

**To: Vermont EMS Leadership**

**From: Dan Batsie, Chief of Emergency Medical Services**

**Date: 2 June 2020**

**Re: Restarting Emergency Medical Services Education (Update)**

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## **Restarting EMS Psychomotor Education and Testing**

*(Updated 1 June 2020)*

In consultation with the Vermont Department of Health Epidemiology Division and under the authorization of Governor Phil Scott's Executive Order Addendum 16, Vermont Emergency Medical Services (EMS) hereby updates the guidelines associated with the reopening of EMS education programs. These changes will go into effect 2 June 2020.

While the use of distributive (online) methods should be employed whenever possible to meet educational goals, in person skill-based sessions will be allowed under the following conditions:

- *No other non-congregate methodology is available to meet the educational need.*
- *Training centers, program directors, and instructors agree to meet the practical education guidelines listed below.*
- *Programs include an option for high risk or vulnerable students to opt out of congregate sessions without penalty and be assigned an "incomplete" status. Students in this category must be offered a plan for ongoing completion or the option to withdraw from the program following existing program guidelines.*
- *This authorization of congregate EMS education sessions does not mandate other organizations, schools, or municipalities to allow such gatherings. Training centers and educators must comply with local regulations and guidance.*
- *Programs perform a daily prescreen of all staff, instructors, and students (see prescreening procedures below)*
- *Programs maintain a written record of both attendance and prescreening.*

### **LABORATORY, CLINICAL AND FIELD INTERNSHIPS**

Initial and continuing education may be conducted in the laboratory setting. Small group work must incorporate social distancing when possible and personal protective equipment must be worn. Clinical and field rotations are also authorized, however no more than one student should be assigned to a

single operational crew. Hospital clinical requirements will be defined by the facility conducting clinical education but must incorporate appropriate personal protective equipment.

### **PSYCHOMOTOR TESTING**

National Registry psychomotor testing is authorized under the current guidelines and the EMS office is approving examination requests. Exam sites must adhere to the practical education guidelines and take steps to assure student and staff safety.

### **VERMONT EMS PRESCREENING REQUIREMENTS**

Prior to conducting any congregate education or testing, a program director, site coordinator, or designated safety officer must perform a daily prescreen for all instructors, staff, and students prior to opening the educational site. This prescreen must be recorded in writing and include:

- Reporting of any positive COVID-19 test results within the last 14 days (or 7 days with a subsequent negative test result) or any known unprotected contact/exposure with a known COVID-19 patient within the last 14 days.
- Reporting of any respiratory illness symptoms (fever, chills, cough, shortness of breath)
- Temperature screening

*Any participant who presents with a positive COVID-19 test result, COVID-19 related symptoms, a fever, or an unprotected exposure within the last 14 days must be excluded from the congregate session.*

Prescreening rosters must be maintained by the training program or examination coordinator for six months following the event. These rosters must be made available to the Health Department upon request.

### **VERMONT EMS PRACTICAL EDUCATION GUIDELINES**

#### ***LIMIT 25 STUDENTS***

No more than 25 students may participate in a single congregate session. Appropriate spacing and social distancing must be enforced. While groups of up to 25 are allowed, not every classroom or congregate space will accommodate this number with appropriate spacing. Site coordinators must evaluate both class size and social distancing requirements to determine appropriate class size. If multiple cohorts use the same facility, care must be taken to assure that each group remains distinctly separate without commingling in shared spaces.

#### ***SAFETY OFFICER***

A safety officer who is knowledgeable about the most current health and safety requirements must be appointed. This person must be physically present for the duration of the training or testing session and have the authority to stop or modify activities or dismiss participants to ensure compliance with requirements.

***FACE MASKS REQUIRED***

All participants must wear a face-covering while in the facility or, if outdoors, while in proximity to others.

***PERSONAL PROTECTIVE EQUIPMENT***

When participating in a skill session or scenario that requires close contact with another student, instructor or patient, personal protective equipment must additionally include eye protection and gloves.

***SOCIAL DISTANCING***

The facility used must provide sufficient space for adequate social distancing of participants. Activities should always be spaced 6 feet apart and students should maintain adequate social distancing (>6') unless close contact is absolutely necessary. Education and testing activities should be carried out with the minimum number of participants present.

***ROUTINE CLEANING AND DISINFECTION***

The facility must be routinely cleaned and disinfected and have sufficient disinfection supplies on hand. All equipment must be disinfected between uses to the satisfaction of the safety officer. In addition, the facility must support access to handwashing and/or hand sanitizer.

