

Naloxone Request Form Law Enforcement Agencies and Non-EMS Regulated Fire Departments

To help address the issue of opioid misuse, the Iowa Department of Health and Human Services (HHS) is offering law enforcement agencies and non-EMS regulated fire departments free naloxone nasal spray kits. Funded through the State Opioid Response (SOR 3) grant, the purpose of this initiative is to equip law enforcement agencies and non-EMS regulated fire departments with naloxone in the event that they encounter someone experiencing a suspected opioid overdose.

A law enforcement agency or non-EMS regulated fire department interested in obtaining free naloxone nasal spray kits must complete two forms. The first is this request form, indicating acceptance of the terms and conditions of this form. The second is an excel spreadsheet on which the agency or department must list the individuals for whom kits are being requested (limit of one kit per individual).

To complete the process of requesting naloxone kits, an individual with the authority to represent the law enforcement agency or non-EMS regulated fire department, must indicate acceptance of the following criteria:

- 1) The requesting agency understands the essential components of opioid-related overdose, appropriate overdose response, naloxone storage conditions, and naloxone administration.
- 2) The requesting agency shall ensure that any employee, agent, or volunteer authorized to administer naloxone received from the Iowa Department of Health and Human Services has received training on proper naloxone administration.
- 3) The requesting agency understands and agrees that naloxone provided through this request cannot be distributed or redistributed in any way (including but not limited to being given away, sold, or traded) to anyone outside the agency and is intended only for use by the requesting agency.
- 4) The requesting agency understands that any naloxone administration, provided as part of this opportunity, shall be reported to the Iowa Department of Health and Human Services within 30 days of the administration. Reported administration should be sent to the State Opioid Response (SOR 3) helpdesk at sor@idph.iowa.gov as an email and only include the date of administration and the outcome (was the individual revived).

There are two versions of naloxone offered as part of this initiative, both contain naloxone but have different dosage amounts.

- Narcan Nasal Spray 4 mg
- Kloxxado Nasal Spray 8mg

Please indicate below which version of naloxone is being requested.

By signing this request, I attest that I understand and agree to the criteria specified above and further attest that I have the authority to represent this law enforcement agency or non-EMS regulated fire department. I further understand that the information contained below is prescription information under Iowa law and I consent to Iowa HHS releasing this information to the public.

Name of Agency: _____

Type of Agency: _____

Mailing Address (for naloxone shipment): _____

Phone Number: _____

*Total number of **Narcan** kits requested:* _____

*Total number of **Kloxxado** kits requested:* _____

Representative – Printed Name: _____

Representative – Email: _____

Representative – Signature: _____

Date: _____

For Iowa HHS Use Only

AUTHORIZATION

I have reviewed and approve the distribution of naloxone to the above-listed organization, business, or school.

Iowa HHS Program Staff: _____

Date: _____

PRESCRIPTION

I hereby prescribe naloxone in the name of the above-listed representative in the version, strength, and quantity listed in this Naloxone Request Form, which I have reviewed and approved.

Medical Director/Physician Designee of Iowa HHS: _____

Date: _____