



# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 1110-A

**SUBJECT: INFREQUENTLY USED SKILLS – VERIFICATION OF MAINTENANCE**

---

## SKILLS COMPETENCY VERIFICATION SUMMARY

ALS AGENCY \_\_\_\_\_ CALENDAR YEAR \_\_\_\_\_

NAME \_\_\_\_\_ STATE PARAMEDIC LICENSE # \_\_\_\_\_

SKILLS VERIFICATION	DATE OF VERIFICATION	EVALUATOR INITIALS
1. Adult Endotracheal Intubation		
2. Adult Nasotracheal Intubation		
3. Esophageal Tracheal Airway Device (Combitube®) <u>or</u> King Airway Device		
4. Needle Cricothyrotomy – Adult & Pediatric		
5. Adult Cardioversion / Defibrillation		
6. Needle Chest Decompression		
7. Transcutaneous Cardiac Pacing		
8. Intraosseous Infusion – Powered Device (EZ-IO® or B.I.G.®) Adult & Pediatric		
9. Continuous Positive Airway Pressure – CPAP		
10. Pediatric Endotracheal Intubation		
11. Pediatric Cardioversion / Defibrillation		
12. Intraosseous Infusion (Manual Pediatric)		