

Chad Blosser

From: Chad Blosser
Sent: Thursday, May 09, 2019 5:40 PM
To: 'chad.blosser@vdh.virginia.gov'
Cc: Deborah Akers
Subject: Spring Education Coordinator Update, Part Deux
Attachments: Revised TPAM 1439.pdf; CTS Scenario Letter to EC's.pdf

Greetings to all. We hope everyone is enjoying their spring. Many classes are ending and testing is at an all-time high—we wanted to provide some updates and information from our Division.

Update to TPAM Policy 1439 - Verification of student course completion.

For many years, there has been an unspoken rule about when a student stops being a student. To remedy this situation, TPAM policy 1439 has been revised to address this question. On the end date of the course, you should log into Course Student Disposition Report (CSDR) in the EMS portal and provide our office with a status of either passed, failed, incomplete or withdrawn. No student should be left without a status.

For the next 180 days from your course end date, the office will recognize any student marked as incomplete as still actively enrolled for the purposes of completing clinical time, field time, capstone and program requirements. This will satisfy the requirements of 12VAC5-31-1170 - Provision of care by students.

Any student who has not completed all program requirements by 180 days from course end should be marked as failed and required to enroll in a new program. Should there have been a significant issue that kept the student from meeting these requirements, they should be directed to complete a variance request and submit it to the Division of Regulation and Compliance prior to the 180 day expiration date.

We have attached a copy of this revised policy to this message.

Verification of course completion with National Registry

After marking your students passed in the CSDR, you should be logging into your National Registry account and verifying course completion with them as well. We still have programs where the students are completing the course, passing their psychomotor examination but no National Registry cognitive application has been submitted. All testing requirements are covered in the Last Class Paperwork **which is a requirement** that you cover with your students. Not having pending applications with National Registry creates additional work for everyone when we cannot verify accurate information has been exchanged.

When marking the student for course completion, please make sure they have listed the correct course end date. As the Program Director, you have the ability to change that date if it is not correct.

Express Applications

Please advise your Over 18 students that if not successful on their first attempt at the National Registry examination, all future applications will offer them the option to complete an Express Application. They should be directed to select this option. You should not have to approve future applications if they are choosing this option.

Virginia EMS Portal

Presently there are several known issues with the Virginia EMS Portal which we would like to make you aware of:

- **Online Enrollments** – Due to a current issue with ‘bulk’ or ‘group’ approvals, we are asking that you approve students individually, or one-at-a-time, until you have approved (or denied) all your students. Approving all students at the same time generates the wrong e-mail messages to your students which is preventing students from getting the correct EMS number and hampering their ability to login to the Virginia EMS Portal.
- **Affiliation Requests** – When an agency makes a request for an individual to affiliate, the EMS provider is not receiving the necessary pop-up window to approve the affiliation request. If you have an emergent need to affiliate someone with your agency, please have the EMS provider make the request of the agency instead.
- **Retest Eligibility Letters** – There is a known issue with retest letters in the EMS Portal. The letter is there and available to the student, however it does not specify in the letter what the student failed. We are trying to catch these as they come in and e-mail a corrected letter directly to the student. However, until this issue is fixed, we would ask that your student print their Retest Eligibility Letter **AND** their Test Results Report and bring **BOTH** to the CTS when they are retesting.

The Briefing Room

When we send bulk e-mail messages from the Office to our educators, agencies and/or providers, we are finding that some e-mail systems, mostly large municipal systems, are blocking delivery of our messages as SPAM if they are sent to more than two (2) individual e-mail addresses at the same domain. Please check with your municipal/locality IT Department and ensure that the domain “vdh.virginia.gov” is added to your e-mail system whitelist.

We have added a new page to the ACE Division website called The Briefing Room, where we will post all bulk messages we send out in one location for easy access. The Briefing Room can be found

at: <http://www.vdh.virginia.gov/emergency-medical-services/education-certification/the-ace-briefing-room/>

OEMS Help Desk

The ACE Division recently hired a new full time employee, Crystal Cuffley, as our Virginia EMS Portal Help Desk Technician. Crystal is presently in training, but we will be transitioning all OEMS Help Desk functions to her over the next several weeks. We are predicting a smooth transition from the VDH Help Desk over to Crystal and we anticipate you will see improved levels of customer service and timeliness with Help Desk calls and inquiries.

We will also be adding a “System Status” page in the next week to the OEMS website which will provide you with real-time updates on the status of various modules of the Virginia EMS Portal.

From the Division of Consolidated Testing and Video Production

The Office continues to see increased levels of student failures on the BLS Psychomotor exam. Last September, the Office released a memo to all Education Coordinators which provided an update on 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.

Some of the significant failures are:

- Not checking blood glucose levels for patients with altered mental status.
- Applying 15 liters of oxygen via non-rebreather to all patients.

Please review the attached memo which can also be found on the OEMS website

at: <http://www.vdh.virginia.gov/content/uploads/sites/23/2019/01/scenario-letter-to-ECs.pdf>

The 2017 Psychomotor Exam Guides and the psychomotor check sheets can be found on the Consolidated Testing and Video Broadcast Division's webpage. Reviewing this information can help ensure your students have the most up-to-date information on the psychomotor exam component of their education. These can be found at the following link--
<http://www.vdh.virginia.gov/emergency-medical-services/cts-files-downloads/>

If you have questions or concerns about the BLS Psychomotor exam, please direct your inquiry to Peter Brown (peter.brown@vdh.virginia.gov) Certification Testing Supervisor with the Division of Consolidated Testing and Video Broadcast.

Thank you for all you do!

ACE Division Staff

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12VAC5-31-1439. Verification of student course completion.

Verification of student eligibility on the Course Student Disposition Record by the EMT instructor, ALS coordinator, or EMS education coordinator for certification testing requires that each student successfully complete a certification program that meets the competency and performance requirements contained within the applicable course requirements and all other guidelines and procedures for the course and state certification testing eligibility.

TPAM Policy 1439

I. A student marked as 'pass' on the CSDR indicates they have completed at a minimum all state and course requirements as set forth by OEMS, the course coordinator and PCD to include, but not limited to:

1. Didactic components
2. Lab components
3. Clinical components
4. Minimum GPA

II. Upon reaching the course end date all students shall have a disposition selected on the CSDR of either pass, fail, withdrawn or incomplete.

1. Any individual who is marked as incomplete will have 180 days from course end date to complete any missing requirements (didactic, lab, clinical or capstone) established by the program and begin the testing process required to gain certification at the level of the program they are enrolled in.
2. During this 180 days, the Office of EMS will still recognize these individuals as a student for purposes of meeting the requirements of 12VAC5-31-1170 – Provision of care by students.
3. Any student who does not satisfy all program requirements by 180 days from course end date shall be marked with a 'fail' and will be required to enroll in a new program and complete all requirements of the educational program before moving forward with testing.



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

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