Delta County Medical Control Authority
ANNUAL COMPETENCY CHECKLIST
PARAMEDIC

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					
Bloodborne Pathogens/Infection Control					
Documentation (EPCR)					
Protocol Review					
EPIC					
Procedures Review					
12- Lead ECG					
AED					
Airway (OPA, NPA ETT, King LT)					
Bandaging / Pressure Dressings					
Capnography					
Cardiac Monitor					
Chest Tube Care					
Childbirth					
CPAP					
Defibrillation / Cardioversion / Pacing					
Evisceration					
Foley Catheter Care					
Intranasal Medication					
IV/IO Therapy					
Medication Administration (IV,IM,IO,IN & PO)					
Nebulizer Aerosol					
Needle Cricothyrotomy					
Needle Pleural Decompression					
NG Tube					
Patient Restraints					
Spinal Precautions					
Splinting					
Sucking Chest Wound					
Suction (Oral/ETT)					
Tourniquets					
Vital Signs					

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Equipment					
Automatic Blood Pressure Machine					
Blanket / IV Warmer					
Blood Glucose					
BVM / Pocket Mask					
Cardiac Monitor					
Cervical Collars					
Chest Seal					
Commercial Tourniquet					
Cot					
Extrication Equipment					
EZ-IO					
Hot/ Cold Packs					
Infant Restraints / Car seats					
Infant Warmer					
iTClamp (agency optional)					
IV Pump					
Oxygen					
Portable Ventilator					
Splints, Other					
Splints, Traction					
Stair Chair					

Specialized Training					
BLS					
ACLS					
PALS					
NIMS					
ITLS					
Other Training					