



Paramedic Infrequently Used Skills Verification Tracking Sheet

910-B

Paramedic Name:	Calendar Year:	
Paramedic License #:	Service Provider:	
<p>Instructions: ALS prehospital service providers shall verify that each S-SV EMS accredited paramedic affiliated with their organization has successfully performed the applicable skills listed on this sheet, a minimum of once every 12 months (note: verification is not required for skills not currently being utilized by the prehospital service provider). Under special circumstances, an extension to this requirement may be approved by S-SV EMS upon request.</p> <p>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:</p> <ul style="list-style-type: none">• Service provider's CQI coordinator or their designee.• Service provider's medical director.• Base/modified base hospital prehospital coordinator or their designee.		
Skills Verification Checklist Description	Verification Date	Evaluator Initials
1. Adult Oral Endotracheal Intubation (910-C)		
2. Adult i-gel Airway Device (910-D)		
3. Pediatric i-gel Airway Device (910-E)		
4. Needle Cricothyrotomy (910-F)		
5. Pleural Decompression (910-G)		
6. Adult Cardioversion/Defibrillation (910-H)		
7. Pediatric Cardioversion/Defibrillation (910-I)		
8. Transcutaneous Cardiac Pacing (910-J)		
9. Intraosseous Infusion (910-K)		
10. Regional Training Module		