A/R 2-319

MASSACHUSETTS
OFFICE OF EMERGENCY MEDICAL SERVICES
DEPARTMENT OF PUBLIC HEALTH

ADMINISTRATIVE REQUIREMENT MANUAL

EFFECTIVE DATE: 9/10/2013 **AUTHORIZATION**: J. Pianka, Director

TITLE: Psychomotor Skills Verification in Lieu of Repeat Full Psychomotor Exam for Certain Massachusetts Certified EMT-Basics or Applicants to Obtain NREMT EMT Certification

Purpose:

To set out the requirements to be followed by Instructor/Coordinators (I/Cs) at Massachusetts accredited training institutions or Training Officers at affiliated ambulance services, to carry out the psychomotor skills verification, in lieu of a repeat full psychomotor exam, for National Registry of EMTs' (NREMT) certification at the EMT level, for the following categories of individuals:

- Initial EMT-Basic applicants who have passed the psychomotor (practical) exam within the two-year period since their course end date, are still within the two-year eligibility period for NREMT initial certification, in accordance with A/R 2-317, but whose one-year period of validity of that psychomotor exam has lapsed.
- Current Massachusetts certified EMT-Basics who are voluntarily seeking initial NREMT certification more than two years after their course completion and passing of the psychomotor exam as part of the process of their becoming Massachusetts certified EMTs. Note: Currently certified Massachusetts EMT-Basics do not require NREMT certification to maintain their Massachusetts EMT-Basic certification.

Requirements:

A. The NREMT's Psychomotor Examination Verification form must be used, in conjunction with current National Registry psychomotor exam forms, available at www.nremt.org.

B. The verification must be performed by a current Massachusetts I/C affiliated with, and on behalf of, a current Massachusetts accredited training institution, or an ambulance service's designated Training Officer, evidenced by affiliation on the NREMT website.

C. I/Cs at accredited training institutions may perform the psychomotor skills verification for EMT-Basics who are not otherwise affiliated with an ambulance service or for initial EMT candidates, while ambulance services may only perform this verification for EMTs currently affiliated with their service.

D. The I/C or Training Officer must conduct the skills verification in person, and only for the purposes of this psychomotor skills verification. It cannot be combined with a concurrent practical examination for any other purpose.

E. The I/C or Training Officer must verify performance of the following skills:
   1. Patient Assessment/Management-Medical
   2. Patient Assessment/Management-Trauma
   3. Bag-Valve Mask (Apneic Adult Patient)
   4. Oxygen administration by Non-Rebreather Mask
   5. Cardiac Arrest Management/AED
   6. Spinal Immobilization (Supine Patient)
   7. Random Skill Verification (chose one of: Bleeding Control/Shock Management, Joint Immobilization, Long Bone Immobilization, Spinal Immobilization of Seated Patient)

F. If the I/C or Training Officer determines the individual being evaluated cannot perform these skills appropriately, the I/C or Training Officer must ensure the individual undergoes remediation prior to being re-evaluated in these skills. The I/C or Training Officer is responsible for documenting the remediation session and the topics covered, and keeping this documentation on file.

G. The I/C or the Training Officer signing the skills verification form, as well as their affiliated accredited training institution or ambulance service, is responsible for the accuracy of the skills verification of the of the individual evaluated.

H. The psychomotor verification form must be submitted to the NREMT directly via fax or mail. The I/C or Training Officer performing each skills verification must retain a copy of the form for their own records. Verification forms are subject to audit by OEMS and/or NREMT.