

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner





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OFFICE OF EMERGENCY MEDICAL SERVICES OEMS COMMUNICATIONS STATEMENT 20-09

Date: May 11, 2020

To: EMS Instructors, Candidates for NREMT Certification

From: Raffaella Coler, RN, MEd, Paramedic 
Director, Office of Emergency Medical Services

Joel Demers, NRP, EMS-I 
EMS Education Coordinator

Re: Resumption of Psychomotor Examinations with Modifications

EMS psychomotor examinations will resume on May 20, 2020 with several modifications to support the Governor's social distancing policies. Exam coordinators are directed to collaborate with their assigned Chief Examiners to facilitate safe and reliable examinations.

The necessary changes are outline in the following pages. Questions may be addressed to Joel Demers at Joel.Demers@ct.gov.



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Procedural Changes and Best Practices for Resuming Psychomotor Exams May 20, 2020



Beginning May 20, 2020, approved EMR & EMT psychomotor exams may resume, subject to the guidance provided by the Governor's office. Each exam coordinator is to establish practices that are aligned with those directives available at www.ct.gov/coronavirus

The following mandatory "**Procedural Changes**" are to be adopted statewide:

PERSONAL PROTECTIVE EQUIPMENT

PPE is to be utilized by all parties at the exam site, including a face covering or mask and gloves. Hand washing facilities and/or sanitizer is to be provided. Exam coordinators are to reinforce the use of PPE and hand hygiene during the registration and introduction process. All staff and candidates must wear a mask or cloth to cover the mouth and nose during the exam. A candidate or staff member is not required to wear a mask when doing so would be "contrary to his or her health or safety because of a medical condition." Documentation of such medical condition shall not be required. N95 and similar respirators are neither required nor recommended.

MONITORING OF SOCIAL DISTANCING AND PPE COMPLIANCE

The exam coordinator shall designate at least one person to monitor candidates and staff for compliance with use of PPE and social distancing. This may be the registrar, hall monitor or other assigned staff member.

REDUCTION OF PAPERWORK HANDLING

The sign-in and sign-out roster is not to be physically signed by the candidate, rather it should be used by the registrar as a check-in and check-out sheet. Station cards are not to be initialed by the examiner, rather the candidate will mark off each station on their own card.

Scenario sheet protectors shall be wiped with an appropriate disinfectant prior to being returned to the Chief Examiner.

SYMPTOM SCREENING

All sites are expected to screen candidates and staff for signs and symptoms including a fever. The site may elect to take temperatures on site. A candidate who is denied access due to presenting signs and symptoms consistent with COVID-19 MUST be given a refund of testing fees or assigned an alternate date. This option is up to the candidate. Refer to the best practices below for establishing a policy.

AUTHORIZED OBSERVERS

Authorized observers, such as volunteers, simulated victims and current students may not participate in psychomotor exams until further notice.

STATION COMBINATION

In order to reduce needed staffing and limit movement between rooms, the currently tested 5 stations are to be combined into three rooms. Each station is to be conducted as a standalone scenario, not as a connected scenario. If the candidate wishes a few moments between skills, this is to be permitted. An attached chart lays out a 3-station per hour schedule allowing up to 12 candidates per exam with three stations and up to 24 candidates per hour with six stations. A large exam may have up to 9 stations, allowing for up to 36 candidates. 20 minutes per station, per candidate is allotted.

- **CPR/AED with Airway** (10-15 min)
- **Trauma with Random Skills** (10-15 min)
- **Medical** (10-15 min)

Stations should be set up so they are staffed in multiples of three (3). Ideally, three, six or nine candidates are assigned a one-hour window, and they arrive just 10 minutes before their assigned time. This time should be enough for orientation, registration and viewing of the introduction video. Once they have completed the 3 rooms, they should leave the exam site.

If during the first few weeks of exams, the Chief Examiners determine that a 15-minute window will suffice, then adjustments will be made. This is a sample layout of each candidate's progress. Numbers 1-48 indicate candidate names. Each group of 3 more stations adds capacity for 12 more candidates.

Start	End	CPR Airway	Trauma Random	Medical	CPR Airway 2	Trauma Random 2	Medical 2	CPR Airway 3	Random 3	Medical 3	CPR Airway 4	Random 4	Medical 4
8:00	8:20	1	2	3	13	14	15	25	26	27	37	38	39
8:20	8:40	2	3	1	14	15	13	26	27	25	38	39	37
8:40	9:00	3	1	2	15	13	14	27	25	26	39	37	38
9:00	9:20	4	5	6	16	17	18	28	29	30	40	41	42
9:20	9:40	5	6	4	17	18	16	29	30	28	41	42	40
9:40	10:00	6	4	5	18	16	17	30	28	29	42	40	41
10:00	10:20	7	8	9	19	20	21	31	32	33	43	44	45
10:20	10:40	8	9	7	20	21	19	32	33	31	44	45	43
10:40	11:00	9	7	8	21	19	20	33	31	32	45	43	44
11:00	11:20	10	11	12	22	23	24	34	35	36	46	47	48
11:20	11:40	11	12	10	23	24	22	35	36	34	47	48	46
11:40	12:00	12	10	11	24	22	23	36	34	35	48	46	47

In this example, if six stations were conducted, candidates 1,2,3, 13,14,15 would arrive at about 7:45 AM for registration and spend the 8:00 to 9:00 hour completing their stations. They would then leave. At about 8:45, candidates 4, 5, 6 16, 17 and 18 would arrive for registration and test from 9:00 to 10:00.

SKILL STATION MODIFICATIONS

These modifications will be made to each station:

- **Medical**
 - No simulated patient is needed. A manikin MAY be utilized, or the examiner may act the role of the patient.
 - Vital signs are not to be physically obtained. The candidate may request vital signs from the examiner. There is no requirement to demonstrate the application of a sphygmomanometer or stethoscope.
- **Trauma**
 - No significant changes are needed.
- **Random Skills**
 - A manikin, simulated arm or simulated leg is to be provided in place of a simulated victim.
 - The random skill to be tested will be selected by the Chief Examiner, and it will be suitable for application on a manikin, arm or leg. (ie: no sling needed)
- **CPR/AED**
 - Mouth-to-mask is not to be performed. If a candidate selects this device, they are to verbalize the administration of breaths, and are to be given credit for giving such breaths.
 - The BVM may still be used at the discretion of the candidate
 - The second rescuer will be “invisible”. After the candidate has demonstrated two minutes of CPR, the examiner will say “A second rescuer has arrived with the AED. They will continue CPR while you utilize the AED.”
- **Airway**
 - The examiner does not need to continue providing ventilations while the candidate assembles suction or connects oxygen. The candidate may assume an invisible partner is providing ventilation properly.