

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 1110

SUBJECT: INFREQUENTLY USED SKILLS – VERIFICATION OF MAINTENANCE

PURPOSE:

To standardize the skills identified as infrequently used and provide a method for annual evaluation of all S-SV EMS accredited paramedic's ability to safely, efficiently and completely perform them.

AUTHORITY:

California Health and Safety Code, Division 2.5, Section 1797.214.

California Code of Regulations, Title 22, Division 9, Section 100147 & 100165

DEFINITIONS:

Infrequently Used Skill:

Those skills, identified below, that are performed rarely in the field or that have serious complications when performed incorrectly.

A. Adult

1. Endotracheal Intubation
2. Nasotracheal Intubation
3. Esophageal Tracheal Airway Device (Combitube / King Airway Device)
4. Needle Cricothyrotomy
5. Defibrillation / Cardioversion
6. Needle Decompression

For providers utilizing optional skills:

7. Transcutaneous Cardiac Pacing
8. Intraosseous Infusion
9. Continuous Positive Airway Pressure (CPAP) devices

B. Pediatric

1. Endotracheal Intubation
2. Needle Cricothyrotomy
3. Defibrillation / Cardioversion
4. Intraosseous Infusion

Effective Date: 01/01/2010

Next Review Date: 10/2012

Approved:

Date last Reviewed / Revised: 10/09

Page 1 of 3

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S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

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POLICY:

- A. Each ALS service provider in the S-SV EMS region shall verify that every paramedic in their agency has performed each of these skills successfully within each calendar year.
- B. These skills shall be verified by successful performance in a structured training environment.
- C. Skills competency shall be verified by one of the following personnel:
 - 1. ALS service provider's CQI Coordinator or their designee (i.e. – Training Coordinator, Field Training Officer)
 - 2. ALS service provider's Medical Director
 - 3. Base / Modified Base Prehospital Coordinator or their designee
- D. ALS service providers shall utilize the S-SV EMS Infrequently Used Skills – Verification of Maintenance checklists (Reference 1110-A through 1110-N) for documenting skills competency.
- E. ALS service providers shall maintain documentation of each paramedic's skills maintenance for a period not less than four (4) years.
- F. Documentation of skills maintenance is subject to audit by the S-SV EMS Agency. Any paramedic who is determined to not have current skills verification documentation on file will not be allowed to function as an S-SV EMS accredited paramedic until they complete the required skills verification.

CROSS REFERENCES:

Prehospital Care Policy Manual

Skills Competency Verification Summary Form, Reference No. 1110-A

Adult Endotracheal Intubation Annual Skills Verification Form, Reference No. 1110-B

Nasotracheal Intubation Annual Skills Verification Form, Reference No. 1110-C

Esophageal Tracheal Airway Device Annual Skills Verification Form, Reference No. 1110-D

King Airway Device Annual Skills Verification Form, Reference No. 1110-E

Needle Cricothyrotomy (Adult & Child) Annual Skills Verification Form, Reference No. 1110-F

Adult Defibrillation / Cardioversion Annual Skills Verification Form, Reference No. 1110-G

Needle Decompression Annual Skills Verification Form, Reference No. 1110-H

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Transcutaneous Cardiac Pacing Annual Skills Verification Form, Reference No. 1110-I

Intraosseous Infusion – FDA Approved Drill Type Device (Adult & Pediatric), Reference No. 1110-J

Continuous Positive Airway Pressure (CPAP) Devices Annual Skills Verification Form, Reference No. 1110-K

Pediatric Endotracheal Intubation Annual Skills Verification Form, Reference No. 1110-L

Pediatric Defibrillation / Cardioversion Annual Skills Verification Form, Reference No. 1110-M

Intraosseous Infusion (Manual Pediatric) Annual Skills Verification Form, Ref. No. 1110-N