

**Alaska Community Health Aide Program
Emergency Skills Checklist**



CHAP Responsibility: Keeping and completing this checklist is your responsibility. Give checklist to the supervisors, instructors, CHAP peers and other health care providers who teach you and practice these skills with you. Bring it to training.

Employer/Supervisor Responsibility: Sign your name and other information below. Initial as CHAP has been taught and/or practiced skill. Keep a copy in CHAP's personnel file.

Training Center/Instructor Responsibility: Sign your name and other information below. Initial as CHAP has been taught and/or practiced skill during training sessions. Copy and give original to CHAP by end of session.

Village/Innate and EMS Instructor Responsibility: Sign your name and other information below. Initial as CHAP has been taught and practiced skill.

NAME/TITLE _____ INITIALS AGENCY DATE _____

CHA NAME: _____

VILLAGE: _____

Purpose: This is a tool to follow the CHAP's progress in acquiring skills in emergency medicine. This checklist is a record of skills taught in EMS training, reviewed in Community Health Aide (CHA) basic training, practiced and successfully performed in the field. It is to be initiated by the employing corporation during or immediately following ETT or EMT-I training and used by all Training Centers and Health Aide Instructors for the duration of CHAP & EMS training. The checklist attests that specific skills have been taught and practiced. These skills should continue to be reviewed and practiced frequently throughout the CHAP's career. This is not a certification document.

Instructions for use:

Column 1 "Taught in an EMS Course": Initiated and dated by instructor or supervisor when CHA completes EMS course. (These skills can also be taught separately if not covered in the EMS course.)

Column 2 "Reviewed in Basic Training": Initiated and dated by CHAP instructor when a skill is reviewed/demonstrated during CHAP Basic Training.

Column 3 "Peer Practice: Scenarios": Initiated and dated by a fellow CHAP when skills are practiced using scenarios.

Column 4 "Supervised Practice": Initiated and dated by supervisor, instructor, EMS personnel, etc. when a CHAP can demonstrate the skill without assistance, well enough to be entrusted to do it in a daily work situation at the time it was observed. It does not necessarily indicate ongoing proficiency.

Signing: This checklist may be signed by all health care providers authorized by the Training Center or the CHAP employing agency to do so. This may include EMTs, Paramedics, EMS Instructors, CHAPs, S/ICs, RNs, PHNs, NPs, PAs, CNMs, Physicians, and other health professionals who are proficient in the skills. (See last page for signature log.)

***Note:**
Use the State of Alaska EMS skills sheets for EMS skills instruction and practice.
The web address is www.chems.alaska.gov

Skill/Concept	Taught in an EMS Course	Reviewed in Basic Training				Peer Practice: Scenarios	Supervised Practice
		SI	SII	SIII	SIV		
Impaled object dressing							
Lacerations							
Traction Splints							
MAST Pants (PASG)							
Burns: Treatment							
Body surface area guidelines							
Cold Injuries: Hypothermia							
Frostbite							
Cold Water Near Drowning							
Emergency Delivery							
Medevac/Patient Transport							

Skill/Concept	Taught in an EMS Course	Reviewed in Basic Training				Peer Practice: Scenarios	Supervised Practice
		SI	SII	SIII	SIV		
EMT-I Skills							
Assisting with Prescribed Medications							
DCAP-BTLS							
Glasgow Coma Scale (GCS)							
Administer Medications (glucose, activated charcoal)							
Rapid Extrication							
EMT-II Skills							
Advanced airway							
Intravenous (IV) Access							
Intravenous (IV) Medications							
Intraosseous Infusion							
Administration of Medications (IM and SQ)							
EMT-III Skills							
Defibrillation using a Manual Defibrillator							
Cardiac Arrest							
Lethal Arrhythmia							

EMS Class Listing: (list level of class (ETT/EMT I, II, III or Recertification), instructor, and class dates)

Class Level	Instructor Name and Signature	Date of Class	Certification Exp.