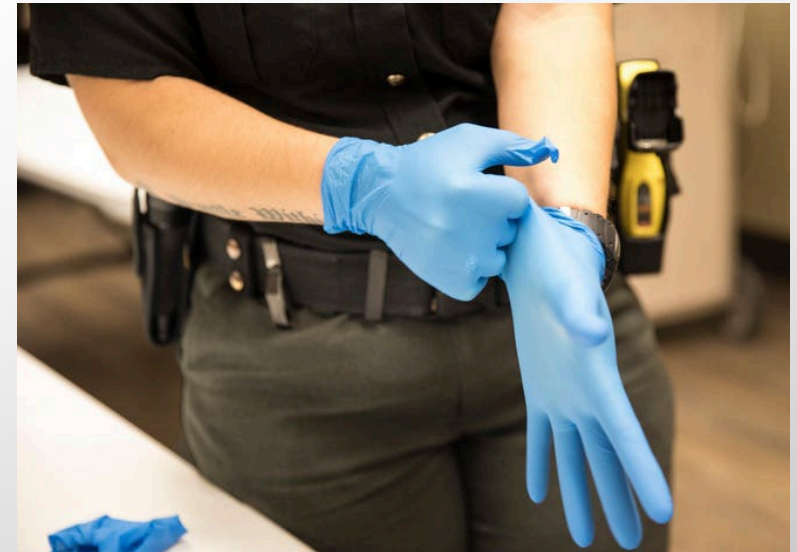


## Advantages of a Centralized Drug Processing Room

- Minimize the number of officers handling the exhibits.
- A Safe Work Practice (SWP) for one area.
- Reduce the risk of exposure to other members.
- Receipt and inspection of the exhibits can be more efficiently organized by EPB.
- Easy access to EPB personnel to assist if necessary.
- Compliance can be easily measured by the Divisional Administrative Sergeant or designate or the assigned Detective from Major Drugs and Vice and Street Crime Gang Unit when they pick up the seized drugs from the Drug Exhibit Receptacle Box and delivers all exhibits to the Narcotics Property Coordinator.
- Officers will attend the same location and will be more familiar with processing the exhibits.
- Ability to identify personnel entering the processing room using their access card.

# CONTROLS FOR FRONTLINE MEMBERS

- **Training** in conducting an on-site scene risk assessment related to fentanyl and its analogues.
  - Recognizing chemical make up of drugs may be unknown
  - Donning/doffing, using, maintaining PPE
  - Exposure routes
  - Recognizing signs and symptoms of exposure
    - Issuance of Narcan to all frontline members
  - Placing sharps in containers
  - Safe handling of drugs
  - How to submit drugs using the centralized drug processing facility



# CONTROLS FOR THE CENTRALIZED DRUG ROOM



Most effective

ELIMINATION

SUBSTITUTION

ENGINEERING CONTROLS

ADMINISTRATIVE CONTROLS

PPE

Least effective

Hand washing station

Cameras for outside observers

Panic strips

Eyewash station

Fume hood

Sampling procedures

Two workers at a time

Intake procedures

Evidence log

Narcan

Training

Sampling tools

Cleaning procedure

Gloves

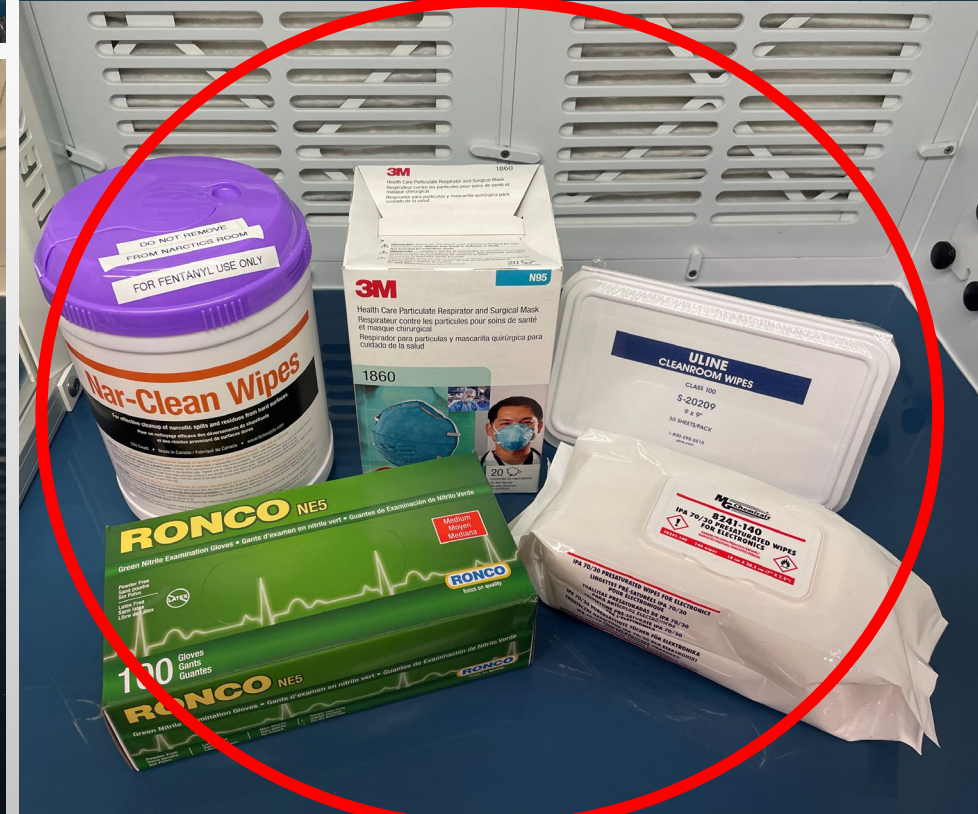
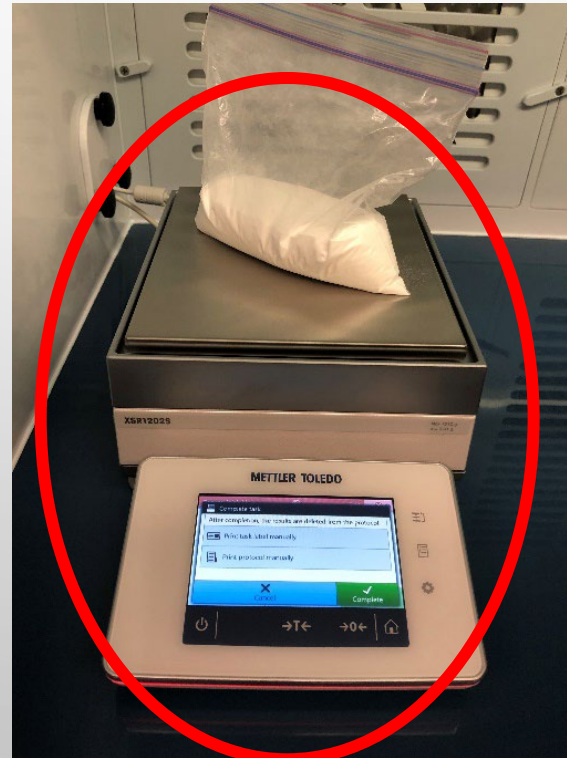
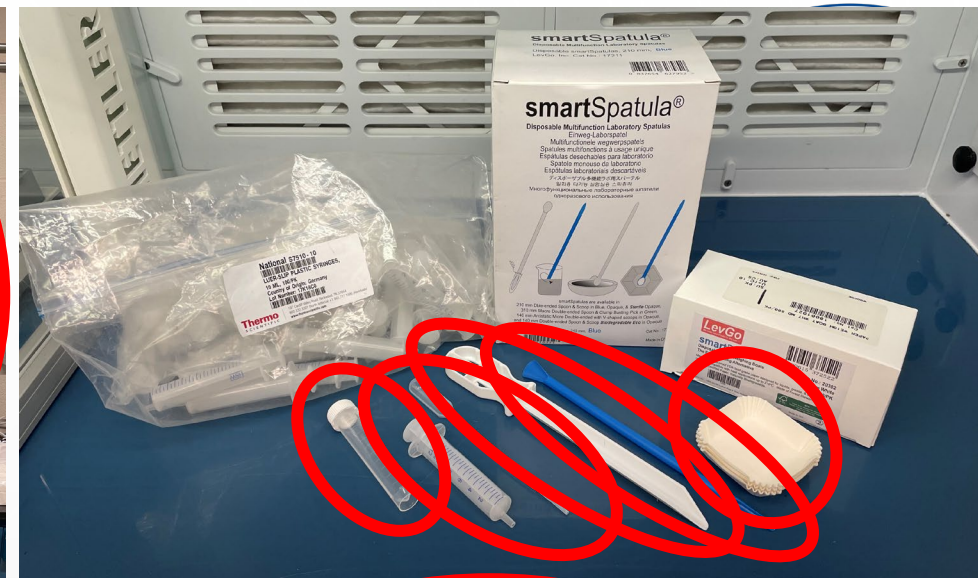
Gowns

Eye protection

Respirators

# TOOLS USED

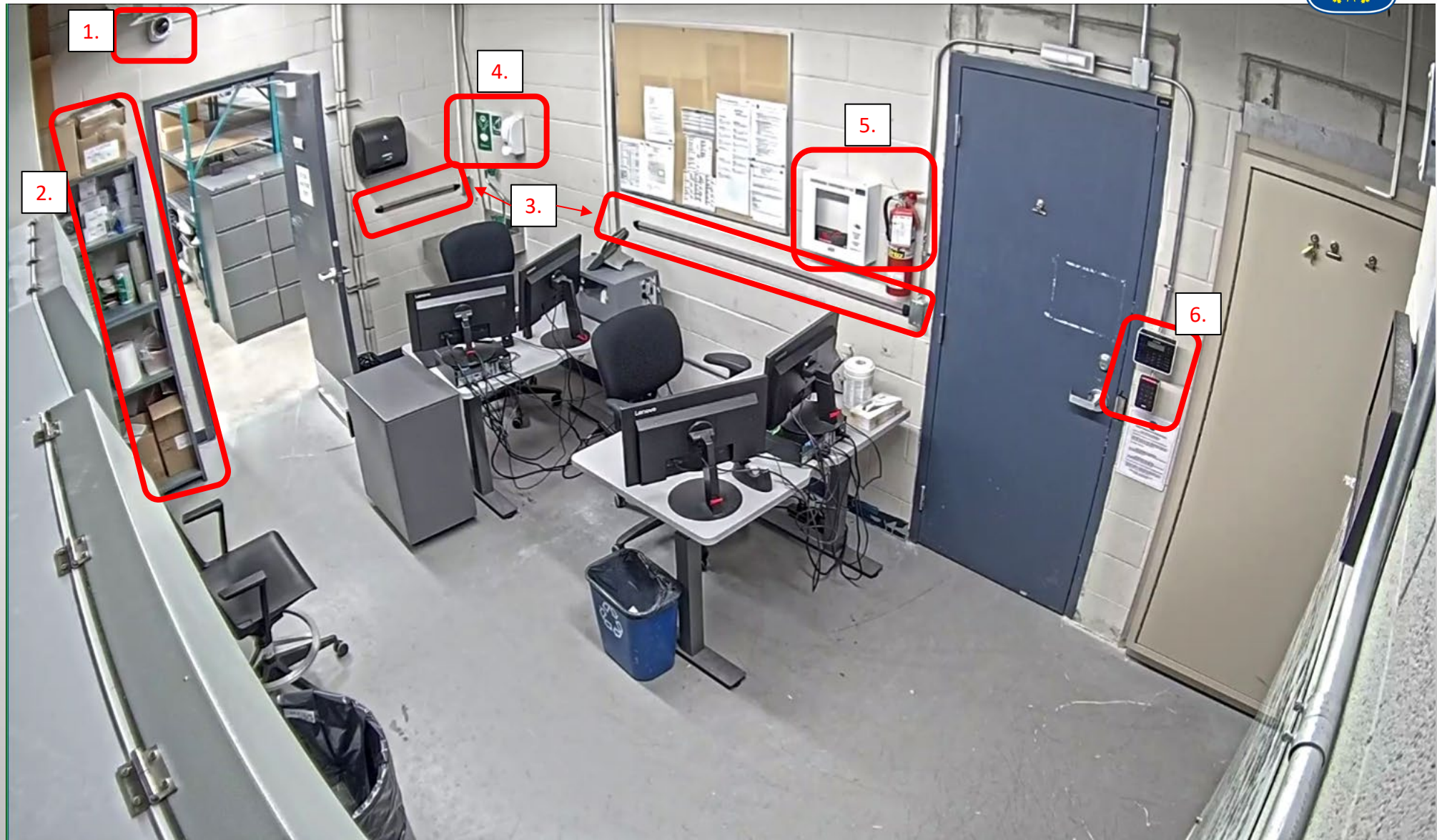
- Scooper (for powders)
- Spatula (for solids)
- Syringe/pipette (for liquids)
- Vial (for liquids)
- Paper weighing dish
- Scissors (for cutting open bags)
- Scale
  - (PowderSafe 700 Series Ductless Balance Enclosure by AirCleanSystems)
- Cleaning supplies/PPE
  - Nar-Clean wipes
  - IPA 70/30 wipes
  - Nitrile gloves
  - N95
  - Gown
  - Safety eyewear



# ROOM LAYOUT



1. Multiple observers
2. PPE
3. Panic strips
4. Eye wash station
5. Narcan
6. Controlled access



# ROOM LAYOUT

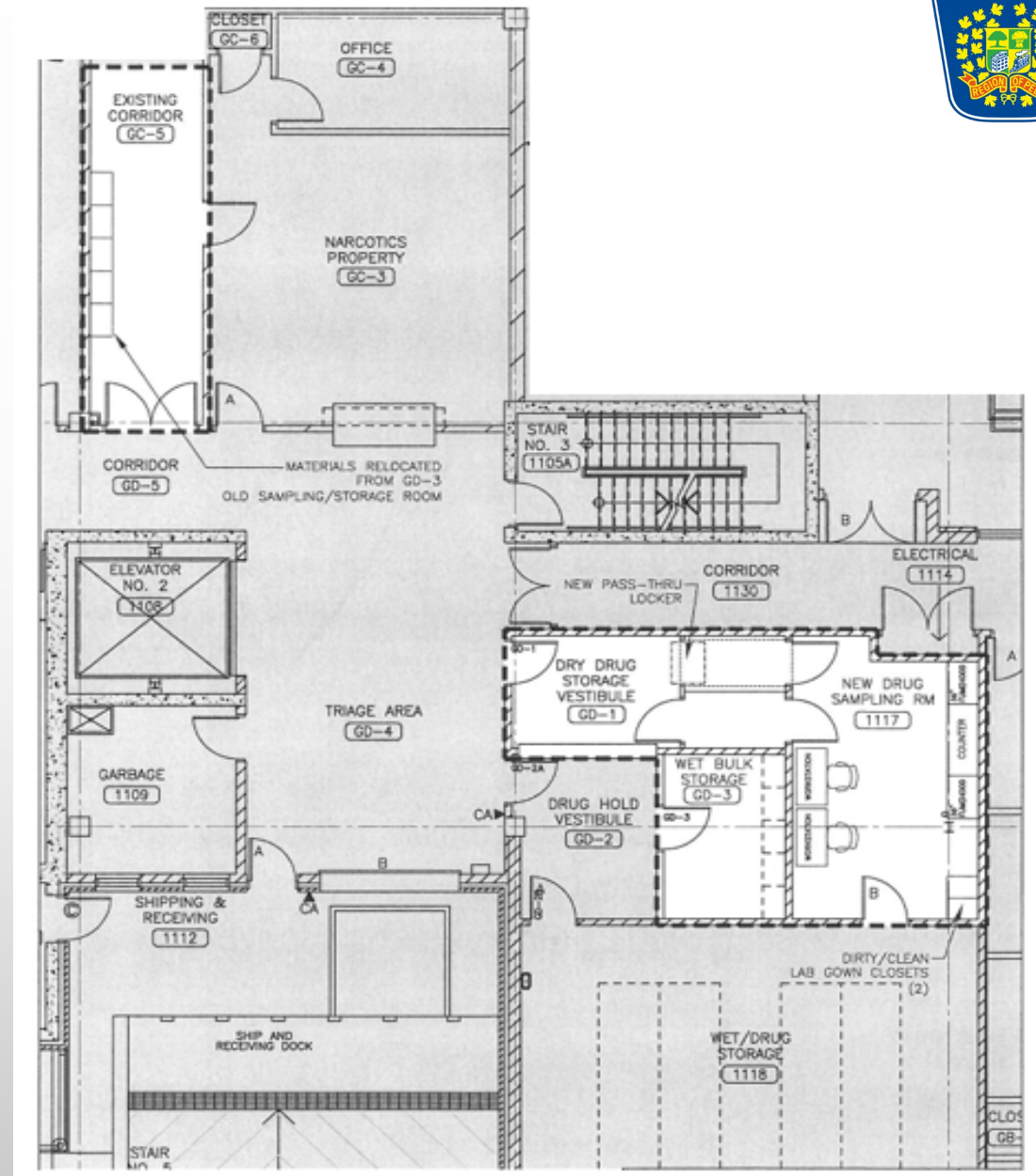


1. PPE (glove) station
2. Logging board
3. Utility cart
4. Ductless fume hood
5. Measuring tools
6. Cleaning supplies
7. Spill kit (under fume hood)
8. Hazardous waste bin



# SUBMISSION PROCESS

- Enter at side of building
- Proximity reduces cross contamination points
- Office areas remain separate from storage area
- Secure submission lockers
- Internal bulk submission area
- PPE and submission supplies readily available
- All entry points under camera
- Loading dock for bulk seizures
- Additional admin space available



WHERE? WHO? WHAT? WHEN? WHY? HOW? **WHERE?** WHO? WHAT? WHEN? WHY? HOW?



# DRUG EXHIBITS REQUIRING FORENSIC ANALYSIS



## Forensic Identification Services (FIS) Photography

- EPB and FIS staff to don PPE before removal of drugs from locker.
- FIS to photograph exhibit in the state that the exhibit was dropped off under the fume hood.
- FIS to instruct EPB staff on surface areas (on the package) to be protected and preserved for fingerprints, in case it is later required and approved for a forensic examination.



## FIS Fingerprint Analysis

### **Fingerprint analysis requires separation of drugs from drug packaging!**

- EPB to conduct a risk assessment on the drug packaging and quantity before decanting drugs into another bag.
  - **High risk of aerosolization** (i.e. due to large quantity, packaging, etc.) → Drugs will not be decanted by EPB.
  - **Low risk of aerosolization** → EPB staff will process the quantity by carefully pouring contents from original packaging into a storage bag following appropriate procedures under the fume hood.
- Once the original packaging has no visible volume of substance on the interior/exterior, the original packaging can be transported to FIS in a clean evidence bag.
  - FIS will initiate the analysis process in accordance with the Narcotic Examination Response SWP.



QUESTIONS?

