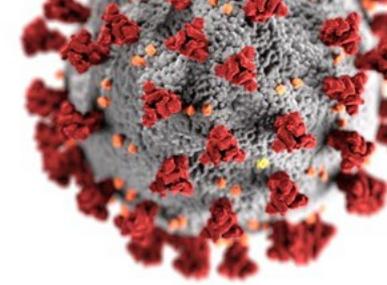


EMR & EMT Programs in the Age of COVID-19

Office of EMS Recommendations and Requirements

Primary Goals of OEMS Guidance

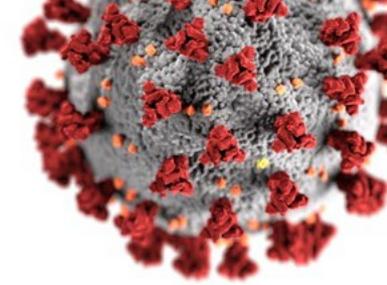


1. To protect the student from:

- Enrolling in a program where national and state certification is not achievable due to changes in content delivery methods which are incongruent with what is required for EMS education.
- Exposure to COVID-19 in an effort to complete program requirements

2. To protect the integrity of EMS educational processes.

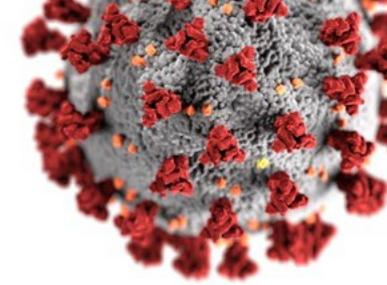
EMS is Hands-On



Hands-on practice of assessment and treatment skills is essential for the initial and ongoing training of EMTs and paramedics.

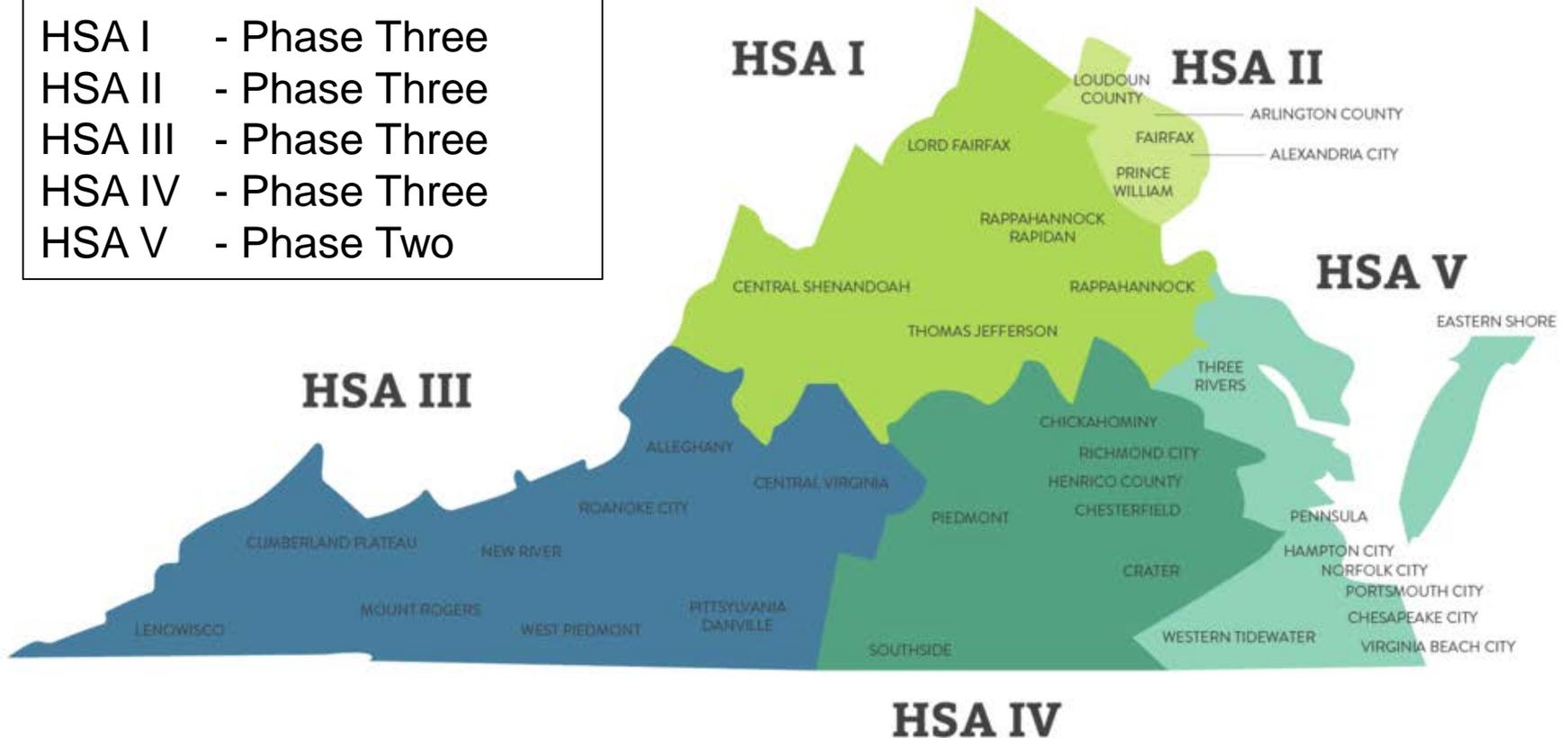
One cannot educate a student in a 100% virtual environment and expect the end product to be an entry-level competent EMS provider.

Health Service Areas of Virginia

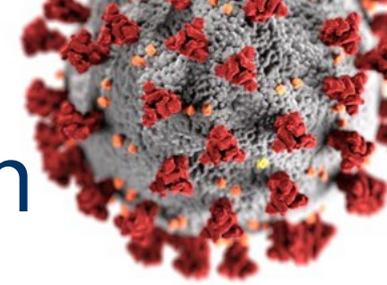


Forward Virginia Legend

- HSA I - Phase Three
- HSA II - Phase Three
- HSA III - Phase Three
- HSA IV - Phase Three
- HSA V - Phase Two

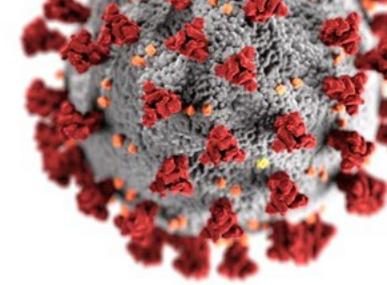


Matrix for Offering EMS Education



EMS Core Components	Local District Return to School Plan		
	Normal Operations - in person classes	Hybrid - Virtual and in person classes	Virtual - Virtual only classes
- Didactic	Yes	Yes - virtual	Yes - virtual
- Skills labs	Yes	Yes - in person	No
- Clinical sites	Yes	Yes - in person	No
- Offer EMS Training?	Yes	Possible	No

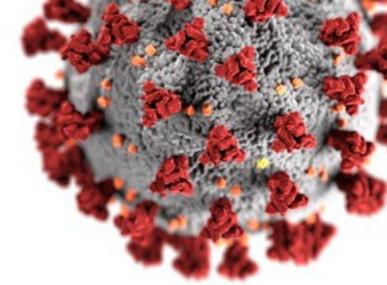
Transparency - Testing



Certification Testing Availability Notification

If any limitations have been placed on certification testing by the National Registry, Pearson VUE and/or the Office of EMS, all students shall acknowledge in writing that they understand certification testing opportunities are presently limited due to the declared State of Emergency or Public Health Emergency and that it could prove difficult to secure a seat for the cognitive and psychomotor examinations during the declared State of Emergency or Public Health Emergency.

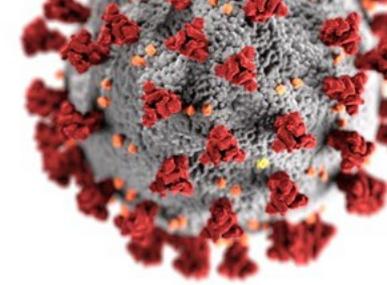
Transparency - Clinicals



Clinical Site Availability Notification

If any limitations that have been placed on the program by their clinical and/or field sites which could potentially hinder the student's ability to successfully complete their clinical and field components of the program, all students shall acknowledge in writing that they understand clinical and field opportunities are presently limited or non-existent due to the declared State of Emergency or Public Health Emergency and that it could prove difficult to secure clinical and/or field rotations.

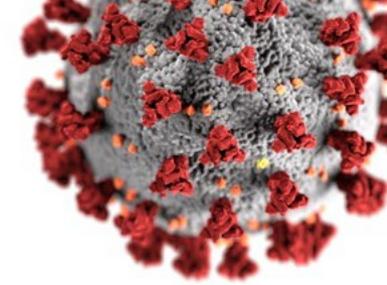
Requirements for EMS Programs



First Class Paperwork

First Class Paperwork can be completed, if necessary, electronically through real-time web-based video or audio only call making use of any number of currently available platforms such as WebEX, GoToMeeting, GoToWebinar or Zoom. A version of the necessary state forms required for BLS First Class Paperwork has been provided. This paperwork now makes use of Adobe Fillable forms for ease of implementation.

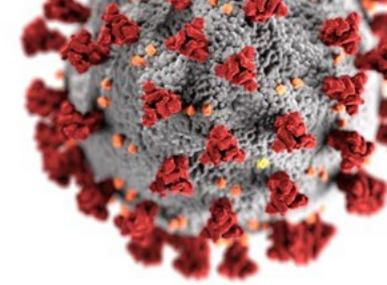
Requirements for EMS Programs



Terminal Competency Psychomotor Exam

Program shall schedule a terminal competency psychomotor examination that will allow the Program Director and Medical Director to validate entry level psychomotor competency. It may be conducted in a fashion similar to testing previously conducted at a Consolidated Test Site or through competency based critical thinking scenarios as approved by the Program Medical Director. Whenever possible, your students should be evaluated by other Education Coordinators that were not part of the program, or had very little involvement, in order to ensure an objective evaluation.

Requirements for Districts in Phase II

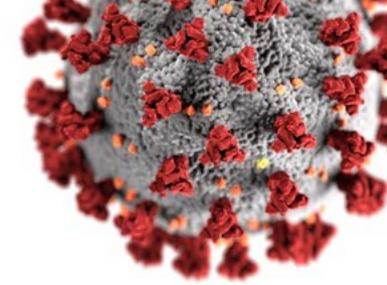


Didactic Content

Move all didactic to online (LMS) or web-based instruction (WebEx, Go-to-Meeting, etc.)

1. There shall be no face-to-face gatherings of students during the didactic component under this scenario.
2. Online instruction must include interactive components that facilitate conceptual learning.
3. Instructional support must be available (e.g. e-mail, phone, FaceTime/Skype) during any synchronous learning with responses provided in 24 hours or less of date of request.

Requirements for Districts in Phase II (cont)

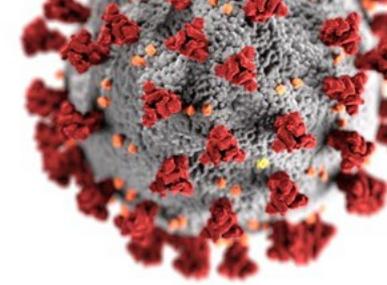


Laboratory and Program Competencies

Lab/skills and program competencies are to be conducted with the students using programmed patients and/or advanced simulation scenarios until you are comfortable that the student has satisfactorily passed.

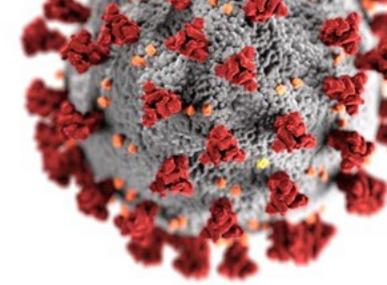
1. In lab/skills stations, there should be no more than three (3) persons in a room: the student and a maximum of two (2) instructors or one (1) instructor and one (1) programmed patient.
2. Screening of all students and staff is required before ANY in-person meetings with them using form TR-900 - Student Screening Log.

Requirements for Districts in Phase II (cont)



3. Maintain any social distancing requirements as required by the declared State of Emergency or Public Health Emergency.
4. ANY face-to-face lab/skills sessions that require being less than six (6) feet apart shall use adequate PPE to ensure all involved as protected to the highest degree possible.

Hospital/Field Clinicals

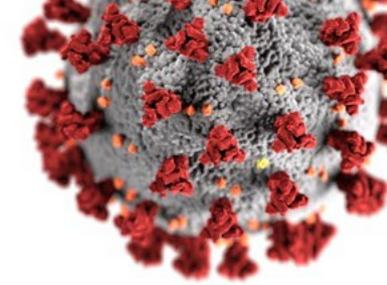


Hospital/Field Clinicals*

All hospital and field clinical requirements **MUST** be met.

* If field/clinical sites are not accepting or allowing EMS students, please see TPAM Policy 1445, updated on August 15, 2020 for more details about how to address this situation.

Competency Verification



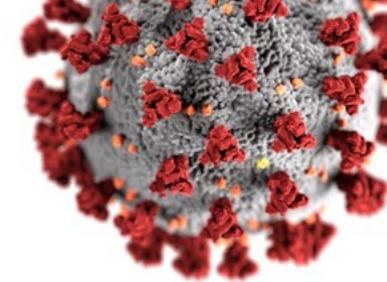
Competency Verification

The Program Medical Director and the Education Coordinator/Program Director will sign a form indicating students have met all the required lab/skills competencies for their level of training.

This form shall be maintained with the program's records.

It is the sole responsibility of the Medical Director and Education Coordinator to determine entry level competency and report these results to the Office of EMS.

Contact Information



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