

To all EMS agencies Chiefs/Directors,

This applies to all IALS and ALS agencies and any BLS or QRS agencies that choose to use optional BLS protocol 228

Moving forward at any tri-annual inspection or amendment we will be verifying that all applicable EMS agencies have either a CLIA license or certificate of waiver. Failure to produce one will result in a notice of violation from the PA DOH.

". Electronic glucose testing meters may be carried (optional) by approved BLS services, and these services must have either a CLIA license or certificate of waiver. A BLS service performing glucose testing with a meter cleared for home use by the FDA must hold a CLIA certificate of waiver. A CLIA certificate of waiver (CoW) is good for two years. Each agency is responsible for determining whether a CLIA license or waiver is required."

Naloxone – BLS 831 –

- A. Only an EMR or EMT that has completed the Naloxone Administration for EMR and EMT course (CE course #007622; PA-EMS Naloxone Administration by EMR and EMT (Train)) on the Learning Management System may administer naloxone. The EMR or EMT should also receive psychomotor training/ experience with the use of the BLS naloxone delivery device used by the EMS agency.
- B. EMRs and EMTs may only administer naloxone by intranasal or autoinjector routes.
- C. [Optional] BLS services (QRS or ambulance) may carry naloxone for administration by the agency's EMR/EMTs.
 - 1. These services must comply with Department of Health naloxone requirements for these services and for the training of service providers before the service is permitted to stock and carry naloxone.
 - 2. The EMS agency medical director must oversee the carrying and use of naloxone.
 - 3. The EMS agency or medical director may require psychomotor training in the use of the naloxone administration device

EPI Autoinjector – BLS 411

- A. Only an EMT that has completed the EPINEPHrine patient-assisted auto-injector module through the EMT curriculum or continuing education may administer patient-assisted EPINEPHrine by auto-injector. (PA-EMS Epinephrine Auto Injector Pen Administration Principals; Train)
- B. [Optional] BLS services may carry EPINEPHrine auto-injectors for administration by the agency's EMTs.
 - 1. EMSIB 2018- 14. At a minimum, BLS services in this program must carry one adult dose (0.3 mg) epinephrine autoinjector and one pediatric dose (0.15 mg) epinephrine autoinjector in their

BLS ambulance or QRS (at the EMT level with agency medical director approval). The agency may choose to continue to stock two of each does as an option

2. EMSIB 2018-14. At a minimum, the agency must carry the epinephrine autoinjectors in their BSL ambulance or QRS (at the EMT level with agency medical director approval) that is the primary response vehicle. The agency may choose to carry the epinephrine in additional ambulances as an option. stored and maintained in a manner consistent with Department requirements.

CPAP – BLS 421

- A. CPAP may only be administered by an EMT that has completed the DOH BLS CPAP training and has been approved to administer CPAP by the EMS agency medical director.
- B. [Optional] BLS services may carry CPAP devices for use by the agency's EMTs.
 - 1. These services must assure that all EMTs using CPAP have completed the DOH BLS CPAP training (PA-EMS Respiratory Emergencies: CPAP, Train) and have been approved by the agency medical director.
 - 2. These services must carry a CPAP device that has a manometer (or other means to provide specific CPAP pressure) and meets any other specifications required by the DOH.
 - 3. The EMS agency medical director must oversee the CPAP training, use of CPAP, and quality improvement audits.

Glucometer – BLS 228

- A. Glucose measurement by glucometer may only be performed by an EMT who has completed the DOH BLS Glucometer training and has been approved to measure glucose by glucometer by the EMS agency medical director.
- B. [Optional] BLS services may carry glucometer devices for use by appropriately trained and credentialed EMTs in the agency. NOTE: Although optional for BLS services, IALS and ALS services must carry glucometers for use by EMS providers at or above the level of AEMT.
 - 1. These services must assure that all EMTs using a glucometer have completed the DOH BLS Glucometer training and have been approved by the agency medical director. PA-EMS Blood Glucose Monitoring for BLS (TRAIN)
 - 2. All medical devices must be used, maintained, and calibrated in accordance with the recommendations from the manufacturer.
 - 3. Electronic glucose testing meters may be carried (optional) by approved BLS services, and these services must have either a CLIA license or certificate of waiver. A BLS service performing glucose testing with a meter cleared for home use by the FDA must hold a CLIA certificate of waiver. A CLIA certificate of waiver (CoW) is good for two years. Each agency is responsible for determining whether a CLIA license or waiver is required.
 - 4. These services must carry a glucometer that meets any other specifications required by the DOH.

5. The EMS agency medical director must oversee the glucose monitor training, use of glucose monitor, and quality improvement audits.

12 Lead – BLS 250

- A. Obtaining and transmitting a 12-Lead Electrocardiogram (ECG) may only be performed by an EMT who has completed the DOH BLS 12-Lead ECG training and has been approved to obtain and transmit a 12-Lead ECG by the EMS agency medical director.
- B. [Optional] BLS services may carry 12-Lead ECG devices for use by appropriately trained and credentialed EMTs in the agency. NOTE: Although optional for BLS services, IALS and ALS services must carry 12-Lead ECG devices for use by EMS providers at or above the level of AEMT.
 1. These services must assure that all EMTs obtaining a 12-Lead ECG have completed the DOH BLS 12-Lead ECG training and have been approved by the agency medical director.
 2. All medical devices must be used, maintained, and calibrated in accordance with the recommendations from the manufacturer.
 3. All BLS agencies that allow EMTs to obtain a 12-Lead ECG must also have the capability of transmitting all 12-Lead ECGs to a receiving facility that can provide an immediate interpretation of the ECG.
 4. These services must carry a 12-Lead ECG that meets any other specifications required by the DOH.
 5. The EMS agency medical director must oversee the 12-Lead ECG training, use and transmission of 12-Lead ECGs, and quality improvement audits.

Nebulizer – BLS 421

- A. Only an EMT that has completed the bronchodilator module through the EMT curriculum or continuing education may assist the patient with administration of a bronchodilator.
- B. [Optional] BLS services may carry albuterol or albuterol/ipratropium solutions and nebulizer devices for bronchodilator administration by the agency's EMTs.
 1. These services must assure that all EMTs using nebulized bronchodilators have completed the DOH EMT nebulized bronchodilator training and have been approved by the agency medical director.
 2. The EMS agency medical director must oversee the nebulized bronchodilator training, storage and use of the medications and equipment, and quality improvement audits.

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