

This is an amendment to 7.32.7 NMAC Sections 2, 3, 7, 8, 9, 10, 11, 12, and 13, effective 4/30/2009.

7.32.7.2 SCOPE: This rule applies to all persons other than a licensed health care professional permitted by law to administer an opioid antagonist to another person ~~and~~, including opioid antagonist administration programs. [7.32.7.2 NMAC - Rp 7.32.7.2 NMAC, 9/13/2001; A, 4/30/2009]

7.32.7.3 STATUTORY AUTHORITY: The statutory authority for adopting these rules is found in ~~[Section 9-7-6.E,]~~ NMSA 1978, Section 9-7-6 E of the (Department of Health Act), which authorizes the Secretary of Health to “adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department” and in ~~[Laws of 2001, Chapter 228, Section 4,]~~ NMSA 1978, Section 24-23-1 (Public Health Act), which allows a person “authorized by federal, state or local government regulations, other than a licensed health care professional permitted by law to administer an opioid antagonist” to administer an opioid antagonist to another person under certain circumstances. [7.32.7.3 NMAC - Rp 7.32.7.3 NMAC, 9/13/2001; A, 4/30/2009]

7.32.7.7 DEFINITIONS:

- A. “Administration of opioid antagonist”** means the administration of an opioid antagonist by a person authorized pursuant to this regulation.
 - B. “Department”** means the New Mexico department of health.
 - C. “Emergency medical service(s) (EMS)”** means the services rendered by licensed emergency medical technicians, certified emergency medical services first responders or emergency medical dispatchers in response to a person’s need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.
 - D. “Medical direction”** means guidance or supervision for trained targeted responders provided by a physician for the administration of opioid antagonists. This includes overseeing training, emergency medical services coordination, protocol approval, quality assurance and reporting.
 - E. “Opioid”** means containing or derived from opium, including but not limited to morphine and heroin.
 - F. “Opioid antagonist”** means a drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist is limited to naloxone or other medications approved by the department, unless otherwise stated in this regulation.
 - G. “Opioid antagonist administration program”** means an organized program to administer an opioid antagonist in accordance with these regulations.
 - H. “Opioid antagonist training program”** means a training program which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the department for an opioid antagonist administration program.
 - ~~**I. “Person”** means any individual other than a licensed health care professional permitted by law to administer an opioid antagonist, including, but not limited to, private individuals, law enforcement personnel, and first responders who are not certified by the department.~~
 - ~~**J. “Physician”** means a doctor of medicine or doctor of osteopathy who is licensed or otherwise authorized to practice medicine or osteopathic medicine in New Mexico.~~
 - ~~**K. “Physician medical director”** means a physician who is responsible for medical oversight of an opioid antagonist administration program, including providing for or ensuring the medical control of trained targeted responders; ~~[the development, implementation, and evaluation of]~~ developing, implementing, and evaluating medical protocols; ~~[oversight of]~~ overseeing quality assurance activities, and ensuring compliance with the New Mexico board of pharmacy requirements.~~
 - ~~**L. “Protocols”** means predetermined, written medical care plans and includes standing orders.~~
 - ~~**M. “Provider”** means a person or entity delivering emergency medical services in New Mexico.~~
 - ~~**N. “Trained targeted responder”** means a person who has completed an authorized opioid antagonist training program and who administers opioid antagonists.~~
- [7.32.7.7 NMAC - Rp, 7.32.7.7 NMAC, 9/13/2001; A/E, 01/29/2009; A, 4/30/2009]

7.32.7.8 INDIVIDUAL AUTHORIZATION TO ADMINISTER OPIOID ANTAGONIST: ~~[Persons]~~ A person, other than a licensed health care professional permitted by law to administer an opioid antagonist, ~~are~~ is authorized to administer an opioid antagonist to another person if he, in good faith, believes the other person is experiencing an opioid drug overdose and he acts with reasonable care in administering the drug to the other person. It is

strongly recommended that any person administering an opioid antagonist to another person immediately call for emergency medical services.

[7.32.7.8 NMAC - Rp, 7.32.7.8 NMAC, 9/13/2001; A, 4/30/2009]

7.32.7.9 ESTABLISHMENT OF AN OPIOID ANTAGONIST ADMINISTRATION PROGRAM: The primary reason for establishing an opioid antagonist administration program by trained targeted responders is to improve response to drug overdose, which may prevent unnecessary loss of life. While opioid antagonist administration does not automatically guarantee to reverse the effects of overdose due to substance ~~[abuse]~~ use, it is the only definitive care currently available for reversing the effects of opioid substances. Therefore, persons suffering from an overdose, when an opioid is a suspected substance, should be administered an opioid antagonist as quickly as possible.

[7.32.7.9 NMAC - N, 9/13/2001; A, 4/30/2009]

7.32.7.10 OPIOID ANTAGONIST ADMINISTRATION PROGRAM GUIDELINES: ~~[It is recommended that an]~~ An opioid antagonist administration program shall adhere to the following guidelines.

A. Opioid antagonist administration program director: A program director shall be identified who manages the opioid antagonist administration program. The program director shall:

- (1) identify a physician medical director to oversee the opioid antagonist administration program;
- (2) select and identify persons as trained targeted responders;
- (3) maintain opioid antagonist administration training records for all trained targeted responders while they are active in the program, and for at least three (3) years thereafter;
- (4) maintain opioid antagonist administration program records, including opioid antagonist inventory records, trained targeted responder training records, and opioid antagonist administration program usage records;
- (5) ensure that all trained targeted responders are trained using an opioid antagonist training program, which may be recommended by the department;
- (6) provide evidence of coordination of the opioid antagonist administration program with local EMS ~~[services and emergency dispatch agencies]~~, including 911 dispatch agencies;
- (7) register the opioid antagonist administration program with the department using the application format outlined in appendix A;
- (8) report all administrations of an opioid antagonist to the department using the reporting format outlined in appendix B;
- (9) assist the physician medical director with quality assurance review of all opioid antagonist administrations; and[-]
- (10) ensure that the opioid antagonist is maintained and stored in accordance with the manufacturer's guidelines.

B. Physician medical director: Each opioid antagonist administration program shall ~~[have]~~ appoint and retain a physician medical director who provides oversight of the opioid antagonist administration program in accordance with the requirements of the New Mexico board of pharmacy. The selected physician shall:

- (1) provide medical leadership, expertise, and ~~[oversee]~~ medical oversight of the program;
- (2) serve as an advocate and spokesperson for the opioid antagonist administration program;
- (3) ensure that all trained targeted responders are properly trained and ~~[their]~~ that trained targeted responders' skills are maintained;
- (4) develop and approve medical protocols for the opioid antagonist administration program;
- (5) ensure quality assurance review for all administrations of an opioid antagonist;
- (6) assume overall responsibility for how the opioid antagonist administration program is planned and conducted; and[-]
- (7) ensure compliance with the New Mexico board of pharmacy requirements for the issuance, control and storage of medications.

C. Trained targeted responders: ~~[Each Trained Targeted Responder should:]~~ A trained targeted responder shall:

- (1) complete an initial opioid antagonist administration training program ~~[-, which may be]~~ that is recommended by the department[-];
- (2) ~~[At least every two (2) years, trained targeted responders should complete]~~ complete a department recommended refresher opioid antagonist administration training course ~~[from a department recommended training program]~~ at least once every two years[-];

(3) activate the emergency medical system using pre-established methods (e.g., contact E-911 public safety answering point or local emergency number) during any response to a victim of suspected drug overdose, and advise local EMS that an opioid antagonist is being used[-];

(4) comply with physician medical director protocols for response to victims of suspected drug overdose;

(5) report all responses to ~~[-]~~ victims of suspected drug overdoses to the opioid antagonist administration program director and physician medical director and complete a report as ~~[-]~~ listed detailed in appendix B; ~~[-]~~ A copy of the report the trained targeted responder shall ~~[-]~~ be submitted submit a copy of the report to the department ~~[-]~~ within twenty (20) calendar days by the 10th day of the month following the month in which the opioid antagonist was administered[-];

(6) ensure that the opioid antagonist drugs and other supplies are maintained and used in accordance with the manufacturer's guidelines, and inspect the opioid antagonists' drug expiration dates at least monthly.

D. Notification: ~~[-]~~ Local EMS services and emergency dispatch agencies shall be notified The director of an opioid antagonist administration program shall promptly notify local EMS of the activation and existence of the opioid antagonist administration program. The notification shall include the name of the opioid antagonist administration's program director, physician medical director, location ~~[-]~~ of the program, telephone number, and a copy of medical director approved protocols. The ~~[-]~~ local emergency services and dispatch agencies shall also be notified if an existing director of an opioid antagonist administration program shall also promptly notify local EMS in the event that the opioid antagonist administration program stops or cancels ~~[-]~~ the opioid antagonist administration program its operations.

E. Opioid antagonist selection, supplies, and medication storage/control:

(1) opioid antagonist selection: opioid antagonist administration programs shall use naloxone, or other medications approved by the department, as the opioid antagonist; the physician medical director shall select the specific ~~[-]~~ administration device for the opioid antagonist. ~~[-]~~ It is recommended that single dose, pre-filled syringes with attached safety needles be used.

(2) response supplies: opioid antagonist administration programs shall provide and maintain at least the following minimum response equipment as selected by the physician medical director:

(a) medical exam gloves[-];

(b) container approved for sharp medical waste[-]; and

(c) mask or other barrier for use during rescue breathing;

~~[-]~~ Agent to prepare skin before injection.

(3) medication storage and control: medication storage and control shall be in accordance with the New Mexico board of pharmacy and federal food and drug administration rules and regulations.

[7.32.7.10 NMAC - N, 9/13/2001; A, 4/30/2009]

7.32.7.11 Record Keeping: The ~~[-]~~ opioid opioid antagonist administration program shall establish and maintain a record keeping system that is available for audit by the department. It shall include the following information:

A. list of trained targeted responders;

B. dates of training for trained targeted responders[-];

C. copy of medical director approved medical protocols;

D. copy of the medical director contract/agreement;

E. copy of registration and EMS ~~[-]~~ service notification forms;

F. opioid antagonist administration usage reports/data collection forms (appendix B);

G. quality assurance review documentation; and[-]

H. opioid antagonist purchase and maintenance records.

[7.32.7.11 NMAC - N, 9/13/2001; A, 4/30/2009]

7.32.7.12 Appendix A: Registration of an opioid antagonist administration program: Prior to beginning an opioid antagonist administration program, the program director shall submit an application for registration to the department using the following format ~~[-]~~ outlined below[-];

A. application date;

B. program start-up date;

C. program name;

D. program director name;

E. program mailing address;

F. program physical location;

G. program telephone number;

- H. physician medical director name;
- I. physician medical director mailing address;
- J. physician medical director telephone number;
- K. physician medical director New Mexico license number;
- L. date that the opioid antagonist administration program notified and coordinated with local [EMS] emergency medical service(s), including emergency medical dispatch agencies, [provide date] and the names and types of the services contacted;

~~[M. — Notified and Coordinated with local 911 Dispatch Agency]~~

~~[N] M.~~ name of consulting pharmacist;

~~[O] N.~~ address of consulting pharmacist;

~~[P] O.~~ telephone number of consulting pharmacist.

[7.32.7.12 NMAC - N, 9/13/2001; A, 4/30/2009]

7.32.7.13 Appendix B: Report of opioid antagonist administration: Any administration of an opioid antagonist to another person by a trained targeted responder affiliated with an opioid antagonist administration program, shall be reported to the department. Any trained targeted responder who has knowledge of the administration of an opioid antagonist by a non-trained targeted responder, shall also report such administration to the department. ~~[As]~~ At a minimum, the report shall contain the following information [listed below]:

A. name of opioid antagonist administration program;

B. name of trained targeted responder submitting report;

~~[C. — Name of Person to whom Opioid Antagonist was administered;~~

~~D. — Address of Person to whom Opioid Antagonist was administered;~~

~~E. — Telephone number of Person to whom Opioid Antagonist was administered;~~

F] C. amount of opioid antagonist administered;

~~[G.] D.~~ if known, list the type of overdose drugs (other than opioids) taken by the person to whom the opioid antagonist was administered;

~~[H. — Antagonist was administered; and,]~~

~~[I.] E.~~ circumstances relating to overdose (if known);

~~[J.] F.~~ date of overdose;

~~[K. — Signs and symptoms indicating overdose.]~~

~~[L.] G.~~ [Was] whether emergency medical services was called[?];

~~[M] H.~~ [Was] whether the person to whom the opioid antagonist was administered was transported to a clinical facility[?];

~~[N.] I.~~ [Was] whether rescue breathing was performed on the person ~~[who overdosed]~~ to whom the opioid antagonist was administered[-];

~~[O.] J.~~ distance from nearest emergency department (in road miles)[-];

~~[P. — Location of injection site on the overdose person's body.]~~

~~[Q] K.~~ clinical disposition of overdose incident (if known).

[7.32.7.13 NMAC - N, 9/13/2001; A, 4/30/2009]