
8th EDITION MEDICAL ESCORT STANDARDS –
Final DRAFT
of the Commission on Accreditation of Medical Transport System
Bolded Red standards are new to this Section

Section 1 – Management & Quality

12.01.00 MISSION STATEMENT AND SCOPE OF CARE

12.01.01 There must be written policies and procedures specifying the mission statement and scope of care to be provided by the service.

12.01.02 There is a written scope of care that describes the types of patients accepted. The scope of care is commensurate with the qualifications and level of initial and ongoing education required for medical personnel.

Examples of Evidence to Meet Compliance:

The Mission Statement describes what you do. The scope of care describes what type of service you perform, what patients you transport and what type of medical teams you provide, etc. Both are clear and concise and understood by all.

The vision and mission are strategic statements developed by and unique to each organization. Values statements are separate but key underpinnings of these statements.

12.02.00 FINANCIAL COMMITMENT

12.02.01 There must be evidence of financial commitment to the program by the administrative structure and through financial resources that provide excellence in patient care and safety.

12.02.02 Insurance - The transport service must have and maintain insurance against loss or damage of the kinds customarily insured against and in such types and amounts as are customarily carried under similar circumstances by similar businesses. The insurers must be financially sound and reputable, and they must be qualified to do business in the state(s) or country in which the transport service is located.

The types of insurance should include but are not limited to the following:

- 1. Medical malpractice - \$1 million (U.S. dollars)**
- 2. Worker's compensation – follow State or equivalent govt. guidelines**
- 3. Travel and repatriation insurance**

12.03.00 MARKETING AND EDUCATION FOR THE PUBLIC

12.03.01 **Transport requests for a medical escort are accepted from authorized personnel with sensitivity to cultural differences and without discrimination due to race, creed, sex, color, age, religion, national origin, ancestry, or handicap.**

12.04.00 ETHICAL BUSINESS PRACTICES

12.04.01 The transport service develops and demonstrates use of a written code of ethical conduct in all areas of business that demonstrate ethical practices in business, marketing and professional conduct.

1. **The code of conduct guides the service when confronted with potential compliance or ethical issues.**
2. **The code of conduct outlines the service’s standards for ethical behavior as well as contact information and reporting protocols if a standard has been violated.**
3. **The code of conduct outlines ethical billing practices.**
4. **There is a policy that governs taking photos and use of photos regarding privacy implications. SK**

Examples of Evidence to Meet Compliance:

Policies may address such issues as proper/improper behavior toward other programs’ marketing materials, honesty in reporting data, personal cell phone use, use of social networking sites, how ethical issues are addressed, conflicts of interest, phone etiquette, acceptable and unacceptable behaviors on the worksite/on transport, acceptance of gifts from patients/vendors, etc.

12.05.00 COMPLIANCE

There is a corporate compliance officer or designated person responsible for ensuring that the service is in compliance with external laws and regulations, payer requirements and internal policies and procedures.

12.05.01 Compliance issues may include but are not limited to:

1. Health Insurance Portability and Accountability Act (HIPAA)*
2. Federal Civil Statutes (False Claim Act)*
3. Balanced Budget Act of 1997*
4. Office of Inspector General (OIG) Compliance Program Guidance*
5. OIG annual work plans (hospital affiliated)*
6. Anti-kickback and Stark Laws*
7. Emergency Medical Treatment and Active Labor Act (EMTALA)*
8. Red Flag Rules (Identity Theft Prevention Program) *
9. Federal Sentencing Guidelines

**(See References in Appendix)*

12.05.02 The compliance program includes:

1. Written policies and procedures.
2. Designation of a compliance officer or assignment of responsibility to a specific individual or individuals.
3. Conducting effective training and education for staff with documented initial and ongoing competency.
4. Developing effective lines of communication.
5. Enforcing standards through well-published disciplinary guidelines.
6. Auditing and monitoring.
7. Responding to detected offenses and developing corrective action.

Examples of Evidence to Meet Compliance: *Staff is knowledgeable about current compliance issues.*

12.06.00 MANAGEMENT/POLICIES

12.06.01 There is a well-defined line of authority.

1. There is a clear reporting mechanism to upper level management. An organizational chart defines how the medical transport service fits into the governing/sponsoring institution, agency or corporation.
2. A policy should be in place that documents the employer's disciplinary process and protects employees from capricious actions.
3. Written policies and procedures indicate what therapies can be performed without on-line medical direction.
4. The program adheres to State/Provincial, National and/or Local ambulance rules and regulations including licensure requirements.
5. Policies address preparation for transport based on an available patient report and distance of transport (including international transports) to appropriately assess staffing, equipment and supplies needs.
6. Policies address preparation of medical team according to destinations/stops for appropriate clothing, climate, cultural considerations, food consumption safety, safety of the medical team, etc. as appropriate.
7. Policies address preparation of accompanying passengers including baggage and required travel documents.
8. Policies should include criteria for patients that can be safely transported by medical escort
9. Policies should include a plan of action if upon patient pick-up, the patient is inappropriate for medical escort or equipment/supplies are inadequate.
- 10. Management demonstrates strategic planning that aligns with the mission and vision and values of the service.**
- 11. Management sets written guidelines for press-related issues and marketing activities.**

12.06.02 Management ensures that patient care records, meeting minutes, policies and procedures are stored according to hospital or agency policies and are indicative of the individual medical escort service's sensitivity to patient confidentiality.

1. A record of patient care is completed and a copy remains at the receiving facility or with a family member for appropriate continuity of care.
 - a. A policy outlines minimal requirements for items to be documented in the patient care records that includes:
 - Purpose of the transport
 - History including list of patient's allergies, medications, and dietary needs.
 - Treatments, medications and patient's response to treatments and medications.
 - Transport facilities (to and from) and who report was given to at the receiving facility as applicable.
 - Copy of DNR orders as pertinent.
2. Meeting minutes (Staff meetings, Safety Committee meetings, QM meetings etc.) are kept on file.

- a. Minutes are dated and personnel present are clearly identified by title (e.g., Director, RN, EMT-P, RRT).
3. A policy manual is available to all personnel.
- a. Policies are dated and signed by the appropriate manager(s).
 - b. Policies are reviewed on an annual basis as verified by dated manager's signature on a cover sheet or on respective policies.

Examples of Evidence to Exceed Compliance:

Management is educated to Just Culture and applies Just Culture principles throughout the organization.

12.07.00 – MISSION TYPES AND PROFESSIONAL LICENSURE - Staffing should be commensurate with the mission statement and scope of care of the medical transport service and potential needs of the patient during the entire transport.

12.07.01 **Advanced Care** – An advanced care medical escort mission is defined as the transport of a patient whose condition warrants an attendant commensurate with the scope of practice of an RN, EMT-Paramedic or Respiratory Care Practitioner (RCP) who meet the following criteria:

1. The RN must have current and appropriate state licensure (in the state of residence)
2. The EMT-Paramedic must be nationally registered (NREMTP) and must be licensed, certified or permitted according to the appropriate state of residence regulations and have current relicensing, recertification, or repermitting status.
3. The RCP must have current and appropriate state licensure (in the state of residence).
4. Patient is stable enough to travel and needs may include but not be limited to:
 - a. Use of oxygen
 - b. Mobilization devices
 - c. Emptying drainage bags
 - d. Dressing changes
 - e. Medication administration and/or supervision
 - f. Dietary supervision
 - g. Potential for cardiac or diabetic complications such as angina or hypo/hyperglycemia.
 - h. Potential for respiratory complications such as hypoxia, suctioning and humidity needs.

12.07.02 **Basic Care** - A basic care medical escort mission is defined as the transport of a patient whose condition warrants an attendant commensurate with the scope of practice of an Emergency Medical Technician – B.

1. The EMT-B provider must be nationally registered, licensed, certified or permitted according to the appropriate state regulations and has current relicensing, recertification, or repermitting status.
2. Patient is stable and requires minimal supervision or care.

12.08.00 – STAFFING - The service should have operational policies to address each area listed below.

12.08.01 On-call policies demonstrate strategies to minimize duty-time fatigue, length of shift, number of shifts in a row and day to night rotation. Policies address minimum rest/duty time requirements that are international or involve overnight stays not to exceed 16 hours on duty in a 24-hour period.

12.08.02 Duty and rest time for international trips and trips exceeding duty time are monitored by management

12.08.03 Policies address duty status affected by commercial airline restrictions.

12.08.04 Staffing should be commensurate with the patient care needs or potential patient care needs during the entire transport.

Examples of Evidence to Meet Compliance:

Management monitors fatigue in terms of staffing patterns, patient outcomes and incidents or accidents.

12.09.00 PHYSICAL WELL-BEING

12.09.01 Physical well-being is promoted through:

1. Safe travel practices – travel plans are pre-arranged and attendants have alternative options for hotels, ground transport etc. in the event plans fail as well as resources to contact.
2. The potential for medical care of the crew with illness/injury outside of the U.S. is addressed in policies.
- 3. Evidence of an injury prevention program and ergonomic strategies to reduce employee injuries.**
- 4. Protective clothing and dress code pertinent to travel and destination.**
- 5. Infection control - dress codes address jewelry, hair and other personal items of medical personnel that may interfere with patient care (refer to OSHA standards).**
- 6. Written policies addressing:**
 - a. Duty status during pregnancy**
 - c. Duty status during acute illnesses such as sinusitis or otitis.**
 - d. Duty status while taking medications that may cause drowsiness.**

Examples of Evidence to Meet Compliance:

Personnel are observed following the program's dress codes and are knowledgeable about policies regarding physical well-being.

12.10.00 MEETINGS, RECORDS AND POLICIES

12.10.01 Meetings

1. There are formal, periodic staff meetings for which minutes are kept on file. Minutes will include who attended, base identification (if multiple bases), who is presiding and discussion (versus agenda/topics only). There are defined methods, such as a staff notebook or electronic mechanisms for disseminating information between meetings.
 - a. Meeting minutes (Staff, Safety, QM meetings etc.) are kept on file and maintained for a minimum of three years.
 - b. Minutes are dated, and personnel present are clearly identified by title (e.g., Director, EMT-P,

EMT).

Examples of Evidence to Meet Compliance:

Meeting minutes indicate attendance and representation by all disciplines. Action items, timelines and area of responsibility are well documented and demonstrate a flow of information that indicates tracking, trending and loop closure.

12.10.02 Records Management ensures that patient care records, meeting minutes, policies and procedures are stored according to hospital or agency policies, and HIPAA or privacy regulations are indicative of the individual medical transport service's sensitivity to patient confidentiality in accordance with local and national standards.

1. A record of patient care is completed, and a copy remains (electronic or other format) at the receiving facility for appropriate continuity of care.
 - a. A policy outlines minimal requirements for items to be documented in the patient care records that includes:
 - Purpose of the transport
 - Treatments, medications, intake and output and patient's response to treatments and medications.
 - Signature of each care provider and clarity about what care was performed by each provider (administering medications and performing procedures) and indicates who actually documented patient information.
 - Transport facilities (to and from) and to whom report was given to at the receiving facility or destination.

Examples of Evidence to Meet Compliance:

Patient records are signed and initialed by the crew member who performed the treatment or procedure. Records are stored in a secure area that is inaccessible to the public with accessibility limited according to applicable HIPAA guidelines.

12.10.03 Policies - A policy manual is available and familiar to all personnel.

- 1. Policies are dated and signed by the appropriate manager(s).**
- 2. Policies are reviewed on an annual basis as verified by dated manager's signature on a cover sheet or on respective policies.**
- 3. Policy manual should include:**
 - a. Policy that addresses DNR orders.**
 - b. Policy that addresses transfer and security of patient's personal property**
 - c. Policy that addresses use of an unusual occurrence form.**

Examples of Evidence to Meet Compliance:

Policies can be broken out by department/division however there must be signatures and revision dates on each specific policy or a cover sheet that represents annual review with respective review dates and signatures.

12.11.00 UTILIZATION REVIEW

12.11.01 Management ensures an appropriate utilization review process based on:

1. Medical benefits to the patient.
 - a. Timeliness of the transport as it relates to the patient's clinical status.
 - b. Patient care needs consistent with the capabilities and limitations of commercial airline transport or the medical escort's skills.
2. Safety of the transport environment.

Examples of Evidence to Meet Compliance:

UR reports indicate trending and loop closure of patient outcomes. Requesting agents are contacted if there are trends that indicate over-triage or under-triage.

Continuous review of utilization review with applicable trending and loop closure of patient outcomes in the form of follow-up to receiving facility, documented phone calls to patient/family, etc. may provide adequate information about patient outcome. Outliers should be presented to Case Review Committee or during regularly scheduled staff meetings to discuss specifics of transport.

12.12.00 Quality Management - Management monitors and evaluates the quality and appropriateness of the medical escort service through an active Quality Management (QM) program, including the following:

12.12.01. At a minimum, reviews the periodic QM committee reports.

12.12.02. Encourages staff participation in the QM Program.

12.12.03. Promotes the effectiveness of the QM program through active participation by management in the program and by sponsoring active communication pathways bidirectionally between staff and management.

12.12.04 There is an ongoing Quality Management (QM) program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care and safety of the medical escort service.

12.12.05 The QM program should be integrated and include activities related to patient care (including customer satisfaction), communications, and all aspects of transport operations and equipment maintenance pertinent to the service's mission statement.

12.12.06 The medical transport service has established patient care guidelines/standing orders that must be reviewed annually (for content accuracy) by management, QM Committee members and the Medical Director(s).

12.12.07 The Medical Director(s) is responsible for ensuring timely review of patient care, utilizing the medical record and pre-established criteria.

12.12.08 There is an established QM program in place that includes:

1. Responsibility/assignment of accountability.
2. Scope of care.
3. Important aspects of care, including clinical outcomes.
4. Operational processes such as financial outcomes and customer needs.
6. Indicators.

7. Thresholds for evaluation that are appropriate to the individual service.
8. Methodology - the QI process or QI tools utilized.
9. The plan should emphasize the quality of services offered is considered on a continuum, with constant attention to developing new strategies for improving; maintaining the status quo or achieving arbitrary goals are not considered the end-measures.
10. Evaluation of the improvement process.

12.12.09 For both QM and utilization review programs, there should be evidence of actions taken in problem areas and evaluation of the effectiveness of that action.

12.12.10 There will be regularly scheduled QM meetings providing a forum for all disciplines involved in the medical escort service to present their needs and areas for improvement to each other.

12.12.11 The monitoring and evaluation process has the following characteristics:

1. Driven by important aspects of care and operational practices identified by the medical transport service's QM plan.
2. Indicators and thresholds or other criteria are identified to objectively monitor the important aspects of care.
3. Evidence of QM studies and evaluation in compliance with written QM plan.
4. Evidence of action plans developed when problems are identified through QM and communication of these plans to the appropriate personnel.
5. Evidence of reporting QM activities through established QM organizational structure.
6. Evidence of on-going re-evaluation of action plans until problem resolution occurs.
7. Evidence of annual goals established prospectively for the QM program which provide direction for the work groups and which are quantitative. The emphasis must be on loop closure and resolution of problems within a finite time period.

12.12.12 Quarterly review should include (at a minimum, but may exceed) criteria based upon the important aspects of care/service. The following examples are encouraged:

1. Reason for medical escort transport
2. Mechanism of injury or illness.
3. Patient's outcome (morbidity and mortality) at the time of arrival at destination and patient's change in condition during transport.
4. Safety practices
 - a. Safety issues should be identified to the Safety Committee with detailed reporting and analysis of vehicle/patient safety aircraft incidents, travel and cultural incidents that could potentially affect crew safety and resolution of issues with findings and action plans reported back to the QM committee.
 - b. QM personnel may collect data and refer to the Safety Committee for action and resolution.

5. QM personnel may collect data and refer to the Safety Committee for action and resolution.
6. Operational criteria to include at a minimum the following quantity indicators:
 - a. Number of completed transports.
 - b. Number of aborted and canceled transports due to patient condition and use of alternative modes of transport.

Examples of Evidence to Meet Compliance:

The QM plan is current and describes the process with evidence of loop closure in subsequent reports. QM does not consist only of medical record reviews.

Examples of Evidence to Meet Compliance:

Outcomes from QM should drive education and training needs. Systems improvement tools are educational. The process is not punitive.

Tracking and trending response times and times on scene or at the referring/receiving hospital are evaluated in terms of benchmarks set by the program in order to evaluate the effectiveness of policies/procedures, training and/or equipment needs.

If transports are delayed- reasons for delays or referrals are tracked as are transport requests that are conducted by an alternate means of transport (within the same program).

SECTION 2. – PATIENT CARE

13.00.00 MEDICAL DIRECTION

Medical Director(s)—The medical director(s) of the program is a physician who is responsible for supervising and evaluating the quality of medical care provided by the medical personnel. The medical director ensures, by working with the clinical supervisor and by being familiar with the scope of practice of the transport team members and the regulations in which the transport team practices, competency and currency of all medical personnel working with the service.

13.01.00 The medical director(s) should be licensed and authorized to practice in the location in which the medical transport service is based and have educational experience in those areas of medicine that are commensurate with the mission statement of the medical transport service (i.e., adult trauma, pediatric, neonatal transport, etc.) or utilize specialty physicians as consultants when appropriate.

13.02.00 The medical director(s) should have experience in ground emergency medical services and should have education as a medical director (*see Education Matrix*) as appropriate to the mission statement and be familiar with the general concepts of appropriate utilization of ground transport services. In addition, the medical director should be current and demonstrate competency or provide documentation of equivalent educational experiences directed by the mission statement and scope of care. Certifications are required as pertinent to the program's scope of care. If a physician is Board certified in an area appropriate to the mission and scope of the service, certifications #1., 2., 11., and 13. are optional.

Supporting Criteria

1. Advanced Cardiac Life Support (ACLS) according to the current standards of the American Heart Association or approved equivalent.
2. Advanced Trauma Life Support (ATLS) according to the current standards of the American College of Surgeons **or** approved equivalent.
3. Appropriate utilization of medical/ground interfacility services. (G)

4. Emergency Medical Services.
5. Ground ambulance rules /regulations /driver safety course. (G)
6. Hazardous materials recognition and response.
7. Human Factors – Crew Resource Management
8. Infection control.
- 9. “Just Culture” or equivalent education is strongly encouraged.**
10. Neonatal Resuscitation Program (NRP) according to the current standards of the American Academy of Pediatrics (AAP) and the American Heart Association (AHA).
11. Patient care capabilities and limitations (i.e., assessment and invasive procedures during transport).
12. Pediatric Advanced Life Support (PALS) according to the current standards of the American Heart Association (AHA) or Advanced Pediatric Life Support (APLS) according to the current standards of the American College of Emergency Physicians (ACEP) or national equivalent.
13. Stress recognition and management.
- 14. Sleep deprivation, sleep inertia, circadian rhythms and recognizing signs of fatigue.**
15. The medical director should demonstrate continuing education in transport.

13.03.00 The medical director(s) is actively involved in the quality management (QM) program for the service.

13.04.00 The medical director(s) is actively involved in administrative decisions affecting medical care for the service.

13.05.00 The medical director sets and reviews medical guidelines (for current accepted medical practice), and medical guidelines are in a written format.

13.06.00 The medical director(s) is actively involved in hiring, training and continuing education of all medical personnel for the service.

13.07.00 The medical director(s) is actively involved in the care of critically ill and/or injured patients.

13.08.00 The medical director receives Safety and Risk Management training on an annual basis (strongly encouraged) such as Threat and Error Management training or equivalent (see reference).

Examples of Evidence to Meet Compliance:

There is evidence of the medical director’s involvement with the program through meeting attendance records, education records, chart reviews etc.

Examples of Evidence to Exceed Compliance:

Medical Director(s) attends TEM and Just Culture training and achieves advanced transport management certifications such as Certified Medical Transport Executive.

13.09.00 The medical director(s) ensures that the plans for transport are appropriate and safe for the patient’s specific disease process/needs.

13.10.00 The medical director must maintain open communications with referring and accepting agents and be accessible for concerns expressed regarding controversial issues and patient management.

13.12.00 Medical Control

- 1. If the medical director is unavailable, there are other physicians (who are trained and identified by the service) with the appropriate knowledge base to ensure proper medical care and medical control during transport for all patient types served by the medical escort service.**
- 2. If the medical control physician's experience is lacking in a clinical area, he or she should seek prompt consultation as appropriate to ensure proper medical care and medical control during transport for all patient types served by the medical transport service. This consultant should be an appropriate designated physician or the patient's receiving attending physician.**
- 3. Written policies and procedures indicate what therapies can be performed without on-line medical direction.**

Examples of Evidence to Exceed Compliance:

The medical director is involved in EMS on a regional and/or national basis. The medical director participates in peer-reviewed published research regarding medical transport.

13.13.00 CLINICAL CARE SUPERVISOR

Clinical Care Supervisor— Responsibility for supervision of patient care provided by the various clinical care providers (i.e., EMT-B, EMT-P, etc.) must be defined by the service. All patient care personnel must be supervised by someone knowledgeable and legally enabled to perform clinical supervision. The clinical care supervisor and medical director(s) must work collaboratively to coordinate the patient care delivery given by the various professionals and to review the overall system for delivery of patient care.

13.13.01 The clinical care supervisor should demonstrate currency in the following or equivalent educational experiences as appropriate to the mission statement and scope of care.

13.13.02 The clinical care supervisor is actively involved in the QM process.

13.13.02 Safety and Risk Management training on an annual basis (strongly encouraged) such as Threat and Error Management (TEM) training or equivalent.

13.13.03 Knowledge of national and international regulations as appropriate to scope of care.

Examples of Evidence to Exceed Compliance:

The clinical supervisor attends TEM and Just Culture training and achieves advanced certifications such as CEN, CCRN, CFRN, RNC, CTRN, and/or CMTE.

13.14.00 PROGRAM MANAGER – the program manager may have overall responsibility for a program or for a specific base with or without additional clinical responsibilities. (Follow criteria above if clinical responsibilities are part of the position description.)

13.14.01 The program manager must demonstrate currency in the following or equivalent educational experiences as appropriate to the mission statement and scope of care. Didactic education initially and on an annual basis should include but not be limited to:

- 1. Human Factors – Crew Resource Management. (See References in Appendix)**
- 2. “Just Culture” or equivalent education is strongly encouraged.**

3. Sleep deprivation, sleep inertia, circadian rhythms and recognizing signs of fatigue.
4. Stress recognition and management.
5. Safety and Risk Management training on an annual basis (strongly encouraged). ie Threat and Error Management training or equivalent.
6. Quality Management QM/QA/PI of the program and its implication to best practices.
7. Knowledge of national and international regulations as appropriate to scope of care.

Examples of Evidence to Exceed Compliance:

The program manager attends TEM and Just Culture training and achieves advanced certifications such as Certified Medical Transport Executive (CMTE).

13.15.00 Orientation, Training, and Continuing Education Program Requirements—A planned and structured program should be required for all regularly scheduled advanced care and basic care providers. Competency and currency in these competencies must be ensured and documented through relevant continuing education programs/certification programs or their equivalent listed in this section. The orientation, training and continuing education must be directed and guided by the transport program's scope of care and patient population, mission statement and medical direction.

13.15.01 ADVANCED CARE MEDICAL ESCORT

1. Initial training program requirements for all advanced care medical escorts. Each advanced care medical escort must successfully complete a comprehensive training program or show proof of recent experience/training in the categories listed below prior to assuming independent responsibility.

a. Didactic Component - Should be specific and appropriate for the mission statement and scope of care of the medical escort service. Measurable objectives need to be developed and documented for each experience.

- Airway management.
- Altitude physiology/stressors of flight.
- Anatomy, physiology and assessment for adult, pediatric and neonatal patients.
- Aviation - aircraft safety & in-flight procedures/general aircraft safety including depressurization procedures.
- Cardiac emergencies
- Disaster and triage.
- Cell phone and established communications procedures
- Environmental emergencies.
- Hazardous materials recognition and response. (Personnel should be able to recognize a hazardous situation if encountered.)
- Infection control.

- “Just Culture” or equivalent education is strongly encouraged.

- Mechanical ventilation and respiratory physiology for adult, pediatric and neonatal patients.
- Metabolic/endocrine emergencies.
- Oxygen therapy in the medical transport environment.
- Post traumatic Injury complications (adult and pediatric).
- Pediatric medical emergencies.
- Pharmacology.
- Pre-hospital experience.
- Quality Management Didactic education that supports medical transport service mission statement and scope of care (I.e. adult, pediatric, neonatal).
- Respiratory emergencies.
- Stress recognition and management.
- Survival training (in accordance with medical escort’s program policies).
- Thermal, chemical and electric burns.
- Toxicology.

b. Clinical Component - Clinical experiences should include, but not be limited to the following (experiences should be specific and appropriate for the mission statement and scope of care of the medical transport service). Measurable objectives need to be developed and documented for each experience.

- Emergency care.
- Adult ALS stabilization
- Pediatric ALS stabilization

2. Continuing education/staff development must be provided and documented for all advanced care medical escorts.

a. Didactic continuing education must include:

- Aviation - safety issues.
- Altitude physiology/stressors of flight.
- Emergency care courses.
- Hazardous materials recognition and response.
- Infection control.
- Stress recognition and management
- Survival training (In accordance with medical escort’s program policies).

b. Clinical and laboratory continuing education should be developed and documented on an annual basis and must include:

- Skills maintenance program documented to comply with number of skills required in a set period of time according to policy of the medical escort service.
- Appropriate clinical experience pertinent to the medical escort scope of care.

c. Policies ensure that clinical competency is maintained by currency in the following or equivalent training as appropriate. See addendum B – the Education Matrix

- Advanced Cardiac Life Support (ACLS) – documented evidence of current ACLS according to the AHA.
- Basic Life Support (BLS) - documented evidence of current BLS certification according to the American Heart Association (AHA).
- Pediatric Advanced Life Support (PALS) - or Advanced Pediatric Life Support (APLS) according to the AHA and ACEP, or equivalent education.
- Nursing certifications (such as CEN, CCRN, CFRN, RNC) are encouraged and if required in position descriptions, certifications must be current.

13.15.02 BASIC CARE MEDICAL ESCORT

1. Initial Training Program - Each Basic Care Medical Escort must successfully complete a comprehensive training program or show proof of recent experience/training in the categories listed below prior to assuming independent responsibility.

a. Didactic Component - Should be specific and appropriate for the mission statement and scope of care of the medical escort service.

- Altitude physiology/stressors of flight.
- Aviation – aircraft orientation/safety & in-flight procedures/general aircraft safety including depressurization procedures.
- Cell phone and established communications procedures.
- Hazardous materials recognition and response.
- Infection control.
- **“Just Culture” or equivalent education is strongly encouraged.**
- Quality management.
- Stress recognition and management.
- Survival training

b. Clinical Component - Clinical experiences should include, but not be limited to, the following (experiences should be specific and appropriate for the position description, mission statement and scope of care of the medical escort service):

- Emergency care.
- Prehospital care.

2. Continuing education/staff development - Continuing education must be provided and documented for basic care medical escorts.

a. Didactic continuing education must include:

- Altitude physiology/stressors of flight.
- Aviation - safety issues.
- BTLS or equivalent education to address the initial care of the trauma patient.
- Emergency care courses –basic level.
- Hazardous materials recognition and response.
- Infection control.
- Stress recognition and management.
- Survival training.

b. Clinical continuing education should be developed and documented on an annual basis and must include:

- Emergency/trauma care.
- Prehospital experience.

c. Clinical competency must be maintained by currency in the following or equivalent training as appropriate for the position description, mission statement and scope of care of the air medical service. (See addendum B – the Education Matrix.)

- Basic Life Support (BLS) - documented evidence of current BLS certification according to the AHA.

13.15.03 Education Specific to the Transport Environment

1. Completion of all the following educational components should be documented for each of the medical escort personnel. These components should be included in initial education as well as reviewed on an annual basis with all medical escort personnel

a. Air medical patient transport considerations (assessment/treatment/preparation/ handling/equipment).

b. Ground operations.

- Patient loading and unloading procedures if patient has special mobility needs or is on a stretcher.
- Contact procedures if patient is not met by pre-planned agent.

- Familiarization with ambulance and its equipment if met by an ambulance (to be reviewed with ambulance personnel prior to transport).

13.16.00 ACCOMMODATIONS ON THE AIRCRAFT

13.16.01 Patient accommodations on the aircraft should not compromise the ability to receive appropriate care if necessary.

1. Policies that address patient placement in the vehicle allow for safe egress.
2. For all transports, there are written guidelines describing types of patients that can be transported in a litter configuration if the aircraft is able to accommodate.
3. For all transports, strict policies will address: preparation based on patient condition based on anticipated needs and patient position in the aircraft.

13.16.02 Policy will address procuring a privacy curtain or temporary barrier for the stretcher patient.

1. Policy will address patient use of bedpans, urinals or diapers and disposal of body waste and fluids are involved according to the regulations of the specific airline.

13.16.03 Delivering oxygen

1. Oxygen flow can be stopped at or near the oxygen source.
2. The following indicators are accessible to medical escort personnel while enroute:
 - a. Quantity of oxygen remaining.
 - b. Measurement of liter flow.
3. A variety of oxygen delivery devices consistent with the patient's needs must be available.
4. Adequate amounts (for anticipated liter flow and length of transport with an emergency reserve) of oxygen must be available for every mission.
5. Knowledge and use of airline oxygen as back up in the event the patient's system fails.

13.16.04 Maintaining IV Fluids

1. IV supplies and fluids are available if needed.
2. Hangers/hooks are available that secure IV solutions in place or a mechanism to provide high flow fluids if needed.
3. IV infusion pumps are available as appropriate.

13.16.05 Accessible medications consistent with the service's scope of care.

1. Controlled substances provided by the medical escort program are in a secured system or kept in a manner consistent with policy. It is recognized that the patient may bring with them and self-administer their own medications and/or narcotics.
2. Storage of medications allows for protection from extreme temperature changes if environment deems it necessary.

3. There is a method to check expiration dates of medications on a regular basis.

13.16.06 Medical supplies and equipment must be consistent with the service's mission statement and scope of care.

1. A portable mechanical suction unit if need is anticipated.

2. Pulse oximetry if patient has respiratory problems or is on oxygen.

3. Automatic blood pressure device or sphygmomanometer.

4. The aircraft will be assessed in advance to the extent possible for the potential problems comprising the patient's stability in loading/unloading and addressed accordingly.

a. If a stretcher is needed and can be provided:

- Aircraft stretcher and the means of securing it in-flight must be consistent with FAR's.

- The stretcher should be large enough to carry the 95th percentile adult American patient, full length in the supine position. (The 95th percentile adult American male is 6 ft. and 212 lbs.)

- The stretcher should be sturdy and rigid enough that it can support cardiopulmonary resuscitation.

- The stretcher will be assessed in advance to ensure the head of the stretcher is capable of being elevated if required by patient needs.

b. Supplemental lighting is available if needed. A self contained lighting system powered by a pack or a portable light with a battery source must be available.

c. Adapters and/or regulators must be accessible to and compatible with a power source.

d. Semi-automatic or automatic external defibrillator may be supplied by the airline personnel need to know how to use specific make and model of this equipment and how to check functionality of equipment and its batteries.

5. All equipment and supplies must be secured according to FAR's. including containers for medical equipment along with padlocks, straps or other mechanism for securing it.

13.16.07 OPERATIONAL ISSUES – AIRCRAFT/VEHICLE

1. Medical escorts must ensure that all medical equipment is in working order and all equipment/supplies are validated through documented checklists.

a. Equipment must be periodically tested and inspected by a certified clinical engineer.

b. Equipment inspections will be required according to the program's guidelines.

2. Occupant restraint devices - Medical escort personnel must be in seatbelts for all take-offs and landings according to FAA regulations.

3. A policy describing pre-boarding for ambulatory or wheelchair patients, or patient loading and unloading procedures for stretcher patients.

4. Policy to address response to hazardous materials requests or unanticipated contact with hazardous materials.

5. A policy addressing carry-on baggage of patient that must be checked for hazardous materials before boarding the aircraft if not already performed by airport security.
6. Policy will address operational issues per vehicles utilized – commercial aircraft, private plane, boat, train, passenger van, etc.
7. Policy addressing the provision of contingency plans in the event of maintenance problems, adverse weather, cancelled flights, delays extending duty time beyond 16 hours and other adverse occurrences. The policy will list resources available to personnel should these situations arise.
8. A policy sets criteria and guidelines for aborting a mission prior to and during a transport.

13.17.00 Infection Control Policies and procedures addressing patient transport issues involving communicable diseases, infectious processes and health precautions for emergency personnel as well as for patients must be current with the local standard of practice or national standards (or in the U.S. - OSHA and as published by the Center for Disease Control (CDC)).

13.17.01 Policies and procedures must be written and readily available to all personnel of the medical transport service.

13.17.02 There is an Exposure Control Plan consistent with national (in the U.S. - OSHA Guidelines).

13.17.03 Education programs and policies regarding latex allergies may include:

1. Patients and employees at risk for latex sensitivities and symptoms manifested by an allergic reaction.
2. Maintaining a latex-safe environment.
3. Methods to minimize latex exposure to lessen risks of allergic reactions in medical personnel.

13.17.04 Preventive measures - All medical personnel must practice preventive measures lessening the likelihood of transmission of pathogens. Policies and procedures address:

1. Personnel health concerns and records of:

a. Pre-employment and annual physical exams or medical screening to include:

- History of acute or chronic illnesses.
- Illnesses requiring use of medications that may cause drowsiness, affect judgment or coordination.
- Immunization history—transport team members are encouraged to have tetanus and hepatitis B immunization. Measles, mumps, and rubella (MMR) immunizations are encouraged for those born after 1957.

c. International immunization history of the medical escort is documented and monitored for currency and appropriateness.

2. Management of communicable diseases and infection control in the transport environment is outlined in policies.

a. Use of gloves, eye and mouth protection. Personal protective equipment is readily accessible in the ambulance or issued to the medical transport team.

- b. Use of safety needles and blunt or other type system to lessen the risk of needlesticks to those who come in contact.
- c. Sharps disposal container for contaminated needles and collection container for soiled disposable items on the ambulance.
- d. Cleaning and disinfecting with appropriate disinfectant of the equipment and personnel's soiled clothes.
- e. Proper cleaning or sterilization of all appropriate instruments or equipment.
- f. Hand washing before and after each invasive patient intervention and after removing gloves.
 - When hand washing facilities are not available, antiseptic hand cleaners or towelettes should be used.
 - If antiseptic hand cleaners or towelettes are used, hands should be washed as soon as feasible with soap and running water.
- g. Management maintains documentation related to blood borne and airborne pathogens including confidential records of exposure incidents and post-exposure follow-up, hepatitis B vaccination status and initial and on-going training for all employees.
- h. A policy addresses access to post exposure prophylaxis (PEP) medications for HIV, meningococcal infections, etc. The PEP medications should be available in a timely manner for all team members.
- i. Where there is likelihood of occupational exposure, the following are prohibited: eating, drinking, applying cosmetics or handling contact lenses.
- j. Food and drink will not be stored where blood or other potentially infectious materials are present. If the service performs transports with long in-flight times, there should be a policy to address the nutritional needs of patients and personnel.

SECTION 3. - COMMUNICATIONS

14.00.00 Communications with requesting agents and medical escorts to plan and follow a specific trip requires the following:

14.01.00 - If cellular phones are part of the on-board communications equipment, they are to be used in accordance with airline regulations.

14.02.00 A Coordinator must be assigned to receive and coordinate all requests for the medical escort service.

14.02.01 Training of the designated person should be commensurate with the scope of responsibility of the service.

1. Medical terminology.
2. Knowledge of EMS - roles and responsibilities of the various levels of training -BLS/ALS, EMT/ EMT-Paramedic.
3. Knowledge of appropriate contacts and procedures – foreign language references, i.e.

14.03.00 Communications policies to reflect:

14.03.01 A readily accessible post incident/accident plan so that appropriate search efforts may be initiated in the event communications can not be established with medical escort nor location determined within a pre-planned time frame.

1. Written post incident /accident plans are easily identified, readily available, and understood by all personnel and minimally include:

- a. List of personnel (with current phone numbers) to notify in order of priority (for coordinator to activate) in the event of an incident/accident.
- b. Consecutive guidelines to follow in attempts to:
 - Communicate with the medical escort.
- c. A method to insure accurate information dissemination.

2. An annual drill is conducted to exercise the post incident/accident plan.

14.04.00 Coordination and Mission Tracking

14.04.01 Initial coordination must be documented and a flight coordinator should be contacted prior to each take-off and after each landing.

1. These items to include but not be limited to:

- a. Name and telephone number of caller
- b. Patient type/condition
- c. Date and time call received
- d. Anticipated or scheduled date/time of departure
- e. Location of patient and destination
- f. Additional information as appropriate to the request such as:
 - Special diet requests; handler.
 - Airline/company representative phone numbers.
 - Expected flight time; number of fuel stops.
 - Number of seats available for medical team space/seats available for luggage/medical equipment.
 - Carry-on restrictions; airline/company's policy for handling of body fluids/infectious waste.
 - Travel documents required.
 - State Department advisories particular to area(s) being traveled.
 - Number of family members accompanying; availability, number outlets and power limitations of inverter.

- Airline/company stretcher limitations (length/width, linens available, mattress, isolette types permitted).
- Number of oxygen cylinders that can be accommodated, adapter/regulator type, flow capabilities.
- Lighting available.

2. Specific methods must be used by the coordinator for contacting the medical escort personnel to relay request information, i.e., pager numbers, telephone and/or cellular numbers.

3. An on-call roster of the air medical team must be provided to the answering service/coordinator that includes a priority phone list of personnel to notify in the event of an emergency.

14.04.02 Mission Tracking - Communications during a mission should also be documented accordingly:

1. Direct or relayed communications to coordinator specifying all take-off and arrival times.

14.04.03 The Coordination Point must contain the following:

1. At least one dedicated phone line for the medical escort service.
2. Capability to notify on-call personnel and on-line medical direction (through radio, pager, telephone, etc).
3. A status board or display with information about pre-scheduled medical escorts transports, personnel on-call, etc.
4. Communications policy and procedures manual.

SECTION 4. – SAFETY & ENVIRONMENT

15.00.00 **There is evidence that safety issues are addressed that are specific to the operational environment (i.e. travel and anticipated cultural conditions during the course of travel).**

15.01.00 Patient and personnel security

- 1. A policy addresses the security of the physical environment.**
- 2. Personnel security - Medical escort is required to carry photo IDs (driver’s license and/or passport) with first and last name while on duty.**

Examples of Evidence to Meet Compliance

Policy requires wearing or carrying ID’s while on duty

- 3. Patient security - Patients and accompanying family must be properly identified and listed by name (in compliance with HIPAA regulations) in the communications center by the transport coordinator.**

15.02.00 Safety Education

15.02.01 Education Specific to Safety of the Transport Environment

- 1. Completion of all the following educational components should be documented for the medical escort. These components should be included in initial education as well as reviewed on an annual basis with**

all regularly scheduled, part-time or temporarily scheduled medical personnel as appropriate for the mission statement and scope of care of the medical service.

a. Communications strategies and back-up plans.

b. Specific capabilities, limitations and safety measures for specific airlines and for occasionally used ambulances.

c. Hazardous materials recognition and response.

d. Survival training/techniques/equipment that is pertinent to the environment/geographic coverage area of the medical transport service but must include at a minimum:

- Safety and survival equipment requirements**
- Emergency evacuation plans on specific aircraft**

e. General aircraft safety to be included on an annual basis.

- Aircraft evacuation procedures (exits and emergency release mechanisms)\- to include electrical and oxygen shutdown.
- In-flight emergency and emergency landing procedures (i.e., position, oxygen, securing equipment according to specific airline regulations.
- Safety around the aircraft including FAA regulations pertinent to medical escort duties.

15.03.00 Safety Management System - Management is responsible for a Safety Management System (*See References in Appendix*) but management and staff are responsible for making operations safer.

15.03.01 The Safety Management System is proactive in identifying risks and eliminating injuries to personnel and patients and damage to equipment.

15.03.02 A Safety Management System includes:

- 1. A statement of policy commitment from the accountable executive.**
- 2. A non-punitive system for employees to report hazards and safety concerns.**
- 3. A system to track, trend and mitigate errors or hazards.**
- 4. A system to track and document incident root cause analysis.**
- 5. A Safety Manual.**
- 6. A system to audit and review organizational policy and procedures, on going safety training for all personnel (including managers), a system of pro-active and reactive procedures to insure compliance, etc.**

15.03.03 There is evidence of management's decisive response to non-compliance in adverse safety or risk situations.

1. Senior management should establish a process to identify risk escalation to ensure that safety and risk issues are addressed by the appropriate level of management up to and including the senior level.

2. Operational Risk Assessment tools should include but not be limited to issues such as: transport acceptance (that includes tools for assessing fatigue), public relations events, training, maintenance and re-positioning trips.

15.03.04 The program has a process to measure their safety culture by addressing:

- 1. Accountability – employees are held accountable for their actions.**
- 2. Authority – those who are responsible have the authority to assess and make changes and adjustments as necessary.**
 - a. Standards, policies and administrative control are evident.**
 - b. Written procedures are clear and followed by all.**
 - c. Training is organized, thorough and consistent according to written guidelines.**
 - d. Managers represent a positive role model promoting an atmosphere of trust and respect.**
- 3. Professionalism – as evidenced by personal pride and contributions to the program’s positive safety culture.**
- 4. Organizational Dynamics.**
 - a. Teamwork is evident between management and staff and among the different disciplines regardless of employer status as evidenced by open bi-directional and inter-disciplinary communications that are not representative of a “silo” mentality.**
 - b. Organization represents a practice of encouraging criticism and safety observations, and there is evidence of acting upon identified issues in a positive way.**
 - c. Organization values are clear to all employees and embedded in everyday practice.**
- 5. A Safety Management System includes all disciplines and processes of the organization. A Safety Committee is organized to solicit input from each discipline and should meet at least quarterly with written reports sent to management and kept on file as dictated by policy.**
 - a. Written variances relating to safety issues will be addressed in Safety Committee meetings.**
 - b. The committee will promote interaction between medical transport personnel, communications personnel and drivers addressing safety practice, concerns, issues and questions.**
 - c. There is evidence of action plans, evaluation and loop closure.**
- 6. The Safety Committee is linked to CQI and risk management.**
- 7. Aviation and ambulance related events that occur during a medical escort trip are identified and tracked to minimize risks. (See Glossary in Appendix for definition of event.)**
 - a. Medical transport services are required to report aviation and ambulance accidents to CAMTS and strongly encouraged to report incidents to the CONCERN network and must report to the appropriate government agencies. There is a written policy that addresses reporting incidents or accidents and assigns certain individual(s) with the responsibility to report.**