

Instructions

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This application is for EMS Agencies to request a Naloxone allocation from DPH in order to supplement your available Naloxone inventory. Naloxone will be allocated based on the supply on hand.

In order for an EMS Agency to receive Naloxone, the EMS agency must have Naloxone as part of their Medication/Pharmacy Formulary and Clinical Protocols that have been approved and signed by the EMS Agency Medical Director.

This Naloxone request will be available to complete on a quarterly basis until all funds allocated have been exhausted. Agencies should only request the amount of Naloxone expected to be utilized for the next quarter. The Office of EMS and Trauma will compare the requested amount of Naloxone to the agency's previous Naloxone usage as reported to the Department through submission of required ePCR data.

The Naloxone allocated to this EMS Agency is for patients this EMS agency responds to and treats. The Naloxone allocated to this licensed EMS agency is not for reallocation to any other entity or agency.

Agencies should not stockpile Naloxone allocated from DPH as this can result in expiration of the medication.

Please select Save and Continue

EMS Agency Information

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EMS Agency Name

DEKALB COUNTY FIRE RESCUE

License Number

044-02

License Level(s)

- Ground Ambulance
- Air Ambulance
- Neonatal Ambulance
- Medical First Responder

Current Status

Select Current Status

EMS Region

Region 03 EMS Agency

*Have you previously received Naloxone through the OEMST Naloxone allocation process?

- Yes
- No

Please select Save and Continue

Upload Protocol(s) and Medication Formulary

Medication/Pharmacy Formulary

Please upload Medication/Pharmacy Formulary that includes Naloxone as approved by the Medical Director.

- This document must be approved and signed by the Medical Director.

MD approval may be by direct signature on document(s) or protocol cover page.

*Medication/Pharmacy Formulary (upload PDF file)

[Change File](#) DCFR EMS Formulary 2022_Carr signed.pdf

Name
Medication/Pharmacy Formulary

Document Type
Pharmacy Formulary

EMS Clinical Protocol(s) for Naloxone Administration

Please upload only the Clinical Protocol(s) that include Naloxone as approved by the Medical Director.

- This/these document(s) must contain a current date and be approved and signed by the Medical Director.

MD approval may be by direct signature on document(s) or protocol cover page.

*EMS Clinical Protocol(s) for Naloxone Administration (upload PDF file) If file is too large, please upload in multiple files.

[Change File](#) Dekalb Fire Rescue Narcan Protocol.pdf

Name
EMS Clinical Protocol(s) for Naloxone Administration

Document Type
EMS Clinical Protocols

Type of Naloxone Requested

Type of Naloxone Requested

*What Concentration and/or Delivery Method of Naloxone are you Requesting?

- 4 mg Nasal spray (2 dose box)
- 4 mg Multi-dose vial for injection (0.4 mg/mL 10 mL = total 4mg MDV) - box of 10
- 0.4 mg single-dose vial (0.4 mg/mL 1 mL = 0.4 mg total) - box of 25
- 2 mg syringe (1 mg/mL 2 mL total = 2 mg total) - box of 10

2 mg syringe Quantity

2 mg syringe Quantity

*How many boxes of 2 mg syringe (1 mg/mL, 2 mL total = 2 mg total - box of 10) are you requesting?

8

Agency POC

Agency POC

Important: Please ensure the below information is complete and accurate, to allow for prompt communication regarding allocation and/or shipment of Naloxone.

The shipping address must include full street address, city, state and zip code. (P.O. Box addresses are not acceptable.)

All shipments will be delivered Monday - Friday and will require a signature upon delivery.

EMS Agency Point of Contact (POC) for Naloxone Request and Shipment

*EMS Agency POC for Naloxone Shipment - Name

Doug Eberhart

*EMS Agency POC for Naloxone Shipment - Phone

678 - 644 - 6323

*EMS Agency POC for Naloxone Shipment - Email

dkeberhart@dekalbcountyga.gov

*Complete Shipping Address for Receiving Naloxone (Street, City, State, Zip Code) (**No PO Boxes Accepted**)

1574 Stone Ridge Drive Stone Mountain GA 30083

*Please indicate if there are any shipment receiving requirements for this EMS agency. Example: Shipments may only be received at loading dock.

No special requirements.

Attestation

Attestation

As Authorized Agent for this EMS Agency, I understand:

- That this Naloxone allocation is not intended to replace my agency supply of Naloxone but is being distributed to supplement my agency supply of Naloxone.
- That my EMS Agency must have current EMS Medication/Pharmacy Formulary and EMS Protocols that include Naloxone, that has been approved, dated, and signed by my Medical Director on file with DPH - OEMST as part of my EMS license.
- That the Naloxone allocated to my EMS Agency is for EMS responses performed by my EMS Agency.
- That this is a request for an allocation of Naloxone and that Naloxone will be distributed by DPH based on:
 - Supplies/resources currently available for distribution; and
 - Historical usage of Naloxone by my EMS agency as submitted by my EMS agency to the Department through submission of required ePCR data.

*As the Authorized Agent of the EMS Agency listed above, do you fully understand and agree to the terms and attestation statement above?

Yes

No

You have indicated that you understand and agree with the terms above - please sign the attestation statement below.

*Authorized Agent Attestation Signature

Signed on Sep 1, 2023 11:26:44 AM by Troy Augustin