

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: January 1, 2026
APPROVED: Medical Director:	Daniel Shepherd, M.D. 	Date: January 1, 2026
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- I. PURPOSE: To establish medical control standards for initial and ongoing competency of Ventura County Independent Practice Paramedics. 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 100091.02, 100091.04, 100096.01, 100096.03, 100251, 100253.
- III. DEFINITIONS:
 - A. ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310 – Paramedic Scope of Practice, 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: A Paramedic accredited in Ventura County to perform the paramedic basic and local optional scope of practice and who is authorized to function independently in accordance with 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 an 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 paramedics 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 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 Paramedic Authorization Form (Appendix A).

V. PROCEDURE:

- A. A paramedic will be authorized as an independent practice paramedic 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 Patient Contacts.
 - 1) The ALS Patient Contacts obtained during the Paramedic Accreditation Application process may be included as part of the ALS Patient Contact requirement outlined above.
 - b. For 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 FTO/Paramedic 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).
 - 1) 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 a paramedic 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. Maintaining 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 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 an 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.

Appendix A

INDEPENDENT PRACTICE PARAMEDIC AUTHORIZATION FORM

Independent Practice Paramedic Candidate: Complete the requirements in the order listed. Your employer will submit to VCEMS once all requirements are completed.

has been evaluated and has met all criteria for authorization as an Independent Practice Paramedic.

Independent Practice Paramedic Candidate

- Completion of 240 hours of direct field observation by an authorized Paramedic FTO
 - Approval by Paramedic FTO
 - Submit all appropriate documentation to VCEMS

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)
Shift 1: Cardiac				
440 705.23 705.25 705.24 705.09 727 726	IFT for STEMI SVT VT Symptomatic Bradycardia Acute Coronary Syndrome Transcutaneous Cardiac Pacing 12 Lead ECG			
Shift 2: Cardiac (continued)				
606 613 629 631 705.07 705.08 733	Determination of Death Do Not Resuscitate Hospice Mechanical CPR Cardiac Arrest – Asystole/PEA Cardiac Arrest – VF/VT Cardiac Arrest Management (CAM) and Post ROSC			
Shift 3: Respiratory / Airway Management				
710 711 705.21 705.22 729	Airway Management Waveform Capnography Shortness of Breath – Pulmonary Edema Shortness of Breath – Wheezes/other Supraglottic Airway Devices			
Shift 4: Trauma				
614 705.01 705.11 705.19 734 738 1404 1405	Spinal Motion Restriction Trauma Assessment/Treatment Guidelines Crush Injury Pain Control Tranexamic Acid Administration Out of Hospital Transfusion of Blood Products Guidelines for Inter-facility Transfer of Patients to a Trauma Center Trauma Triage and Destination Criteria			
Shift 5: MCI / Air Medical				
131 1202 1203	MCI Air Unit Dispatch for Emergency Medical Response Criteria for Patient Emergency Transportation			
Shift 6: Medical: Neurological				
451 460 705.03 705.20 705.26 705.04	Stroke System Triage IFT for Stroke Altered Neurological Function Seizures Suspected Stroke Behavioral Emergencies			
Shift 7: Environmental Emergencies				
607 612 705.12 705.13 705.05 705.17 705.18 705.02	Hazardous Material Incident Response Notification of Exposure to a Communicable Disease Heat Emergencies Cold Emergencies Bites and Stings Nerve Agent / Organophosphate Overdose 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)
Shift 8: Medical - General				
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			
Shift 9: Administrative				
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			
Shift 10: Review				
	Review Policies and Procedures ALS Agency Medical Director / designee assessment			
	Complete VCEMS Policy and Arrhythmia Exams			

METHOD OF EVALUATION KEY

E = VCePCR Review

S = Simulation/Scenario

D = Demonstration

T = Test/Self Learning Module

DO = Direct Observation in the field or clinical setting

V = Verbalizes Understanding to Preceptor

NA = Performance Skill not applicable to this employee

Please sign and date below for approval.

These signatures verify that all supporting documentation has been reviewed. The Independent Practice Paramedic Candidate is recommended for Independent Practice Paramedic Authorization:

Paramedic FTO Signature	Print FTO Name Legibly	Date
Agency Medical Director Signature	Print Agency Medical Director Name Legibly	Date
Employer Representative Signature	Print Employer Representative Name Legibly	Date