Emergency Regulation
Nevada Board of Health (or DPBH?)

January 9, 2018

Explanation – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted.

Filing of an Emergency Administrative Regulation

AUTHORITY: Chapter 605, 2017 Statutes of Nevada; Assembly Bill 474 of the 79th Legislative Session.

Sec. 1. Definitions:

1. As used in sections 2 to 3, inclusive, of this this regulation, “overdose” means a condition including, without limitation, physical illness, a decreased level of consciousness, respiratory depression, coma, or death resulting from intentional or accidental consumption of a drug in excess of its prescribed or intended use.

2. As used in section 2 of this regulation, “patient discharge” means the patient’s physical release from a medical facility or the care of the provider of health care to another place including but not limited to their home, transitional medical facility, treatment center, coroner’s office, or funeral home.

Sec. 2. For the purpose of this regulation, a drug overdose or suspected drug overdose is reportable if the suspected drug is scheduled categorized as a schedule I, II, III, or IV, or V drug by the United States Drug Enforcement Administration.

1. No later than 7 10 days from patient discharge, a the provider of health care who knows of or provides services to a patient who has suffered or is suspected of having suffered a drug overdose shall report each incident to the Chief Medical Officer or his or her designee.

2. The report must contain:

   (a) The name, address and telephone number of the health care provider making the report.

   (b) The name, address, and telephone number of the patient.
(c) The occupation, social security number, sex, gender, race, and date of birth of the patient.

(d) The medical record number

(e) The date of the overdose or suspected overdose.

(f) Any laboratory results, including toxicology, that apply to the overdose or suspected overdose, as well as the description of the laboratory sampling method.

(g) Disposition of the patient.

(h) Previous known overdose(s) of the patient.

(i) Patient pregnancy status.

(j) International Classification of Disease (ICD) 10 Diagnosis Codes related to the overdose or suspected overdose as follows:

   (1) T40 - Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics

   (2) T42 - Poisoning by, adverse effect of and underdosing of antiepileptic, sedative-hypnotic and antiparkinsonism drugs

   (3) T43 - Poisoning by, adverse effect of and underdosing of psychotropic drugs, not elsewhere classified

   (4) T41.1 - Poisoning by, adverse effect of and underdosing of intravenous anesthetics

   (5) F55.3 - Abuse of steroids or hormones

(k) Any other information requested by the Chief Medical Officer, if available.

Sec. 3 1. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having suffered a drug overdose shall establish administrative procedures to ensure that the health authority or Chief Medical Officer or his or her designee, as applicable, is notified.

2. The Chief Medical Officer shall establish administrative procedures to track and analyze reports of drug overdose or suspected overdose.