

Request Allocation on LMS

 Imagetrend Test 3 (New) (EMS2019006) Ground Ambulance, Air Ambulance -- Issued: 11/13/2019 -- Expires: 05/31/2021	
Applications	Action
BinaxNOW Card for EMS Agencies This is the application that EMS Agencies will complete in order to request that the agency be approved for BinaxNOW Card allocations.	
	<input type="button" value="Apply Now"/>

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BinaxNOW Card for EMS Agencies
BinaxNOW Card for EMS Agencies
▼ BinaxNOW Card for EMS Agencies
<p>In order for an EMS Agency to receive an allocation of BinaxNOW COVID-19 Rapid Antigen testing kits from the Department of Public Health, an EMS Agency must meet the following requirements:</p> <ul style="list-style-type: none"> • Current CLIA Certificate of Waiver - the BinaxNOW COVID-19 Rapid Antigen test must be added to the list of waived tests for the entity. • Current EMS Agency in good standing. • EMS Agency roster is complete and up-to-date at all times. Any approved allocations will be based on the total number of medics listed on the roster. • EMS Agency Medical Director support (the Primary Medical Director must electronically sign this application). • Agreement with the terms and conditions specified in this application. <p><small>*Does your EMS Agency have a current CLIA Certificate of Waiver AND has the BinaxNOW Rapid Antigen Test for COVID-19 been added to your list of waived tests for your CLIA Certificate?</small></p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>

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CLIA Certificate

*Please enter your CLIA Certificate Number

*Please enter your CLIA Certificate Expiration Date

  Today

*CLIA Certificate - Please upload as a PDF file.

[Upload File](#)

*Name

Document Type

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POCs

Agency POC

If the request for BinaxNOW cards for this agency is approved, the Georgia Department of Public Health staff will coordinate delivery of the test kits with the EMS Agency designated Point of Contact (POC). Please provide the name and contact information for your EMS Agency POC for these tests and the EMS Agency POC for the data reporting requirements (this is not necessarily the EMS Data Manager - this POC for data reporting is for the COVID-19 tests, not the GEMISIS data).

EMS Agency POC for Test Kit Shipments

*EMS Agency POC for Test Kit Shipments - Name

*EMS Agency POC for Test Kit Shipments - Phone

*EMS Agency POC for Test Kit Shipments - Email

EMS Agency POC for Data Reporting Requirements Related to BinaxNOW Rapid Antigen Test for COVID-19

*EMS Agency POC for Data Reporting Requirements - Name

*EMS Agency POC for Data Reporting Requirements - Phone

*EMS Agency POC for Data Reporting Requirements - Email

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If this request for BinaxNOW card allocation is approved, the Georgia Department of Public Health responsibilities include:

- The Georgia Department of Public Health will procure and deliver Testing Devices (BinaxNOW Rapid Antigen test for COVID-19) to the EMS Agency. The amount of Testing Devices delivered to the EMS Agency and frequency of those deliveries will be based on the number of rostered personnel on the EMS Agency roster in this License Management System, and will be determined by the Georgia Department of Public Health. Any future allocations will also be based on the EMS Agency's compliance with these guidelines regarding data reporting requirements.
- The Georgia Department of Public Health shall not be liable for any malfunction or defect in the Testing Devices.

Responsibilities of the EMS Agency:

- The EMS Agency shall have appropriately trained and licensed personnel to perform the test. The EMS Agency shall maintain required licensures under applicable federal, state and municipal law, and certifies that it is operating under a CLIA Certificate. Documentation of such licensure shall be provided upon written request.
- The EMS Agency shall report all results of COVID-19 testing, as well as demographic and clinical information, in accordance with the Official Code of Georgia § 31-12-2 and federal law, and with the following specifications and mechanisms:
 - Results, demographic and clinical information shall be submitted to the Georgia Department of Public Health (GaDPH) through the Public Health Information Network Messaging System (PHINMS) using Health Level 7 International (HL7) standards. If HL7 is unavailable to the EMS Agency, a spreadsheet will be accepted in PHINMS as long as it adheres to the template and format provided by GaDPH. Results, demographic and clinical information may also be entered manually into the GaDPH State Electronic Notifiable Disease Surveillance System (SENDSS).
 - Report all test results (including positive, negative and inconclusive test results) within 24 hours of testing.
 - All results of the tests as well as demographic and clinical information must be provided. This includes, but is not limited to, patient first and last name, date of birth, demographics such as race and ethnicity, geographical identifiers such as address or county of residence, and contact information such as telephone number, and any additional information required by GaDPH.
 - No confidential data collected, maintained, or used in the course of performance of these tests shall be disseminated except as authorized by law.
 - No monies shall be exchanged pursuant to this agreement, and the EMS Agency is responsible for all costs associated with the activities under this agreement including but not limited to provision of the test site and testing personnel.

Test Limitations:

- If an allocation of BinaxNOW Rapid Antigen tests for COVID-19 is approved for this EMS Agency, the tests are to be used to test symptomatic (symptoms related to COVID-19) individuals who are employees of the EMS Agency. These test kits are NOT intended for routine screening of asymptomatic persons and are not intended to be used for the general public or for patients assessed or treated by the EMS Agency.
- The BinaxNOW Rapid Antigen tests for COVID-19 should be used within the first 7 days of symptom onset.
- More information on the test kits can be found here:
 - <https://www.gladepointofcare.com/clinical-support/product-installation-training/navica-brand/navica-binaxnow-ag-training.html>

Attestation Statement:

As the Authorized Agent for the EMS Agency listed below, and by electronically signing this application below, I hereby attest that I have read and understand the terms above and understand that failure to comply with the above terms will result in no future allocations of BinaxNOW Rapid Antigen Tests for COVID-19 for our EMS Agency. I also attest that our EMS Agency will follow all guidance providing by the Department of Public Health related to these tests, and all test results (positive, negative, inconclusive) will be reported to the Department of Public Health via electronic means and per the terms above within 24 hours of performing the test.

Attestation

Attestation Statement:

As the **Authorized Agent** for the EMS Agency listed below, and by electronically signing this application below, I hereby attest that I have read and understand the terms above and understand that failure to comply with the above terms will result in no future allocations of BinaxNOW Rapid Antigen Tests for COVID-19 for our EMS Agency. I also attest that our EMS Agency will follow all guidance providing by the Department of Public Health related to these tests, and all test results (positive, negative, inconclusive) will be reported to the Department of Public Health via electronic means and per the terms above within 24 hours of performing the test.

EMS Agency Name

Imagetrend Test 3 (New)

*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

Submit

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Signature

*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

Username: DNewton

Password:

After submitting this form, the Primary EMS Agency Medical Director will be notified that they need to come and sign the Medical Director Attestation form.

Submit

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Medical Director gets an email



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This email is being sent to the Primary Medical Director for the following EMS Agency:

Imagetrend Test 3 (New)

This email serves as notice that an Authorized Agent for the above EMS Agency has indicated that this agency is requesting to receive an allocation of BinaxNOW Rapid Antigen tests for COVID-19. This application requires the primary medical director to sign-off on the application.

To review and sign-off on the application:

1. Login to www.mygemis.org/lms
2. Click on **Applications** on the left, and then on Review. You will see the application for **BinaxNOW Card for EMS Agencies**.
3. Click on **View PDF** to review the application that was submitted.
4. You will then need to click on the **Start** button next to the **Medical Director Attestation for BinaxNOW** form.
5. On the **Medical Director Attestation for BinaxNOW** form, you will be asked to approve or disapprove the agency's request for allocation.
6. Once you sign and Submit the form, the agency will be notified of your decision.

Should you have any questions, please contact the Office of EMS and Trauma at 770-996-3133

-Georgia Office of EMS and Trauma

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Medical Director Reviews App and then clicks Start

▼ BinaxNOW Card for EMS Agencies - (Imagetrend Test 3 (New))

Status: Awaiting Medical Director Signature
 Number: EMS2019006
 Level(s): Air Ambulance, Ground Ambulance
 Forms: 0 of 2 completed

Initiated On: Oct 8, 2020
 Issue Date:
 Expiration Date:

Forms			
Form	Requested	Completed	Action
BinaxNOW Card for EMS Agencies	Oct 8, 2020	Oct 8, 2020	 View PDF
Medical Director Attestation for BinaxNOW	Oct 8, 2020		 Start

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BinaxNOW Card for EMS Agencies Medical Director Support and Attestation

▼ BinaxNOW Card for EMS Agencies

In order for an EMS Agency to receive an allocation of BinaxNOW COVID-19 Rapid Antigen testing kits from the Department of Public Health, an EMS Agency must meet the following requirements:

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- Current EMS Agency in good standing.
- EMS Agency roster is complete and up-to-date at all times. Any approved allocations will be based on the total number of medics listed on the roster.
- EMS Agency Medical Director support (the Primary Medical Director must electronically sign this application).
- Agreement with the terms and conditions specified in this application.

Click **Save and Continue**.

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Attestation

EMS Agency Name

Imagetrend Test 3 (New)

*As the Medical Director for 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 fully support and accept full responsibility for the use of the BinaxNOW Rapid Tests for COVID-19 at your EMS Agency. Please sign the attestation statement below.

*Medical Director Attestation Signature

Username: DNewton

Password:

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Next Steps

- OEMS will review your submitted information and accept or not accept.
- If accepted, DPH EP staff will contact you about allocations and where to ship the kits.
- Future allocations will be based on need, compliance with reporting, and available supply.