COMPETENCY CHECKLIST
PROTECTIVE MEASURES

Technician: _____ Date: _____/_____/_____

AREA 3.4 PROTECTIVE MEASURES – MEDICAL			
No.	**Requirement**		
3.4.1	Given a simulated or tabletop scenario, the technician will identify the proper EMS components necessary to managing the responder health issues at the incident scene.	_____ (Signature)	__/__/__ (Date)
3.4.2	Given a simulated hazardous material incident, the responder will describe the function of the Medical Group within the incident command structure in accordance with the employer's emergency response plan and operational procedures.	_____ (Signature)	__/__/__ (Date)
3.4.3	Given a simulated incident or tabletop scenario and necessary meteorological condition information, the technician will demonstrate the ability to calculate the heat or cold stress index for operating personnel.	_____ (Signature)	__/__/__ (Date)
3.4.4	Given a simulated hazardous materials incident and while operating in the roll of safety, EMS or rehab, the technician will identify the importance of appropriate rehabilitation efforts.	_____ (Signature)	__/__/__ (Date)
3.4.5	The technician will identify the pre-entry medical considerations as outlined by the employer's emergency response plan and operational procedures.	_____ (Signature)	__/__/__ (Date)
3.4.6	Given a simulated incident or tabletop scenario with an onsite emergency involving a significant exposure of an emergency responder, the technician will demonstrate an understanding of the necessary decontamination, emergency medical care and follow-up medical procedures as identified by the employer's emergency response plan.	_____ (Signature)	__/__/__ (Date)

COMPETENCY CHECKLIST
PROTECTIVE MEASURES

AREA 3.4 PROTECTIVE MEASURES – MEDICAL			
No.	**Requirement**		
3.4.7	Given a simulated onsite medical emergency involving either a responder or victim, the technician will demonstrate the ability to provide appropriate emergency medical aid to the level of care identified by the employer's emergency response plan.	_____ (Signature)	__/__/__ (Date)
Evaluator Remarks			
		_____ (Signature)	__/__/__ (Date)