



**Sacramento County
Emergency Medical Services Agency**

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Phone (916) 875-9753 Fax (916) 854-9211

Email: SCEMSAInfo@saccounty.net

PARAMEDIC INFREQUENT OR CRITICAL SKILLS VERIFICATION

Skills verification shall be verified by direct observation of an actual or simulated patient contact, within the individual's licensure cycle.

Provider Agency: _____

Paramedics Name: _____

Calendar Year: _____

License # _____

SKILLS VERIFICATION * Minimum Standards	Date Of Verification	EVALUATOR(S) NAME AND LICENSE NUMBER								
1. Percutaneous Cricothyrotomy: Per SCEMSA Policy PD# 8801										
2. Needle Chest Decompression: Per SCEMSA PD# 8015										
3. Pediatric Airway Management Per SCEMSA PD# 8837										
4. Adult Airway Management: Per SCEMSA PD# 8020										
5. Hemorrhage Control: Per SCEMSA PD# 8065										
6. Transcutaneous Cardiac Pacing & Cardioversion (Adult and Pediatrics) SCEMSA PD# 8810										
7. External Jugular (EJ) IV Cannulation										
8. Medication Administration: <ul style="list-style-type: none"> • DuoDote Auto-Injectors PD#8836 Nerve Agent Exposure PD# 8027 • Ketamine PD# 8066 • Epinephrine dilution 										
9. Emergency Childbirth Per SCEMSA Policy 8042										
10. Interosseous Placement and Infusion (in order of preference): SCEMSA PD# 8808-Vascular Access <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: center; width: 50%;"><u>Adult</u></th> <th style="text-align: center; width: 50%;"><u>Pediatric</u></th> </tr> </thead> <tbody> <tr> <td>Proximal Humerus</td> <td>Proximal Tibia</td> </tr> <tr> <td>Proximal Tibia</td> <td>Proximal Humerus</td> </tr> <tr> <td>Distal Tibia</td> <td>Distal Tibia</td> </tr> </tbody> </table>	<u>Adult</u>	<u>Pediatric</u>	Proximal Humerus	Proximal Tibia	Proximal Tibia	Proximal Humerus	Distal Tibia	Distal Tibia		
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Proximal Humerus	Proximal Tibia									
Proximal Tibia	Proximal Humerus									
Distal Tibia	Distal Tibia									

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

Training Coordinator Signature

Printed Name

Date