

PROTECTING CORRECTIONAL STAFF FROM HAZARDOUS EXPOSURES

Emergency response plans and teams needed ASAP to address growing problem of unknown drugs, pesticides, batteries and other materials being used in prisons, jails and hospital forensic units

Healthcare workers in correctional settings are contending with new on-the-job health risks from an old hazard: recreational drugs brought into facilities. But there is a new twist to this old hazard. New synthetic drugs are being developed so quickly that testing protocols and tech cannot keep up, making interdiction more difficult and hazardous exposures to staff more frequent and, often, more dangerous.

Worse yet in terms of correctional staff exposures is the newer practice of spraying liquid containing drugs onto ordinary paper. Inhaling the smoke from this paper when burned can result in serious health effects in short order; exposure can also take place by touching or being in the vicinity of the drug-laced paper. Numerous inmate fatalities have occurred across the country, and frontline correctional staff are experiencing many more exposures as well as health effects.

Another concern is the rise in the use of other hazardous materials by incarcerated individuals to get high, including pesticides and smoke from burning lithium batteries found in electronic devices. The term "wasping" has been coined to describe the use of pesticides for these purposes.

On Ventilator After Exposure to Drug-Soaked Paper

On Easter Sunday 2026 New York correctional officers at the Mohawk Correctional Facility in Rome, NY

were exposed to unknown chemicals during a routine visitor search. Three were sent to the hospital, two of them in critical condition and one placed on a ventilator. (*source: corrections1.com*) They have reportedly recovered and been released from the hospital. Subsequent lab testing, which can take time to complete, showed that they had been exposed to a cocktail of five different psychoactive drugs, including cocaine, ketamine and PCP.

Throughout March 2026 multiple incidents took place at Attica and Wyoming Correctional Facilities in Western New York, sending correctional officers and medical staff to local hospitals. (*source: WKBH 7 Buffalo*).

The problem has been taking place nationally and locally for several years with increasing frequency. According to the source *fingerlakes1.com*, in March of 2025, "Dozens of officers and staff have fallen ill while dealing with inmates who were allegedly high on unidentified substances. Symptoms have included fainting, nausea, blurred vision, and high blood pressure. In multiple cases, Narcan had to be used to revive affected staff."

These incidents took place in New York State prisons, where medical staff are represented by several unions including PEF and CSEA, but county and New York City jails are experiencing similar hazards and incidents. Many NYSNA members work in correctional settings as clinicians, from Rikers Island to county jails and including the many forensic units housed in acute care hospitals. They are concerned, with good reason, about this new trend and what it can mean for their health and well-being.

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For more information or assistance regarding work-related health and safety issues, please contact NYSNA's Occupational Health and Safety Representatives at healthandsafety@nysna.org.

Risk Factors

There are number of factors that are helping to make this a trend of significant occupational health and safety concern:

- The growing use of drug-soaked paper is challenging to control in correctional settings. Detainees and inmates receive mail and packages and reading material, including legal documents, on a routine basis. Interdiction becomes difficult, especially in the context of staffing shortages in corrections.
- Hazardous exposures can take place via inhalation (when the drug-covered paper is burned or drug residue becomes airborne) and/or via skin contact during handling.
- The number of drugs involved has more than tripled in the last decade, with more than 1440 new psychoactive drugs identified. New drugs are appearing all the time, many of which have unknown health effects. Some are extremely inexpensive to produce. Pesticides, for example, can be soaked into paper, dried and then smoked.
- Very little is known about the health effects of exposure to chemical cocktails or combinations. It is known that chemical combinations can sometimes have a synergistic effect on health – causing more or different harm when combined than individually.
- The potency of the drugs ranges widely. Likewise, it can be difficult or impossible to accurately determine which drugs are involved and at what concentration in real time.
- Narcan is not effective against some of the chemical substances involved.

TAKING ACTION TO PROTECT CORRECTIONAL CLINICAL STAFF

Given the many variables involved in exposure to these agents, combined with the likely ongoing difficulty in keeping them out of correctional facilities, it is imperative that employers implement very specific guidelines for response and control. (If your employer has not done so, or you are uncertain if their steps are adequate, please contact NYSNA Health and Safety for more information at healthandsafety@nysna.org at any time).

Core Measures

1. Develop a means to document hazardous exposure incidents or near misses as they occur, in detail, so that this data can help inform a control and response plan going forward.
2. Involve frontline clinical staff in all aspects of policy development and deployment.
3. Develop written response plans built around the concept that release of unknown/uncharacterized substances into the environment must be responded to by trained personnel using the highest levels of respiratory protection.
4. Releases of unknown potentially hazardous substances can occur at any location in correctional facilities where detainees/inmates are or may be present. Certain areas, such as mail room/package room, visitor entry and screening, visitation areas and housing blocks/common areas will require particular attention and assessment.
5. Develop an Illicit/Unknown Substance Response Team (ISRT) that can be deployed during incidents involving staff exposure to unknown substances. These teams should:
 - Include security, medical and operational staff.
 - Be trained in response to IDLH (immediately dangerous to life or health) incidents and achieve competency in the use of respiratory protective equipment and other PPE required for proper response.
 - Have all response equipment and PPE readily accessible in areas where its use is anticipated.
6. The minimum respiratory protection to be used when responding to these types of events should be a powered pair purifying respirator (PAPR) with HEPA filtration and gas filter cartridges. However, in many cases even a PAPR will not provide adequate protection. When it is unknown what chemicals are being used and in what quantity, self-contained breathing apparatus (SCBA) respirators must be used. N95s and "escape" gas masks are not designed for this type of response.
7. All facility staff will be trained to identify when an illicit substance emergency incident (ISEI) may be taking place and in the gathering of information, at a distance, such as the presence of smoke, fumes, powder, paper or other indicators, that can then be relayed to appropriate emergency response management and teams.

References: CSEA Health and Safety/Mark Stipano; NYS Department of Corrections and Community Supervision.

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