

Mission:

- To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

September 7, 2018

Neal deJesus
City of Delray Beach Fire Rescue
501 West Atlantic
Delray Beach, Florida 33444

Dear Neal deJesus:

The Department of Health is pleased to award emergency opioid antagonists to your agency through the Helping Emergency Responders Obtain Support (HEROS) Program. The purpose of this program is to reduce the number of drug/opioid overdose-related deaths and adverse events by providing emergency responders with the appropriate pharmaceutical resources to address this crisis.

Your agency has been approved to receive the following emergency opioid antagonist:

Quantity (Doses)	Type	
500	Intranasal	Dose: 4mg Package Size: 1 package contains 2 doses
1200	Syringe	Dose: 2ml Package Size: 1 package contains 10 doses (Luerlock prefilled syringe)
0	Syringe	Dose: 2ml Package Size: 1 package contains 10 doses (Min-I-JET prefilled syringe; 21G x 1-1/2-inch fixed needle)
0	Vial	Dose: 0.4mg/mL = 1mL vial Package Size: 1 package contains 25 vials

Your agency must meet the following requirements before October 31, 2018 to receive the award:

- Awardees must register for the Minnesota Multi-State Contracting Alliance for Pharmacy Agreement (MMCAP). MMCAP's primary function is to provide a full range of pharmaceuticals to its participating agencies. MMCAP participation is free of charge and applicants may register at <http://www.mmd.admin.state.mn.us/MMCAP/background/NewMemberInfo.aspx>.
- Licensed EMS agency applicants must have the ability to report Naloxone administrations through the Emergency Medical Services Tracking and Reporting System (EMSTARS) to document Naloxone administrations. All other applicants must have the ability to report to the Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program (OD Maps) identified in Chapter 401.253(1), Florida Statutes. Applicants may register for OD Maps free of charge at <http://www.hidta.org/odmap/>. Applications may be approved for funding pending registration with OD Maps or software upgrades pending for EMSTARS.

Your agency's requirement status is listed below:

Status	Requirements
Yes	MMCAP
Yes	Reporting Requirement

Your agency is required to meet the MMCAP and the reporting requirements (either EMSTARS or OD Maps). If the Department's records reflect satisfying this requirement, the Department will ship the emergency opioid antagonist between October and November 2018 to the shipping address that was provided in your submitted application. The Department will not ship the emergency opioid antagonist until the Department verifies that both requirements have been met.

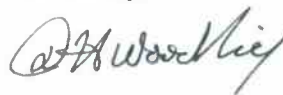
Upon receiving the product, a designated person shall compare the shipping invoice with the products and quantities received. This person shall verify the shipment and certify the receipt. Any discrepancies (including shortages, overages, or incorrect product) between the listed quantity shipped and the actual quantity received must be noted with notification sent to Cardinal_Invoices@flhealth.gov the same day. Copies of the invoices/packing slips should be scanned and emailed to Cardinal_Invoices@flhealth.gov. ***This documentation must be signed by the party responsible for receiving, dated with the receiving date and the discrepancy noted.***

Your agency must agree to return to the address below, all expired, obsolete, or contaminated emergency opioid antagonist provided through this program. Please complete the attached **Narcan Return Form**. The form may also be found on the HEROS Program's website. Place the completed form in the box with the product to be returned and retain a copy for your records. Send the package to the address below:

Florida Department of Health
Bureau of Public Health Pharmacy
104-2 Hamilton Park Drive
Tallahassee, Florida 32304
Attention: Central Pharmacy Quarantine

Thank you for your participation in this state HEROS Program. If you need assistance, please contact the Division of Emergency Preparedness and Community Support, HEROS Support Coordinator, Lorrianna Jean-Jacques at 850-245-4963.

Sincerely,



Doug Woodlief
Interim Division Director
Emergency Preparedness and Community Support

DW/vrj
Attachment



Narcan Return Form

Facility Address: _____ Return Address: Bureau of Public Health Pharmacy Date: _____

104-2 Hamilton Park Drive
Tallahassee, Florida 32304

Program	NDC	Strength	Return Type	Lot #	EXP. Date	Quantity
HEROS			BULK			
HEROS			BULK			
HEROS			BULK			
HEROS			BULK			
HEROS			BULK			
HEROS			BULK			

**Please include original form in the box with the product to be returned.*

Name: _____ Signature: _____