I. PURPOSE: To establish minimum requirements for designation as a Ventura County paramedic preceptor.

II. AUTHORITY: Health and Safety Code, Sections 1797.214 and 1798. California Code of Regulations, Title 22, Division 9, Section 100150

III. DEFINITIONS:

A. A field training officer (FTO) is an agency designation for those personnel qualified to train others for the purposes of EMT ALS-Assist authorization, paramedic accreditation, level I or level II Paramedic authorization/re-authorization.

B. The paramedic preceptor as identified in California Code of Regulations, is qualified to train paramedic student Interns. A paramedic preceptor may also be a FTO, when designated by that individual’s agency.

IV. POLICY:

A. A Paramedic may be designated a paramedic preceptor upon completion of the following:

1. Be a licensed paramedic in the state of California, working in the field for at least the last two (2) years

2. Be under the supervision of the principal instructor, program director and/or program medical director of the applicable paramedic training program.

3. 6 months, (minimum 1440 hours) practice in Ventura County as a level II paramedic.

4. Written approval submitted to VCEMS by employer.
5. Written approval submitted to VCEMS by the prehospital care coordinator at the base hospital of the area where the paramedic practiced the majority of the time.

6. Successful completion of a Ventura County Emergency Medical Services Agency (VCEMS) paramedic preceptor training course.

7. Written notification of intent to practice as a paramedic preceptor shall be submitted to VCEMS prior to preceptor working in this capacity.

B. A preceptor shall not precept or evaluate more than one person at a time.

C. Paramedic Interns: Preceptors must directly observe the performance of all “Critical Procedures” and must be located in a position to immediately assume control of the procedure. The preceptor may not be functioning in any other capacity during these procedures.

1. Critical Procedures:
   a. Endotracheal Intubation
      1) Paramedic Intern shall be limited to one attempt in difficult intubations (e.g., morbidly obese patients, neck or facial trauma, active vomiting, massive oropharyngeal bleeding). The intern will not make a second attempt.
   b. Needle Thoracostomy
   c. Intraosseous needle insertion
   d. Childbirth
   e. Medication Administration
   f. PVAD
   g. Intravenous Access when patient requires immediate administration of fluids and/or medication(s).

F. Paramedics acting as preceptors for paramedic interns need to meet State of California, Title XXII requirements and successfully complete the Ventura County Preceptor Training course.

G. Each preceptor will be evaluated by their intern or candidate at the end of their training period. This evaluation will be forwarded to the preceptor’s employer
Recommendation Form

Employer: Please instruct the Paramedic to complete the requirements in the order listed. Upon employer approval the employer will contact the PCC prior to Paramedic contacting PCC for approval.

________________________________________________________________________, Paramedic has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/he has met all criteria as defined in Ventura County EMS policies. I have reviewed documentation of such and it is attached to this recommendation.

Please initial the appropriate box

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<thead>
<tr>
<th>Paramedic Preceptor</th>
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<tbody>
<tr>
<td>_____ All the requirement of level II met.</td>
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<tr>
<td>_____ 6 months (minimum 1440 hrs.) practice in Ventura County as a Level II Paramedic.</td>
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<tr>
<td>_____ Successful completion of the VC EMS Preceptor Training course.</td>
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<tr>
<td>_____ Approval by employer</td>
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<td>_____ Approval by the PCC at the base hospital of the area where the Paramedic practiced the majority of the time during the previous year.</td>
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<td>_____ Notification of VC EMS</td>
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<td>_____ Completion of Curriculum Vitae</td>
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Please sign and date below for approval.

________________________________________________________________________
Employer Date:

________________________________________________________________________
PCC, BH Date: