



# SQUAXIN ISLAND TRIBE

RESOLUTION NO. 16- 41

of the

## SQUAXIN ISLAND TRIBAL COUNCIL

**WHEREAS**, the Squaxin Island Tribal Council is the Governing Body of the Squaxin Island Tribe, its members, its lands, its enterprises and its agencies by the authority of the Constitution and Bylaws of the Squaxin Island Tribe, as approved and adopted by the General Body and the Secretary of the Interior on July 8, 1965;

**WHEREAS**, under the Constitution, Bylaws and inherent sovereignty of the Tribe, the Squaxin Island Tribal Council is charged with the duty of protecting the health, security, education and general welfare of tribal members, and of protecting and managing the lands and treaty resources and rights of the Tribe;

**WHEREAS**, the Tribe is a federally-recognized Indian Tribe possessing reserved powers, including the powers of self-government;

**WHEREAS**, the Squaxin Island Tribal Council has been entrusted with the creation of ordinances and resolutions in order to fulfill their duty of protecting the health, security, education and general welfare of tribal members, and of protecting and managing the lands and treaty resources of the Tribe;

**WHEREAS**, opioid overdose is a growing and significant cause of death throughout Indian country, Washington State and the Nation;

**WHEREAS**, new FDA-approved, nasally-administered medicines, such as Naloxone, are available and capable of use by lay people to prevent deaths from opioid overdoses;

**WHEREAS**, it is the desire of Council to make these medicines available within Indian country to first responders and others who can act to prevent deaths from opioid overdose;

**WHEREAS**, it is the desire of Council to shield from liability those who prescribe, possess, use or administer such medicine with reasonable care and in good faith;

**NOW THEREFORE BE IT RESOLVED**, that the following is adopted as a new section of the Squaxin Island Tribal Code, to be codified under Chapter 9.12 SITC.

- A. 1. A practitioner may prescribe, dispense, distribute, and deliver an opioid overdose medication: (a) Directly to a person at risk of experiencing an opioid-related overdose; or (b) by collaborative drug therapy agreement, standing order, or protocol to a first responder, family member, or other person or entity in a position to assist a person at risk of experiencing an opioid-related overdose. Any such prescription, agreement, order, or protocol is issued for a legitimate medical purpose in the usual course of professional practice.


2. At the time of prescribing, dispensing, distributing, or delivering the opioid overdose medication, the practitioner shall inform the recipient that as soon as possible after administration of the opioid overdose medication, the person at risk of experiencing an opioid-related overdose should be transported to a hospital or a first responder should be summoned.
- B. A pharmacist may dispense an opioid overdose medication pursuant to a prescription issued in accordance with this section and may administer an opioid overdose medication to a person at risk of experiencing an opioid-related overdose. At the time of dispensing an opioid overdose medication, a pharmacist shall provide written instructions on the proper response to an opioid-related overdose, including instructions for seeking immediate medical attention. The instructions to seek immediate medical attention must be conspicuously displayed.
- C. Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose medication pursuant to a prescription or order issued by a practitioner in accordance with this section.
- D. The following individuals and entities, if acting in good faith and with reasonable care, are not subject to criminal or civil liability or disciplinary action for any actions authorized by this section or the outcomes of any actions authorized by this section:
1. A practitioner who prescribes, dispenses, distributes, or delivers an opioid overdose medication pursuant to subsection (A) of this section;
  2. A pharmacist who dispenses an opioid overdose medication pursuant to subsection (B) of this section;
  3. A person, including without limitation any first responder, who possesses, stores, distributes, or administers an opioid overdose medication pursuant to subsection (C) of this section.
- E. For purposes of this section, the following terms have the following meanings unless the context clearly requires otherwise:
1. "First responder" means: (a) A career or volunteer firefighter, law enforcement officer, paramedic, first responder or emergency medical technician; and (b) an entity that employs or supervises an individual listed in (a) of this subsection.
  2. "Opioid overdose medication" means any drug used to reverse an opioid overdose that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors. It does not include intentional administration via the intravenous route.
  3. "Opioid-related overdose" means a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death that: (a) Results from the consumption or use of an opioid or another substance with which an opioid was combined; or (b) a lay person would reasonably believe to be an opioid-related overdose requiring medical assistance.
  4. "Practitioner" means a properly licensed health care practitioner who is authorized to prescribe legend drugs.
  5. "Standing order" or "protocol" means written or electronically recorded instructions, prepared by a prescriber, for distribution and administration of a drug by designated and trained staff or volunteers of an organization or entity, as well as other actions and

interventions to be used upon the occurrence of clearly defined clinical events in order to improve patients' timely access to treatment.

**BE IT FURTHER RESOLVED**, that the attached proposed addition to the Squaxin Island Police Department's policies and procedures is approved for use by the Squaxin Island Police Department.

**CERTIFICATION**

The Squaxin Island Tribal Council hereby certifies that the foregoing Resolution was adopted at the regular meeting of the Squaxin Island Tribal Council, held on this 23<sup>rd</sup> day of June, 2016, at which time a quorum was present and was passed by a vote of 4 for and 0 against, with 0 abstentions.

  
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David Lopeman, Chairman

Attested by:   
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Charlene Krise, Secretary

  
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Arnold Cooper, Vice Chairman



## Chapter 19.04.00

### ADMINISTRATION OF NASAL NALOXONE

Opioid overdose has become a leading cause of accidental death in Washington State. Fatal and nonfatal overdose can result from the ingestion of opioids such as morphine, methadone, heroin, fentanyl, oxycodone as found in OxyContin®, Percocet® and Percodan®, and hydrocodone as found in Vicodin®.

Naloxone, commonly known by the brand-name Narcan®, is an opioid antagonist which displaces the opioid from receptors in the brain and can therefore reverse an opioid overdose. It is not a scheduled drug and it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opioid overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

To reduce the number of fatalities which can result from opioid overdoses, the Squaxin Island Department of Public Safety and Justice will train its officers in the proper first responder administration of nasal naloxone. In order to implement a safe and responsible nasal naloxone plan, the Department will establish and maintain a professional affiliation with a health care ~~provider-practitioner who will provide medical oversight for Departmental training and policy relating to the use of nasal naloxone.~~ will provide a "standing order" or "protocol" for naloxone within the meaning of state and Tribal law. The health care ~~provider-practitioner shall be licensed to practice medicine within the State of Washington. At his or her discretion, he or she may make recommendations regarding the~~ practitioner shall provide written instructions regarding the proper response to an opioid-related overdose, including conspicuously displayed instructions for seeking immediate medical attention, as required under Tribal and state law. The practitioner shall additionally review and make recommendations regarding the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Department.

In order to implement this policy the Squaxin Island Department of Public Safety and Justice relies upon the following statutes:

Reserved

#### **Section 19.04.01 DEFINITIONS:**

Opioid: An opioid is a medication or drug that is derived from opium or that is synthetically manufactured. Opioid drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opioids in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) and hydrocodone (Vicodin®).

Naloxone: Naloxone is an opioid antagonist that can be used to counter the effects of opioid overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan®.

Opioid Overdose: For our purposes, an opioid overdose is likely opioid usage that leads to severe respiratory depression/ distress and a lack of responsiveness.

### **Section 19.04.02 POLICY:**

Naloxone will be carried in the first aid kits of all marked Department vehicles for the treatment of drug overdose victims. A patrol unit shall be dispatched to any call that relates to a drug overdose on the Squaxin Island reservation. A Squaxin Island Police Officer may respond to a drug overdose off of the reservation when requested by the outside jurisdiction and at the discretion of the officer. The goal of the responding officers shall be to secure the scene so that EMS (Emergency Medical Services) may safely respond, to provide immediate assistance via the use of nasal naloxone where appropriate, to provide any treatment commensurate with ~~their~~ his or her training as a first responder, to assist EMS personnel on scene, and to handle any criminal investigations that may arise.

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### **Section 19.04.03 PROCEDURE:**

When an officer of the Squaxin Island Department of Public Safety and Justice has arrived at the scene of a medical emergency prior to the arrival of EMS, and has made a determination that the individual is likely suffering from an opioid overdose, the responding officer should administer naloxone to the patient by way of the nasal passages, in a dose and manner consistent with the training provided by the department.

The following steps should be taken:

1. Officers shall use universal precautions.
2. Officers shall conduct a medical assessment of the patient as described ~~by Department Training, Policies and Procedures~~ in the written instructions of the practitioner and the standing order or protocol, to include taking into account statements from witnesses and/or family members regarding drug use.
3. If the officer makes a determination that there has been a likely opioid overdose, the naloxone kit should be utilized.
4. The officer shall use the nasal mist adapter to administer an intra-nasal dose of Naloxone in a manner consistent with department training. Officers should be aware that a rapid reversal of an opioid overdose may cause projectile vomiting by the patient and/or sudden violent behavior.
5. The officer shall continue to observe and treat the overdose victim as the situation dictates.
6. The treating officer shall inform incoming EMS about the treatment and condition of the overdose victim, and shall not relinquish care of the victim until relieved by a person with a higher level of training.
7. The officer should continue to monitor the overdose victim and render CPR if necessary.

8. If EMS personnel do not arrive within 30 minutes of the first naloxone treatment, the officer shall continue to monitor the overdose victim for possible relapse, and the need for additional doses.

**Section 19.04.04 REPORTING**

A complete report of the event shall be completed by the treating officer, or the primary responding officer, prior to the end of the shift.

**Section 19.04.05 EQUIPMENT AND MAINTENANCE**

It shall be the responsibility of all officers to inspect issued naloxone kits once a month, and to store them in a protected manner in their police vehicles.

Damaged or expended equipment shall be reported to a supervisor immediately.

**Section 19.04.06 REPLACEMENT**

Supervisors shall immediately arrange for the officer to replace their naloxone kits if the kit has been expended during the course of a shift.

**Section 19.04.07 TRAINING**

Officers shall receive department-approved training prior to being allowed to carry and use naloxone. The Department shall provide refresher training every two years.