



NORTH COUNTRY  
REGIONAL EMERGENCY  
MEDICAL ADVISORY  
COMMITTEE  
Policy Statement

No. 2008-05

Date 9/3/2008

Re: BLS Blood Glucometry

Pages: 1 of 2

Supercedes: 2008-04

NYS DOH Bureau of EMS has issued Policy Statement number 05-04 which allows the use of glucometers by Emergency Medical Technicians (EMT) in Basic Life Support (BLS) EMS agencies. This approval was given under the conditions that the EMS service wishing to use a glucometer at the BLS level, be granted approval by the local REMAC, each EMT complete an approved training program and the service apply and be granted a Limited Laboratory Registration. The purpose of this policy statement is to explain the approval process for agencies wishing to implement a glucometry program. Agencies that already have their CLIA waiver number are able to skip to Step 1 D.

The addition of pre-hospital blood sugar evaluation is intended to assist in the recognition of hypoglycemia and improve the speed with which proper treatment is received.

Step 1

A. Complete the Limited Laboratory Registration form (DOH-4081)  
Make sure the form has a 5/08 date on the bottom of it or it will be rejected

B. Send DOH-4081 including the registration fee to:

NYS DOH  
Wadsworth Center  
Clinical Laboratory Evaluation Program  
P.O. Box 509  
Albany, NY 12201-0509

- C. Write up agency Policies and Procedures to include the following:
- Training and documentation of authorized users,
  - Quality Assurance program, include appropriateness review by Agency Medical Director,
  - Documentation of control testing process, and
  - Storage of glucometer and proper disposal of sharps
- D. Complete a training program offered by a NYS CIC/CLI or NCEMS Program Agency staff for potential users

Step 2

- A. Submit a completed "North Country REMAC Application for BLS Agency to Perform Blood Glucose Monitoring Agency" application to the NCEMS Program Agency for review and submission at the next REMAC meeting. Include with the application:
- Letter from the Agency Medical Director
  - DOH-4081 and authorization number received from DOH
  - Copy of Policies and Procedures as outlined above
  - Medical Director Verification form (DOH-4362)



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No. 2008-05

Date 9/03/2008

Re: BLS Blood Glucometry

Pages: 2 of 2

Supercedes: 2008-04

**Purpose:** To establish a uniformed procedure to determine a safe and effective manner for Basic EMT's to determine Blood Glucose levels in the Pre-Hospital setting.

**Education:** All EMT's will be required to attend a CME session instructed by a NYS DOH CIC/CLI or NCEMS Program Agency staff utilizing the Power Point presentation titled "***Blood Glucose Measuring Devices in the Pre-Hospital Setting***" as adopted by the North Country's REMAC. A written, practical evaluation with a signed attendance roster will be filed in the agencies training files.

**Quality Assurance:** A copy of all PCR's utilizing Blood Glucose checks and a completed "BLS Blood Glucose" screen will be submitted to the North Country EMS office on a monthly basis for 100% review the first year, then periodically as the agency medical director deems appropriate. Additionally, the agency must designate an individual who will complete and maintain records of quality control testing.

**Definitions:** ***Basic EMT*** – defined in Article 30 of New York State Public Health Law.  
***Hypoglycemia*** – Blood Glucose level that is less than 80 mg/dL.  
***Altered Mental Status*** – GCS of 14 or less and ***not*** alert and oriented.  
***ALS Intercept*** – Care provided by an AEMT-CC or Paramedic.

**Procedure:**

- i. If patient presents with an altered mental status request an ALS intercept.
- ii. Follow NYS DOH BLS protocol for the General Approach to Medical Emergencies prioritizing and managing Airway, Breathing, and Circulation.
- iii. Obtain a complete set of Vital Signs; include O2 saturation if available.
- iv. Check Blood Glucose and place lancet in an approved sharps container.
- v. If Blood Glucose is greater than 80 mg/dL and the patient has an altered mental status, confirm ALS is enroute and monitor the A, B, C's.
- vi. If hypoglycemic (<80 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.
- vii. If completely alert and oriented, request medical control approval to cancel ALS.
- viii. Continue on going assessment consistent with current NYS BLS Protocols.

***DO NOT DELAY TRANSPORT!***

Approved 10/6/08 AMS

# North Country REMAC Application for BLS Agency to Perform Blood Glucose Monitoring

Agency Name \_\_\_\_\_ Agency Code \_\_\_\_\_

Address \_\_\_\_\_  
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 # \_\_\_\_\_

Agency QA/QI Coordinator:

Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

.....  
\_\_\_\_\_ requests authorization from REMAC to permit BLS providers to perform Blood Glucose testing in compliance with NYS and North Country EMS protocols. 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 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 NCEMS-REMAC protocol 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 REMAC \_\_\_\_\_