



## Paramedic Infrequently Used Skills Annual Verification Tracking Sheet

1110-B

|                      |                   |
|----------------------|-------------------|
| Paramedic Name:      | Calendar Year:    |
| Paramedic License #: | Service Provider: |

**Instructions:** ALS prehospital service providers shall verify that every S-SV EMS accredited paramedic affiliated with their organization has successfully performed all of the skills listed on this tracking sheet a minimum of once during every 12 month period. Under special circumstances, an extension to the 12 month requirement may be approved by S-SV EMS upon request.

All infrequently used skills shall be verified by successful performance in a structured training environment, utilizing the S-SV EMS approved infrequently used skills verification checklists (as indicated below). A copy of this completed tracking sheet shall be maintained in the employee's file for a period of not less than four (4) years, and be made available for review by S-SV EMS representatives upon request. The individual infrequently used skills verification checklists are not required to be maintained.

Skills competency verification shall be conducted by one of the following:

- Service provider's CQI coordinator or their designee.
- Service provider's medical director.
- Base/modified base hospital prehospital coordinator or their designee.

| Description  | Verification Date | Evaluator Initials |
|--|-------------------|--------------------|
| 1. Adult Oral Endotracheal Intubation (1110-C)                             |                   |                    |
| 2. Adult i-gel Airway Device Skills Verification Checklist* (1110-D-1)     |                   |                    |
| 3. Pediatric i-gel Airway Device Skills Verification Checklist* (1110-D-2) |                   |                    |
| 4. King Airway Device (1110-E)   |                   |                    |
| 5. Needle Cricothyrotomy (1110-F)  |                   |                    |
| 6. Needle Chest Decompression (1110-G)                                     |                   |                    |
| 7. Adult Cardioversion/Defibrillation (1110-H)                             |                   |                    |
| 8. Pediatric Cardioversion/Defibrillation (1110-I)                         |                   |                    |
| 9. Transcutaneous Cardiac Pacing (1110-J)                                  |                   |                    |
| 10. Intraosseous Infusion (1110-K)   |                   |                    |
| 11. Multiple Casualty Incident (MCI) (1110-L)                              |                   |                    |

\*S-SV EMS Local Optional Scope of Practice Approved Providers Only