



**Sacramento County  
Emergency Medical Services Agency**

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Email: [SCEMSAInfo@saccounty.gov](mailto:SCEMSAInfo@saccounty.gov)

**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. Needle Chest Decompression: Per SCEMSA PD# 8015										
2. Pediatric Airway Management Per SCEMSA PD# 8837										
3. Adult Airway Management: Per SCEMSA PD# 8020										
4. Hemorrhage Control: Per SCEMSA PD# 8065										
5. Transcutaneous Cardiac Pacing & Cardioversion (Adult and Pediatrics) SCEMSA PD# 8810										
6. External Jugular (EJ) IV Cannulation										
7. - Medication Administration: Nerve Agent Exposure PD# 8027 Ketamine PD# 8066 Epinephrine dilution										
8. Emergency Childbirth Per SCEMSA Policy 8042										
9. Interosseous Placement and Infusion (in order of preference): SCEMSA PD# 8808-Vascular Access										
<table border="1" style="width: 100%; border-collapse: collapse;"> <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 Tibia</td> </tr> <tr> <td>Distal Tibia</td> <td>Distal Femur</td> </tr> </tbody> </table>	<u>Adult</u>	<u>Pediatric</u>	Proximal Humerus	Proximal Tibia	Proximal Tibia	Proximal Tibia	Distal Tibia	Distal Femur		
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Proximal Humerus	Proximal Tibia									
Proximal Tibia	Proximal Tibia									
Distal Tibia	Distal Femur									

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

\_\_\_\_\_  
Signature of:  
EMS Coordinator/EMS Training Coordinator

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date