

Paramedic Skill Verification Policies and Procedures (6005.00)

I. AUTHORITY

- A. Health and Safety Code Division 2.5, Chapter 4, Article 1, 1797.214,
- B. California Code of Regulations Title 22, Division 9, Article 7, § 100168.5

II. DEFINITIONS

- A. ALS Provider (Provider) – Any Kern County EMS Division approved provider of ALS services, including transporting and non-transporting agencies.
- B. EMS Division (Division) – The Kern County Emergency Medical Services Division
- C. Paramedic – Any person accredited by the Division as a paramedic and providing ALS care for an approved ALS Provider

III. GENERAL PROVISIONS

- A. The policy establishes the policies and procedures for the Paramedic Skills Verification program.
- B. These policies shall apply to all Kern County paramedics and all Kern County ALS providers.
- C. The Division reserves the right to change or update these policies and procedures as deemed necessary in accordance with Health and Safety Code, California Code of Regulations Title 22, and Kern County Ordinance.

IV. REQUIRED SKILLS VERIFICATION

- A. All Paramedics shall be certified in CPR, PALS, ACLS, and PHTLS.
 - i. Paramedics shall present copies of their cards at time of re-accreditation.
 - ii. An instructor in PALS, ACLS, and PHTLS may verify a skill during the course if a manipulative station is part of the normal course material.
- B. The following skills require verification:
 - i. Cricothyrotomy
 - ii. Thoracic Decompression

- iii. Endotracheal Intubation
 - 1. Adult
 - 2. Pediatric
- iv. Interosseous needle placement
- C. Skills that are successfully completed in the field may be used as verification.
- D. The following information must be provided for verification:
 - i. Run Number
 - ii. Date of Procedure
 - iii. Indications
 - iv. Complications
 - v. Attempt
- E. The Paramedic must turn in the skills verification sheets at the time of re-accreditation.
- F. Two verifications sheets shall be presented for reaccreditation.
 - i. One verification must be completed within twelve months of accreditation.
 - ii. One verification must be completed greater than twelve months after accreditation.
 - iii. Verifications must be more than six months apart.
- G. Skills may be verified through a refresher course that provides hands-on manipulation.
- H. The refresher course must include the following:
 - i. Review of indications and contraindications
 - ii. Paramedic must be able to physically identify landmarks
 - iii. Paramedic must be able to practice the procedure and have positive feedback indicating success
 - iv. Division approved devices shall be reviewed and practiced.

V. PROVIDER RESPONSIBILITIES

- A. The ALS Provider shall be responsible to provide skills verification for each Paramedic affiliated with their respective program.
- B. Skills shall be verified annually by the Provider.
- C. The ALS Provider shall maintain documentation of the verification which shall be available upon request by the Division.
- D. Documentation shall include the following:
 - i. Roster
 - 1. Date
 - 2. Record of Participant Performance
 - ii. Course Outline
 - 1. Brief Overview
 - 2. Objectives
 - 3. Comprehensive Outline
 - 4. Method of Evaluation
 - iii. Copy of the Skills Verification Sheet
 - iv. Program Evaluation
 - v. Approved Instructor
 - a. Resume to the Division
 - b. Approval by the Division

VI. APPENDIX A – PARAMEDIC SKILLS VERIFICATION FORM

Kern County

Emergency Medical Services Division

Paramedic Skills Verification

Cricothyrotomy:

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____

Signature: _____

Thoracic Decompression:

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____

Signature: _____

Endotracheal Intubation - Pediatric

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____

Signature: _____

Endotracheal Intubation - Adult

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____

Signature: _____

Interosseous Needle Placement:

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____

Signature: _____

Paramedic Name (Print): _____

Paramedic Signature: _____

Paramedic License #: _____ Date: _____

EMS Coordinator Name: _____

EMS Coordinator Signature: _____

Date of Approval: _____

Revision Log

2/6/2014 – Presented at EMS System Collaborative

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