



Effective Sunday, September 16th, 2018, the Office of EMS Division of Educational Development will be using updated psychomotor examination scenarios that reflect current standards of care and Scope of Practice changes for Emergency Medical Technicians (EMTs) and Emergency Medical Responders (EMRs) in Virginia. After receiving input from the State Medical Director, Education Coordinators, OEMS Examiners, consolidated testing staff, and other concerned parties, the Office has compiled the following information to help all involved in the BLS psychomotor testing process. The information provided here is to assist educators, evaluators, and certification candidates on what changes are occurring and what is to be expected. This information is not all encompassing of psychomotor testing but rather an update and thus not every treatment expectation is listed nor is every treatment described below expected. For the Patient Assessment – Medical and Trauma stations;

1. Scene safety and personal protective equipment should be used as appropriate. Not every patient encounter requires full isolation.
2. Vital signs may be obtained during the primary assessment after all immediate life threats are addressed.
3. Numeric values for pulse oximetry (SpO₂), capnography (ETCO₂), glucometry (BGL), Glasgow Coma Scale (GCS), capillary refill, and Cincinnati Prehospital Stroke Scale (CPSS) observations have been added to assist candidates during their assessments. Candidates will be provided this numeric information verbally. No additional monitoring devices or props will be necessary.
4. Medical control is unavailable and no longer required. Candidates are to assume they may administer medications or perform treatments per their Scope of Practice as listed in the Virginia Scope of Practice – Formulary and Procedures.
 - a. Medication dosages are based on premeasured amounts and are not required. For example, a candidate may state, “I will administer Narcan”. Evaluators do not require a dose or route.
 - b. Medications should be administered to achieve therapeutic response. For example, nitroglycerin is not limited to three doses but rather the patient’s response such as pain level and blood pressure. Candidates should ensure patient does not have any contraindications to the medication however, such as an allergy.
5. The Psychomotor Examination Guide (PEG) and evaluation sheets will reflect these changes in the near future.

Below is a list of candidate expectations:

1. Adjust oxygen administration based on patient’s complaint, respiratory status, and pulse oximetry reading. (EMR/EMT)
2. Differentiate between a hypoglycemic episode and other medical conditions by performing a glucometry check on altered mental status patients. (EMT)

3. Treat for shock by positioning appropriately, maintaining body warmth, and oxygen therapy. (EMR/EMT)
4. Recognize a priority patient and initiate rapid transport within 10 minutes. (EMT)
5. Ventilate a trauma patient with a closed head injuries and signs of herniation to maintain ETCO₂ between 35 and 45. (EMT)
6. Use dry sterile dressings on burns. (EMR/EMT)
7. Use an appropriate airway adjunct to maintain an airway of an unconscious patient. (EMR/EMT)
8. Seal sucking chest wounds with occlusive dressing taped on at least three sides and re-assess the patient's respiratory status. (EMR/EMT)
9. Treat life-threatening injuries prior to treating secondary injuries/complaints. (EMR/EMT)
10. Obtain a 12 lead EKG for suspected cardiac patients. (EMT)
11. Spinal immobilization is based on patient's presentation and mechanism of injury. (EMT)

Pulse oximetry and capnography are not required or provided to EMR testing candidates. It is important that EMS Educators are reminded that there are educational minimums and practice maximums. These are defined by the Virginia Scope of Practice documents available here: <http://www.vdh.virginia.gov/emergency-medical-services/education-certification/>.

Psychomotor testing is based on these documents and NOT jurisdictional protocols.

If you have any questions regarding the scenarios or the psychomotor testing process, please contact the Division of Educational Development at 804.888.9120.

Thank you,

Peter R. Brown

William J. Fritz

Certification Testing Supervisor

BLS Training Specialist

Office of Emergency Medical Services
Virginia Department of Health
[1041 Technology Park Drive](http://1041TechnologyParkDrive)
[Glen Allen, VA 23059](http://GlenAllenVA23059)
P: 804.888.9120 | F: 804.371.3409

www.vdh.virginia.gov/emergency-medical-services/