Notice of Intent to Provide: Albuterol

Name of Entity (Ambulance, BLSFR, agency etc)

Telephone Number

Name of Primary Contact

Primary Contact Phone #

Address

Email Address

City State Zip Code

Fax #

Type of Entity

Agency Medical Director Info

Name of Agency Medical Director

Telephone Number

Address

Email Address

City State Zip Code

Fax #

Authorized Names and Signatures

CEO/COO/Chief Officer (PRINT) Signature Date

Medical Director (PRINT) Signature Date

Additional information required

Please submit the following with this form to; EMSTAR 1058 West Church St, Elmira NY 14905

~Medical Director Verification form

~Protocol for administration of Albuterol

~Policies and procedures for your training, credentialing, and continuing education

~A defined quality assurance program

~Policies and procedures for inventory, storage, security, and proper disposal of medications and administration devices.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Medical Director Verification

Notice to Service

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.

Check all special regional approvals and the single highest level of care applicable to your agency

☐ Defibrillation / PAD (BLS Level Services)
☐ Epi Pen
☐ Albuterol
☐ Blood Glucometry
☐ Naloxone
(Epi / Albuterol / Blood Glucometry per regional protocol)

☐ Paramedic Level of Care
☐ Critical Care Level of Care
☐ AEMT Level of Care
☐ Controlled Substances (BNE License on file)

EMS Agency (Please Type or Print Legibly)

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: _____

Medical Director Affirmation of Compliance

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

Blood Glucometry and Nebulized Albuterol

Bureau of EMS Policy Statement	
Policy Statement #	12-01
Date	January 10, 2012
Subject	Blood Glucometry and Nebulized Albuterol
Supercedes/Updates	09-13

BACKGROUND

The New York State Emergency Medical Advisory Committee (SEMAC) has approved the use of glucometers and nebulized albuterol by Emergency Medical Technicians (EMT) who are employees/volunteers of an EMS agency (i.e. ambulance service, ALS-FR, BLS-FR). The SEMAC approval was granted with the specific condition that the EMS agency wishing to use a glucometer or nebulized albuterol, be granted approval by the Regional Emergency Medical Advisory Committee (REMAC), that each EMT from that EMS agency complete a REMAC approved training program, and that the EMS agency be granted a Limited Service Laboratory Registration (for blood glucometry only).

The purpose of this policy is to explain the approval process for EMS agencies wishing to implement a nebulized albuterol and/or blood glucometry program.

- Prehospital blood sugar evaluation is intended to assist in the recognition of hypoglycemia and improve the speed with which proper treatment is received.
- Nebulized albuterol, when administered under the Statewide BLS Adult and Pediatric Treatment Protocols has been shown to decrease respiratory distress in patients between one and sixty-five years of age who are experiencing an exacerbation of their previously diagnosed asthma.

AUTHORIZATION FOR BLOOD GLUCOMETRY AND/OR NEBULIZED ALBUTEROL

Each REMAC will adopt protocols which will allow an EMT to obtain a blood sample, using a lancet device or equivalent, and test the blood sample in a commercially manufactured electronic glucometer. The REMAC will determine the type and level of record keeping and quality assurance required for both blood glucometry and/or nebulized albuterol. Please note that a protocol for nebulized albuterol has been approved by SEMAC and is included in the Statewide BLS Adult and Pediatric Treatment Protocols for EMT-B and AEMT.

To be authorized to use an electronic glucometer or nebulized albuterol, the EMS agency must make written request to the appropriate REMAC. The request must include, but not necessarily be limited to, the following items:

- A letter from the EMS agency physician medical director supporting the request and indicating an understanding of their role in the Clinical Laboratory requirements (blood glucometry only) and quality assurance process.
- A completed NYS Department of Health Clinical Laboratory Evaluation Program Limited Service Laboratory Registration Application (form DOH-4081) for blood testing licensure (blood glucometry only).
- Written policies and procedures for the operation of the glucometer and storage and maintenance of nebulized albuterol that are consistent with applicable Regional and State protocols. These policies and procedures shall include, but not necessarily be limited to the following:
    - didactic and psychomotor objectives for training of authorized users including who will be authorized to conduct this training;
    - documentation and attendance records of the training of authorized users;
    - a defined quality assurance program, including appropriateness review by the EMS agency physician medical director;
    - documentation of control testing process (blood glucometry only);
    - written policies and procedures for storage of the glucometer and/or nebulized albuterol, and proper disposal of sharps devices (blood glucometry only);

- notice to the EMS agency physician medical director of the use of the glucometer and/or nebulized albuterol, and;
- requirements for documentation when the glucometer and/or nebulized albuterol is used for patient care.

LIMITED LABORATORY REGISTRATION FOR BLOOD GLUCOMETRY

New York State Public Health Law requires that any EMS agency testing blood glucose, whether by electronic glucometer or chemstrip, be required to possess a **Limited Service Laboratory Registration**. In order to obtain the Registration, EMS agencies must complete and submit the following document:

- Limited Service Laboratory Registration Application (form DOH-4081)

Information and application materials are available at:

- http://www.wadsworth.org/labcert/limited/index.htm

No EMS agency may engage in the testing of blood glucose without a Limited Service Laboratory Registration Certificate.

NOTIFICATION

Once the EMS agency has received written approval for blood glucometry and/or nebulized albuterol from the REMAC, the EMS agency must provide BEMS with an updated and signed Medical Director Verification Form (form DOH-4362), indicating the Limited Laboratory Registration permit number (if applicable) and authorization by the EMS agency physician medical director.

Issued and authorized by the Bureau of EMS Acting Director

Questions or comments: dohweb@health.ny.gov
Revised: October 2013