July 1, 2020

Re: Psychomotor Training for King County EMS Agencies

Hands-on training for psychomotor skills is an essential part of preparation to achieve best practices for EMS patient care. The COVID pandemic interrupted planned training, especially as it relates to psychomotor skills. There is a high likelihood that COVID will remain a challenge, and we must move forward with strategies that support the high standards of EMS care here in King County to include psychomotor skills. At the same time, we need to be thoughtful, so that we can effectively mitigate workplace risk for COVID transmission.

Please consider advancing plans to again incorporate psychomotor training as part of a comprehensive training strategy. The expectation is that these plans will whenever practical and feasible incorporate best practices with regard to wellness checks, social distancing, masking, and decontamination. The Washington State Department of Health has provided guidelines to support this type of training in response to the challenges related to COVID in the attached letter.

Please let me know if there are questions. Thank you.

Tom Rea
May 14, 2020

MPDs, Training Program Directors, and EMS Educators;

Emergency medical services (EMS), an essential sector allied health service may resume to provide in-classroom training and hands-on learning for course completion or ongoing training needs. An EMS training program or EMS service must implement social distancing and follow the guidelines identified in this document.

To conduct in-person initial or ongoing training, psychomotor practice sessions, or examinations the following items related to PPE, safety requirements, sanitation, and health checks must be completed.

1. Instructors and evaluators must use the following PPE and supplies and receive training on their proper use: gloves, masks (surgical or cloth), goggles or face shield, and anti-viral cleaning products.
2. Instructors and evaluators must ensure students have the appropriate face-covering for use during testing or training.
3. Instructors and evaluators must ensure patient actors have the appropriate face-covering for use during testing or training.
4. When testing or training are scheduled, instructors and evaluators will provide expectations for individuals participating in testing or training:
   • Students are not to congregate with each other or staff/instructors.
   • Students will be told they cannot report to testing or training if exhibiting symptoms of illness.
5. When students arrive, the instructor or evaluators must ask students if they have had any symptoms of illness within the past 72 hours.
6. If a student appears to be exhibiting symptoms of an illness at any time during the training or test, the training or test will be terminated and rescheduled as appropriate.
7. Social distancing will be observed whenever practical. For example, during and between skill stations.
8. Consider use of mannequins in place of patient actors, as appropriate.
9. Conduct testing and training, in locations with good ventilation, consider opening the windows or doors to create airflow though the space.
10. Instructors and evaluators are responsible for keeping facility surfaces disinfected and having handwashing facilities or sanitizing stations with hand sanitizer or wipes available.
11. Instructors and training program directors are responsible to post in areas visible to all staff and students, required hygiene practices and information about how to prevent the spread of COVID-19.
The training program or EMS service responsibilities for conducting in-person teaching sessions or psychomotor examinations:

1. Create policies that encourage employees to stay home or leave the worksite when feeling sick or when they have been in close contact with a confirmed COIVD-19 positive case. If they develop symptoms of acute respiratory illness, they must seek medical attention and inform their employer.

2. Have employees inform their supervisors if they have a sick family member at home with confirmed COIVD-19 positive case. If an employee has a family member sick with COVID-19. That employee must follow the isolation/quarantine requirements as established by the Washington State Department of Health.

3. Instruct employees to report to their supervisor if they develop symptoms of COVID-19 (e.g., fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell). If symptoms develop during a shift, the employee should be immediately sent home.

4. If an employee is confirmed to have COVID-19 infection, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The employer should instruct fellow employees about how to proceed based on the CDC Public Health Recommendations for Community-Related Exposure.

The Clinical and Field waiver released on March 6, 2020 is extended until September 30, 2020. If you have questions, please feel free to reach out.

Kind regards,
Dawn
Dawn E. Felt, NRP, MPA
EMS Education and Training Consultant
Office of Community Health Systems, EMS & Trauma Section
Washington State Department of Health
PO Box 47853
Olympia, WA 98504-7853
Phone: (360) 236-2842
Dawn.Felt@doh.wa.gov