

WREMAC Blood Glucose Monitoring for Basic EMTs

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WREMAC Blood Glucose Monitoring for Basic EMTs

Purpose: To establish a uniformed procedure to determine a safe and effective manner for Basic EMT's to become authorized to evaluate blood-glucose levels using a glucometer in the Pre-Hospital setting.

Policy:

The New York State Department of Health Bureau of Emergency Medical Services (NYS DOH BEMS) Policy Statement 05-04 allows the use of glucometers by Emergency Medical Technicians (EMT) in Basic Life Support (BLS) EMS agencies to check patient blood glucose levels. This approval was given under the conditions that the EMS service wishing to use a glucometer at the BLS level, be granted approval by WREMAC, each EMT complete an approved training program and the service apply and be granted a Limited Laboratory Registration. BLS providers in Advanced Life Support (ALS) agencies must also complete the training prior to performing this skill. In order to provide this additional care, a BLS or ALS agency must complete the following items and be approved by WREMAC before allowing their BLS providers to perform this skill. BLS and ALS agencies that already have their CLIA authorization numbers are able to skip to Step 1 C.

Education:

EMT's who wish to become authorized shall attend a blood-glucose monitoring training session instructed by a NYS DOH CIC, CLI, EMS Program Agency Representative or the Agency Medical Director (or designee) utilizing the Power Point presentation titled "**Diabetes for the EMS Provider**" or similar presentation as adopted by the WREMAC.

A practical evaluation with a signed attendance roster will be filed in the agencies training files. Providers shall complete annual glucometry training which shall include, at a minimum, review of glucometry equipment and the approved protocol in this policy. Documentation of this training shall be maintained by the agency for a period of three years.

Any provider who does not complete the initial training and subsequent training shall not be authorized to evaluate blood-glucose levels using a glucometer in the Pre-Hospital setting.

STEPS TO COMPLETE APPROVAL PROCESS

Procedure

- Step 1: Designate an individual who will complete and maintain records of quality control testing.
- Step 2: Complete the DOH-4081 "Limited Laboratory Registration Form" (ATTACHMENT 1).
- Step 3: Send this document and registration fee to:
NYS DOH Quality Control
Wadsworth Center
Clinical Laboratory Evaluation Program
P.O. Box 509
Albany, NY 12201-0509
- **Please note** - A CLIA authorization number must be received from the Wadsworth Center and included with your completed packet before the application will be processed by the REMAC.**
- Step 4: Write up agency Policies and Procedures to include the following:
1. Training Program and documentation of authorized users.
2. Quality Assurance program, include appropriateness review by Agency Medical Director.
3. Documentation of control testing process.
4. Storage of glucometer and proper disposal of sharps.
NOTE: ATTACHMENT 2 is a sample policy & procedure that may be incorporated into the final version of your agency's policies & procedures.
- Step 5: Complete ATTACHMENT 3: "**WREMAC BLS Agency Application to Perform Blood Glucose Monitoring**".
- Step 6: Complete ATTACHMENT 4: "**Medical Director Verification Form**" (DOH-4362). Be sure to check off all approvals **including "Blood Glucometry"**.
- Step 7: All providers must review the WREMAC Blood Glucometry PowerPoint Presentation found on the WREMAC Web site: www.WREMAC.com. It is strongly suggested that a NYS CLI or CIC provide the in-service. **Complete a sign-in sheet!**
- Step 8: Submit the completed documents (from above) to your regional Program Agency. A complete packet includes the following:
1. WREMAC BLS Agency **Application to Perform Blood Glucose Monitoring** (Attachment 3).
2. **Letter of support** from the Agency Medical Director to engage in blood glucose monitoring.
3. Copy of the "**Limited Laboratory Registration Form**" (Attachment 1) **along with the CLIA authorization number** received from the DOH.
4. Copy of **Policies and Procedures** (sample provided in Attachment 2).
5. Updated **Medical Director Verification Form** DOH-4362 (Attachment 4).
6. **Sign-in sheet** of all providers who completed the WREMAC In-Service (Step 7).

Western Regional Emergency Medical Advisory Committee Blood Glucose Monitoring Protocol for EMT-Basic

1. If patient presents with an altered mental status, request ALS.
2. Follow NYS DOH BLS protocol for the General Approach to Medical Emergencies prioritizing and managing Airway, Breathing, and Circulation.
3. Obtain a complete set of Vital Signs; include O₂ saturation if available.
4. Check Blood Glucose and place lancet in an approved sharps container.
5. If Blood Glucose is greater than 60 mg/dL and the patient has an altered mental status, confirm ALS is enroute and monitor the A, B, C's.
6. If hypoglycemic (<60 mg/dL) and awake (A or V on AVPU) with the ability to maintain their airway; administer oral glucose consistent with NYS BLS Protocol. Repeat Vital Signs and AVPU after 5 minutes. (including a repeat D-stick)
7. If completely alert and oriented, request medical control approval to cancel ALS.
8. Continue on going assessment consistent with current NYS BLS Protocols.

DO NOT DELAY TRANSPORT!

Definitions:

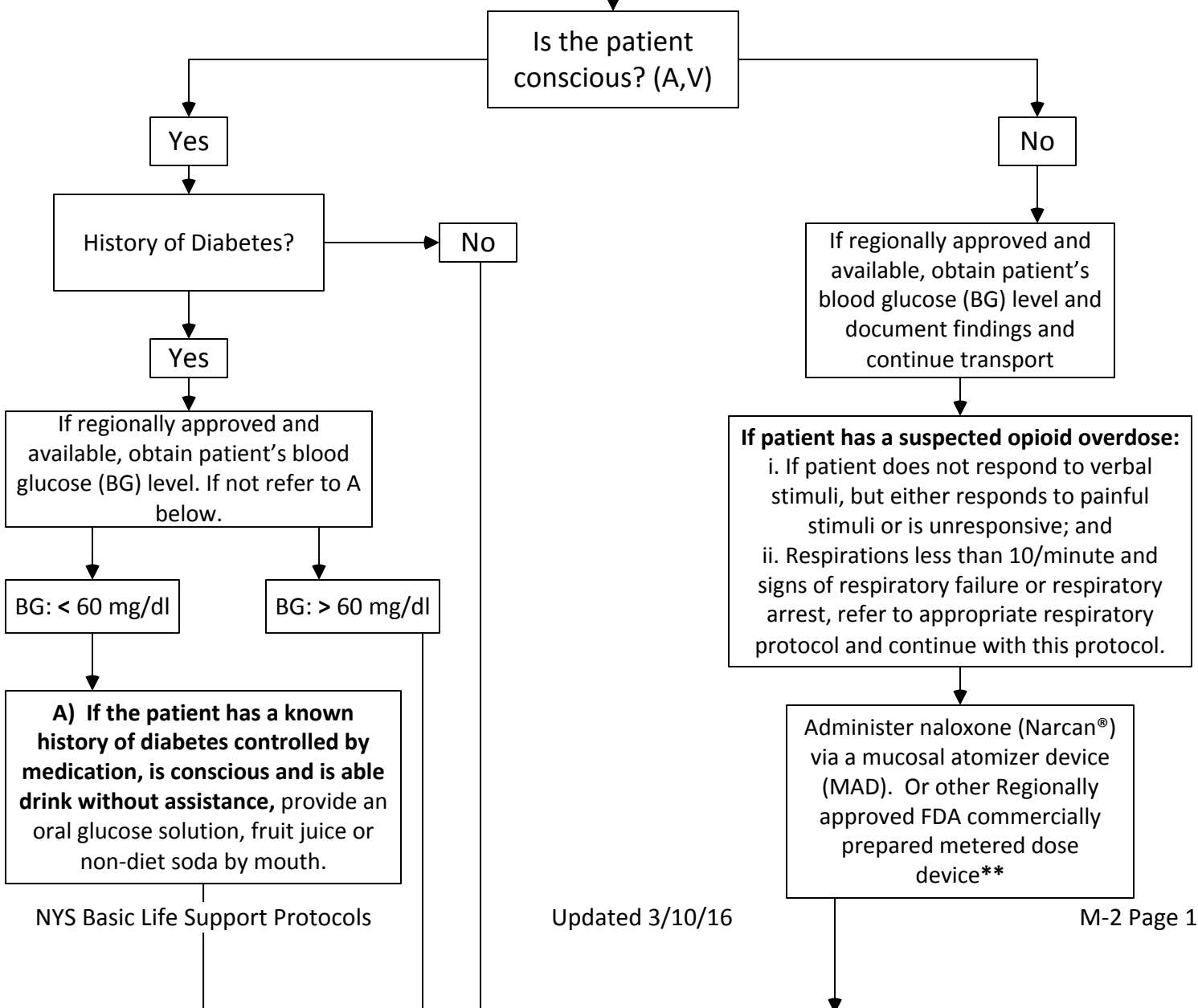
Basic EMT – defined in Article 30 of the New York State Public Health Law. **Hypoglycemia** – Blood Glucose level that is less than 60 mg/dL. **Altered Mental Status** – GCS of 14 or less and not alert and oriented.

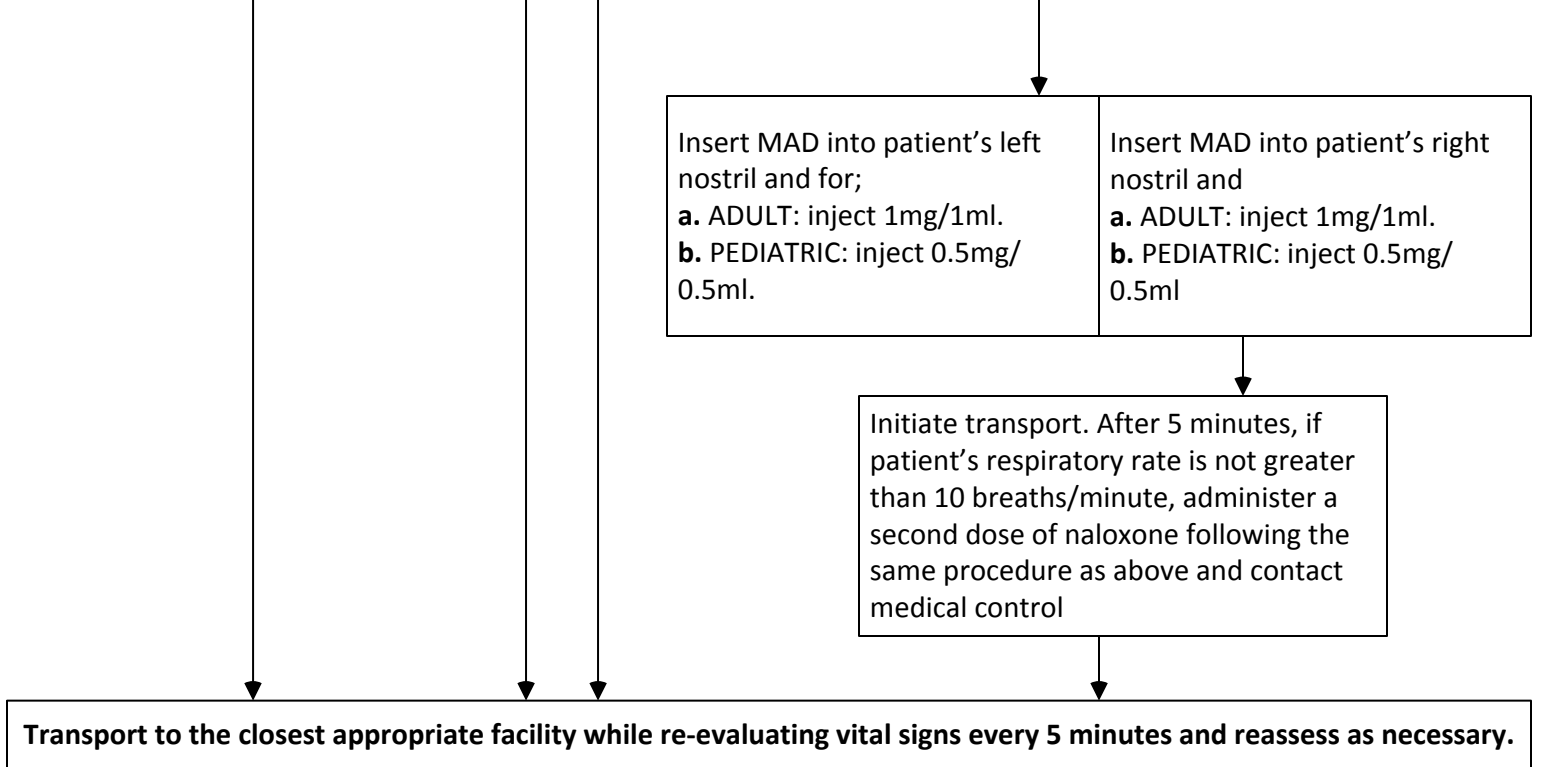
Altered Mental Status

(including, but not limited to hypoglycemia and opioid overdose)

Assess the situation for potential or actual danger. If the scene/situation is not safe, retreat to a safe location, create a safe zone and obtain additional assistance from a police agency.

- 1) Perform primary assessment. Assure that the patient's airway is open and that breathing and circulation are adequate. Suction as necessary.
- 2) Administer high concentration oxygen. In children, humidified oxygen is preferred.
- 3) Obtain and record patient's vital signs, including determining the patient's level of consciousness. Assess and monitor the Glasgow Coma Scale.





Caution:

- All suicidal or violent threats or gestures must be taken seriously. These patients should be in police custody if they pose a danger to themselves or others.
- If the patient poses a danger to themselves and/or others, summon police for assistance.

NOTES:

- Request Advanced Life Support if available. Do NOT delay transport to the appropriate hospital.
- Emotionally disturbed patients must be presumed to have an underlying medical or traumatic condition causing the altered mental status.
- If underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert (A) and able to communicate; and an emotional disturbance is suspected, proceed to the Behavioral Emergencies protocol.
- This protocol is for patients who are NOT alert (A), but who are responsive to verbal stimuli (V), responding to painful stimuli (P), or unresponsive (U).
- ** Current approved alternative FDA approved commercially prepared metered dosing units are 4mg/0.1ml and are approved for full dosing in Adult and Pediatric patients.

ATTACHMENT

1

Visit: <https://www.wadsworth.org/regulatory/clep/limited-service-lab-certs>
for the most recent DOH 4081.

ATTACHMENT

2

It is the intent of **(Organization Name)** to provide Blood Glucometry testing.

This service is being offered in cooperation with _____ **(Physician)**.

Policies:

1. It is the policy of our organization that EMTS providing Blood Glucose testing (Glucometry) will be properly trained. Therefore, all persons providing Blood Glucose testing shall attend a blood-glucose monitoring training session instructed by a NYS DOH CIC, CLI, EMS Program Agency Representative or the Agency Medical Director (or designee) utilizing the Power Point presentation titled "Diabetes for the EMS Provider" or similar presentation. The provider will demonstrate competency in using the necessary equipment. All EMT's will conduct skill proficiency as required by the WREMAC.

2. It is the policy of our organization to ensure the electronic glucometer is in a state of readiness at all times. Therefore, all regular maintenance and checkout procedures of the electronic glucometer will meet or exceed the manufacturer's recommendations and the Clinical Laboratory Improvement Amendment (CLIA) License. Documentation of such inspections shall be dated and maintained in a secure file for a period of three (3) years. Inspections shall be the responsibility of the agency's EMS Captain or assigned person.

3. A portable sharps container will be stored with the device so that the lancets can be properly handled after use. The unused lancets will be stored in a device not to cause injury to providers.

4. It is the policy of our organization to ensure appropriateness in providing glucometry. Therefore, our agency shall participate in the required Quality Improvement program as determined by our Medical Director. The Medical Director will review some if not all PCR's where the use of electronic glucometer was used.

Agency Chief:

_____	_____	_____
Print	Sign	Date
Agency CEO:		

_____	_____	_____
Print	Sign	Date
Agency Medical Director:		

_____	_____	_____
Print	Sign	Date

ATTACHMENT

3

Western Regional Emergency Medical Advisory Committee
BLS Agency Application to Perform Blood Glucose Monitoring

Agency Name _____ Agency Code _____

Mailing address City Zip

Contact _____ Title _____

Limited Lab Reg # _____

Daytime phone number _____ Email _____

Agency Medical Director _____ # of trained providers _____

Representative responsible for BLS Glucometer Testing Care:

Name: _____ Contact Phone # _____
(xxx)xxx-xxxx

Agency QA/QI Coordinator:

Name: _____ Contact Phone #: _____
(xxx)xxx-xxxx

=====

_____ requests authorization from REMAC to permit BLS providers to perform Blood Glucose testing in compliance with NYS BLS Protocol and WREMAC Policy Statement.

Attached to this application are the following items:

- A letter from the Agency Medical Director supporting the request and indicating an understanding of their role in the Clinical Lab requirements and quality assurance process.
- A copy of the completed NYS Department of Health Clinical Laboratory Limited Laboratory Registration application for blood testing licensure (DOH-4081 Limited Service Laboratory Registration), along with the authorizations from the Clinical Laboratory.
- Copies of written Policies and Procedures for the operation of the glucometer that are consistent with local protocols, to include:
 - Training and documentation of authorized users
 - Defined QA program, including appropriateness review by the Agency Medical Director
 - Documentation of control testing process
 - Storage of glucometer and proper disposal of sharps

As CEO of the above agency, I agree to the requirements set forth in the WREMAC Policy Statement on blood glucose monitoring and will be responsible to make sure that the providers in the agency follow those regional protocols. I also agree that all Blood Glucose monitor operators will successfully complete the required training with an approved instructor and that documentation of this training will be submitted to the Regional QA/QI Coordinator at least yearly.

Name _____ Title _____ Date _____

Date of approval by WREMAC _____

xx/xx/xxxx

WREMAC 2/09

ATTACHMENT

4

Medical Director Verification

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Defibrillation / PAD | <input type="checkbox"/> Epi Autoinject | <input type="checkbox"/> Albuterol | <input type="checkbox"/> Blood Glucometry | <input type="checkbox"/> Naloxone |
| <input type="checkbox"/> CPAP | <input type="checkbox"/> Check and Inject | <input type="checkbox"/> 12 Lead | <input type="checkbox"/> Ambulance
Transfusion Service (ATS) | |
| <input type="checkbox"/> EMT
Level of Care | <input type="checkbox"/> AEMT
Level of Care | <input type="checkbox"/> Critical Care
Level of Care | <input type="checkbox"/> Paramedic
Level of Care | <input type="checkbox"/> Controlled Substances
(BNE License on File) |

Agency Name _____

Agency Code Number _____ Agency Type: Ambulance ALSFR BLSFR

Agency CEO _____
Name

Medical Director _____
Name

NYS Physician's License Number

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – _____

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: _____

I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.

I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.

If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.

Medical Director _____
Signature

Date of Signature