CAMTS 12th Edition
Are you ready?

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Disclaimer

• I have no conflicts of interest, I do represent CAMTS which is a non-profit peer review and accreditation organization.

• This is a partial representation of the 12th edition CAMTS Standards. Please obtain a complete copy at www.camts.org

• Read the standards as you fill out your PIF.

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You write the standards...

• American National Standard's Institute
• Participation is open to all interested stakeholders
• Balance of interests is sought
• Consensus is reached, without dominance by any party
• The Standards are open for public review and comment
• All comments receive a written response

ANSI — American National Standards Institute — MEMBER

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Section 1 –

Management and Staffing

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Participation Time!!

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01.06.00 #6

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There is a policy that addresses encounters with an unmanned aircraft system (UAS), laser or bird while in flight, which includes:

A) Reporting to local law enforcement and/or FAA on a timely basis
B) The responsible person for the reporting
C) Assessment of those impacted by a laser strike for the need for medical follow-up
D) Limiting additional exposure by leaving the area of encounter or taking other countermeasures
E) Incidences/occurrences are tracked and reported annually to the Safety Committee

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01.06.04

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Programs are encouraged to develop a plan for succession and unanticipated extended absence for key positions. The plan should address position vacancies, including when there is no incumbent to provide transition training, as well as unplanned extended temporary absences, designed to preserve the integrity of the program.

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01.06.04 (con't)

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01.06.04 Programs are encouraged to develop a plan for succession and unanticipated extended absence for key positions. The plan should address position vacancies, including when there is no incumbent to provide transition training, as well as unplanned extended temporary absences, designed to preserve the integrity of the program.

Examples of evidence to meet compliance:
This may include cross-training, identification of successors with support of formal and informal education, mentorship, opportunities to participate in projects/presentations/events in the future role, scenarios/case studies, shadowing, job expansion, mechanisms to preserve and provide access to needed information/documents, contacts lists, task lists, detailed instruction on processes that are critical/known only to the position and periodic review/updating of the plan's references.

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01.05.01 #11 - DELETE

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- Compliance issues may include but are not limited to:

- 11. Compliance with Transportation Security Administration (TSA) twenty-five program.

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01.07.00 #8

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For all positions (aviation, clinical, communications, maintenance), a written policy addresses scheduling to avoid new employees working together (Green-on-Green).

> **Note: we will also expand the glossary definition.** Green-on-Green: The combination of two unseasoned (green) or less-experienced pilots or, medical crew team members, **communications specialist or mechanics** working together without a more experienced person present. **Green is often defined as less than one year.**

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01.07.00 #9

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A written policy addresses safety and clinical competency requirements for part-time or full-time staff experiencing a low volume of transports. The policy should assure all onboard staff are current and competent to the level of full-time, active staff in flight/transport safety and the use of aviation (NVG, etc.) and clinical equipment.

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01.09.01

1. There are formal, periodic staff meeting for which minutes are kept on file and accessible for reference.
2. All meeting minutes (Staff, Safety, QM, etc.) include the following:
   a. Date and time of the meeting
   b. Base identification (if multiple bases)
   c. Meeting type (Staff, Safety, QM, etc.)
   d. List of those in attendance by both name and title or function (i.e., Director, RN, EMT-P, RRT)
   e. Name of the person presiding
   f. Discussions (versus agenda/topic headings)
   g. Assignments and responsibilities for open issues
   h. Progress reports on open issues
   i. Clear identification that an issue has been resolved (loop closure)

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01.09.01 (con't)

3. There are defined methods, such as a staff notebook or electric mechanism, for disseminating information to all staff members between meetings.
4. All meeting minutes (Staff, Safety, QM meetings, etc.) are kept on file and maintained for a minimum of three years

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Section 2 –

Quality Management

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The golden rule of QM

Quality Management — **Education**

*An example of how the clinical education process has been driven by a key performance indicator or GAMUT metric.

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02.01.07 1f.

- Performance metrics, as identified by the program, must be multidisciplinary and reviewed at least quarterly (at a senior executive level).
- Based on the scope of care of the service, in addition to those marked "required", at least one performance metric from each of the following groups, (with examples) is required to be tracked and trended on an annual basis.
- 1. Patient safety
  f. Number of Never Events (see References) (required)

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02.03.01 #1

The designated safety director(s)/officer(s) receives formal safety-related training pertinent to the program's scope of services.

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Date: 2/27/23

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02.03.02

A Safety Management System includes the four components of Safety Policy, Safety Risk Management, Safety Assurance and Safety Promotion.

Several elements of these components include:

1. A statement of policy commitment from the accountable executive
2. A risk identification process and risk management plan that include a non-punitive system for employees to report hazards, risks and safety concerns
3. A system to track, trend and mitigate errors or hazards

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02.03.02 (con't)

A Safety Management System includes the four components of Safety Policy, Safety Risk Management, Safety Assurance and Safety Promotion. Several elements of these components include:

4. A system to track and document incident root cause analysis
5. A safety manual (electronic or hard copy)
6. A system to audit and review organizational policy and procedures, ongoing safety training for all personnel (including managers), a system of pro-active and reactive procedures to insure compliance, etc.

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02.03.05 #4

There must be a designated safety person / people that represents each mode of transport within the program's scope of services.

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02.03.07 #2d

The helmet intercommunication systems (ICS) cord shall not be hard-wired to the aircraft and should have a disconnect device or plug that will allow for a clean separation during egress. ICS cords shall be secured from potential snagging or entanglement with components such as flight controls and medical equipment.

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02.03.07 #2e

If an engineered mount is present for specific equipment, that equipment must be secured in the mount at all times during **vehicle movement**.

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02.03.07 #2h

If not required by the AHJ, it is strongly encouraged to install the following on helicopters (reference NTSB recommendations): (RW)

Crash-resistant flight recorder systems which include cockpit audio and images with a view of the cockpit environment and as much of the outside view as possible, and parametric data per aircraft and systems installation are encouraged. The cockpit image recorder should be equipped with an independent power source consistent with that required for cockpit voice recorders.

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02.03.07 #2k, u

- Individual survival gear carried on each crew member is strongly encouraged. At a minimum, the gear should include an appropriate signaling device.

- A policy addresses carrying lithium ion batteries on the transport vehicle.

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02.03.07 #2v

Written policy to address observers, third riders or media being transported with or without a patient on board. At a minimum the policy should address:

a. Understanding patient privacy and confidentiality laws (HIPAA, etc.)
b. Safety in and around the vehicle (safety briefing, sterile cockpit, etc.)
c. Proper apparel (footwear, winter coats, helmet, etc.)
d. Appropriate use of assigned equipment such as visors on helmets, intercom systems, etc.
e. Securing personal equipment and items to avoid interference with safety or patient care.

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Section 3 –

Patient Care

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03.05.01 #1d.

If simulation teaching/learning modalities are used as an adjunct to or substitution for clinical experiences, **there must be documentation that the scenarios and objectives are reviewed annually, references are current and learning objectives were met.**

**You will be asked to submit one scenario for each area in your scope of service.

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03.05.01 #3f

Current transport specific nursing certification (CFRN or CTRN) pertinent to the scope of care and patient population (such as C-NPT for teams that transport neonatal or pediatric patients) required for nurses who have been employed for more than 2 years.

CAMTS will continue to accept non-transport specific advanced nursing certification as meeting the standard until January 1, 2025. Program's not in compliance by that time must have a written plan to assure all critical care transport nurses acquire a transport specific advance certification.

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03.05.01 #3g

Current paramedic certifications (such as NRP) strongly encouraged for paramedics who have been employed for more than 2 years and are conducting ALS/BLS transports.

In addition, FP-C or CCP-C certifications required for paramedics who conduct critical care transports and have been employed for more than 2 years.

Where available for the role and patient population(s) transported **(such as C-NPT for teams that transport neonatal or pediatric patients)**, transport-specific **specialty** certification is strongly encouraged.

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03.05.02 #1e

1. Education Specific to the In-Flight and Surface Transport Environment

    e. General aircraft safety.

• In-flight emergency and emergency landing procedures (i.e., position, oxygen, securing equipment). Training related to situations dealing with an incapacitated pilot is encouraged.

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03.05.02 #1j

Survival and egress training/techniques/equipment that is pertinent to the environment/geographic coverage area of the medical service (Includes water egress survival training if enroute travels are routinely over large bodies of water such as rivers, lakes, bay areas based on the program risk assessment)

• Smoke in the cockpit/cabin, firefighting in the cockpit/cabin
• Emergency evacuation of crew(s) and patient(s)
• Hands-on practice of survival techniques and the use of the items contained in the survival kit are conducted at least once every two years

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03.05.03 #1g

For services that respond to incident scenes and support disaster response, staff, including maintenance and communications personnel who respond to disaster sites, has completed the (FEMA) Federal Emergency Management Agency Independent Study Courses on Incident Command. (See Table pg. 3.25)

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POSITION	IS 100	IS 200	IS 700	IS 800
RW - Pilot	X	X	NR	NR
RW - Medical	X	X	NR	NR
FW - Pilot	NR**	NR**	NR	NR
FW - Medical	X	X	NR	NR
Ground	X	X	NR	NR
Maintenance	X	X	NR	NR
Communications Specialists	X	X	NR	NR
RW - Management	X	X	X	X*
FW - Management	X	X	X	X*
Ground - Management	X	X	NR	NR
Medical Escort	NR	NR	NR	NR

NR = Not required unless the program responses to scenes or is involved with Incident Command during disaster response.**

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03.06.01 #10c

Medical supplies and equipment must be consistent with the service's mission statement and scope of care. Additionally, the following equipment must be on the transport vehicle and available per Type of Care.

   C. A feedback mechanism and/or mechanical compression device for effective cardiopulmonary resuscitation is encouraged.

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03.06.01 #16

For services who administer blood, there must be a policy addressing:

   Determination of when the blood product was released from the Blood Bank. Blood must be maintained at a controlled temperature in accordance with the issuing Blood Bank during transport and must be infused within 4 hours of removal from thermal control. The temperature of the cooling mechanism is monitored and recorded. The use of a warming device during infusion is encouraged.

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03.06.01 #17

Fetal doppler heart rate monitoring required for high risk OB transports.

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03.06.01 #19

If straps or belts are used to secure equipment, they must be rated to keep the weight and configuration in place to a minimum of 5g's. Softpacs and equipment bags are not to be stored with belts that loop through the handles (as these handles can easily tear and dislodge).

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GAMUT Collecting vs. Reporting

5/5/5=15

*Reporting is encouraged but not required

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Section 4 –

Communications

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04.03.01 #1

Staffing must be commensurate with the mission statement and scope of care of the medical transport services. A well-developed position description for the communication specialist is written.

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04.03.01 #2e

A risk assessment plan addresses fatigue and focuses on volume and other distractions in the communications center. The risk assessment should be inclusive of the entire communication center. Individual risk assessment tools are also encouraged. The written plan should include:

- When/how often a risk assessment is completed (beginning of the shift, mid-shift, following a major event, staffing level changes, etc.)
- Factors that can cause loss of situational awareness (staffing level changes compared to para level, new trainees, employees returning from extended time off due to illness, vacation, etc.)
- Factors that can cause fatigue (staff working shifts opposite their routine, number of shifts in a row, overtime, high call volume, etc.)
- Plans or actions to mitigate risks

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04.03.02 #1r, s

Initial training, which must include:

r. Training in landing zone safety, requirements, procedures, and coordination consistent with the training provided by the program to public safety and hospitals (RW)

s. Knowledge of the local geography, facilities, and transport resources, as well as clues to spotting potential helicopter shopping and duplicate aircraft requests. (RW)

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04.03.02 #1t

Initial training, which must include:

t. Coordinator for long-range flights training includes:
1. Formulating estimates of transport and collaborating with assistance companies and insurers for payment arrangements.
2. Knowledge of referral and receiving centers and intermediate transports for arrivals and departures
3. Knowledge of resources for customers, transport crews and family members during the entire patient transport that promotes a timely and cost-effective outcome.

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04.08.04 #2

A PAIP drill is conducted at least every 6 months that tests the entire post accident/incident plan. The drill must include all aspects of the plan and all disciplines involved (pilots/drivers, medical personnel, communication personnel, mechanics, administration, etc.).

a. A minimum of one daytime and one night-time drill is completed each year.
b. During the accreditation period all modes of transport provided are tested.

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04.08.04 #2 (con't)

c. Following each drill:
i. A thorough debrief occurs that identifies lessons-learned from the drill.
ii. There is a written after-action report/plan (AAR/P) that summarizes the drill including the major events and the people, locations, agencies and vehicles involved. The AAR/P includes the lessons-learned and any corrective actions taken or planned.
iii. The results of the drill and AAR/P are shared with the entire staff, including those not involved directly with the drill
iv. A method exists to document progress and loop closure on any corrective items identified in the AAR/P.

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04.08.04 #2 (con't)

d. An actual incident or accident may be used as a replacement for a drill provided it meets the items listed in c.

Example of meeting compliance:

	RW	FW	Surface
First year, first 6 months	Day drill		
First year, second 6 months		Night drill	
Second year, first 6 months			Night drill
Second year, second 6 months		Day drill	
Third year, first 6 months	Night drill		
Third year, second 6 months			Day drill

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04.08.05

An annual test of emergency procedures in the communications center that includes an evacuation drill and capability to re-establish communications in the event of a fire, intruder on-premises, catastrophic failure of the communications center, helipad mishaps, forces of nature, etc.

An actual evacuation can be used as a replacement for a drill provided the occurrence is thoroughly debriefed and after action lessons and corrective actions have follow-up and loop closure.

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04.11.02 #1 and 2

1. Policies are dated and signed by the appropriate manager(s).
2. Communication Center policies are reviewed on a biennial basis as verified by dated manager's signature on a cover sheet or on respective policies.

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Section 5 –

Rotorwing

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05.04.03 #2

New option – Pilot in Command Experience Evaluation Tool

As an alternative to the flight hours in 05.04.03 2. a program may develop and submit a Pilot in Command (PIC) Experience Evaluation Tool. The tool should evaluate a pilot's education, training, and experience to determine if that pilot has the necessary background and experience to be a safe and effective PIC, taking into consideration the program's operation needs, scope of serve, service area, airframe type, operational environment, etc. To be considered as an alternative to meeting the Standard the program must submit a CAMTS Class Two Report of Change along with the Evaluation Tool. Once accepted, the effectiveness of the tool must be evaluated as part of the program's quality management process. The tool will be specific to the program, however an example that can be used as a starting point can be found in Addenda C.

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05.05.01 #2

All mechanics must receive formal training on human factors, fatigue management and maintenance error reduction.

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05.05.02 #1

It is strongly encouraged that mechanics must not be permitted to work more than 14 continuous hours. This includes any duty related travel time.

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05.05.03 #2

There must be a written policy and procedure to notify flight and medical personnel when the aircraft is out of service or undergoing maintenance and is not available for flight.

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05.05.03 #4j

The use of ==appropriate maintenance ladder stands/fall protection to== provide access to the components on the aircraft without risk to the mechanic or damage to the aircraft is strongly encouraged.

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Section 6 –

Fixed Wing

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06.02.02

Pressurized aircraft with air conditioning are strongly preferred for medical transports. **If a sea level cabin cannot be maintained, a** physician familiar with altitude physiology must be consulted or written policies address altitude limitations for specific disease processes of the patient to be transported.

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06.04.03

New option – Pilot in Command Experience Evaluation Tool

As an alternative to the flight hours in 06.04.03 1. and 2., a program may develop and submit a Pilot in Command (PIC) Experience Evaluation Tool. The tool should evaluate a pilot's education, training, and experience to determine if that pilot has the necessary background and experience to be a safe and effective PIC, taking into consideration the program's operation needs, scope of serve, service area, airframe type, operational environment, etc. To be considered as an alternative to meeting the Standard the program must submit a CAMTS Class Two Report of Change along with the Evaluation Tool. Once accepted, the effectiveness of the tool must be evaluated as part of the program's quality management process. The tool will be specific to the program, however an example that can be used as a starting point can be found in Addenda C.

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Section 7 –

Surface

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07.01.10

A ground service that ==does not accept or advertise requests f==or ground transport but is strictly available to transport flight crews when the aircraft is out of service is not considered a dedicated ground service and is not required to be included in the accreditation application. However, the following must be present to ensure a safe and appropriate flight line and air to ground transfer.

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07.01.10 (con't)

a. There is a <mark>checklist to verify</mark> on board equipment is in working order and oxygen is sufficient for the length of the transport.
b. <mark>Stretcher can be secured in</mark> a locked position to prevent movement during transport.
c. <mark>Seatbelts</mark> are required for operator and attendants.
d. Operator uses <mark>lights and sirens only when requested b</mark>y the clinical crew.
e. Operator uses <mark>a hands-free communication system.</mark> Texting is prohibited while the ambulance is in motion
f. Ground ambulance EMS license by State or AHJ is provided.
g. <mark>EVOC or equivalent training is</mark> required initially and at least every two years for vehicle operators.

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Best Practices!

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Thank You!

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Great for doing a word search!

Scan here for 12th Edition standards with changes highlighted!

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