



# Westchester Regional Emergency Medical Advisory Committee BLS Glucometry Collaborative Agreement

## Between an Emergency Medical Service (EMS) agency and a Physician Medical Director for the Provision of BLS Glucometry in New York State, in the Westchester EMS Region

The following agreement stands between the \_\_\_\_\_ (Participating EMS Agency) and \_\_\_\_\_, (Physician) as Medical Director, authorizing the use of glucometers for identification of hypoglycemia, by members who are certified as Emergency Medical Technicians (EMT). The following conditions must be observed by the Agency and its participating EMTs:

1. The EMT shall use the glucometers according to the terms set forth by the NYS DOH BLS Treatment Protocols and the Westchester Regional Medical Advisory Committee (REMAC) Protocols. This includes;
  - a) Use is limited to NYS DOH certified EMTs who have received the required training and are working for an agency that has received REMAC authorization to provide this care.
  - b) Given the patient presentations that may require the testing of blood glucose, advance life support (ALS) is ALWAYS to be requested, and transport to the hospital is NEVER delayed.
2. The Agency is responsible for the purchase of the glucometer and related equipment, and to maintain an adequate stock of testing strips and lancets so that use of the glucometer is available at all times.
3. The Agency is responsible for reinforcing the fact that lancets used in the acquisition of blood samples for glucometer readings present a biohazard and must be properly disposed of after use in an approved medical sharps container. The Agency's policies shall include accidental lancet sticks and be consistent with the NYSDOH Policy 02-09 Re: Needlestick and Sharps Injuries, or any superceding policy.
4. Providers of the Agency are responsible to store the glucometer and test strips in accordance with New York State Department of Health (NYS DOH) Policy Statement 09-11 Re: Storage and safeguarding of medications administered by EMT-B's, or any superceding policy.
5. Providers of the Agency are responsible to regularly inspect and test the glucometer as per the NYS Department of Health Clinical Laboratory Evaluation Program and replace the units as necessary.
6. Providers of the Agency are responsible to regularly inspect glucometer test strips for expiration dates and replace as necessary.
7. Prior to the provision of BLS glucometry, an EMS Agency shall file with the WREMSCO a completed Application to Provide BLS Glucometry and this collaborative agreement.
8. The Agency must participate in any Quality Assurance (QA) / Quality Improvement (QI) projects designated by the REMAC in regards to use of glucometry by EMTs. The Agency agrees to include the review all BLS glucometry in the Agency's quality improvement plan that is required by the NYS DOH.

### **The responsibilities of the Medical Director shall include, but not be limited to the following:**

1. Approve and provide initial instruction and continuing education for all participating agency EMTs in the assessment of suspected hypoglycemic patients and proper use of glucometers upon the NYS DOH EMT-B and Westchester REMAC approved BLS Glucometry Training curriculums;
2. Provide the agency with the authorization to purchase glucometers, test strips and lancets.
3. Review all uses of glucometers under this agreement and provide appropriate quality assurance feedback.

\_\_\_\_\_  
Signature of EMS Agency Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Medical Director

\_\_\_\_\_  
Date



# Westchester Regional Emergency Medical Advisory Committee BLS Glucometry Application

To be completed by Applicant. Please type or print legibly.

**Agency Name** \_\_\_\_\_

**Agency Code** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Agency Phone** ( ) \_\_\_\_\_ **Agency Fax** ( ) \_\_\_\_\_

**Medical Director** \_\_\_\_\_

**Medical Director Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**MD Phone** ( ) \_\_\_\_\_ **MD Fax** ( ) \_\_\_\_\_

**The following documentation is attached to this application:**

- ▶ Signed BLS Glucometry Collaborative Agreement
- ▶ Listing of EMTs who have received training for BLS Glucometry
- ▶ All documentation as required per NYSDOH Policy 12-01 (*or superseding policy*)

**Number of Vehicles that will carry glucometers** \_\_\_\_\_

**Has a Restocking Plan been developed with the Agency Medical Director?** Yes  No

The Agency and the Medical Director understand that this program must be conducted in accordance with the protocols and policies established by the Westchester Regional Emergency Medical Advisory Committee and the NYS Department of Health. Any deviation from these protocols and policies must be immediately reported to the Agency Medical Director and the Regional Medical Director and may result in the revocation of approval to participate in this program.

\_\_\_\_\_  
Signature of EMS Agency Executive Officer      Date

\_\_\_\_\_  
Signature of Agency Medical Director      Date

To be completed by the Regional Office

**Received By/ Date** \_\_\_\_\_

**Application Complete** Yes  No

**REMAC Approval Date** \_\_\_\_\_