RESOLUTION OF THE
HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE
of the 25th NAVAJO NATION COUNCIL - FIRST YEAR, 2023

AN ACTION
RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE;
APPROVING AND ADOPTING THE NAVAJO DEPARTMENT OF HEALTH, DIVISION
OF BEHAVIORAL AND MENTAL HEALTH SERVICES, NALOXONE
ADMINISTRATION AND TRAINING POLICY

BE IT ENACTED:

SECTION ONE. AUTHORITY

A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council. 2 N.N.C. § 400(A).

B. The Health, Education and Human Services Committee has oversight of the Navajo Department of Health. 2 N.N.C. §401(C)(1).

C. The Health, Education and Human Services Committee is authorized to establish Navajo Nation policy, and promulgate rules and regulations governing health, social services, education, human services, and general government services of the Navajo Nation. 2 N.N.C. § 401(B)(1).

SECTION TWO. FINDINGS

A. The United States marked the second National Fentanyl Awareness Day on May 9, 2023. The aim of National Fentanyl Awareness Day is to increase awareness and decrease demand for fentanyl, a highly addictive synthetic opioid that according to the Unites States Drug Enforcement Agency's "Fentanyl Drug Fact Sheet," attached as **Exhibit A**, can be up to 50 times stronger than heroin and 100 times stronger than morphine.

B. The Biden Harris Administration issued a press release, attached as **Exhibit B**, indicating the U.S. Food and Drug Administration approved Naloxone as an over-the-counter nasal spray that can be dispensed without a prescription. Naloxone is a medication that can reverse opioid related overdoses and is a critical tool to prevent fatal overdoses.

C. The Division of Behavioral and Mental Health Services, within the Navajo Department of Health, has prepared the Navajo Nation's Naloxone Policy and Overdose Education and Naloxone Distribution Tracking document, attached as **Exhibits C and D**, respectively.

D. The Navajo Nation Department of Justice has reviewed the Navajo Nation's Naloxone Policy, and deemed the policy legally sufficient, as indicated in **Exhibit E**.

SECTION THREE. APPROVAL

The Health, Education, and Human Services Committee of the Navajo Nation Council hereby approves the Navajo Department of Health, Division of Behavioral and Mental Health Services Naloxone Policy, as detailed in **Exhibits C and D**.

SECTION FOUR. SAVING CLAUSE

If any provision of this policy is determined invalid by the Supreme Court of the Navajo Nation, or by any Navajo Nation District Court without appeal to the Navajo Nation Supreme Court, the remainder of this policy shall be the law of the Navajo Nation.

CERTIFICATION

I, hereby, certify that the foregoing resolution was duly considered by the Health, Education and Human Services Committee at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 04 in Favor, and 0 Opposed, on this 24th day of May 2023.

Honorable Andy Nez, Pro Tempore Chairperson
Health, Education and Human Services Committee
25th Navajo Nation Council

Motion by: George Tolth
Second by: Helena Nez Begay

Honorable Andy Nez, Pro Tempore Chairperson not voting

EXHIBIT
A

Fentanyl

WHAT IS FENTANYL?

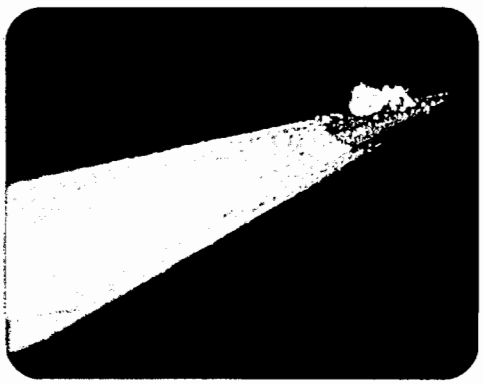
Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic.

WHAT IS ITS ORIGIN?

Fentanyl was first developed in 1959 and introduced in the 1960s as an intravenous anesthetic. It is legally manufactured and distributed in the United States. Licit fentanyl pharmaceutical products are diverted via theft, fraudulent prescriptions, and illicit distribution by patients, physicians, nurses, physician assistants, nurse practitioners, and pharmacists.

From 2011 through 2021, both fatal overdoses associated with abuse of clandestinely produced fentanyl and fentanyl analogs, and law enforcement encounters increased markedly.

According to the Centers for Disease Control and Prevention (CDC), overdose deaths involving synthetic opioids, excluding methadone were involved in roughly 2,600 drug overdose deaths each year in 2011 and 2012, but from 2013 through 2021, the number of drug overdose deaths involving synthetic opioids, excluding methadone increased dramatically each year, to more than 68,000 in 2021. The total number of overdose deaths for this category was greater than 258,000 for 2013 through 2021. These overdose deaths involving synthetic opioids is primarily driven by illicitly manufactured fentanyl, including fentanyl analogs. Consistent with overdose death data, the trafficking, distribution, and abuse of illicitly produced fentanyl and fentanyl analogs positively correlates with the associated dramatic increase in overdose fatalities.



A lethal dose of fentanyl

What are common street names?

Common street names include:

- Apache, China Girl, China Town, Dance Fever, Friend, Goodfellas, Great Bear, He-Man, Jackpot, King Ivory, Murder 8, and Tango & Cash.

What does it look like?

Clandestinely produced fentanyl is encountered either as a powder or in fake tablets and is sold alone or in combination with other drugs such as heroin or cocaine.

Fentanyl pharmaceutical products are currently available in the following dosage forms: oral transmucosal lozenges commonly referred to as fentanyl "lollipops" (Actiq®), effervescent buccal tablets (Fentora®), sublingual tablets (Abstral®), sublingual sprays (Subsys®), nasal sprays (Lazanda®), transdermal patches (Duragesic®), and injectable formulations.

How is it abused?

Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Illicitly produced fentanyl is sold alone or in combination with heroin and other substances

and has been identified in fake pills, mimicking pharmaceutical drugs such as oxycodone. Fentanyl patches are abused by removing its gel contents and then injecting or ingesting these contents. Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity. According to the National Forensic Laboratory Information System - National Estimates Based on All Reports estimates, reports on fentanyl (both pharmaceutical and clandestinely produced) increased from 4,697 in 2014 to over 117,045 in 2020, as reported by federal, state, and local forensic laboratories in the United States.

Fake rainbow oxycodone M30 tablets containing fentanyl

What is the effect on the body?

Fentanyl, similar to other commonly used opioid analgesics (e.g., morphine), produces effects such as relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.

What are the overdose effects?

Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.

Which drugs cause similar effects?

Drugs that cause similar effects include other opioids such as morphine, hydrocodone, oxycodone, hydromorphone, methadone, and heroin.

What is the legal status in the Federal Control Substances Act?

Fentanyl is a Schedule II narcotic under the United States Controlled Substances Act of 1970.

EXHIBIT
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B

The Biden-Harris Administration Takes Critical Action to Make Naloxone More Accessible and Prevent Fatal Overdoses from Opioids Like Fentanyl

Today, the U.S. Food and Drug Administration (FDA) approved the first nonprescription, "over-the-counter" (OTC) naloxone nasal spray, Narcan. Naloxone – a medicine that can reverse an opioid-related overdose – has been shown to be a critical tool to prevent fatal overdoses, connect more people to treatment for substance use disorder, and save lives. This action by the Biden-Harris administration to make this naloxone product available without a prescription will pave the way for the life-saving medication to be sold directly to consumers in places like drug stores, convenience stores, grocery stores and gas stations, as well as online.

"We can prevent overdoses and save lives by making naloxone more accessible, and at the same time, we can ensure equitable access to essential health care," HHS Secretary Xavier Becerra said. "Today's FDA action to allow access to naloxone without a prescription is another strong step forward in advancing HHS's Overdose Prevention Strategy."

HHS's Overdose Prevention Strategy <https://www.hhs.gov/overdose-prevention/> expands the scope of the crisis response and promotes groundbreaking research and evidence-informed methods to improve the health and safety of our communities. The Overdose Prevention Strategy helps advance the Biden-Harris Administration's National Drug Control Strategy <https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/21/fact-sheet-white-house-releases-2022-national-drug-control-strategy-that-outlines-comprehensive-path-forward-to-address-addiction-and-the-overdose-epidemic/>, which delivers on the call to action in President Biden's Unity Agenda for a whole-of-government approach to beat the overdose epidemic.

Over the past year, the Biden-Harris Administration took unprecedented steps to expand access to naloxone and other harm reduction interventions, such as permitting the use of federal funding for state and local public health departments to purchase naloxone, focusing on state development of naloxone saturation plans, issuing guidance aimed at making it easier for harm reduction programs to obtain and distribute naloxone to at-risk populations, and prioritizing the review of nonprescription naloxone applications as

appropriate. As a result of these actions, the latest CDC overdose data <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> show a steady decrease or flattening of overdose reports for seven months in a row. To build on this progress, the Administration is focused on expanding access to naloxone, connecting more people with addiction to treatment, supporting people in recovery, and reducing the supply of illicit drugs like fentanyl.

With FDA approval of nonprescription Narcan <https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray>, 4 milligram (mg) naloxone hydrochloride nasal spray, HHS will launch a department-wide approach to work with stakeholders to implement the Narcan switch from prescription to nonprescription status, facilitate the continued availability of naloxone nasal spray products during the time needed to implement the transition, and help ensure appropriate coverage and continued access to all forms of naloxone.

In addition to being used by healthcare professionals, naloxone is increasingly being distributed to first responders, and family members who may witness and respond to an opioid overdose. The availability of nonprescription and prescription naloxone could help to further increase its distribution and accessibility, potentially saving more lives and reducing the burden of opioid overdose on individuals, families, and communities.

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Note: All HHS press releases, fact sheets and other news materials are available at https://www.hhs.gov/news </news>.
Like HHS on Facebook </disclaimer.html>, follow HHS on Twitter @HHSgov <https://twitter.com/#!/hhsgov> </disclaimer.html>, and sign up for HHS Email Updates <https://cloud.connect.hhs.gov/subscriptioncenter>.
Last revised: March 29, 2023

I. POLICY

The Division of Behavioral and Mental Health Services endorses the use of naloxone in treating opioid overdose within the Navajo Nation and will collaborate with health care to ensure appropriate training is provided regarding the administration of Naloxone.

II. PURPOSE

To provide guidance, training and best practices for health professionals, public safety and tribal members, regarding the administration and utilization of nasal Naloxone kits within the Navajo Nation. This policy will be enacted from the date approved by the 24th Navajo Nation Council's Health and Human Services Committee.

III. NDOH AUTHORITIES

Pursuant to 2 N.N.C.§1604, the Navajo Department of Health (NDOH) is established as a Department under the Executive Branch of the Navajo Nation Government. Pursuant to 2 N.N.C.§1606, NDOH shall be comprised of such programs, offices and administrative components as may be deemed necessary by the Executive Director to fulfill its purposes subject to legislative review and approval of the Department's Plan of Operation.
The Navajo Department of Health (NDOH) was established by enacted Resolution CO-50-14 to ensure that quality comprehensive and culturally relevant health care and public health services are provided on the Navajo Nation, and was established to monitor, evaluate, regulate, enforce, and coordinate health codes, regulations, policies, and standards and provide public health services in order to protect the health and safety of the Navajo people and communities.

IV. DEFINITIONS

A. **Basic Life Support (BLS)**
Generally refers to the type of care that first-responders, healthcare providers and public safety professionals provide to anyone who is experiencing cardiac arrest, respiratory distress, or an obstructed airway. It requires knowledge and skills in cardiopulmonary resuscitation (CPR), using automated external defibrillators (AED) and relieving airway obstructions in patients of every age.

B. **Personal Protective Equipment (PPE)**
Equipment such as, impermeable gloves, face mask, protective eyewear, and impermeable aprons.

C. **Emergency Medical Services (EMS)**
Department that provides a system that provides emergency medical care such as emergency vehicles or helicopters, and coordinates response and emergency medical care involving multiple people and agencies.

D. **The ISDEAA,** Indian Self Determination & Education Assistance Act 25 U.S.C. 5301 et seq.

Also known as P.L. 93-638, authorizes Indian Tribes and Tribal Organizations to contract for the administration and operation of certain Federal programs which provide services to Indian Tribes and their members. Under the ISDEAA, Tribes and Tribal Organizations have the option to either (1) administer programs and services the Indian Health Service (IHS) would otherwise provide (referred to as Title I Self-Determination Contracting) or (2) assume control over health care programs and services that the IHS would otherwise provide (referred to as Title V Self-Governance Compacting or the TSGP).

E. **IHS**
The Indian Health Service, an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.

F. **Opioids**
General term for prescription, synthetic, semi-synthetic, or natural opiate drugs such as fentanyl, oxycodone, hydrocodone, codeine, and morphine.

G. **Opiates**
Naturally derived drugs from the poppy plant, such as heroin or opium.

H. **Opioid Overdose**
An acute condition caused by the flooding of the opioid receptors in the brain by opioids. It can cause extreme physical illness, decreased level of consciousness, respiratory arrest, and/or death.

I. **Intranasal Naloxone**
An opioid receptor antagonist and antidote for opioid overdose produced and administered in an intranasal form from a nasal syringe. (Narcan is a brand name of this medication).

J. **Staff**
Any person trained to administer Naloxone.

K. **Trainer**
An individual certified to conduct training on the administration of Naloxone.

L. **Client**
Person being treated for an opioid/substance use disorder addiction.

M. **Family/Community**
Client's relatives including blood relation, k'e, clanship, tribal communities include health professionals and public safety.

V. APPLICABILITY

A. This Naloxone policy shall apply within the Navajo Nation to prevent opioid misuse and overdose.
According to other Federal and State naloxone standing orders and/or other applicable naloxone access laws, pharmacists can dispense naloxone without an individualized prescription.

VI. RULES

A. The DBMHS will collaborate with health centers, Indian Health Services, 638 tribal organizations, Executive Branch, Legislative Branch, Judicial Branch, and other entities of the Navajo Nation to provide naloxone kits and training for individuals and family members and/or community members exposed to opioid misuse or experiencing an opioid overdose for the purposes of life saving measures.
B. Pursuant to 2 N.N.C.§1606, NDOH shall be comprised of such programs, offices and administrative components as may be deemed necessary by the Executive Director to fulfill its purposes subject to legislative review and approval of the Department's Plan of Operation, from the date of the enactment of this Naloxone policy Division of Behavioral and Mental Health Services (DBMHS) will be responsible for working with the Naloxone Coordinator to implement all activities related to this policy.

VII. PROCEDURES

A. Management of Opioid Program
    1. DBMHS will appoint a Naloxone Coordinator. The Naloxone Coordinator's responsibilities include:
        a. Work with the EMS Medical Director, health care programs, Executive Branch, Legislative Branch, Judicial Branch, and other entities on the Navajo Nation.
        b. Collaborate with local partners to obtain and distribute naloxone, either directly or by prescription.
        c. Work with all organizations, etc. to monitor and assist the distribution of Naloxone kits.
        d. Assist with the development, implementation and maintenance of a Navajo Nation-wide surveillance system which will be analyzed for training, best practices and response plan.
        e. Naloxone Coordinator will use the IHS train the trainer model to implement Naloxone Administration and overdose recognition, naloxone use, storage, basic life support and personal protective equipment (PPE).
        f. Complete and maintain a Naloxone Use report form, and a Training Log form.
        g. The Naloxone Coordinator will coordinate with others to ensure Naloxone kits are replaced if damaged or expired.
B. Naloxone kit tracking
    1. Each Naloxone intranasal kit will include:
        a. Instructions for administration of Naloxone.
        b. One box of Naloxone which contains two (2) intranasal sprays.
        c. PPE to perform CPR.
    2. Tracking Log
        a. Tracking and recording Naloxone prescription, distribution, and/or reversal reports will be logged by the Naloxone Coordinator. The Overdose

Education and Naloxone Distribution Tracking Log will be maintained by the Naloxone Coordinator. The tracking log will include but not limited to:

i. Client ID
ii. Engagement/training date
iii. IN Naloxone given
iv. Date prescription was written
v. Date prescription was filled, or Naloxone dispensed
vi. Date of reported use for reversal Information should be tracked and logged by the Naloxone Coordinator. If partnering with an outside agency to obtain naloxone, report information to that agency.

C. Storage of Naloxone
   1. Store Naloxone in a safe and accessible location at room temperature and protected from light. Ensure that storage temperatures do not exceed recommended range (59-77°F or 15-25°C) or expiration date.
   2. Keep in the naloxone kit or until ready for use.
   3. Note the expiration date for the nasal spray and any expired nasal spray will be disposed of and replaced.

D. Naloxone Distribution
   1. Identify individuals who may benefit from a Naloxone kit :
      a. Clients with opioid use disorder diagnosis.
      b. Clients with a history of opioid use, abuse, or dependence.
      c. Current opioid users.
      d. Past opioid users (i.e. recent release from jail, prison, detox, inpatient, hospital setting, or after any period of sustained abstinence.)
      e. Friends or family members of any of the above.
   2. DBMHS Staff will distribute Naloxone kits to identified individuals
   3. Individuals may receive another kit after the initial kit is used or has expired.

E. Client training of opioid overdoses
   1. Identify clients in need of overdose prevention/naloxone training.
   2. Ask the clients if they have witnessed or experienced an overdose and what they know about overdose prevention.
   3. Review the five components of overdose risk:
      a. Mixing drugs - mixing opiates with benzos (Xanax/Valium, etc.) or alcohol – is extremely dangerous.
      b. Tolerance changes - tolerance may be lowered due to recently getting out of detox, treatment, or jail.
      c. Quality/purity - using dope/pills that are stronger than a person is used to, such as new cut, new dealer, higher dose
      d. Physical health - immune system is weakened because a person recently got over being sick.

e. Using alone or switching methods - recently starting injecting or regularly switch between smoking/snorting and injecting.

4. Teach the client how to recognize an overdose:
   a. No response to external stimulation, such as a sternum rub
   b. Blue or gray skin, lips, or fingertips
   c. Depressed or slow respirations
   d. Difficulty breathing (labored, shallow, or halted breaths)
   e. Decreased pulse rate – less than 60 beats per minute.
   f. Unreacted pupils, even in a darkened environment or pupils that do not respond to light.
   g. Evidence of ingestion, inhalation, or injection (needles, cookers, tourniquets, needle tracks, and aluminum foil).
5. Educate client on harm reduction methods to avoid overdose:
   a. Using a new source, using less or not at all.
   b. Consider smoking or snorting instead of injecting.
   c. Try not to use it alone.
   d. If using alone, let people in the house know, and do not lock the door. If you fall out, there will be people around to witness it.
6. Educate client on naloxone information:
   a. Only works on opioids, may not work on multi drug overdose
   b. Naloxone wears off after 45-90 minutes, an overdose may reoccur
   c. The patient will be sick and may want to use it again
   d. Naloxone cannot hurt a person
7. Educate client's family on naloxone use:
   a. Check for responsiveness with a sternum rub
   b. Call 911
   c. Administer one dose of naloxone
   d. Rescue breathe for two minutes
   e. If there is no response, administer a second dose of naloxone
   f. Continue to rescue breathing until paramedics arrive
8. Other training information:
   a. Even with naloxone, the victim may still be at risk of death if they have taken a mixture of benzos (Xanax or Valium) or alcohol with the opiates or if their opiates were cut with fentanyl or other long-acting opioids.
   b. The victim will feel extremely sick when they wake up, as naloxone brings on immediate withdrawal. DO NOT LET THEM USE, even though they may want to. Otherwise, they may overdose again. They may be at risk of overdosing again 1-3 hours after the naloxone wears off even if they do not use it, so get them medical attention.
   c. An overdose happens when the opiate receptors in the brain get so filled with opiates that the breathing slows to respiratory failure. When

respirations stop, the brain stops functioning, leading to death. This usually happens when more opiates are taken than a body can manage.

9. Instruct client to report any use of naloxone for overdose reversal and to obtain a refill if the Naloxone is used, lost, expired, stolen, or destroyed.
10. Obtain a signed document from the client stating that staff trained them on overdose prevention, recognition, and response.

F. Naloxone Use Instructions:

1. If an opiate overdose is suspected, rub the person's sternum hard with the knuckles. If they do not respond to the pain, call local First Responder (police officers, EMTs, firefighters) as soon as possible.
2. Lay the victim on their back.
3. Peel the silver backing off of the naloxone package.
4. DO NOT test the device. Once the plunger is depressed, it all comes out at once; the device will not be able to spray anymore.
5. Stick the device's tip into the victim's nostril and push the plunger, expelling all of the medication.
6. If the person overdosing does not respond within 2 to 3 minutes after administering a dose of naloxone, administer a second dose of naloxone.
7. Begin CPR for them until they can breathe on their own or First Responders arrive.
8. Once they are breathing on their own, place them on their side with their hand under their head.
9. Individual on the scene will inform EMS that the patient is in a potential overdose state and that naloxone was administered. Ensure accurate information is provided to EMS for proper documentation before transport to the hospital emergency department.

VIII. References

- Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA Opioid Overdose Prevention Toolkit.
- NMSA24-23-1. F
- SB 221, Require Certain Overdose Counseling, 2019 Reg. Sess. (NM 2019). https://www.nmlegis.gov/Legislation/Legislation?Chamber=S&LegType=B&LegNo=221&year=19
- SB 1001, 53rd Legislature, 1st Special Session. (AZ 2018). chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.azleg.gov/legtext/53leg/1S/laws/0001.pdf
- Miner, Joseph K. (2016, December 8) Utah Statewide Standing Order Dispensing Naloxone for Opioid Overdose Prevention. Utah Department of Health. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://dopl.utah.gov/docs/NaloxoneStandingOrder.pdf
- SB 15-053. General Assembly. (CO 2015). https://legiscan.com/CO/text/SB053/2015

EXHIBIT
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NDOH - Division of Behavioral and Mental Health Services

Overdose Education and Naloxone Distribution Tracking

Client Name	Trainer Name	# Of Kits	Date Prescribed	Date Used	Location	Trainer Initials	Supervisor Initials

Tracking Log Instructions

To monitor progress of the program it is important to track Naloxone prescription, distribution, and reversal. DBMHS will monitor information, including, but not limited to:

1. Client name
2. Engagement/training date
3. Intranasal Naloxone given
4. Date prescription was written
5. Date prescription was filled, or Naloxone dispensed
6. Date of reported use for reversal information should be tracked and logged by the Naloxone Coordinator. If partnering with an outside agency to obtain Naloxone, report information to that agency.

Naloxone Distribution Training Checklist Trainer Initials

The most common drugs identified in an opioid-related death (heroin, oxycodone, hydrocodone, fentanyl) and the physical effects these drugs have (slow, shallow, irregular breathing; low pulse; euphoria; unconsciousness)	
The leading causes of drug overdose (are low tolerance, poly-drug use, using too much, using alone, injecting drug use, purity levels, adulterants like fentanyl)	
High-risk times (release from prison/jail, leaving rehab or hospital, recent detox, recent relapse, poor physical or mental health, new source, recent significant life events, cash windfall)	
The signs and symptoms of suspected opiate overdose (slowed/irregular breathing, blue/gray skin/lip color, no response to noise or touch, loss of consciousness)	
The common myths (Do not: inflict pain, "balance out" with other drugs, put in bath/shower, ice down the pants, sleep it off)	
Knows how and when to call 911 ("Person is not breathing" rather than reporting overdose to the dispatcher; call 911 before administering naloxone)	
Knows when and how to administer naloxone (After non-responsiveness to stimuli. Second dose if not responsive after 2 minutes.	
Knows about rescue breathing (Clear the airway. Pinch the person's nose, tilt head back, and give deep breaths every five seconds. No need for chest compressions.)	
Knows about the recovery position (person on side, airway open)	
Knows that naloxone is short-acting (the effects of naloxone wear off after 45-90mins, possible that overdose may return.	
Knows the importance of staying with the person (do not let the person use any other drugs if they gain consciousness, monitor for relapse into respiratory arrest)	
Know the importance of not reusing the product or the needle once the pack has been opened and how to dispose of the used syringe if intramuscular naloxone was used.	

Knows that developing a plan is important (raising awareness about Naloxone access and OD prevention)	
Has been informed where to receive naloxone (doctor, community organizations, pharmacies)	

REVIEW:

1. Check for responsiveness
2. Call local authorities - Date:
3. Give the first dose of Naloxone
4. Rescue breathe for 2 minutes
5. Give them a second dose, if there is no response
6. If you must leave, put them in the recovery position
7. Transfer care to EMT or Emergency Department
8. Monitor to make sure they do not overdose again

I verify I have received the training outlined above:

Printed Name_____

Signature_____

Trainer Name_____

Date_____/_____/_____

EXHIBIT
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NAVAJO NATION DEPARTMENT OF JUSTICE

DOCUMENT REVIEW REQUEST FORM

RECEIVED
DEC - 6 2022
DEPARTMENT OF JUSTICE
ADMINISTRATION

DOJ
12/6/2022 10:22a
DATE / TIME
☐ 7 Day Deadline
DOC #: 19249
SAS #:
UNIT: H59L

☐ RESUBMITTAL

*** FOR NNDOJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE			
DATE OF REQUEST:	December 5, 2022	DIVISION:	Division of Behavioral and Mental Health Services
CONTACT NAME:	Sebastian J. Chaco	DEPARTMENT:	Tribal Opioid Response Program
PHONE NUMBER:	928-206-8344	E-MAIL:	sebastian.chaco@navajo-nsn.gov
TITLE OF DOCUMENT: *Naloxone Policy*			

DOJ SECRETARY TO COMPLETE	
DATE/TIME IN UNIT: Dec. 6. 2022 @ 2:24pm	REVIEWING ATTORNEY/ADVOCATE: MBN/CP
DATE TIME OUT OF UNIT: 12/19/22 @ 2:50pm	

DOJ ATTORNEY / ADVOCATE COMMENTS			
Legally sufficient. Forward for surname.			
REVIEWED BY: (*Print*)	Date / Time	SUBNAMED BY: (*Print*)	Date / Time
Michelle Begay Nakai	12/16/22 8:35 am		12/19/22
DOJ Secretary Called: emailed Sebastian	for Document Pick Up on 12/19/22 at 2:50	By:	
PICKED UP BY: (*Print*)	DATE / TIME:		

NNDOJ/DRRF-July 2013

Document No. 019249 Date Issued: 08/29/2022

EXECUTIVE OFFICIAL REVIEW

Title of Document: Naloxone Policy- NDOH TOR Prevention Contact Name: BRANDSER, MICHELLE RAE

Program/Division: DEPARTMENT OF HEALTH

Email: mbrandser@navajo-nsn.gov Phone Number: (928) 871-6240

				Sufficient	Insufficient
☐	**Business Site Lease**				
	1. Division:		Date:	☐	☐
	2. Office of the Controller:		Date:	☐	☐
	(only if Procurement Clearance is not issued within 30 days of the initiation of the E.O. review)				
	3. Office of the Attorney General:		Date:	☐	☐
☐	**Business and Industrial Development Financing, Veteran Loans, (i.e. Loan, Loan Guarantee and Investment) or Delegation of Approving and/or Management Authority of Leasing transactions**				
	1. Division:		Date:	☐	☐
	2. Office of the Attorney General:		Date:	☐	☐
☐	**Fund Management Plan, Expenditure Plans, Carry Over Requests, Budget Modifications**				
	1. Office of Management and Budget:		Date:	☐	☐
	2. Office of the Controller:		Date:	☐	☐
	3. Office of the Attorney General:		Date:	☐	☐
☐	**Navajo Housing Authority Request for Release of Funds**				
	1. NNEPA:		Date:	☐	☐
	2. Office of the Attorney General:		Date:	☐	☐
☐	**Lease Purchase Agreements**				
	1. Office of the Controller:		Date:	☐	☐
	(recommendation only)				
	2. Office of the Attorney General:		Date:	☐	☐
☐	**Grant Applications**				
	1. Office of Management and Budget:		Date:	☐	☐
	2. Office of the Controller:		Date:	☐	☐
	3. Office of the Attorney General:		Date:	☐	☐
NKB ☐	**Five Management Plan of the Local Governance Act, Delegation of an Approving Authority from a Standing Committee, Local Ordinances (Local Government Units), or Plans of Operation/Division Policies Requiring Committee Approval**				
	1. Division:	[signature]	Date: 12/5/22	☒	☐
	2. Office of the Attorney General:	[signature]	Date: 12/19/22	☒	☐
☐	**Relinquishment of Navajo Membership**				
	1. Land Department:		Date:	☐	☐
	2. Elections:		Date:	☐	☐
	3. Office of the Attorney General:		Date:	☐	☐

Pursuant to 2 N.N.C. § 164 and Executive Order Number 07-2013

HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE
Regular Meeting
May 24, 2023

Legislation No. 0105-23: An Action Relating to Health, Education and Human Services Committee; Approving and Adopting the Navajo Department of Health, Division of Behavioral and Mental Health Services, Naloxone Administration and Training Policy

Sponsor: Delegate Vince R. James

VOTE TALLY:

Main Motion:
Motion: Honorable George Tolth
Second: Honorable Helena Nez Begay

Yea: Helena Nez Begay; Vince R. James; George Tolth; Curtis Yanito
Nay:
Not Voting: Dr. Andy Nez (Presiding Chair Pro Tempore)
Excused: Germaine Simonson
Absent:
Vote: 4-0-2

Honorable Dr. Andy Nez, Chair Pro-Tempore
Health, Education and Human Services Committee
25th Navajo Nation Council

Angelita Benally, Legislative Advisor
Health, Education and Human Services Committee
Office of Legislative Services