



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Independent Practice Paramedic		Policy Number: 318	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2023	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2023	
Origination Date:	June 1, 1997		
Date Revised:	September 14, 2023	Effective Date: December 1, 2023	
Date Last Reviewed:	September 14, 2023		
Review Date:	September 30, 2025		

- I. **PURPOSE:** To establish medical control standards for initial and ongoing competency of ALS personnel. This policy is intended to be one of quality improvement and quality assurance. This document defines a minimum set of expectations related to Paramedic training and ongoing performance. The LEMSA Medical Director, in coordination with the ALS agency medical director / designee, will maintain and monitor these minimum expectations continuously.
- II. **AUTHORITY:** Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200  
22 CCR Division 9, Chapter 4, Sections 100146, 100148, 100168, 100170, 100402, 100404
- III. **DEFINITIONS:**
  - A. **ALS Patient Contact:** A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of central line monitoring, blood glucose testing, 3 or 4-lead cardiac monitoring and pulse oximetry.
  - B. **ALS Response Unit:** First Response ALS Unit, Paramedic Support Vehicle, or ALS Ambulance per VCEMS Policies 506 and 508.
  - C. **Field Training Officer (FTO):** An agency designation for those personnel qualified to train/evaluate prehospital personnel on job-related tasks, policies, and procedures.
  - D. **Independent Practice Paramedic:** The status a Paramedic will achieve upon successful completion of the accreditation requirements outlined in VCEMS Policy 315 – Paramedic Accreditation to Practice, in addition to agency training requirements that meet/exceed requirements listed in this policy
  - E. **Paramedic Preceptor:** A Paramedic, as identified in VCEMS Policy 319 – Paramedic Preceptor, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a FTO, when designated by that individual’s agency.
- IV. **POLICY:**
  - A. ALS response units will be staffed with a minimum of one independent practice paramedic who meets the requirements outlined in this policy.

- B. The ALS agency medical director / designee will be responsible for the oversight of training and education programs for that agency and ensuring prehospital personnel working within that agency are proficient in their skills and have an adequate knowledge of VCEMS policies and procedures.
  - 1. ALS agency medical director / designee will be required to sign agency authorization form (Appendix A) to attest that the Paramedic meets the initial performance standards outlined in this policy. Additionally, the ALS agency medical director / designee will be required to meet with and assess the Paramedic's overall competency and readiness, and will sign the Independent Practice Authorization Procedure (Appendix B).

V. PROCEDURE:

- A. A Paramedic will be granted independent practice status unit upon completion of standards established by the LEMSA Medical Director. At a minimum this training will include, but not be limited to, the following:
  - 1. 240 of direct field observation by an authorized Paramedic FTO
    - a. This will include a minimum of 30 patient contacts, at least half of which will be ALS (minimum 15 ALS contacts).
      - i. The patient contacts obtained during the accreditation application process may be included as part of the ALS contacts requirement outlined above. It should be noted that the contacts utilized as part of the accreditation application process shall only include those medications and procedures outlined in the basic Paramedic scope of practice.
    - b. For those Paramedics with a minimum of three (3) years prehospital field experience performing ALS assessment and care may have this requirement reduced at the discretion of the LEMSA Medical Director.
  - 2. Approval by the Paramedic FTO who evaluated the majority of the field observation and patient contacts
  - 3. Successful completion of competency assessments
    - a. Scenario based skills assessment conducted by the Paramedic's preceptor, clinical manager/coordinator, or ALS agency medical director / designee
    - b. Demonstrated proficiency in VCEMS policies and procedures through successful passing of the VCEMS cognitive examinations (policy and ECG).
      - i. The minimum passing score is 80%. Candidates who do not successfully complete either examination with at least an 80% score may complete additional

training with the ALS agency medical director / designee prior to re-attempting the examination.

- B. In order to maintain independent practice status, the Paramedic will remain an active prehospital ALS provider for their particular ALS agency and will demonstrate ongoing proficiency in ALS assessment and care, as well as VCEMS policies and procedures.
  - 1. Demonstration of proficiency may be achieved in a variety of ways including direct observation of ALS assessment and care, case reviews, and ongoing testing of skills and proficiency in VCEMS policies and procedures.
  - 2. As part of the Paramedic's ongoing authorization, the ALS agency medical director / designee will attest that Paramedic continues to meet minimum performance standards outlined above.
- C. Independent practice status will lapse in the following circumstances:
  - 1. The Paramedic is no longer employed by an approved ALS provider agency in Ventura County.
  - 2. The paramedic is unable to maintain accreditation requirements outlined in VCEMS Policy 315 – Paramedic Accreditation to Practice
  - 3. The Paramedic has not functioned in an ALS capacity for at least six months.
  - 4. The Paramedic has not met mandatory continuing education and training requirements, as outlined in VCEMS Policy 334 – Prehospital Personnel Mandatory Training Requirements
- D. Re-authorization to function as an independent practice Paramedic for an ALS agency will require the Paramedic to demonstrate competency in skills and assessment, as well as VCEMS policies and procedures. The LEMSA Medical Director will establish requirements for demonstration of competency prior to re-authorization, in coordination with ALS Agencies.
- E. The ALS agency will provide quarterly reports to VCEMS. The reports will contain updates on status changes for independent practice paramedics, in addition to training (cognitive and/or psychomotor skills) completed that would be required to maintain independent practice status.
- F. VCEMS will maintain an ongoing QA/QI program related to records review, EMS Safety Event reporting, specialty care system(s).
  - 1. VCEMS, under the guidance of the LEMSA Medical Director, will work with ALS Agency representatives and ALS agency medical director / designee if an issue related to patient care and/or overall clinical performance of independent practice paramedic is observed.
    - a. Specific issues of concern will be reported and a plan to correct observed issue(s) will be conducted with all parties involved.

**EMPLOYER AUTHORIZATION FORM**

**Employer:** Please instruct the employee to complete the requirements in the order listed. Employer will submit to VCEMS once all requirements are completed.

\_\_\_\_\_ has been evaluated and has met all criteria for authorization to function in an ALS capacity.

<b>Paramedic</b>							
_____ Completion of 240 hrs of direct field observation by an authorized Paramedic FTO							
_____ Approval by Paramedic FTO							
_____ Submit all appropriate documentation to VCEMS							
	<b>Date</b>	<b>Hours</b>	<b>FTO</b> Print legibly		<b>Date</b>	<b>Hours</b>	<b>FTO</b> Print legibly
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			
<b>Total Hours Completed</b>							

**Please sign and date below for approval.**

I have reviewed all supporting documentation and it is attached to this recommendation.

Paramedic FTO Signature	Print FTO Name Legibly	Date
Agency Medical Director Signature	Print Agency Medical Director name legibly	Date
Employer Representative Signature	Print employer rep name legibly	Date

Appendix B

Ventura County EMS Independent Practice Authorization Procedure		240 hours or 10 shifts 30 patient contacts (minimum of 15 ALS)		
Policy	Procedure/Policy Title to Review	Date	FTO Signature	Method of Evaluation (see key)
<b>Shift 1: Cardiac</b>				
440	IFT for STEMI			
705.23	SVT			
705.25	VT			
705.24	Symptomatic Bradycardia			
705.09	Acute Coronary Syndrome			
727	Transcutaneous Cardiac Pacing			
726	12 Lead ECG			
<b>Shift 2: Cardiac (continued)</b>				
606	Determination of Death			
613	Do Not Resuscitate			
629	Hospice			
631	Mechanical CPR			
705.07	Cardiac Arrest – Asystole/PEA			
705.08	Cardiac Arrest – VF/VT			
733	Cardiac Arrest Management (CAM) and Post ROSC			
<b>Shift 3: Respiratory / Airway Management</b>				
710	Airway Management			
711	Waveform Capnography			
705.21	Shortness of Breath – Pulmonary Edema			
705.22	Shortness of Breath – Wheezes/other			
729	Supraglottic Airway Devices			
<b>Shift 4: Trauma</b>				
614	Spinal Motion Restriction			
705.01	Trauma Assessment/Treatment Guidelines			
705.11	Crush Injury			
705.19	Pain Control			
734	Tranexamic Acid Administration			
1404	Guidelines for Inter-facility Transfer of Patients to a Trauma Center			
1405	Trauma Triage and Destination Criteria			
<b>Shift 5: MCI / Air Medical</b>				
131	MCI			
1202	Air Unit Dispatch for Emergency Medical Response			
1203	Criteria for Patient Emergency Transportation			
<b>Shift 6: Medical: Neurological</b>				
451	Stroke System Triage			
460	IFT for Stroke			
705.03	Altered Neurological Function			
705.20	Seizures			
705.26	Suspected Stroke			
705.04	Behavioral Emergencies			
<b>Shift 7: Environmental Emergencies</b>				
607	Hazardous Material Exposure-Prehospital Protocol Heat			
612	Notification of Exposure to a Communicable Disease			
705.12	Emergencies			
705.13	Cold Emergencies			
705.05	Bites and Stings			
705.17	Nerve Agent / Organophosphate			
705.18	Overdose			
705.02	Allergic/Adverse Reaction and Anaphylaxis			

Ventura County EMS Independent Practice Authorization Procedure		240 hours or 10 shifts 30 patient contacts (minimum of 15 ALS)		
Policy	Procedure/Policy Title to Review	Date	FTO Signature	Method of Evaluation (see key)
<b>Shift 8: Medical - General</b>				
705	Treatment Protocol Cover Page			
705.00	General Patient Guidelines			
705.10	Childbirth			
705.14	Hypovolemic Shock			
705.15	Nausea/Vomiting			
705.16	Neonatal Resuscitation			
705.27	Sepsis Alert			
716	Pre-existing Vascular Access Device			
717	Intraosseous Infusion			
<b>Shift 9: Administrative</b>				
310	Paramedic Scope of Practice			
334	Prehospital Personnel Mandatory Training Requirements			
402	Patient Diversion/ED Closure			
603	Refusal of EMS Services			
618	Unaccompanied Minor			
704	Guidelines for Base Hospital Contact			
720	Guidelines for Limited Base Contact			
1000	Documentation of Prehospital Care			
<b>Shift 10: Review</b>				
	Review Policies and Procedures			
	ALS Agency Medical Director / designee Assessment			
	Complete VCEMS Policy and Arrhythmia Exams			

Paramedic Name: \_\_\_\_\_ License. # \_\_\_\_\_ Date: \_\_\_\_\_

FTO Signature \_\_\_\_\_ Date: \_\_\_\_\_

ALS Agency Medical Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>METHOD OF EVALUATION KEY</b>	
E = VCePCR Review	DO = Direct Observation in the field or clinical setting
S = Simulation/Scenario	V = Verbalizes Understanding to Preceptor
D = Demonstration	NA = Performance Skill not applicable to this employee
T = Test/Self Learning Module	

Appendix C

NAME		Agency	License #		
<b>Lecture Hours</b>					
Required Courses		# of Hours	Date	Location	Provider Number
1.	ACLS (4 hours)				
2.	Pediatric Course				
3.	CAM Course				
<p>EMS Updates are held in <b>May</b> and <b>November</b> each year. <b>EMS Updates</b> are completed as new or changed policies become effective. Enter <b>ACTUAL</b> Date of class attendance below:</p>					
EMS Update		Target Dates	Date	Location	Provider Number
3.	EMS UPDATE #1 (1 hour)	EMS Office Use			
	EMS UPDATE #2 (1 hour)	EMS Office Use			
	EMS UPDATE #3 (1 hour)	EMS Office Use			
	EMS UPDATE #4 (1 hour)	EMS Office Use			
4.	Ventura County MCI COURSE (2 hours)	EMS Office Use			
<p>Skill Refreshers are held in <b>March</b> and <b>September</b> each year. The following requirements must be completed in each year of your license cycle (<i>for example</i>: If your re-licensure month is June 2020, you must complete year one requirement between June 2018 and June 2019 and year two requirement between June 2019 and June 2020).</p>					
Paramedic Skills Lab		Target Dates	Enter <b>ACTUAL</b> Date of class attendance below:		
			Date	Location	Provider Number
5.	Skills Refresher year 1 (3 hours)	EMS Office Use			
6.	Skills Refresher year 2 (3 hours)	EMS Office Use			
<b>Field Care Audits / Miscellaneous Hours (12 hours)</b>					
	Date	# of Hours	Location		Provider Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					