Sacramento County
Emergency Medical Services Agency

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PARAMEDIC INFREQUENT SKILLS VERIFICATION

Provider Agency:

Name: Calendar Year:

Certification or License #

SKILLS VERIFICATION * Minimum Standards	**Date Of Verification**	**EVALUATOR INITIALS**
1. Percutaneous Cricothyrotomy: Per SCEMSA Policy 8801		
2. Needle Chest Decompression: Per SCEMSA Policy		
2. Pediatric Airway Management Per SCEMSA Policy 8837 ●Selecting the correct mask size ●Opening the airway ●Selecting correct size OPA or NPA ●Making a tight seal between the mask and face ●Delivering effective ventilation ●Assessing the effectiveness of that ventilation ●Selecting the correct ET tube size ●Selecting the correct King tube size (N/A if not used by the ALS Provider) ●Determining proper placement of advanced airway, to include end-tidal CO2 monitoring		
4. Adult Airway Management: Per SCEMSA Policy		
5. Hemorrhage Control: Per SCEMSA Policy		
6. Transcutaneous Cardiac Pacing & Cardioversion (Adult and Pediatrics)		
7. External Juglar (EJ) IV Cannulation		
8. Medication Administration: ●Dopamine ●Intranasal Medication Administration ●DuoDote Auto-Injectors		
9. Emergency Childbirth		
10. Interosseous Placement and Infusion (in order of preference): **Adult**: Proximal Humerus, Proximal Tibia, Distal Tibia **Pediatric**: Proximal Tibia, Distal Tibia, Proximal Humerus		

DRAFT

I certify all information on this form, to the best of my knowledge, is true and correct.

Evaluator Signature *Date*

Printed Name & Title *Clinical Coordinator Signature*

SCEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated:

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