Dear Educator,

Next week is National EMS Week and Debbie and I would like to take this opportunity to say thank you for all you do. We know that each of you put in long hours and sleepless nights—especially during this pandemic—taking care of the needs of your community and the Commonwealth. We know you are dedicated, we know you care, and we also know that you don’t get the amount of thanks you deserve most of the time.

And now for some updates.

**Virginia Certification Extensions**

The Office will be extending the certification expiration date for providers expiring May 31, 2020 who have not met eligibility for recertification until August 31, 2020.

Now that we have reached a more stable “new normal”, the Office of EMS Management Team has decided not to continue extending certification expiration dates effective June 1, 2020. If a provider does not meet their required continuing education hours by the last day of their certification expiration month, the provider will go into reentry per our normal regulatory requirements.

**Initial Certification Programs**

The Office of EMS will begin approving initial certification programs on May 11, 2020. As a state agency, the Office of Emergency Medical Services is required to conform to all Executive Orders issued by the Governor and any Declaration of Public Health Emergency issued by the Commissioner.

After careful consideration, the Office of EMS Management Team has modified TPAM Policy 1445 to include new requirements for initial certification programs being offered during any declared State of Emergency.

When a State of Emergency or Public Health Emergency has been declared, the Education Coordinator announcing/conducting an initial certification program together with their program Operational Medical Director/Physician Course Director (OMD/PDC) must determine the risk verses benefits of conducting/continuing EMS educational programs.

If a declared State of Emergency or Public Health Emergency mandates social distancing requirements or limitations on the size of groups of people which the EMS educational program cannot adhere to, then the Education Coordinator must follow the guidance in TPAM Policy 1445.

Please see the attached TPAM Policy and companion documents.
Certification Testing – National Registry and Virginia

BLS Certification Testing

- **Cognitive Exams** – The National Registry is working to ramp up Pearson OnVUE Testing remotely proctored cognitive exams the BLS candidates. For candidates who are unable to access testing at a Pearson Test Center due to lack of available seats, they can begin using Pearson OnVUE May, 12, 2020. Please direct your candidates to learn more about Pearson OnVUE Remote Proctored Exams by visiting: [https://home.pearsonvue.com/nremt/onvue](https://home.pearsonvue.com/nremt/onvue)
  - Pearson OnVUE remote proctoring will be temporary, however the National Registry is planning to implement a more permanent remote proctoring solution in 2021.
  - Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a full National Registry and Virginia certification.

- **Psychomotor Exams** – After careful consideration, the Office of EMS Management Team has decided to cancel all further Consolidated Testing at the BLS level through December 31, 2020 due to Executive Order 51, 53 & 55. With so many unknown factors in the months ahead and the amount of advanced planning and commitment required to hold a CTS, we determined cancellation to be in the best interest of the health, safety and well-being of all participants.
  - EMR and EMT programs will be provided further guidance about how the psychomotor component of their programs will be addressed under separate cover as programs are announced and approved.

ALS Certification Testing

- **Advanced EMT Programs**
  - **Cognitive Exams** – The National Registry is working to ramp up Pearson OnVUE remotely proctored cognitive exams the Advanced EMT candidates. For candidates who are unable to access testing at a Pearson Test Center due to lack of available seats, they can begin using Pearson OnVUE May, 12, 2020. Please direct your candidates to learn more about Pearson OnVUE Remote Proctored Exams by visiting: [https://home.pearsonvue.com/nremt/onvue](https://home.pearsonvue.com/nremt/onvue)
    - Pearson OnVUE remote proctoring will be temporary, however the National Registry is planning to implement a more permanent remote proctoring solution in 2021.
    - Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a provisional National Registry and Virginia certification.
    - The candidate will have to complete and pass their National Registry psychomotor exam before full National Registry and Virginia certification will be issued.
    - Provisional certifications can be converted to full certification once the COVID-19 threat is mitigated and the student takes and passes their NREMT required psychomotor exam.
  - **Psychomotor Exams** – The Office will begin working with ALS programs and the National Registry to slowly ramp up ALS psychomotor testing in the Commonwealth once conditions on the ground permit this to happen. The ALS Testing Calendar on the OEMS website can be found at: [https://www.vdh.virginia.gov/emergency-medical-services/virginia-national-registry-psychomotor-examination-schedule/](https://www.vdh.virginia.gov/emergency-medical-services/virginia-national-registry-psychomotor-examination-schedule/)

- **Paramedic Programs**
  - **Cognitive Exams** – The National Registry is working to ramp up the availability of Pearson VUE Test Centers around the country in order to increase access to the cognitive exam for Paramedic candidates. Paramedic candidates are required to take their cognitive exam at a Pearson VUE Test Centers—remote proctoring via Pearson OnVUE is not permitted for paramedic candidates.
    - Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a provisional National Registry and Virginia certification.
The candidate will have to complete and pass their National Registry psychomotor exam before full National Registry and Virginia certification will be issued.

- Provisional certifications can be converted to full certification once the COVID-19 threat is mitigated and the student takes and passes their NREMT required psychomotor exam.
  - Psychomotor Exams – The Office will begin working with ALS programs and the National Registry to slowly ramp up ALS psychomotor testing in the Commonwealth once conditions on the ground permit this to happen. The ALS Testing Calendar on the OEMS website can be found at: https://www.vdh.virginia.gov/emergency-services/virginia-national-registry-psychomotor-examination-schedule/

JEMS Article – “Pushing the Restart Button on Your EMS Education Program

On April 23, the Journal of Emergency Medical Services published a timely and very well thought out article by Greg Chapman and Karen White on the steps necessary to conduct EMS educational programs in the COVID-19 era. To find out more, read the article linked below.


Pearson VUE Testing Center Locator

The National Registry together with Pearson VUE has developed a Pearson VUE Testing Center online locator tool to enable candidates to search for open cognitive examination seats without the need for an Authorization To Test (ATT) letter.

https://wsr.pearsonvue.com/testtaker/registration/SelectExamPage/NREMT?conversationId=1218760

National Registry Online Proctored Certification Exams

Beginning Tuesday May 12, 2020, Online Proctored cognitive examinations will be an available option for both EMT and AEMT certification levels.

What is an Online Proctored cognitive examination?

- Online Proctored cognitive examinations deliver the EMT or AEMT high stakes certification examination securely from a candidate’s home or office.
- Online Proctored cognitive examinations meet the cognitive examination requirement for National Registry certification.

What does this mean?

- Eligible candidates will be able to select Online Proctored as an examination delivery method via their certification application in their National Registry account.
- Candidates who select Online Proctored will be issued an Authorization To Test (ATT), and will schedule their Online Proctored exam through Pearson VUE as usual.

All Online Proctored examinations are scheduled through Pearson VUE’s OnVUE system, which you can learn about through the following links.

- About OnVUE: https://www.youtube.com/watch?v=h-0E9jGEOoA
- OnVUE Testing Experience: https://www.youtube.com/watch?v=Gm1PqdbwBP0
Prior to the launch date, National Registry will post Frequently Asked Questions and other helpful information to NREMT.org

National Registry Entry/Reentry Policy Changes

At the April 15 Board of Directors meeting, the NREMT Board adopted changes to the training requirements for entry/reentry for those providers whose NR certification has lapsed and do not have a current state license. These changes require completion of:

- continuing education or refresher training that meets the same requirements as recertification,
- the NREMT psychomotor and cognitive examinations.

A reentry path for Advanced EMT’s is being added.

NREMT is currently planning for implementation of these revised changes, however a specific date has not been selected. The effective cannot be sooner than June 1.

July 2020 Education Coordinator Institute and Education Coordinator Update

Due to the current public health climate associated with Coronavirus (COVID-19), we will be cancelling the upcoming July 2020 Education Coordinator Institute scheduled for July 7-9 and the Education Coordinator Update scheduled for July 10 in Roanoke, Virginia. This was a difficult decision to make but one which we weighed carefully. With so many unknown factors in the months ahead and the amount of advanced planning and commitment required to hold this event, we determined cancellation to be in the best interest of the health, safety and well-being of all participants.

Eligible candidates will be notified via e-mail directly.

Use of Zoom Online Meetings

The Virginia Information Technologies Agency has prohibited Executive Branch agencies from the use of the Zoom conferencing services until further notice due to privacy and security issues. Some of these issues have recently been documented in the media. Evidence of bad actors taking advantage of the increase in remote conferencing has been reported from intelligence sources. The bad actors leverage documented weaknesses in Zoom conferencing services to disrupt meetings and gain unauthorized access to information. There are also deficiencies in Zoom’s end-to-end encryption that are currently under investigation as well.

This information is being provided to you as a courtesy so that you are aware of these privacy and security issues. Please see the attached outline of requirements for using Zoom should you choose to use this platform.

Thank you for your caring, compassion, and devotion to patient care. Thank you for working long shifts and for holding over to cover late calls. Thank you for taking time away from your families to keep trucks on the streets for your communities. Happy National EMS Week 2020!

Until our next update, stay safe and don’t forget to wash your hands!

Best,

Chad
Please let us know how we are doing by clicking here to complete a short customer experience survey.

The Office of EMS continues to monitor the ongoing situation regarding the spread of COVID-19. For more information and updates on COVID-19 please visit the link below: http://www.vdh.virginia.gov/emergency-medical-services/coronavirus-2019-covid-19/

PRIVILEGED AND CONFIDENTIAL: This e-mail may contain confidential materials, including health information that is legally privileged. This information is intended only for the use of the individual(s) to whom it is addressed and specifically authorized to receive it. The authorized recipient of this information is prohibited from disclosing this information to any party unless required to do so by law or regulation. If the reader is not the intended recipient, you are hereby notified that any dissemination, distribution, reproductions, or use of the contents is strictly prohibited. If you have received this e-mail message in error, please notify the sender immediately and destroy the original and any copies of the included information.
12VAC5-31-1445. Course scheduling.

Courses schedules shall reflect the minimum hours for the course of instruction of all required lessons of the program's curriculum prior to the course end date as approved by the Office of EMS.

TPAM Policy 1445

It is the sole responsibility of the Education Coordinator/ALS-Coordinator and their Operational Medical Director/Physician Course Director to maintain current (daily) knowledge of any executive actions taken by the Governor and/or the Commissioner of Health as they relate to a declared State of Emergency and/or Declaration of Public Health Emergencies.

As a state agency, the Office of Emergency Medical Services is required to conform to all Executive Orders issued by the Governor and any Declaration of Public Health Emergency issued by the Commissioner.

When a State of Emergency or Public Health Emergency has been declared, the Education Coordinator announcing/conducting an initial certification program together with their program Operational Medical Director/Physician Course Director (OMD/PDC) must determine the risk verses benefits of conducting/continuing EMS educational programs.

If a declared State of Emergency or Public Health Emergency mandates social distancing requirements or limitations on the size of groups of people which the EMS educational program cannot adhere to, then the Education Coordinator is obligated to follow the guidance below highlighted in grey.

I. Didactic hours shall be determined by the education coordinator in conjunction with the OMD/PCD to identify entry level competency.

II. Lab hours shall be determined by the education coordinator in conjunction with the OMD/PCD to identify entry level competency.

III. Cardio-pulmonary resuscitation (CPR) can be a either a pre or co-requisite for initial certification programs so long as the student has been certified in CPR prior to end date of the course.

IV. ALS Programs

a. In an effort to be transparent, during a declared State of Emergency or Public Health Emergency all students shall be notified during the first class of ANY initial certification program of the following:
1. 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.

2. 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.

b. If, at any time, there is a declared State of Emergency or Public Health Emergency Executive Order prohibiting groups of 50 or less people from gathering, EMS initial certification programs shall:

1. Move all didactic to online (LMS) or web-based instruction (WebEx, Go-to-Meeting, etc.)
   i. There shall be no face-to-face gatherings of students during the didactic component under this scenario.
   ii. Online instruction must include interactive components that facilitate conceptual learning.
   iii. 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.

2. 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.
   i. 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.
   ii. Screening of all students and staff is required before ANY in-person meetings with them using form TR-900 – Student Screening Log. Maintain the screening log along with TR-06 – Course Roster.
   iii. Maintain any social distancing requirements as required by the declared State of Emergency or Public Health Emergency.
iv. ANY face-to-face lab/skills sessions that require being less than six (6) feet apart shall use adequate PPE to ensure all involved are protected to the highest degree possible.

c. All hospital and field clinical requirements MUST be met.
   1. For Advanced EMT programs:
      i. Hospital and Field Clinical component shall comply with the minimum hour requirements and patient competencies as defined by the Office of EMS.
      ii. Field team leader component shall comply with the minimum hour requirements and patient competencies as defined by the Office of EMS.

2. For Paramedic programs:
   i. Hospital and Field Clinical component shall comply with the current requirements of the Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines.
   ii. Field team leader component shall comply with the current requirements of the Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines.

d. 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.
   1. 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 or to Hospital and Field Clinical component shall comply with the current requirements of the Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines.

e. If a declared State of Emergency or Public Health Emergency is modified or allowed to expire where the size of group gatherings is 50 or more people, EMS initial certification programs may resume normal “business as usual.”

IV. BLS Programs

a. In an effort to be transparent, during a declared State of Emergency or Public Health Emergency all students shall be notified during the first class of ANY initial certification program of the following:
   1. 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.

2. 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.

b. If, at any time, there is a declared State of Emergency or Public Health Emergency Executive Order prohibiting groups of 50 or less people from gathering, EMS initial certification programs shall:

1. Move all didactic to online (LMS) or web-based instruction (WebEx, Go-to-Meeting, etc.)
   i. There shall be no face-to-face gatherings of students during the didactic component under this scenario.
   ii. Online instruction must include interactive components that facilitate conceptual learning.
   iii. 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.

2. 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.
   i. 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.
   ii. Screening of all students and staff is required before ANY in-person meetings with them using form TR-900 – Student Screening Log. Maintain the screening log along with TR-06 – Course Roster.
   iii. Maintain the Governor’s social distancing requirements of six (6) feet of separation to the best of your ability.
   iv. ANY face-to-face lab/skills sessions that require being less than six (6) feet apart shall use adequate PPE to ensure all involved are protected to the highest degree possible.

c. All hospital and field clinical requirements MUST be met.
   1. Hospital and Field Clinical component shall comply with the minimum hour requirements and patient competencies as defined by the Office of EMS.
2. Field team leader component shall comply with the minimum patient contacts as defined by the Office of EMS.
   i. 50% of the minimum patients contacts can be obtained through scenarios utilizing advanced simulation mannequins or standardized programmed patients.

d. 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.

1. 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.

e. If a declared State of Emergency or Public Health Emergency is modified or allowed to expire where the size of group gatherings is 50 or more people, EMS initial certification programs may resume normal “business as usual.”
Student Screening Guidance

Student/Staff Screening

- During a Governor Declared State of Emergency or Public Health Emergency, all Virginia Education Coordinators conducting initial certification and continuing education programs shall implement a daily class health screening check point and log for all students, faculty and staff entering the classroom. (Download the Daily Screening Log)

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Example of daily log, available for download.

- Ask all persons (students, faculty and staff) reporting to class the following questions, remembering to respect their confidentiality:

Do you have any of the following?

- Fever or feeling feverish (chills, sweating). Not necessary if temperature taken, though ask about fever-reducing or symptom altering medications.
- Persons who have symptoms of acute respiratory illness are recommended to notify their course Coordinator and stay home until they are free of fever (100.4° F [38.0° C] or greater using an oral thermometer), have signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
- Shortness of breath (not severe)
- Cough

Are you ill, or caring for someone who is ill?

- Persons who are well but who have a sick family member at home should notify their Course Coordinator.
Student Screening Guidance

- Address coming to class in your policies, addressing Declared State of Emergency or Public Health Emergency leave absences as is appropriate for your situation and size, following any federal and state employment law provisions.

- If a student, faculty, and staff is confirmed to be sick, the Course Coordinator should inform either 1) their administration for further guidance or 2) fellow students of their possible exposure to the pathogen in the classroom but maintain confidentiality as required by the Americans with Disabilities Act.

**Resource:** You may send home an student/faculty/staff member exhibiting influenza-type symptoms. For more information, see the CDC’s [Interim Guidance for Administrators of US Institutions of Higher Education](http://www.cdc.gov/).

**Hand Hygiene**

With strict attention to staff hand hygiene, instruct staff to clean hands thoroughly:

- Upon entry into the workplace.
- Before and after any contact with patients.
- After contact with contaminated surfaces or equipment.

**Clothing**

- If available, gowns should be considered.
  - Change gown if it becomes soiled.
  - Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

**Pregnancy**

- Pregnant students or staff members should seek and follow medical guidance from their physician regarding work.
- Educators may want to consider limiting exposure of pregnant students and staff to other students, especially during higher risk times (e.g., conducting skills, clinical rotations, field rotations) if feasible.
# Student Screening Log

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VITA Zoom Conferencing Requirements

Meeting host must:

- Enable End-to-End (E2E) Encryption for all sessions
  - Including 3rd party endpoints
- Require secure login whenever possible (for example, if the Zoom meeting host supports SAML SSO for attendees)
  - Require Okta SSO integration for users on the COV domain (as soon as enterprise service is available)
  - Passwords for non-SSO accounts:
    - Must be a minimum of 12 characters
    -contain at least 3 of following 4 types of characters: upper case, lower case, numbers, and special characters
    - New users must change password upon initial sign-in
    - Expire automatically after 60 days
    - Cannot be reused for 12 generations
    - Password minimum age of 24 hours
  - Participants must re-authenticate after 30 minutes of inactivity
  - Disable sign in from Google and Facebook
- Secure all meeting access with a password
  - Require passwords for participants joining by phone
  - Disable - Embed Password in meeting link for one-click join
  - Disable - Bypass the password when joining meetings from meeting list
- Host must use a restrictive invitation distribution mechanism for participants to control meeting access information. Hosts must not publish meeting invitations on public forums. Restrictive distribution mechanisms would include:
  - Email
  - SMS
  - IM
  - Direct phone call
- Sensitive information should never be posted in the meeting invitation
- Disable Zoom’s Cloud Recording capability. All recordings must be saved locally or on a COV network share.
- Disable participant recording capability
- Disable auto saving of chats
- Disable File Sharing option
- Disable importing of photos from photo library on user’s device
- Enable Mute participants on entry
- Limit screen sharing to host only
- Host must enable waiting rooms and approve participant attendance to be admitted to the meeting
  - Disable Join Before Host capability for meeting participants
- Once a meeting is started and all participants are admitted by the host, the host must lock the meeting using the Lock Meeting option
- Zoom Rooms must be secured using a minimum of a 12-digit numeric App Lock Code.
- Zoom Rooms People Counting must be disabled.
- Zoom Video Webinars must be configured to:
  - Require registration
  - Require the host to manually approve participant registration