

Name: _____ Service: _____



VEFR	EMR	EMT	District Six DMA BLS Skills Verification
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Instructions: Review the skills and indicate if the person is proficient or not proficient of **each skill listed** for recertification / relicensure. Using the Evaluation key note how the skill was evaluated. Date and sign after each skill. Once all skills have been verified then both the recertification / relicensure candidate and head of service or training officer should complete the bottom signature section. The BLS record is maintained by the service for credentialing and is **not** provided to District Medical Advisor (DMA).

Accepted reviewers: Training Officer (TO) may review any member of their service that have an equivalent level of licensure or lower. The Head of Service (HOS) will review the TO, as long as they have the equivalent level of licensure of lower. The District Medical Advisor (DMA), District Training Coordinator (DTC), or their designee will review each HOS and any responders that have a licensure level above TO/HOS.

Method of Evaluation Key: O = Direct Field Observation / Documentation of Calls S = Squad Training or Simulation Lab D = Demonstrated (one on one) V = Vector Assignment Completed & Verified Performance				Skill Performance on Incidents	Method of Eval (Use the Instruction Key on Left)	Evaluation Summary			
						Competency Verified			
VEFR	EMR	EMT	Item of Proficiency	Standard of Proficiency and Vector/Web Resource	"Suggested" Minimum # of incidents	O / S D / V Not Prof	Date Completed	Reviewer Name & License	Reviewer Signature

Vermont Emergency First Responder (VEFR) Skills

X	X		Manual Spinal Stabilization	<i>Refer to first section on page 3 of VT Protocol 4.6 or Vector Activity "Spinal Motion Restriction1"</i>	One			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
X	X		Med Admin: Epinephrine Autoinjector	<i>Refer to VT Protocols 2.2: Allergic Reaction or Vector Activity "Epi-Pen Assist"</i>	None; Must Demonstrate			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
MDI	MDI	BOTH	Med Admin: Inhalation (MDI / NEB)	<i>Refer to VT Protocols 2.4A: Asthma / COPD / RAD or Vector Activity "MDI Assist"</i>	None; Must Demonstrate			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
X	X	X	Wound Care: Pressure Dressing / Tourniquet	<i>Refer to VT Protocols 4.4: Hemorrhage Control and 6.6: Tourniquet & Hemostatic Agent; or Vector Activity "Tourniquet"</i>	None; Must Demonstrate			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
X	X		Wound Care: Extremity Splinting	<i>Refer to VT Protocol 4.5: Musculoskeletal Injuries or Vector Activity "Splinting"</i>	None; Must Demonstrate			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____

Vermont Emergency Medical Responder (EMR) Skills

X	X		BLS Airway: (OPA / NPA); Suctioning; BVM Vent.	<i>Refer to VT Protocols 5.0 - 5.1; or Vector Course "CAPCE - Airway Management"</i>	None; Must Demonstrate			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
X	X		Resuscitation Academy: Adult (or equivalent training)	<i>Refer to VT Protocol: Cardiac Arrest - Adult AND Vector Course "Vermont Adult Resuscitation Academy"</i>	None; Must have Completed training in last two years	COURSE COMPLETE		Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
X	X		Resuscitation Academy: Pediatric (or equivalent training)	<i>Refer to VT Protocol: Cardiac Arrest - Pediatric AND Vector Course "Vermont Pediatric Resuscitation Academy"</i>	None; Must have Completed training in last two years	COURSE COMPLETE		Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____

Vermont Emergency Medical Technician (EMT) Skills

		X	Advanced Spinal Assessment / Restriction	<i>Refer to VT EMS Protocol 4.6 for performance of the assessment and spinal motion restriction or review Vector Activity "Adv Spinal Assessment - Motion Restriction"</i>	Three			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
		X	Assessment: Chest Pain / 12-lead	<i>Refer to VT EMS Protocol 3.0 - Acute Coronary Syndrome and Protocol 6.0: ECG Acquisition and Transmission or review Vector Course "CAPCE - Cardiac Emergencies Basic"</i>	Two			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
		X	Assessment: Respiratory Adult / Pedi	<i>Refer to VT EMS Protocols 2.4A (Asthma / COPD / RAD Adult) & 2.4.P (Asthma / Bronchiolitis / RAD / Croup Pediatric) or review Vector Course "CAPCE - Respiratory Emergencies - Basic"</i>	Three Adult and One Pediatric			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
		X	Assessment: Stroke / FAST-ED	<i>Refer to VT EMS Protocol 2.26: Stroke - Adult AND Vector Activity: VTEMS - 2022 Stroke Training"</i>	Two			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
		X	Pediatric Resuscitation: Length Tape / HANDTEVY	<i>Refer to VT EMS Protocol 1.2, bullet #3 under "Patient Approach". Identify weight limit of pedi vs adult patient. Review Vector Course "CAPCE - Pediatric Emergencies - Basic"</i>	One			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
		X	Restraint: Physical	<i>Refer to VT EMS Protocol 6.4: Restraints for the EMT/AEMT Section or review Vector Course "CAPCE - Understanding and Restraining Patients with Excited Delirium"</i>	None; Must Demonstrate			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
		X	Advanced Splint: Pelvic Binder & Traction Splint	<i>Refer to VT EMS Protocol 4.12: Traumatic Emergencies AND Protocol 4.5: Musculoskeletal Injuries; or review Vector Activity "Pelvic Binder" and Vector Course "CAPCE - Femur Fractures"</i>	One			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
		X	Termination of Resuscitation	<i>Refer to VT EMS Protocols 8.17: Resuscitation Initiation & Termination; AND 4.11: Traumatic Cardiac Arrest (TCA). Review Termination Protocol with a provider.</i>	None; Must Demonstrate			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
		X	Wound Care: Occlusive & Hemostatic Dressings	<i>Refer to VT Protocols 4.4: Hemorrhage Control and 6.6: Tourniquet & Hemostatic Agent; or review Vector Course "CAPCE - Thoracic Emergencies - Basic"</i>	One			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____

Provider Name

Provider Signature

Date

By signing below the Training Officer / Head of Service confirms that the responder named above has demonstrated proficiency in the hands on skills and training listed above. The Training Officer/Head of Service also attests that the provider demonstrates overall competency at the licensed level as determined by the NREMT Guidelines, State of Vermont protocols, and Vermont EMS District Six requirements.

Training Officer / Head of Service Name

Signature

Date