The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Office of Emergency Medical Services

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**MEMORANDUM**

CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

**To:** Chief Examiners and MA-accredited EMS Training Institutions

**From:** W. Scott Cluett, III, Director

**Date:** May 23, 2020

**Re:** Modification to EMT Psychomotor Exam Processes During COVID-19 State of Emergency

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The Massachusetts Department of Public Health (Department) continues to work with federal, state and local partners on the outbreak of novel Coronavirus 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation. As the Department and its Office of Emergency Medical Services (OEMS) prepares for lifting of the suspension of all psychomotor exams, it appreciates its Chief Examiners’ input about how to hold psychomotor exams safely for all participants, which helped inform Advisory 20-05-01 and this Memorandum.

For psychomotor exams held during the COVID-19 State of Emergency, the following conditions apply:

* All exams must be conducted in accordance with Advisory 20-05-01
* Prior to exam confirmation, the Chief Examiner (CE) and OEMS must review and approve the Department-accredited EMS training institution’s (ATI) plan for compliance with social distancing and personal protective equipment (PPE). For review, consideration should include:
  + Layout, size, entrances/exits and configuration of candidate holding area, exam stations, and examiner holding areas
  + Limitations on number of candidates who may be tested at a given time, based on site size and layout
  + Consideration for separate entrances to maintain social distancing
* Contact tracing/documentation
  + Identify volunteer patients with numbers on sign-in sheet and shirt labels, and maintain documentation regarding which candidates came in contact with which patients and Examiners, in the event contact tracing is required.
  + ATIs will provide documentation of symptom checks, and CEs submit to the Department for retention.
* Additional considerations may include:
  + Briefing/orientation of Examiners
    - Symptom monitoring
    - Training on use of PPE (however responsibility lies with exam sponsor)
    - Asking Examiners to enforce candidate use of proper PPE, including surgical masks at all times, glove use at start of station, doffing (and hand hygiene) before departing station.
    - If Examiner must come in contact with patient or equipment (for example, to test strap tightness), Examiner must wear gloves.
    - Examiners shall document candidate number, examiner number and patient number on each skill sheet.
  + Candidate orientation
    - Include reminder that if candidates feel ill, have had fever, or other symptoms, they are excluded from participating.
    - Requirement that masks remain in place at all times when on premises, proper use of gloves in stations
    - Consider no lending/sharing pens—each candidate must have their own (or disposable pens)
    - Candidates present identification one-at-a-time, and do not gather around CE/Clerk
  + Modifications to station cards—consider replacing with post-it notes for exam station assignment.
    - Alternatively, wipe down laminated cards between use (candidates)
* Recommendation that food not be served, or if available, all single-serving
* Examiner evaluations may be deferred, to limit contact. However, CEs are still expected to visit/monitor stations and ensure exam integrity.

In addition, specific modifications to the format of the psychomotor exam shall include the following:

* Station 1 (CPR) – 2 rescuer testing maintained.
  + Candidates must wear mask and gloves during station and doff gloves at conclusion of evaluation.
  + Mannequin and equipment decontamination supplies must be available in each station, and cleaning performed at beginning and end of exam.
* Station 2 (Splinting) – require use of one (or two) dedicated volunteer patients (to limit exposure)
  + Candidates must wear mask and clean gloves during station, and doff gloves at conclusion of evaluation.
  + Equipment decontamination supplies must be available, and cleaning performed at the beginning and end of exam, and any time patient is changed. Consider requiring additional equipment to allow for sufficient agent drying time.
  + Consider modification to skill selection cards. Candidates can either point or laminated cards can be decontaminated.
* Station 3 (Assessment) – per Advisory 20-05-01, a full body mannequin shall be substituted in place of volunteer patient (to limit exposure). The mannequin may be seated in a chair for medical assessment.
  + Candidates must wear mask and clean gloves during station, and doff gloves at conclusion of evaluation.
  + Mannequin decontamination supplies must be available in each station, and cleaning performed at beginning and end of exam
* Station 4 (Immobilization) – require the use of one (or two) dedicated volunteer patients (to limit exposure)
  + Candidates must wear mask and clean gloves during station, and doff gloves at conclusion of evaluation.
  + Equipment decontamination supplies must be available, and cleaning performed at the beginning and end of exam, and any time patient is changed. Consider requiring additional equipment to allow for sufficient agent drying time.

Thank you all for your patience and flexibility. For any questions, please contact Susan Lewis, NRP/IC, Deputy Director, at [Susan.K.Lewis@mass.gov](mailto:Susan.K.Lewis@mass.gov).