

EMS GLUCOSE TESTING CHECKLIST

Laboratory Name
Address
Physician/Director

_____ **CLIA CERTIFICATE OF WAIVER CFR 493.3** **EXPIRATION DATE:** _____

_____ **VERIFY THAT PERSONNEL IS COMPETENT TO PERFORM TESTS NAC 652.155.2(b)(1)**

_____ Documented training for each personnel

_____ **ENSURES TESTS PERFORMED ACCORDING TO MANUFACTURER'S INSTRUCTIONS NAC 652.155.2(b)(2)**

_____ Current manufacturer's instructions available

_____ Proper storage of reagents/kits – temps monitored: room _____ range _____

_____ Expiration dates not exceeded

_____ Modify expiration date of QC vial(s) upon opening

_____ Glucometer cleaned after each use

_____ No penlet device used for lancets or insulin delivery

_____ **CONTROLS USED FOR VALIDATION/ VERIFICATION NAC 652.155.2(b)(3)**

_____ Quality control(s) tested according to manufacturer's instructions

_____ Quality control result(s) in acceptable range

_____ **SAFETY NAC 652.155 3 (a)**

_____ Written policy prohibits eating, drinking, smoking and storage of food in testing area

_____ Proper disposal of biohazardous waste

_____ Sharps container/appropriate (puncture proof), no reusing or recapping of needles

_____ Eye wash available

_____ Proper disinfection of testing area

_____ **PROPER PERSONNEL CERTIFICATION FOR GLUCOSE TESTING NAC 652.155.3(b)**

_____ Certified advanced EMT or paramedic

_____ Certified as Office Lab Assistant for EMT