

County of San Luis Obispo Public Health Department  
 Division: Emergency Medical Services Agency

Policy 342 Attachment C  
 Effective Date: 01/01/2026

## SKILLS VERIFICATION CHECKLISTS

PARAMEDIC INFORMATION			
Last Name:	First Name and Middle Initial:		
FTO/Designee:	Date Verified:		
ADULT INTUBATION			
<b>Objective:</b> Describe the indications for adult oral intubation and demonstrate the ability to proficiently perform the procedure			
<b>Equipment:</b> Appropriate PPE, adult intubation manikin, laryngoscope handle, adult laryngoscope blades, adult endotracheal tubes, malleable stylet, flex guide ETT introducer, 10 mL syringe, tape or tube holder, stethoscope, oropharyngeal airway (OPA), bag-valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, ETCO2 monitoring equipment.			
<b>Performance Criteria:</b> The paramedic will be required to adequately describe the indications for adult oral intubation and proficiently perform the procedure on a manikin.			
STEP	DESCRIPTION	PASS	FAIL
<b>1</b>	Verbalizes/demonstrates use of appropriate PPE		
<b>2</b>	Verbalizes indications for adult oral intubation: -Cardiac arrest -Respiratory arrest or severe compromise -Sustained altered mental status with GCS $\leq$ 8 (relative indication) -Impending airway edema in the setting of respiratory tract burn or anaphylaxis (relative indication) -Paramedic discretion		
<b>3</b>	Verbalizes the following during Cardiac Arrest: -Oral Intubation should be utilized for a nonpatent/ compromised airway and in maintained ROSC -Chest compressions should be uninterrupted during the intubation procedure on the Pt with a nonpatent airway		
<b>4</b>	Prepares equipment for procedure: -Ensures suction device is available and working -Ensures flex guide ETT introducer is available for difficult intubations -Selects proper size ET tube and checks cuff for patency -Inserts stylet so end is not protruding past end of endotracheal tube -Selects appropriate laryngoscope blade, attaches to handle and checks light		

<b>5</b>	Places patient's head in sniffing position		
<b>6</b>	Instructs other rescuer to stop ventilations and removes OPA (if in place)		
<b>7</b>	May consider cricoid pressure or external laryngeal manipulation		
<b>8</b>	Inserts blade into mouth with a right to left sweeping motion while displacing tongue		
<b>9</b>	Applies upward lifting action with laryngoscope without using teeth as a fulcrum		
<b>10</b>	Visualizes glottic opening		
<b>11</b>	Inserts ET tube from right pharynx, passing tube through the glottic opening (intubation attempt should take no longer than 30 seconds)		
<b>12</b>	Removes laryngoscope		
<b>13</b>	Inflates cuff with sufficient volume of air and disconnects syringe		
<b>14</b>	Attaches BVM to ET tube and ventilates at appropriate rate and volume		
<b>15</b>	Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO <sub>2</sub> monitoring methods based on available equipment		
<b>16</b>	Properly secures ET tube using tape or commercial tube holder		
<b>17</b>	Reevaluates tube placement after each patient movement		
<b>18</b>	Demonstrates proper use of the flex guide ETT introducer for difficult intubations		

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CARDIAC ARREST MANAGEMENT (CAM)			
<p><b>Objective:</b> Demonstrate effective management of a patient in cardiac arrest using San Luis Obispo County HPCPR Procedure # 712.</p>			
<p><b>Equipment:</b> Appropriate PPE, adult defibrillation manikin, cardiac rhythm simulator, monitor/defibrillator, defibrillation electrodes. Cardiac medications. BLS and ALS airway management supplies. Vascular access supplies. Manikin capable of CPR quality feed back (SmartMan).</p>			
<p><b>Performance Criteria:</b> The paramedic will be required to adequately manage a cardiac arrest scenario and perform effective CPR for 200 compressions. Management of the cardiac arrest will involve personnel, medications, and treatment.</p>			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Accurately identifies role and responsibilities including: -Identifying roles to other responders, organization and timing of care, destination decision, base hospital contact		
3	Confirms adequate compression rate and depth with full recoil: -Compressions 100—120 /min ( goal 110/min) -Depth 2-2.5 inches		
4	Ensures adequate ventilation rate and volume: -Ventilate every 10th compression -Volume 200-400 mL -ALS airway		
5	Establishes ETCO2 as soon as possible		
6	Verbalizes or demonstrates vascular access and appropriate drug administration at appropriate intervals		

7	-At 200 compressions charges the monitor -Continues compressions while the monitor is charging		
8	Once the monitor is fully charged advises to stop compressions to analyze rhythm (< 3 seconds)		
9	Rhythm analysis: -Shockable Rhythm - all shocks @ 200J– immediately continues compressions -Non-Shockable Rhythm—dumps charge— immediately continues compressions -Organized Rhythm > 40 bpm– dumps charge- pulse check -Organized Rhythm ≤ 40 bpm—dumps charge– immediately continues compressions for 2 min		
10	Switches Compressor every 200 compressions ( 2 min)		
11	Verbalizes Post ROSC Management: -Obtain full set of vital including a 12 Lead -Re-evaluate the Pt's airway- intubate if Pt remains unresponsive -Management of the Pt's Blood Pressure		
<b>CPR SKILLS</b>			
1	Must be able to perform a 200 compression cycle on a SmartMan or equivalent manikin with the majority of compressions being at the correct depth and rate		
2	Ability to correctly ventilate at 200mL volume every 10th compression during 2 minutes of CPR while counting out loud		

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CARDIAC ARREST MANAGEMENT (CAM) PEDIATRIC
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**Objective:** Demonstrate effective management of a pediatric patient in cardiac arrest using San Luis Obispo County HPCPR Procedure # 712.

**Equipment:** Appropriate PPE, pediatric defibrillation manikin, cardiac rhythm simulator, monitor/defibrillator, defibrillation electrodes. Cardiac medications. BLS airway management supplies. Vascular access supplies.

**Performance Criteria:** The paramedic will be required to adequately manage a pediatric cardiac arrest scenario and perform effective CPR for 200 compressions. Management of the cardiac arrest will involve personnel, medications, and treatment.

STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Accurately identifies role and responsibilities including: -Identifying roles to other responders, organization and timing of care, destination decision, base hospital contact -Confirms/ Identifies if Pt is a newborn, 1day to 1month, or > 1 month: Newborn CPR 3:1 1 day to 1 month-CPR 15:2 > 1 month –HPCPR 10:1 -Appropriately uses the Broselow Tape to assess the pts weight		
3	Confirms adequate compression rate and depth with full recoil: -Compressions 100—120 /min ( goal 110/min) -Compression Depth 1/3 the depth of the chest -SGA placement		
4	Ensures adequate ventilation rate and volume: -Just enough to make the chest rise		
5	Establishes ETCO2 as soon as possible		

6	Verbalizes or demonstrates vascular access and appropriate drug administration at appropriate intervals		
7	-At 200 compressions charges the monitor -Continues compressions while the monitor is charging		
8	Once the monitor is fully charged advises to stop compressions to analyze rhythm (< 3 seconds)		
9	Rhythm analysis: -Shockable Rhythm - shocks – immediately continues compressions- subsequent shocks at 2 J/kg, 4 J/kg -Non-Shockable Rhythm—dumps charge— immediately continues compressions -Organized Rhythm > 60 bpm– dumps charge- pulse check -Organized Rhythm ≤ 60 bpm—dumps charge– immediately continues compressions for 2 min		
10	Switches Compressor every 200 compressions ( 2 min)		
11	Verbalizes Pre Transport Management: -Emphasizes resuscitation and HPCPR rather than immediate transport -IV/IO -Management of airway -First round of Epinephrine followed by 2 min of HPCPR		
<b>CPR SKILLS</b>			
1	Must be able to perform a 200 compression cycle on a pediatric manikin with the majority of compressions being at the correct depth and rate		
2	Ability to correctly ventilate at the correct volume every 3rd or 10th (proctors choice) compression during 2 minutes of CPR while counting out loud		

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NEEDLE CRICOTHYROTOMY			
<p><b>Objective:</b> Describe the indications/contraindications for needle cricothyrotomy and demonstrate the ability to proficiently perform the procedure.</p>			
<p><b>Equipment:</b> Appropriate PPE, cricothyrotomy manikin, antiseptic agent, tape, 10 ml syringe, 12ga or 14ga over-the-needle catheter, 3mm ET tube– cut distal end to make tube approximately 2 inches, bag-valve mask (BVM).</p>			
<p><b>Performance Criteria:</b> The Paramedic will be required to describe the indications/contraindications for needle cricothyrotomy and proficiently perform the procedure on a cricothyrotomy manikin.</p>			
STEP	DESCRIPTION	PASS	FAIL
<b>1</b>	Verbalizes/demonstrates use of appropriate PPE		
<b>2</b>	Verbalizes indications for needle cricothyrotomy: -Inability to maintain the airway with standard airway procedures. Typically involves patients with one or more of the following: -Epiglottitis -Fractured larynx -Facial burns with upper airway involvement -Laryngeal edema or spasm -Massive facial Trauma		
<b>3</b>	Assembles and checks the equipment: -Bag-valve-mask device -Large bore IV catheter -10 mL syringe -3.0 mm ET -If using commercially available device, follow manufacturer’s guidelines		
<b>4</b>	-Places the Pt supine and hyperextends the neck -Stabilizes larynx -Locates cricoid membrane		

<b>5</b>	Inserts needle through cricothyroid membrane at midline directing at a 45° angle		
<b>6</b>	Aspirates syringe to confirm proper placement in trachea		
<b>7</b>	Advances catheter while stabilizing needle		
<b>8</b>	Removes needle and immediately disposes in sharps container		
<b>9</b>	Attaches ventilation device and begins ventilation (1 second for inflation, 2 seconds for exhalation using a cut 3mm ET tube and BVM)		
<b>10</b>	Secures catheter		
<b>11</b>	Observes chest rise and auscultates lungs to assess adequacy of ventilation		
<b>12</b>	Continues ventilation while observing for possible complications (subcutaneous emphysema, hemorrhage, hypoventilation, equipment failure, catheter kink, false placement)		

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NEEDLE THORACOSTOMY			
<p><b>Objective:</b> Describe the indications for needle thoracostomy and demonstrate the ability to proficiently perform the procedure.</p>			
<p><b>Equipment:</b> Appropriate PPE, thoracostomy manikin or simulated chest, large IV catheter (10-12 Ga.), syringe, one-way valve i.e. Asherman Chest Seal, Anti-septic products, (povidone-iodine and alcohol), stethoscope.</p>			
<p><b>Performance Criteria:</b> The paramedic will be required to describe the indications/contraindications for needle thoracostomy and proficiently perform the procedure on a manikin or simulated chest.</p>			
STEP	DESCRIPTION	PASS	FAIL
<b>1</b>	Verbalizes/demonstrates use of appropriate PPE		
<b>2</b>	Verbalizes indications for needle thoracostomy: -Suspected tension pneumothorax with significant respiratory compromise: -Deteriorating respiratory status -Decreased SBP, increased HR -Diminished lung sounds on the affected side -Jugular vein distension -Hyper-resonance to percussion on the affected side -Tracheal shift (difficult to assess) -Increased resistance with ventilation ( BVM, ET)		
<b>3</b>	Verbalizes/identifies approved needle thoracostomy sites: -Mid- clavicular line 2nd intercostal space and mid-axillary 4th intercostal space		
<b>4</b>	Prepares site using aseptic technique		
<b>5</b>	Removes end cap from catheter and attaches empty 10 mL syringe		

<b>6</b>	Inserts needle with syringe attached into skin at a 90°angle just over the superior border of the rib		
<b>7</b>	Advances catheter until air is freely aspirated		
<b>8</b>	Removes syringe and needle and leaves catheter in place		
<b>9</b>	Secures the catheter and provides for a Asherman Chest Seal or equivalent if possible.		
<b>10</b>	Rechecks breath sounds and closely monitors patient status		

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INTRASOSSEOUS INFUSION			
<b>Objective:</b> Describe the indications and contraindications for manual/powered IO device utilization and demonstrate the ability to proficiently perform the procedure.			
<b>Equipment:</b> Appropriate PPE, IO manikin, powered IO device/needle, needle securing supplies, antiseptic agent, 10 mL syringe, flush solution or prefilled syringe, IV extension set, IV administration set, IV solution.			
<b>Performance Criteria:</b> The Paramedic will be required to describe the indications / contraindications for IO and proficiently perform the procedure on a IO manikin.			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for IO infusion: -GCS < 8 with : -Hemodynamic Instability -Respiratory Distress -Cardiac Arrest		
3	Verbalizes contraindications for IO infusion: -Fracture of the proximal tibia or femur -Knee replacement -Previous IO attempts at the same site within 24 hours -Inability to locate landmarks		
4	Prepares equipment for procedure: -Primes extension set with normal saline -Assembles IV bag, and IV tubing Fills 10 mL syringe with normal saline flush solution (or uses prefilled syringe) -Fills 10 mL syringe with normal saline flush solution (or uses prefilled syringe) -Selects appropriate size needle or device (based on manufacturer) -Attaches needle to driver (based on manufacturer) -Consider lidocaine		

5	Verbalizes/selects appropriate IO site: -Proximal Tibia: Approximately 3 cm (2 finger widths) below the patella and approximately 2 cm (1 finger width) medial, along the flat aspect of the tibia - Humeral Head: Approximately 1–2 cm above the surgical neck, on the most prominent aspect of the greater tubercle - Medial Malleolus: Approximately 3 cm proximal to the most prominent aspect of the medial malleolus		
6	Preps IO site using aseptic technique		
7	Inserts IO needle according to manufacturer specific instructions		
8	Stabilizes needle, removes stylet from catheter and places in sharps container. Administers 10 mL flush of normal saline		
9	Attaches primed extension set to IO catheter and secures IO needle		
10	Connects fluids to extension set using IV tubing and administers fluid by applying pressure to the fluid bag if necessary to achieve desired rate		
11	Dresses site and secures tubing		
12	Checks administration rate and IO site for infiltration		

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ADULT CARDIOVERSION			
<b>Objective:</b> Describe/recognize the indications for synchronized cardioversion and proficiently perform the procedure.			
<b>Equipment:</b> Appropriate PPE, adult defibrillation manikin, cardiac rhythm simulator, monitor/defibrillator, defibrillation electrodes.			
<b>Performance Criteria:</b> The paramedic will be required to adequately describe/recognize the indications for synchronized cardioversion on an adult and pediatric patients and proficiently perform the procedure on a manikin.			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for synchronized cardioversion: -Persistent tachycardia causing hemodynamic instability: -Hypotension SBP< 100 -Acutely altered mental status -Signs of shock /evidence of poor perfusion -SOB -Pulmonary Edema		
3	Recognizes rhythm on the monitor requiring cardioversion: -Obtains a 12 lead if possible		
4	Verbalizes consideration of pre-cardioversion sedation: -Midazolam: 2mg slow IV or 5 mg IN (split between nostrils) -Pediatric Midazolam: 0.1mg/kg slow IV/ IN		
5	Correctly applies defibrillation electrodes		
6	Ensures that 'SYNC' button on the monitor is selected and that the synchronization indicators are active on the QRS complex		

7	Selects appropriate initial cardioversion dose: -Narrow regular: 50 J, 70/75 J, 100J, 120 J, 150 J, 200 J ( SVT) -Wide regular: 100 J,120 J, 200 J (V-Tach with a pulse) -Narrow irregular: 200 J (A-Fib RVR) -Pediatrics start at 1J/kg max 2 J/kg		
8	Charges defibrillator		
9	Verbally states "CLEAR" and visually checks that other rescuers are clear and delivers cardioversion		
10	-Reassesses and properly identifies cardiac rhythm on the monitor -Obtains a 12 lead		