Delta County Medical Control Authority

ANNUAL COMPETENCY CHECKLIST

EMT

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, NP, SGA)					
Albuterol Nebulization/ MDI					
Aspirin					
Bandaging / Pressure Dressings/ Tourniquets					
Childbirth					
CPAP					
Epinephrine IM					
Glucagon IM					
Glucose (oral)					
Helmet Removal					
iTClamp (agency option)					
Narcan					
Nitroglycerin					
Patient Restraints					
Spinal Precautions					
Splinting					
Sucking Chest / Evisceration					
Suction					
Vital Signs					

Delta County Medical Control Authority
ANNUAL COMPETENCY CHECKLIST
EMT

Equipment					
Airway Adjuncts / SGA					
Auto / Manual Blood Pressure Cuff					
BVM / Pocket Mask					
C-Collar					
Cot					
etCO_2 (capnometry)					
Extrication Equipment					
Glucometer					
Hot / Cold Packs					
Child / Infant Restraints / Car seats					
Oxygen					
Splints, Other					
Splints, Traction					
Stair Chair					
Suction					
Tourniquets					

Specialized Training					
BLS					
NIMS					
Other Training:					