



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 (Required for providers using this skill)		
8. Intraosseous Infusion – FDA Approved Drill Type Device Adult & Pediatric (Required for providers using this skill)		
9. Continuous Positive Airway Pressure – CPAP (Required for providers using this skill)		
10. Pediatric Endotracheal Intubation		
11. Pediatric Cardioversion / Defibrillation		
12. Intraosseous Infusion (Manual Pediatric)		