


Sierra – Sacramento Valley EMS Agency Program Policy			
ALS/LALS Annual Infrequently Used Skills Verification & Regional Training Module			
	Effective: 06/01/2018	Next Review: 05/2021	1110
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
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PURPOSE:

- A. To identify medical procedures (skills) utilized infrequently by ALS/LALS personnel in the prehospital setting, and provide a standardized method for annual evaluation of all S-SV EMS certified AEMT's and accredited paramedic's ability to safely, efficiently and adequately perform them.
- B. To establish a standardized method of ensuring that appropriate education and training is provided to all ALS/LALS prehospital personnel in the S-SV EMS region on a regularly scheduled basis.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, § 1797.214.
- B. California Code of Regulations, Title 22, Division 9, § 100107, 100128, 100147, 100165, 100169, and Chapter 12

DEFINITIONS

- A. **Infrequently Used Skill** – Medical procedures that are performed rarely by ALS/LALS personnel in the prehospital setting and/or that may result in serious complications when performed incorrectly.
- B. **Regional Training Module** – A standardized training module developed by S-SV EMS in conjunction with S-SV EMS Regional Quality Improvement Committee members.

POLICY:

- A. Prehospital service providers shall verify that every S-SV EMS certified AEMT and accredited paramedic affiliated with their organization has successfully performed all of the skills listed in the applicable Infrequently Used Skills Annual Verification Tracking Sheet (1110-A: AEMT or 1110-B: paramedic) 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.

- B. 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 (1110-C through 1110-L). A copy of the completed Infrequently Used Skills Annual Verification 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.
- C. Skills competency verification shall be conducted by one of the following:
1. Service provider's CQI coordinator or their designee.
 2. Service provider's medical director.
 3. Base/modified base hospital prehospital coordinator or their designee.
- D. Regional training modules will be developed and distributed by S-SV EMS on an annual basis. All ALS/LALS service provider agencies are required to deliver these training modules and ensure that their affiliated AEMT and paramedic personnel complete this training no later than the end of the calendar year. PSFA, EMR and EMT personnel are encouraged to complete this training as appropriate, but it is not a mandatory requirement for BLS personnel. Proof of completion of the regional training module (rosters, sign in sheets, etc.) shall be maintained for a minimum of four (4) years, and be made available for review by S-SV EMS representatives upon request.
- E. Any AEMT or paramedic who is determined to not have current skills verification and/or regional training module completion documentation on file shall not be allowed to function as an AEMT or paramedic in the S-SV EMS region until they complete the required skills verification and/or regional training module.

CROSS REFERENCES:

- A. AEMT Infrequently Used Skills Annual Verification Tracking Sheet (1110-A).
- B. Paramedic Infrequently Used Skills Annual Verification Tracking Sheet (1110-B).
- C. Adult Oral Endotracheal Intubation Skills Verification Checklist (1110-C).
- D. Adult i-gel Airway Device Skills Verification Checklist (1110-D-1).
- E. Pediatric i-gel Airway Device Skills Verification Checklist (1110-D-2).
- F. King Airway Device Skills Verification Checklist (1110-E).

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- G. Needle Cricothyrotomy Skills Verification Checklist (1110-F).
 - H. Needle Thoracostomy Skills Verification Checklist (1110-G).
 - I. Adult Cardioversion/Defibrillation Skills Verification Checklist (1110-H).
 - J. Pediatric Cardioversion/Defibrillation Skills Verification Checklist (1110-I).
 - K. Transcutaneous Cardiac Pacing Skills Verification Checklist (1110-J).
 - L. Intraosseous Infusion Skills Verification Checklist (1110-K).
 - M. Multiple Casualty Incident (MCI) Response Procedures Checklist (1110-L).