MEDICAL DIRECTOR APPROVAL FOR BLOOD GLUCOMETRY/POLICY

 It is the intent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to provide Blood Glucometry testing.

 This service is being offered in cooperation with

 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 STREMAC.
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

 EMSTAR medical director approval for blood glucometry/policy