From:	Chad Blosser
Sent:	Friday, July 10, 2020 4:43 PM
To:	'chad.blosser@vdh.virginia.gov'
Cc:	'Akers, Deborah'; 'Brown, Gary'; 'Harrell, Adam'; 'Owens, Karen'
Subject:	COVID-19 Update #10 for EMS Educators
Attachments:	Forward Virginia Phase-Three.pdf; EMS Agency Inspection Checklist 6-7-2018.pdf; Delivering High-Quality Instruction Online (VILT) SECURED.pdf

<div align="center">**This is a blanket e-mail message to all certified Education Coordinators and ALS Coordinators.**</div>

Dear Educator,

Summer greetings from the ACE Division. We hope you are finding some time to relax and get away this summer. It's been a few weeks since our last update, so here's the latest news for the educator community as we move into Phase III of Forward Virginia.

Forward Virginia – Phase Three

All localities in Virginia moved into Phase Three of Forward Virginia on July 1, 2020. Phase Three guidelines have been attached for your edification.

Under Phase Three, the Commonwealth will maintain a Safer at Home strategy **with continued recommendations for social distancing, teleworking, and requiring individuals to wear face coverings in indoor public settings**. The maximum number of individuals permitted in a social gathering will increase from 50 to 250 people. Everyone is requested to still adhere to physical distancing guidelines, frequently clean and sanitize high contact surfaces, and continue enhanced workplace safety measures.

While the grey highlighted sections of TPAM Policy 1445 are no longer mandated, <u>physical distancing guidelines are a still in effect and when conducting skills labs and psychomotor competency verifications, use of appropriate PPE is encouraged</u>.

Please see the attached excerpts of guidelines from the Commonwealth's Safer at Home: Phase Three documentation which pertain to EMS training programs.

National Registry Cognitive Examinations

- NREMT currently offers two different options for taking the cognitive exams for EMT and Advanced EMT candidates: in-person exams at a Pearson VUE Test Center or remotely proctored exams making use of Pearson OnVUE.
    - Candidates, when applying for their cognitive exam have the opportunity to select whether they would like to take their exam face-to-face exams at a Pearson VUE Testing Center or a remotely proctored exam on Pearson OnVUE.
        - [Sample face-to-face exam ATT Letter](#)
        - [Sample Pearson OnVUE ATT Letter](#).
    - ***If a candidate decides to change their method of testing from face-to-face to Pearson OnVUE or vice versa, they can do so, however the issuance of a new ATT letter will take at least 24 hours to generate before they can then schedule the examination through the process they have chosen.***

- [Click here for screenshots](#) of how to change your testing method from face-to-face testing to Pearson OnVUE.

National Registry Releases New Certification Schemes

The National Registry's Board of Directors voted to bring consistency and uniformity to certification schemes, as well as aligning all National Registry levels with the current National EMS Scope of Practice Model. The new policy also addresses the need for a pathway for reentry for AEMTs.

"These certification schemes were passed to clearly communicate requirements for certification in a single policy," said Mark Terry, Chief Certification Officer. "Additionally, the new policy aligns each level with the National EMS Scope of Practice Model and the National Registry's Practice Analysis, which identified necessary knowledge, skills and abilities for the profession."

The policy, with the new certification schemes, goes into effect on July 9, 2020.

Please see the following links to view the in-depth policies for each National Registry Certification Level

- [EMT Certification Level](#)

- [AEMT Certification Level](#)

- [Paramedic Certification Level](#)

BLS First and Last Class Paperwork

The first and last class paperwork packets for BLS courses have been updated to account for the certification testing changes as we move into the summer and fall courses. Please make sure you are using the latest versions of these documents.

ALS packets have not been updated since all ALS candidates are still required to take a cognitive and psychomotor exam—regardless of whether they gain provisional certification.

- https://www.vdh.virginia.gov/emergency-medical-services/required-paperwork-for-initial-certification-programs/

Course Approval Requests – Electronic Submission

Since we started the process of allowing *TR-01 Course Approval Request* forms to be submitted to the Office electronically, we have had a number of individuals not following the protocol for this process. It is imperative that you ensure you are submitting your completed and electronically signed TR-01 to the correct e-mail box with the correct subject line.

Following any process other than the one outlined below could result in your course approval request form being lost, returned to you or a delay in receipt and processing. The form can be found at: https://www.vdh.virginia.gov/emergency-medical-services/education-certification/documents-forms-downloads/#Instructorforms

- E-mail them to: emstechasst@vdh.virginia.gov
- Subject MUST read: **For Tracie Jones: Course Approval Request Attached**

Please DO NOT submit your Course Approval Requests directly to Tracie's e-mail account. We need to ensure that all course approvals come into an e-mail box which is accessible by multiple OEMS staff members.

If you have questions about this process, please feel free to reach out to Tracie Jones at tracie.jones@vdh.virginia.gov.

Education Coordinator Updates

The ACE Division is in the process of verifying seating capacity and the ability of our host sites to accept "outside guests" at each of the remaining scheduled EC Update sites for 2020. Presently, it is our intent to get back on the road again now that the Office of EMS has received permission for a limited re-opening of services which require in-state travel.

Due to restrictions in place for COVID-19 and in keeping with the Governor's Phase Three Guidelines, we will be required to institute a registration process for all EC Updates until the pandemic is over. EC Updates will look and feel different for the foreseeable future with:

- continued social distancing, and
- participants wearing face coverings/masks while indoors in public settings.

The schedule of updates and links to register to attend an update can be found on the OEMS web page at: https://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/

PLEASE NOTE: EC Updates are subject to cancellation up to 24 hours before the event is scheduled to take place depending on guidance our Office receives from the Office of the Governor, VDH or the hosting site.

Meeting Cancellations

In consultation with Chairman Chris Parker, the OEMS Leadership Team has decided that the State EMS Advisory Board and Committee meetings scheduled for August 6 and 7, 2020 are canceled. Although Virginia entered Phase Three on July 1, 2020 it is still in the best interest of all members of the Board and Committees to cancel the meetings.

The most important factor in cancelling the meetings is the health and safety of all our Advisory Board and Committee members; whom are EMS providers; physicians; nurses; EMS and Fire Chiefs, Supervisors, Directors; and Leaders in jurisdictions, stakeholder groups and health care systems that are all experiencing increased workload in your primary jobs. In addition, after three months of increased demands and long hours most people are simply COVID-weary, there are concerns of traveling, concerns of stepping away from your jobs during the pandemic, staying in a hotel, etc. And for OEMS, assuring social distancing for such a large Board and audience cannot be guaranteed and is too risky.

Further guidance about scheduled October and November 2020 meetings will come at a later date.

Virginia Certification Online Verification

OEMS offers an online Virginia EMS Provider Certification Lookup which can be used to verify credentials online at the following URL: https://vdhems.vdh.virginia.gov/emsapps/ProviderSearch.html   All certification data on this website is real-time, up-to-date, valid and accurate.

Certification Cards No Longer Required for EMS Agency Inspection Requirements

Please see the attached EMS Agency Inspection Checklist and the highlighted text in Section 3. This document delineates what is required for Personnel Records—the requirement for paper certification cards in personnel files has not existed for greater than two (2) years. This is why EMS agency personnel have access the Virginia EMS Portal which contains real-time data on ALL Virginia EMS providers affiliated with their agency.

If your agency has further questions about the requirements for EMS agency inspection, please reach out directly to Ron Passmore, Manager of the Division of Regulation & Compliance (ron.passmore@vdh.virginia.gov) or your EMS Program Representative.

Virtual Instructor-Led Training (VILT)

After several months of work and consult with multiple medical directors, EMS educators, and OEMS staff, the Office of EMS is pleased to announce that through an agreement with the National Registry, the Commonwealth will now recognize a new training modality—Virtual Instructor-Led Training—for Category 1 continuing education hours.

VILT technology is based on comprehensive and scalable collaboration software that features functionality, availability and ease of use. A full range of engagement tools typically includes live conversation, chat, polls and quizzes, all controlled and monitored by facilitators. This environment also incorporates tools for webinars, remote labs and video conference.

We have attached a document—***Delivering High-Quality Instruction Online (VILT)***—to this message. This document has been developed to provide you with information needed to begin to offer Virtual Instructor-Led Training for continuing education of EMS providers in the Commonwealth. Policies guiding VILT education in Virginia can be found in the updated Training Program Administration Manual. To locate revised polices, use CTRL + F to search on the key term "2020". This will enable you to quickly locate all polices updated this calendar year.

In closing, it appears as though COVID-19 outbreaks are on the rise again in most of the country. In order to help keep Virginia's COVID-19 cases as low as possible, please wear a mask when in public, exercise social distancing and above all else, please wash your hands!
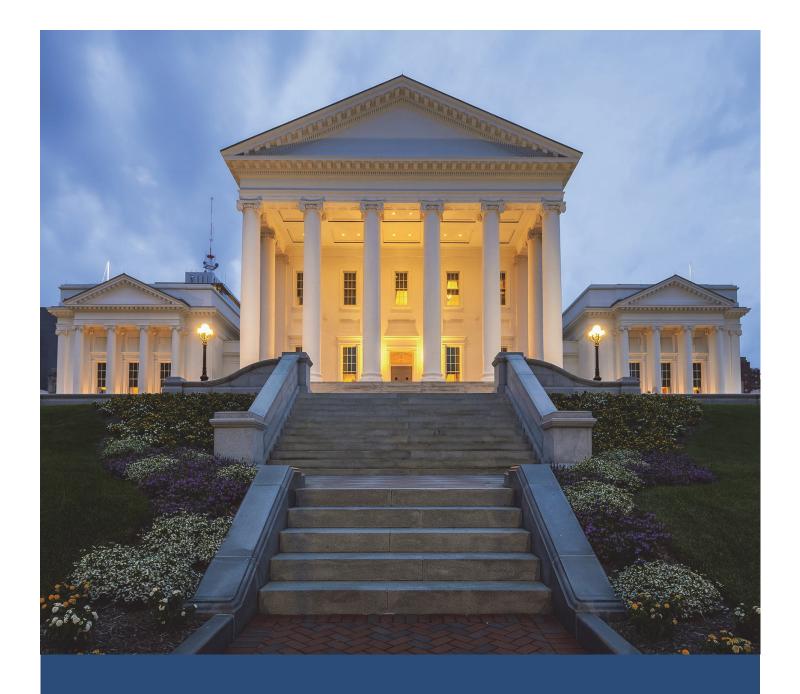
Best,

Chad

PS: Just to see if you are still reading, we are about 2-3 months away from beta testing online course requests through the Virginia EMS Portal as well as implementation electronic certification cards. Hey Debbie! What percentage of our educators do you think are still reading this e-mail?

Chad Blosser | Education Program Manager | Virginia Office of Emergency Medical Services | Division of Accreditation, Certification & Education | 1041 Technology Park Drive, Glen Allen, VA 23059 | 804.888.9124 (p) | 804.371.3409 (f)| chad.blosser@vdh.virginia.gov | www.vdh.virginia.gov/emergency-medical-services/

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/

Safer at Home: Phase Three

Guidelines for Business and Social Gatherings

GUIDELINES FOR ALL BUSINESS SECTORS

PHYSICAL DISTANCING BEST PRACTICES:

✓ Establish policies and practices for maintaining appropriate physical distance between persons not living in the same household. Maintain at least ten feet of distance for establishments where exercise activities, singing, or cheering is performed, and at least six feet of distance for all other settings. (See sector-specific guidelines below for more detailed information on public engagement.)

✓ Provide clear communication and signage for physical distancing in areas where individuals may congregate, especially at entrances, in seating areas, and in check-out lines.

✓ Limit the occupancy of physical spaces to ensure that adequate physical distancing may be maintained. (See sector-specific guidelines for more detailed information.)

✓ Encourage telework whenever possible.

✓ For those businesses where telework is not feasible, temporarily move or stagger workstations to ensure six feet of separation between co-workers and between members of the public.

✓ Limit in-person work-related gatherings, including conferences, trade shows, and trainings.

✓ When in-person meetings need to occur, keep meetings as short as possible, limit the number of employees in attendance, and use physical distancing practices.

ENHANCED CLEANING AND DISINFECTION BEST PRACTICES:

✓ Practice routine cleaning and disinfection of high contact areas and hard surfaces, including check out stations and payment pads, store entrance push/pull pads, door knobs/handles, dining tables/chairs, light switches, handrails, restrooms, floors, and equipment. Follow CDC Reopening Guidance for Cleaning and Disinfection and use an EPA-approved disinfectant to clean. For high contact areas, routinely disinfect surfaces at least every 2 hours. Certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

✓ To the extent tools or equipment must be shared, provide access to and instruct workers to use an EPA-approved disinfectant to clean items before and after use.

✓ Provide a place for employees and customers to wash hands with soap and water, or provide alcohol-based hand sanitizers containing at least 60% alcohol. (See sector-specific guidelines for more detailed information.)

✓ When developing staff schedules, implement additional short breaks to increase the frequency with which staff can wash hands with soap and water. Alternatively, consider providing alcohol-based hand sanitizers with at least 60% alcohol so that workers can frequently sanitize their hands.

✓ Provide best hygiene practices to employees on a regular basis, including washing hands often with soap and water for at least 20 seconds and practicing respiratory etiquette protocols. A CDC training video is available here: https://www.cdc.gov/handwashing/videos.html.

ENHANCED WORKPLACE SAFETY BEST PRACTICES:

✓ Prior to a shift and on days employees are scheduled to work, employers should screen employees prior to starting work. Employees should also self-monitor their symptoms by self-taking of temperature to check for fever and utilizing the questions provided in the VDH Interim Guidance for COVID-19 Daily Screening of Employees before reporting to work. For employers with established occupational health programs, employers can consider measuring temperature and assessing symptoms of employees prior to starting work/before each shift. CDC considers a person to have a fever when he or she has a measured temperature of 100.4° F (38° C) or greater, feels warm to the touch, or gives a history of feeling feverish.

- ✓ Implement practices such as those described in [VDH Interim Guidance for COVID -19 Daily Screening of Employees](#) for examples of a screening questionnaire. A sample symptom monitoring log is available in this Interim Guidance.

- ✓ Instruct employees who are sick to stay at home and not report to work. If an employee becomes ill or presents signs of illness, follow [CDC What to Do if You Are Sick guidance](#). Employers should post signage in the common languages of the employees telling employees not to come to work when sick.

- ✓ Develop or adopt flexible sick leave policies to ensure that sick employees do not report to work. Policies should allow employees to stay home if they are sick with COVID-19, if they need to self-quarantine due to exposure, and if they need to care for a sick family member. Employers should recommend that employees follow [CDC guidance on If You Are Sick or Caring For Someone](#).

- ✓ Some employees are at [higher risk for severe illness](#) from COVID-19. These vulnerable employees include individuals over age 65 and those with underlying medical conditions. Vulnerable employees should be encouraged to self-identify and employers should take particular care to reduce their risk of exposure, while making sure to be compliant with relevant Americans with Disabilities Act (ADA) and Age Discrimination in Employment Act (ADEA) regulations.

    1. Consider offering vulnerable employees duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if agreed to by the employee.

    2. Protect employees at [higher risk for severe illness](#) by supporting and encouraging options to telework.

    3. If implementing health checks, conduct them safely and respectfully, and in accordance with any applicable privacy laws and regulations. Confidentiality should be respected.

    4. Other information on civil rights protections for workers related to COVID-19 is available [here](#).

- ✓ Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.

✓ Implement staggered shifts for both work periods and break periods. Consider cohort scheduling where groups of employees only work with employees in their group.

✓ Limit the number of employees in break rooms and stagger breaks to discourage gatherings.

✓ Use messaging boards or digital messaging for pre-shift meeting information.

✓ If the building has not been occupied for the last seven days, there are additional public health considerations that should be considered, such as taking measures to ensure the safety of your building water system. However, it is not necessary to clean ventilation systems other than routine maintenance as part of reducing the risk of coronavirus transmission.

✓ Establish a relationship with your local health department and know who to contact for questions.

For healthcare facilities, additional guidance is provided on CDC's Guidelines for Environmental Infection Control in Health-Care Facilities.

RESOURCES TO PRINT AND DISPLAY:

CDC Symptoms English	Spanish CDC Symptoms
CDC Printable Flyer English	CDC Printable Flyer Spanish
CDC Printable Flyer Chinese	CDC Printable Flyer Korean
CDC Printable Flyer Vietnamese	FDA information

What Grocery Store and Food Retail Workers Need to Know about COVID-19

CDC Re-Opening America Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes

CDC What You Need to Know About Handwashing VIDEO

BEST PRACTICES:

In addition to the best practices in the "Guidelines for All Business Sectors" document, social gatherings should consider the following best practices:

- ✓ Post signage at the entrance that states that no one with a fever or symptoms of COVID-19, or known exposure to a COVID-19 case in the prior 14 days, is permitted in the establishment.

- ✓ Post signage to provide public health reminders regarding physical distancing, gatherings, options for high-risk individuals, and staying home if sick (samples at bottom of this document).

- ✓ Social gatherings should be limited to 50% occupancy of the event space, if applicable, or 250 participants, whichever is less.

- ✓ Limit the occupancy of spaces to ensure that six feet of physical distance can be maintained between all organizers, staff, volunteers, and attendees who are not members of the same household.

- ✓ Reconfigure seating areas to allow six feet of physical distance between individuals by eliminating or closing select tables or seating areas, or by spreading them out to allow for adequate spacing.

- ✓ Ensure exits are configured to reduce the occurrence of bottlenecks at the conclusion of the event.

- ✓ Practice routine cleaning and disinfection of high contact areas and hard surfaces, including check out stations and payment pads, store entrance push and pull pads, door knobs and handles, dining tables and chairs, light switches, handrails, restrooms, guest lockers, floors, and equipment. Follow CDC Reopening Guidance for Cleaning and Disinfection and use an EPA-approved disinfectant to clean. For high contact areas (e.g., in both public and staff areas), routinely disinfect surfaces at least every 2 hours. Certain surfaces and objects in public spaces, such as point of sale keypads, should be cleaned and disinfected before each use.

- Social gatherings should not include close contact between gathering organizers, staff, and attendees not from the same household. Discontinue activities such as face-painting, temporary tattoo application, or audience participation with performers.

- Events that cannot restrict access to the general public should not take place.

- Where applicable, organizers must create a participant flow plan of modified queue lines to and within the mass gathering. Determine areas likely to become bottlenecks or pinch points and adjust participant flow accordingly.

- Where applicable, install visible markers for queue lines that separate people by six feet of physical distance. Provide physical guides to seating areas including floor decals, colored tape, or signs to indicate where attendees should not sit, stand, or congregate. Sample markers are available in the VDH Business Toolkit.

- Do not include side events as part of the gathering. These are events associated with but located outside of the formal gathering location, such as souvenir vending stations, gaming areas, petting zoos, and designated food truck areas.

- Designate a coordinator who will be responsible for identifying COVID-19 related issues and their impact on the gathering, including coordinating health preparedness for the event and emergency response planning.

- Develop an emergency and medical response plan for COVID-19. This plan should include information about how attendees should interface with the local healthcare system (who to speak with or call if they feel sick) and procedures for isolating sick attendees and reporting illnesses to event organizers. The response plan must also include a plan for organizers to notify the local health department and all participants if any exposure to COVID-19 occurs at the event.

- Develop a mitigation plan for COVID-19, to include how all requirements listed here will be met, and how guidelines and requirements will be enforced at the gathering.

- Consider limiting the duration of the gathering, especially for indoor gatherings and gatherings involving activities that would increase respiration (e.g., cheering, singing).

- Consider delaying gatherings where the target demographic is persons in high-risk populations.

- Use technology solutions where possible to reduce person-to-person interaction, including contactless payment and ticket scanning.

✓ Install physical barriers, such as sneeze guards and partitions, at staffed kiosks.

✓ All bathrooms, hand-washing stations, and portable toilets should be placed in a convenient location for use by attendees but away from congregate areas and arranged in a configuration that maintains at least six feet of physical distance.

✓ Provide a place for staff and attendees to wash hands with soap and water, or provide alcohol-based hand sanitizers containing at least 60% alcohol.

✓ Where applicable, provide best hygiene practices to employees on a regular basis, including washing hands often with soap and water for at least 20 seconds and practicing respiratory etiquette protocols. A CDC training video is available here: https://www.cdc.gov/handwashing/videos.html.

✓ Close off areas used by a sick person and do not use them until after cleaning and disinfection. Wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.

✓ Attendees should leave as quickly as possible following the event in order to limit contact and exposure to themselves and other attendees.

✓ Establish relationships with key community partners and stakeholders, such as the local health department, community leaders, hospitals, and law enforcement. Collaborate and coordinate with them on broader planning efforts for the gathering.

✓ Identify actions to take if the event needs to be postponed or cancelled.

✓ Private events may be held at venues provided they can comply with these guidelines.

RESOURCES TO PRINT AND DISPLAY:

CDC Symptoms English   CDC Symptoms Spanish

CDC Printable Flyer English   CDC Printable Flyer Spanish

CDC Printable Flyer Chinese   CDC Printable Flyer Korean

CDC Printable Flyer Vietnamese   FDA information

EMS AGENCY INSPECTION CHECK LIST

1. Log into the Agency Portal:

	Review and Update your Agency Profile information.

2. The following documents must be <u>current and uploaded</u>:

	OMD Agreement with all Attachments.
	Ordinance or Resolution from Local Governing Body (Required for new agencies or new bases of operation outside current jurisdiction).
	Vehicle Insurance Verification (Declaration Page – not entire policy).
	Designated Infectious Control Officer Certification.
	IRS Designation Letter.

3. The following items must be <u>ready for review during the agency inspection</u>:

	OMD Authorization to Practice. A list of all providers and the certification level they can practice on agency letterhead signed by the agency OMD.
	Membership Roster. Alphabetized including names, certifications, certification numbers, address, phone numbers and email addresses (including all non-certified members).
	Agency Affiliation. All agency members who hold Virginia EMS certification must be affiliated with the EMS agency in the EMS agency portal. All Virginia certified EMS providers listed on the agency roster must be affiliated in the agency portal.
	Personnel Records of all members. These records must include: • Copy of EVOC certifications for all drivers. • EMS certifications can be verified via the agency portal, paper copies of certifications no longer required. • Documentation of the OEMS fingerprint-base criminal background check for any providers affiliated on or after July 1st 2013. State Police criminal background check for anyone joining from January 1st 2003 thru June 30th 2013. • Documentation of VA Department of Motor Vehicles (DMV) driving record check.
	Access to all Patient Care Reports.
	Vehicle Maintenance Records for all EMS permitted vehicles.
	Current FCC radio license or written authorization to utilize frequencies.
	Mutual Aid Agreements with bordering jurisdictions (DERA agencies only).
	Documentation of Quality Management reports for previous year.
	EMS Response Plan. Include annual documented review of exceptions (DERA agencies only).
	Drug and Substance Abuse Policy.
	Driver eligibility, record review, and vehicle operations Policy.
	EMS Licensure Signature Page signed by Agency head, OMD and Local Government (County Administrator, City Manager or Emergency Services Coordinator).

Delivering High-Quality Instruction Online

Virtual Instructor-Led Training (VILT)

Table of Contents

INTRODUCTION

On February 7, 2020, the Virginia Commissioner of Health declared COVID-19 a Communicable Disease of Public Health Threat for Virginia. On March 2nd, Governor Northam declared a state of emergency due to the Novel Coronavirus—later known as COVID-19.

In the weeks and months that have followed, most government agencies and private sector employers transitioned to new models of business operations. For many, this meant moving into a virtual environment, working remotely and serving customers online. For others, this meant changing work processes and procedures to minimize contact with others while staying at the workplace.

The Office of EMS took proactive steps to reduce the spread of COVID-19 by securing and distributing PPE, extending certification expiration dates, providing timely electronic communications and by relaxing requirements for initial certification programs so educators could complete their spring programs. As we learned more about COVID-19 and the World Health Organization declared a worldwide pandemic, the Office of EMS Leadership Team recognized that there would be dramatic and long-lasting effects on EMS delivery and education for months or maybe years.

During this initial period of transformation and change, one item which was conspicuously in need of change across the nation was the way EMS continuing education has been delivered for the better part of 50 years. Virginia has long been recognized as a progressive leader in EMS throughout the country. In reaching out to national EMS organizations and contacts at the National Registry, Virginia was in a position to drive dynamic change in EMS education.

After several months of work and consult with multiple medical directors, EMS educators, and OEMS staff, the Office of EMS is pleased to announce that through an agreement with the National Registry, the Commonwealth will now recognize a new training modality—Virtual Instructor-Led Training—for Category 1 continuing education hours.

This document has been developed to provide you with information needed to begin to offer Virtual Instructor-Led Training for continuing education of EMS providers in the Commonwealth.

GUIDING PRINCIPLES

- **Establish and maintain Regular Effective Contact:** Regular effective contact is a requirement for distance learning. Instructors must keep in contact with students on a regular and timely basis both to ensure the quality of instruction and to verify performance and participation status.
- **Create opportunities for student-centered learning:** In distance education, instead of being the sole source of content knowledge, the role of the educator should transition to that of a facilitator allowing students to interact with the content and instructor.
- **Create opportunities that have practical real world applications:** The activities in the virtual environment should be authentic, that is, based on tasks that students would have to perform in various settings in the real world. Students should also have chances to enhance their knowledge about the world through critical thinking and reasoning skills.
- **Ensure all course content is readily and easily accessible to all students:** Instructors should create course content and assessments that are user-friendly in terms of technology.

VIRTUAL INSTRUCTOR-LED TRAINING (VILT)

VILT technology is based on comprehensive and scalable collaboration software that features functionality, availability and ease of use. A full range of engagement tools typically includes live conversation, chat, polls and quizzes, all controlled and monitored by facilitators. This environment also incorporates tools for webinars, remote labs and video conference.

Different approaches must be taken from the traditional classroom or online asynchronous programs. It must provide the instructor and student with mechanisms to communicate frequently and must keep the content engaging and collaborative. Content must be developed that provides maximum student engagement. Visuals and interaction are paramount to promote engagement and increase the effectiveness of the training being offered.

Facilitators, whether trained educators or subject matter experts, must also be skilled communicators in order to deliver quality VILT education. The biggest failure of VILT education is the failure of facilitators to interact with students and manage their classroom effectively.

Office of EMS Requirements to Offer VILT

The following are new OEMS policies which have been incorporated in the Training Program Administration Manual (TPAM). The TPAM was updated on July 1, 2020. There are several revised policies to reflect changes made as the Office has adapted to the new normal resulting from the COVID-19 pandemic.

Definitions

- **Education Coordinator** – An individual who is certified in Virginia as an Education Coordinator.
- **ALS Coordinator** – An individual who is endorsed in Virginia as an ALS Coordinator.
- **Educator** – The individual who is conducting (e.g. teaching) the VILT course. This person may be an Education Coordinator or may be a "qualified" instructor, specializing in the content or certified at or above the level of CE awarded in the course.
- **Facilitator** – A facilitator is a trained instructor or subject matter expert in the use of VILT technologies. This individual must also be skilled communicators in order to maintain control, serve as the emcee for the program and manage all the technical hurdles so the educator can focus on content and course delivery. The principal limitations to successful VILT implementation are the failure of facilitators to interact with students and manage VILT classrooms effectively.
- **Platform** - VILT technology is based on comprehensive and scalable collaboration software that features functionality, availability and ease of use. A full range of engagement tools typically includes live conversation, chat, polls and quizzes, all controlled and monitored by facilitators. Leading VILT platforms also incorporate tools for webinars, remote labs and video conferencing.

Course Announcement

- The VILT course announcement (TR-01-VILT) must be completed by a certified Education Coordinator and submitted at least 15 days prior to the first scheduled course.
  - TR-01-VILT can be found on the OEMS website at: https://www.vdh.virginia.gov/emergency-medical-services/education-certification/documents-forms-downloads/#Instructorforms
- Each class must be announced individually with the exception of a structured BLS or ALS continuing education program.
  - Example: A structured BLS or ALS CE program would be one that meets each week or month on the same day, at the same time, on the same platform with the same group of students.
  - If utilizing a standardized course outline, a schedule of classes with the access link and/or OEMS specific user credentials to the training platform must be attached to the course announcement.

Attendance Monitoring

- Attendance monitoring is mandatory. If the platform you intend to use does not allow session recording, you will need to find another platform.
- The Education Coordinator announcing a VILT program shall ensure that the platform used for VILT allows the facilitator to capture the attendees of the class. Ideally, this attendance system should track the *time in session* for each participant in the class. The Education Coordinator who announced the program shall maintain a copy of this record—either electronic or paper-- with their course file.
  - The attendance monitoring functionality is a key part of the online platform being used for VILT training.
  - Real-life examples: transitioned to a new models
    - For a one (1) hour VILT program, an individual with a *time in session* of 35 minutes shall be awarded .5 hours of CE, not one (1) hour.
    - For a two (2) hour VILT program, an individual with a *time in session* of 70 minutes should be awarded one (1) hour of CE, not two (2) hours.

Enrollment Maximums

- The maximum course enrollment for a VILT continuing education (CE) course shall be 30 participants.
  - The maximum of 30 participants does not include the educators, guest lecturers and facilitators being utilized for the program. Additionally you may allow access to the Physician Course Director or Operational Medical Director, should they choose to monitor or participate in the program.

Educator Requirements

- The educator conducting (e.g. teaching) the program shall be certified at or above the level of the continuing education being offered as required by EMS Regulation 12-VAC5-31.

Facilitation of VILT Programs

- In addition to the educator presenting the course material, the VILT program must have a facilitator who will serve as the classroom manager, course emcee, monitor the chat box, administer polling questions, observe webcams, and verify/monitor attendance in the program—from the beginning of the program to the end of the program.

Program Tools

- It is strongly encouraged that the education program utilize the various tools (e.g. online chat rooms, participant polling, cold calls, quizzing) available to offer an effective and engaging presentation.

Session Recording

- Session recording is mandatory.
- If the platform you intend to use does not allow session recording, you will need to find another platform.
- Recording the program allows for a review of the program by the Physician Course Director or Operational Medical Director for QA purposes.
- The recording, if it meets QA standards can then be used for future CE offerings when coupled with a test to meet F3 requirements as educators build a library of quality education.

Program Access for OEMS

- Per EMS Regulations, the Office of EMS has the ability to monitor a program unannounced. Therefore, the access link and/or OEMS specific user credentials to the training platform shall be provided for each program.
  - o This includes the date and time the class will be offered.

Course Evaluations

- All Education Coordinators who use VILT are encouraged to develop a course evaluation to be sent to the attendees to determine the effectiveness of the education delivered. Many of the LMS systems have this available that would allow your participants to provide an anonymous response.

Submission of Continuing Education (CE) Hours

- The Education Coordinator/ALS-C announcing the program is responsible for the submission of CE earned for the program.

- o CE must be submitted within 15 days of the course offering.
    - This will require the educator to develop a roster, generate the barcode and scan and upload the CE hours.
    - If using CE bubble cards, they must be completed by the educator and mailed to the Office of EMS to arrive within the 15 day window.

Metrics Are Key to VILT

It is incumbent on Education Coordinators/ALS-Coordinators, as the provider of Virtual Instructor-Led Training (VILT) education, to make EMS providers choosing to participate in VILT aware of what measures are being used to monitor their participation and engagement while taking your training programs.

At the completion of each session it is suggested that the educator employ the use of a survey tool to gauge audience feedback and for QA purposes.

Education Coordinators/ALS-Coordinators should consider monitoring certain metrics before determining whether to award CE to a participant.   Some sample metrics are listed below:

- Engagement Count – did the student actually engage in the training through questions and/or polling.

- Time in Session – did the student arrive on-time for the training and stay through the entire training program

- Student Interest Rating – did the student show interest in the program by remaining engaged and following along

- Student Attentiveness – did the student maintain the course window on top of all other open applications or did the student switch to other windows (e-mail, Internet browser, Word, PowerPoint, etc.) during the presentation.

Student Expectations

Education Coordinators/ALS-Coordinators, as the provider of Virtual Instructor-Led Training (VILT) education, should ensure that EMS providers are made aware of any expectations the educator has for their participation. At a minimum, students should be expected to adhere to some basic online education requirements—some specific examples of student expectations are listed below:

- VILT programs are designed for individuals, not groups, squad training nights or families. The individual who registered for the program is the only person who can receive CE credit.

    - No displaying or streaming of the content on a projector, TV screen or multiple monitors in order for multiple other people to receive CE credit for the program.

- Register in advance for the program to ensure timely delivery of confirmation e-mails with specific information on how to join the training session.

- *If you learn that you cannot attend, kindly cancel your reservation* to free up a spot for another provider who may be seeking to attend.
- Join the scheduled training session at least 5 minutes in advance of its start. In some cases, you will need to download software and install it on your computer in order to access the webinar.
    - You will enter a waiting room until the training session begins.
- Make sure you have your mic and web-camera turned on for the entire duration of the training.
    - When you first join, you will be muted along with all other attendees automatically by the software.
    - The course facilitator will activate control of your microphone and/or camera as needed during the presentation.
- Pledge to actively participate in the program through the polls and by asking questions if necessary.

Awarding of Teaching Hours for Educators

Education Coordinators are eligible for teaching hours for the specific Category 1 content you deliver via VILT ONLY. EMS Regulations do not allow the awarding of teaching hours for Category 2 content, educator prep time, grading quizzes, facilitating VILT programs, etc.