# Delta County Medical Control Authority
## ANNUAL COMPETENCY CHECKLIST
## **MFR/EMR**

PROVIDER NAME _____ DATE_____

Method Key: **V** = Video, **L** = Lecture, **D** = Demonstration, **M** = Manual, **S** = Simulation, **T** = Testing, C= Computer, **O** = Other

| Item | Date | Method | Performed Employee Initial | Understood Employee Initial | Competent Instructor Initial |
|---|---|---|---|---|---|
| **System Policies** | | | | | |
| Advanced Directives | | | | | |
| Blood borne Pathogens/Infection Control | | | | | |
| Documentation (EPCR) | | | | | |
| Protocol Review | | | | | |
| | | | | | |
| **Procedures Review** | | | | | |
| AED | | | | | |
| Airway (OPA, NPA, i-Gel) | | | | | |
| Aspirin | | | | | |
| Bandaging / Pressure Dressings/ Tourniquets | | | | | |
| Child Birth | | | | | |
| Epinephrine IM | | | | | |
| Glucose (oral) | | | | | |
| Helmet Removal | | | | | |
| MDI | | | | | |
| Narcan | | | | | |
| Patient Restraints | | | | | |
| Spinal Precautions | | | | | |
| Splinting | | | | | |
| Sucking Chest / Evisceration | | | | | |
| Suction | | | | | |
| Vital Signs | | | | | |
| | | | | | |
| **Equipment** | | | | | |
| Airway Adjuncts / i-Gel | | | | | |
| Auto/Manual Blood Pressure Cuff | | | | | |
| BVM / Pocket Mask | | | | | |
| C-Collar | | | | | |
| Cot | | | | | |
| et$CO_2$ (colorimetric) | | | | | |
| Extrication Equipment | | | | | |
| Glucometer | | | | | |
| Hot / Cold Packs | | | | | |
| Infant Restraints / Car seats | | | | | |
| Oxygen | | | | | |
| Splints | | | | | |
| Splints, Traction | | | | | |
| Stair Chair | | | | | |
| Suction | | | | | |
| Tourniquets | | | | | |
| | | | | | |

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| **Specialized Training** | | | | | |
|---|---|---|---|---|---|
| BLS | | | | | |
| NIMS | | | | | |
| Other Training: | | | | | |
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