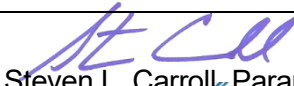



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Scope of Practice		Policy Number: 310	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2026	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2026	
Origination Date:	May, 1984	Effective Date: July 1, 2026	
Date Revised:	April 9, 2026		
Date Last Reviewed:	April 9, 2026		

- I. PURPOSE: To define the scope of practice of a Paramedic accredited and practicing in Ventura County.
- II. AUTHORITY: Health and Safety Code Section 1797.172 and 1797.185. California Code of Regulations, Division 9, Chapter 3.3, Sections 100091.01, 100091.02 and 100091.03.
- III. POLICY:
 - A. The medical director of the LEMSA may develop policies and procedures or establish standing orders allowing the paramedic to initiate any paramedic activity in the approved scope of practice without voice contact for medical direction from a physician, or mobile intensive care nurse (MICN), provided that an EMSQIP is in place.
 - B. An accredited/accrediting paramedic may perform any activity identified in Ventura County Policy 300: Emergency Medical Technician Scope of Practice, without requiring a separate certification.
 - C. A licensed paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this policy.
 - D. A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, may perform the following procedures or administer the following medications when such are approved by the medical director of the LEMSA and are included in the written policies and procedures of the LEMSA.
 - E. Basic Scope of Practice:
 1. Utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG).
 2. Perform defibrillation, synchronized cardioversion, and external cardiac pacing.

3. Visualize the airway by use of the laryngoscope and remove foreign body(ies) with Magill forceps.
4. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, adult oral endotracheal intubation, and pediatric oral endotracheal intubation for patients who are longer than the standard pediatric length-based tape.
5. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BiPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.
6. Institute intraosseous (IO) needles or catheters and institute intravenous (IV) catheters, saline locks, needles, or other cannula (IV lines), in peripheral veins.
7. Access Central Line Pre-existing Vascular Access Devices (PVAD) with emergent need for fluid and/or medications when a peripheral IV/IO site is not available. (e.g. PICC, tunneled catheters, or temporary dialysis catheters).
 - a. PVADs that require puncture of the skin are **NOT** to be accessed by paramedics. This includes any device without a visible external access port.
8. Administer IV or IO glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution.
9. Obtain venous blood samples.
10. Use laboratory devices, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to: glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).
11. Utilize Valsalva maneuver.
12. Perform needle thoracostomy.
13. Perform nasogastric and orogastric tube insertion and suction.
14. Monitor thoracostomy tubes.
15. Monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L.
16. Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral, or topical.

17. Administer, using prepackaged products when available, the following medications:
 - a. 5%, 10%, 25% and 50% dextrose
 - b. acetaminophen IV
 - c. activated charcoal
 - d. adenosine
 - e. aerosolized or nebulized beta-2 specific bronchodilators
 - f. amiodarone
 - g. aspirin
 - h. atropine sulfate
 - i. calcium chloride
 - j. diazepam
 - k. diphenhydramine hydrochloride
 - l. dopamine hydrochloride
 - m. epinephrine
 - n. fentanyl
 - o. glucagon
 - p. ipratropium bromide
 - q. lidocaine hydrochloride
 - r. lorazepam
 - s. magnesium sulfate
 - t. midazolam
 - u. morphine sulfate
 - v. naloxone hydrochloride
 - w. nitroglycerin preparations
 - x. ondansetron
 - y. pralidoxime chloride
 - z. sodium bicarbonate
 - aa. tranexamic acid
- F. Local Optional Scope of Practice (LOSOP)
 1. Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use by the medical director of the LEMSA, that have been approved by the Director of CalEMSA, in consultation with the Emergency Medical Services Medical Directors Association of California's (EMDAC) Scope of Practice Committee. Paramedics shall demonstrate

competency in performing these procedures and administering these medications through training and successful testing.

2. Ventura County LOSOP Approvals:
 - a. buprenorphine
 - b. blood products for 911 response
 - c. heparin IV for interfacility transports
 - d. hydroxocobalamin
 - e. nitroglycerin IV for interfacility transports