

## EMS GLUCOSE TESTING CHECKLIST

<b>Laboratory Name</b>
<b>Address</b>
<b>Physician/Director</b>

\_\_\_ **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