SECOND EDITION MEDICAL ESCORT STANDARDS

of the

Commission on Accreditation of Medical Transport Systems Global

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ME 01.00.00 - MEDICAL ESCORT MANAGEMENT & STAFFING

ME 01.01.00   MISSION STATEMENT AND SCOPE OF CARE

ME 01.01.01 There is a Mission Statement written in the present tense that describes the purpose of the service, mode(s) of transport provided, and its constituents. The Mission Statement directs employees toward the values the service was founded upon.

ME 01.01.02 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.

The Scope of Care should address, as applicable to the programme, patient populations served, age groups and their definition**,** modes of service provided (such as commercial airline, charter, ground ambulance, ferry, etc.) response time, number of patients transported simultaneously and any exceptions to types of requests that are accepted.

Examples of evidence to meet compliance*:*
The Mission Statement describes what you do. The scope of care describes what type of services you perform, what patients you transport and what type of medical teams you provide, etc. Both are clear, concise, and understood by all. The vision and mission are strategic statements developed by and unique to each organisation. Values statements are separate but key underpinnings of these statements.

ME 01.02.00 FINANCIAL COMMITMENT

ME 01.02.01 There must be evidence of financial commitment to the programme by the administrative structure and through financial resources that support excellence in patient care and safety.

ME 01.02.02 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 must include but are not limited to the following:

    1. Medical malpractice and/or Error and Omissions (Organisations who have medical directors and staff who are not providing direct patient care may have coverage under Errors and Omissions rather than medical malpractice.)

    2. Worker's compensation – follow State or equivalent government guidelines

    3. Travel and repatriation insurance whether paid for by employer or employee

ME 01.03.00 MARKETING AND EDUCATION FOR THE PUBLIC

ME 01.03.01 Transport requests for a medical escort are accepted from authorized personnel with sensitivity to cultural differences and without discrimination due to race, creed, sex, colour, age, religion, national origin, ancestry, or disability.

ME 01.03.02   There is printed and/or website information that is accurate and consistent with the programme's practices and capabilities that includes:

1. Hours of operation, phone number, and access procedure

2. Capabilities of medical transport personnel including current scope of care listing types of patients that are accepted based on personnel training, configuration, and equipment capabilities

3. Specific availability on mode of transport (commercial airlines, train, ground ambulance, cruise ship, etc.)

4. Coverage area for the transport service

5. Preparation and stabilization of the patient

6. Patients considered appropriate for transport by the medical transport service - an appropriate transport enhances patient outcome, safety, and cost-effectiveness over other modes of transport

Examples of evidence to meet compliance:
Marketing materials are up to date, consistent with mission and scope, and do not exaggerate the scope of care or personnel capabilities.

ME 01.04.00 ETHICAL BUSINESS PRACTICES

ME 01.04.01 The transport service develops and demonstrates use of a written code of ethical conduct in all areas of business that demonstrates 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 behaviour as well as contact information and reporting protocols if a standard has been violated.

3. The code of conduct outlines ethical billing practices.

4. Upon request, for elective and/or non-emergent transports, the programme provides a patient, patient family member, or third-party payor with a timely written, honest best estimate of the total cost of the patient transport.

5. There is a policy that governs taking photos and use of photos regarding privacy.

ME 01.04.02 The Board of Directors, administrative and management staff completes an annual conflict of interest statement or form, disclosing any actual or potential conflicts.

Examples of Evidence to Meet Compliance:
Policies may address such issues as proper/improper behaviour toward other programmes' marketing materials, honesty in reporting data, personal cell phone use, use of social media sites, how ethical issues are addressed, conflicts of interest, phone etiquette, acceptable and unacceptable behaviours on the worksite/on transport, acceptance of gifts from patients/vendors, etc.

ME 01.05.00 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.

ME 01.05.01 Compliance issues may include but are not limited to and must be included in formal education to the staff:

1. Health Insurance Portability and Accountability Act (HIPAA) and/or General Data Protection Regulations (GDPR)*

2. Balanced Budget Act of 1997*
* (See References)

ME 01.05.02 The compliance programme 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 offences and developing corrective action

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

ME 01.06.00 MANAGEMENT/POLICIES

ME 01.06.01 There is a well-defined line of authority.

1. There is a clear reporting mechanism to upper-level management. An organisational 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. Management demonstrates strategic planning that aligns with the mission, vision, and values of the service.

4. Management sets written guidelines for press-related issues and marketing activities.

ME 01.06.02 Written policies and procedures indicate what therapies can be performed without online medical direction.

ME 01.06.03 The programme adheres to state/provincial, national, and/or local rules and regulations including licensure requirements.

ME 01.06.04 Policies address:

1. Preparation for transport based on an available patient report, anticipated needs, patient position/location in the vehicle, and distance of transport (including international transports) to appropriately assess staffing, equipment, and supplies needs.

2. Preparation of medical team according to destinations/stops for climate and food consumption safety as appropriate.

3. Preparation of accompanying passengers including baggage and required travel documents

4. Response to requests to attend to other passenger's medical issues, and as applicable, when there is no flight attendant to watch the medical escort's patient

5. Use of AED for patient or another passenger if requested to assist during transport

6. Transport and storage of controlled substances

     7. Prevention of DVT (deep venous thrombosis) on extended fixed-wing transports

     8. Obtaining additional medications and/or supplies in the event of cancelled transports/delays

     9. Discharge instructions for patients

     10. Facilitation of patient to proper healthcare disposition – home, hospital, rehabilitation, etc.

     11. Criteria for patients that can be safely transported by medical escort

     12. Contingency plans if patient's condition deteriorates

ME 01.06.05 There is a readily accessible resource for translation of foreign medications.

ME 01.06.06 Policies should include a plan of action if upon patient pick-up, the patient is inappropriate for medical escort or equipment/supplies are inadequate.

ME 01.06.07 A policy manual is available to all personnel.

     1. Policies are dated and signed by the appropriate manager(s).

     2. Operational policies are reviewed on a biennial basis as verified by dated manager's signature on a cover sheet or on respective policies.

     3. A policy addresses pre-employment (whether or not it is required) drug screening.

     4. A policy addresses pre-employment background checks that include, at a minimum, criminal background, license verification, previous employer, and any government sanctions (such as Office of Inspector General, Office of Foreign Assets Control, and Systems for Award Management Process.

     5. A policy addresses procedure for employee terminations that ensures protection of programme information, physical and electronic data, property, and security. This may include securing the individual's badge/keys/other access devices, inactivating e-mail accounts/computer sign-on/remote access/codes, remaining with employee until employee leaves premises, inspecting items employee takes with them, prompt notification of relevant departments/vendors/contractors, procural of programme property the employee may have off-site, etc.

Examples of Evidence to Exceed Compliance:
Management is educated to Just Culture and applies Just Culture principles throughout the organisation.

ME 01.07.00 STAFFING
The service should have operational policies to address each area listed below.

ME 01.07.01 On-call policies demonstrate strategies to minimize duty-time fatigue, length of shift, number of shifts in a row, and day-to-night rotation. (See References for circadian rhythm, Fatigue Risk Management System (FRMS), and other fatigue studies.)

ME 01.07.02 Policies address minimum rest/duty time requirements that are international or involve overnight stays.

ME 01.07.03 Duty and rest time for international trips and trips exceeding duty time is monitored by management.

ME 01.07.04 Policies address duty status affected by commercial airline restrictions and transports before/after medical escort's other employment.

ME 01.07.05 Staffing must be commensurate with the patient care needs or potential patient care needs during the entire transport.

ME 01.07.06 Policies for long-range transports address rest during transport after patient is at the destination and acceptance of another mission. Medical personnel must have 10 hours free from all company-assigned duties before accepting another mission or the provider must be swapped out.

Examples of Evidence to Meet Compliance:
Management monitors fatigue in terms of staffing patterns, patient outcomes, and incidents or accidents.

ME 01.08.00 PHYSICAL WELL-BEING

ME 01.08.01 Physical and psychological/emotional well-being is promoted through:

> 1. Safe travel practises – travel plans are pre-arranged, and attendants have alternative options for hotels, ground transport, etc. in the event plans fail and have resources to contact

> 2. Pre-employment and annual professional health assessment.

> 3. Resources to promote psychological and emotional well-being such as suicide prevention training, trained peer support team, and employee assistance programmes (strongly encouraged).

> 4. A policy addresses the potential for medical care of the crew with illness/injury outside of the U.S.

> 5. Evidence of an injury prevention programme and ergonomic strategies to reduce employee injuries

> 6. Protective clothing and dress code pertinent to travel and destination

7. Exposure control - dress codes address jewellery, hair, and other personal items of medical personnel that may interfere with patient care

8. Written policies addressing:

   a. Duty status during pregnancy

   b. Duty status during acute illnesses such as sinusitis or otitis

   c. Duty status while taking medications that may cause drowsiness

Examples of Evidence to Meet Compliance:
Personnel are knowledgeable about policies regarding physical well-being and their programme's dress code.

ME 01.09.00 MEETINGS/RECORDS

ME 01.09.01 There are formal, periodic staff meetings for which minutes are kept on file and accessible for reference.

1. All meeting minutes (Staff, Safety, QM, etc.) are kept on file and 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)

2. There are defined methods, such as a staff notebook or electric mechanism, for disseminating information to all staff members between meetings.

3. All meeting minutes (Staff, Safety, QM meetings, etc.) are kept on file and maintained for a minimum of three years.

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.

ME 01.09.02 Management ensures that patient care records and policies and procedures are stored according to hospital or agency policies and GDPR or privacy regulations 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. If a copy of the patient's record is retained by the medical escort – there is a policy that defines proper storage of the records and a defined time frame to return a copy to the transport service corporate office.

>> a. A policy outlines minimum requirements for items to be documented in the patient care records that include:

>>> • Vital signs requirements and frequency

>>> • Reason for the medical escort services

>>> • 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 to whom report was given at the receiving facility as applicable

>>> • Time zone(s) to be used in documentation

>>> • Consent that informs patient of risks, benefits, and limitations

>>> • Copy of Do Not Resuscitate (DNR), Limitation of Therapy Agreement (LOTA) orders or equivalent, as applicable

>> b. A stored permanent electronic patient care record is strongly encouraged

Examples of Evidence to Meet Compliance:
Patient records are signed and initialled 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 guidelines.

ME 02.00.00 MEDICAL ESCORT QUALITY MANAGEMENT

Includes Quality, Utilisation, and Safety Management

ME 02.01.00 QUALITY MANAGEMENT

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

ME 02.01.01 A QM flow chart diagram or comparable tool is developed demonstrating organisational structure in the QM plan and linkage to the Safety Management System.

ME 02.01.02 The QM plan should emphasize that 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.

ME 02.01.03 The QM programme should be integrated and include activities related to patient care (including customer satisfaction, and employee satisfaction), communications, and all aspects of transport operations and equipment maintenance pertinent to the service's mission statement.

ME 02.01.04 There is an ongoing Quality Management (QM) programme designed to objectively, systematically, and continuously monitor, assess and improve the quality and appropriateness of patient care and safety of the medical escort service.

ME 02.01.05 Promotes the effectiveness of the QM programme through active participation by management and staff in the programme and by sponsoring active communication pathways bi-directionally between staff and management.

ME 02.01.06 The QM Programme is linked with risk management so that concerns identified through the risk management programme can be followed up through the continuous quality improvement programme:

> 1. There is a written policy that outlines a process to identify, document, and analyse sentinel events, adverse medical events, or potentially adverse events (near misses) with specific goals to improve patient safety and/or quality of patient care.

> 2. There is follow-up on the results of actions /goals for specific events until loop closure is achieved.

> 3. The process encourages personnel to report adverse events even if it is a sole source event (only the Individual involved would know about it) without fear of punitive actions for unintentional acts.

ME 02.01.07 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).

ME 02.01.08 The Medical Director(s) is responsible for ensuring timely review of patient care

ME 02.01.09 There is an established QM programme 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

5. Quality indicators

6. Thresholds for evaluation appropriate to the individual service

7. Methodology - the QM process or QM tools utilised and how individual indicator scores are measured/calculated

8. Evaluation of the improvement process

ME 02.01.10 For both QM and utilisation review programmes, there should be evidence of actions taken in problem areas and evaluation of the effectiveness of that action.

Examples of evidence to meet compliance:
Development of quality metrics that will allow the programme to improve its processes should be developed with indicators focusing on every aspect of the programme (i.e., coordination, clinical, mode of transport, safety, etc.) A flow chart outlining the process flow when outliers and how the loop is closed to ensure that each outlier was addressed. Subsequent action to trends in activity should be noted with constant evaluation of the performance improvement process (i.e., Deming Cycle; Plan Do, Study/Check, Act). The QM plan is current and describes the process with evidence of loop closure in subsequent reports.

ME 02.01.11 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. Minutes will be taken and distributed to management and staff not participating in the meetings.

ME 02.01.12 The monitoring and evaluation process has the following characteristics:

1. Driven by important aspects of care and operational practises 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 organisational structure

6. Evidence of ongoing re-evaluation of action plans until problem resolution occurs

7. Evidence of annual goals established prospectively for the QM programme 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.

ME 02.01.13 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 cancelled transports due to patient condition and use of alternative modes of transport.

7. Transport delays that required updating arrangements for meeting ambulance, family, etc.

8. Change in patient's condition that required additional interventions

9. Serious Reportable Events or Never events (see references)

10. Ground responses with use of lights and sirens

11. Patients transported with known communicable disease at the time of the request or discovered after the 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 systems/process/procedures changes, education, and training needs. Systems improvement tools are educational. The process is not directed toward an individual nor is it punitive.

Tracking and trending response times and times at the referring/receiving hospital/pickup-drop-off locations are evaluated in terms of benchmarks set by the programme in order to evaluate the effectiveness of policies/procedures, training, and/or equipment needs. If transports are delayed, reasons for delays are tracked as are transport request*s that are conducted by an alternate means of transport (within the same programme).*

ME 02.02.00 UTILISATION MANAGEMENT (UM)

Management ensures an appropriate utilisation management process through trending and tracking requests. Utilisation review may be prospective, concurrent, or retrospective.

ME 02.02.01 Management ensures an appropriate utilisation management 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, other vehicle(s) of transport, and the medical escort's skills

2. Safety of the transport environment

3. A structured, periodic review of transports (to determine transport appropriateness or that the mode of transport enhances medical outcome, safety, or cost-effectiveness over other modes of transport) performed at least semi-annually and recorded in a written report. This report indicates criteria have been tracked and trended and feedback was provided when there are inappropriate requests from referral and contracting agencies.

4. The following criteria trigger a review of the record to determine medical appropriateness based on patients:

a. Who have needs not reported by the requesting agency

b. Who are served by an inappropriate transport arrangements vehicle in consideration of time, distance, speed considerations, etc.

c. Who are served by an inappropriate team, i.e., Basic Care Provider used but patient required Advanced Care

ME 02.02.02 Management ensures that steps are taken to reduce those transports that are considered to be non-appropriate.

Examples of Evidence to Meet Compliance:
UM 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 UM with applicable trending and loop closure of patient outcomes in the form of follow-up with receiving facility, documented phone calls to patient/family, etc. may provide adequate information about patient outcome. Outliers should be presented to a QM Committee or during regularly scheduled staff meetings to discuss specifics of transport.

ME 02.03.00 SAFETY MANAGEMENT
(includes Safety Management Systems and Safety and Environment)

ME 02.03.01 Safety Management System - Management is responsible for a Safety Management System (SMS) but both management and staff are responsible for ensuring safe operations. The Safety Management System is proactive in identifying risks and eliminating injuries to personnel and patients and damage to equipment. A Safety Management System includes 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. Risk identification process and risk management plan that includes 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 organisational policy and procedures, ongoing safety training for all personnel (including managers), a system of proactive and reactive procedures to ensure compliance, etc.

7. A process for dissemination of safety issues to all personnel for loop closure

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

   a. 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.

   b. Operational Risk Assessment tools should include but not be limited to issues such as transport acceptance, public relations events, training, maintenance, and re-positioning trips. For transports, the tool should include:

   • Assessing fatigue

   • Clinical acuity of patient

   • Potential risks related to travelling companion (for example, recently discharged from hospital also or requires assistance)

   • Foreign language considerations (does medical escort speak local language)

   • Vehicle sophistication (for example large international airline carrier versus small third-world regional aircraft)

   • Experience of medical escort

   • Safety of local hotel and ground transportation

   • Infrastructure of pick-up, drop-off, and connecting areas (for example, very limited communication network or road system in underdeveloped country/area)

   • Number of flight connections

   • Stretcher transports

   • U.S. State Department and CDC travel advisories/warnings

   • National v. international transport

   • Other temporary situations in areas travelled to that may increase risk (for example, extreme weather forecasted, recent/impending political or natural disaster, etc.)

ME.2.6

9. Policies address crew safety and include but are not limited to the following examples:

a. Cultural intelligence

b. Checking with medical assist companies, CDC, and State Departments regarding high-risk countries.

Examples of evidence to exceed compliance:
Crews should never eat the same food; Never leave the hotel alone – have a buddy system; Do not go out late at night; behave and dress so as to blend in with locals; and no high-risk activities, for example, bungee jumping.

10. The programme has a process to measure its safety culture by addressing:

a. Accountability – employees are held accountable for their actions

b. Authority – those who are responsible have the authority to assess and make changes and adjustments as necessary

- Standards, policies, and administrative control are evident

- Written procedures are clear and followed by all

- Training is organised, thorough and consistent according to written guidelines

- Managers represent a positive role model promoting an atmosphere of trust and respect

c. Professionalism – as evidenced by personal pride and contributions to the programme's positive safety culture

d. Organisational Dynamics

- 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.

- Organisation represents a practice of encouraging criticism and safety observations, and there is evidence of acting upon identified issues in a positive way.

- Organisation values are clear to all employees and embedded in everyday practice.

11. A Safety Management System includes all disciplines and processes of the organisation. A Safety Committee is organised 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. Safety issues should be identified by 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.

b. The committee will promote interaction between medical transport personnel and communications personnel addressing safety practice, concerns, issues, and questions.

c. There is evidence of action plans, evaluation, and loop closure.

12. The Safety Committee is linked to QM and risk management

13. Aviation, ambulance, or other vehicle-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 Global 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.

ME 02.04.00 SAFETY AND ENVIRONMENT

ME 02.04.01 Patient and personnel security

1. A policy addresses the security of the physical environment including local hotels, ground transportation, and use of ground ambulance lights and sirens as applicable.

2. Personnel security - Medical escorts are required to carry photo IDs (driver's license and/or passport) with first and last name while on duty.

3. Patient security - Patients and accompanying family/companion(s) must be properly identified and listed by name (in compliance with GDPR regulations) in the communications centre by the transport coordinator.

Examples of Evidence to Meet Compliance:
Policy requires wearing or carrying IDs while on duty

ME 02.05.00 SAFETY EDUCATION

ME 02.05.01 Education Specific to Safety of the Transport Environment -   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 practice of the service.

1. Communications strategies and backup plans

2. Specific capabilities, limitations, and safety measures for specific airlines and for ambulances

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

    a. Safety and survival equipment requirements

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

    a. Aircraft evacuation procedures (exits and emergency release mechanisms) to include electrical and oxygen shutdown

    b. In-flight emergency and emergency landing procedures, i.e., position, oxygen, securing equipment according to specific airline regulations

    c. Safety around the aircraft including FAA regulations pertinent to medical escort duties

5. General ground ambulance safety including:

    a. Loading/unloading

    b. Seat belt use and no side-facing shoulder straps

    c. Securing loose items/equipment

    d. Minimizing lights and sirens use

ME.2.10

ME 03.00.00 MEDICAL ESCORT PATIENT CARE

ME 03.01.00 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. A well-developed position description for each discipline is written.

ME 03.01.01 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 or national equivalent.

> 1. The EMT provider must be nationally registered (NREMT), licensed, certified, or permitted according to the appropriate state regulations or by Authority Having Jurisdiction (AHJ) and has current relicensing, recertification, or re-permitting status and must have a minimum of 2 years of experience in the pre-hospital setting.

> 2. Patient is stable and requires minimal supervision or care.

ME 03.01.02 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, paramedic, or respiratory therapist (RT) who meets the following criteria:

> 1. The nurse must have current and appropriate state licensure (in the state of residence or a compact state or nation of residence) and a minimum of two years of experience as a nurse in a hospital or pre-hospital setting.

> 2. The paramedic must be licensed, certified, or permitted according to the appropriate state of residence regulations or by Authority Having Jurisdiction (AHJ) and have current relicensing, recertification, or re-permitting status and a minimum of two years of ALS experience.

> 3. The RT must have current and appropriate licensure (in the country of residence) and a minimum of 2 years of experience.

> 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

ME

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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

ME 03.02.00 MEDICAL DIRECTION

The medical director(s) of the programme 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 practises, competency, and currency of all medical personnel working with the service.

ME 03.02.01 The medical director(s) should be licensed and authorized to practice in the location in which the medical transport service is based

ME 03.02.02 The medical director(s) should have experience in air and/or ground transport services and have educational experience in those areas of medicine that are commensurate with the mission statement and scope of care of the medical transport service (i.e., adult, paediatric, neonatal transport, etc.) or utilise speciality physicians as consultants when appropriate. The medical director should have education as a medical director (see Education Matrix) as appropriate to the mission statement and scope of care and be familiar with the general concepts of appropriate utilisation of 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 programme's scope of care. If a physician is board-certified in an area appropriate to the mission and scope of care of the service, certifications #1 and #12 are optional.

Supporting Criteria

1. Advanced Cardiac Life Support (ACLS) according to the current standards of the American Heart Association or approved equivalent

2. Altitude physiology/stressors of flight

3. Quality Management and appropriate utilisation of medical escort services

4. Continuing education in transport medicine

5. Emergency Medical Services

6. Ground ambulance rules /regulations

ME.3.2

7. Hazardous materials recognition and response

8. Human Factors – Crew Resource Management, Psychological First Aid (See References)

9. Exposure control

10. "Just Culture" or equivalent education is strongly encouraged

11. Patient care capabilities and limitations (i.e., assessment and invasive procedures during transport)

12. Paediatric Advanced Life Support (PALS) according to the current standards of the American Heart Association (AHA) or Advanced Paediatric Life Support (APLS) according to the current standards of the American College of Emergency Physicians (ACEP) or national equivalent (if paediatrics is part of the scope of care)

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 medicine

ME 03.02.03 The medical director(s) is actively involved in the quality management (QM) programme for the service.

ME 03.02.04 The medical director(s) is actively involved in administrative decisions affecting medical care for the service.

ME 03.02.05 The medical director sets and reviews medical guidelines at least biennially (for current accepted medical practice), and medical guidelines are in a written format and include an updated attestation signed and dated by the medical director.

ME 03.02.06 The medical director(s) is actively involved in the hiring process, training, and continuing education of all medical personnel for the service which includes involvement in skills labs, medical protocols, or guideline changes or additions.

ME 03.02.07 The medical director receives safety and risk management training on an annual basis (strongly encouraged).

Examples of Evidence to Meet Compliance:
There is evidence of the medical director's involvement with the programme 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.

ME 03.02.08 The medical director(s) ensures that the plans for transport are appropriate and safe for the patient's specific disease process/needs.

ME 03.02.09 The medical director must maintain open communications with referring and accepting agents and be accessible for concerns expressed regarding controversial issues and patient management.

ME 03.02.10 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.

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.

ME 03.03.00 CLINICAL CARE SUPERVISOR

Responsibility for supervision of patient care provided by the various clinical care providers (i.e., RN, RT, EMT, paramedic, 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.

ME 03.03.01 The clinical care supervisor should demonstrate currency in the following or equivalent educational experiences as appropriate to the mission statement and scope of care.

> 1. Advanced Cardiac Life Support (ACLS) according to the current standards of the American Heart Association or equivalent

> 2. Altitude physiology/stressors of flight if involved in fixed-wing operations

> 3. Hazardous materials recognition and response

> 4. Human Factors – Crew Resource Management, Psychological First Aid (See References)

> 5. Exposure control

> 6. "Just Culture" or equivalent education strongly encouraged

7. Paediatric Advanced Life Support (PALS) according to the current standards of the American Heart Association (AHA) or Advanced Paediatric Life Support (APLS) according to the current standards of the American College of Emergency Physicians (ACEP) or national equivalent (if paediatrics is part of the scope of care)

8. Patient care capabilities and limitations during transport (i.e., assessment)

9. Quality Management and appropriate utilisation of medical escort services

10. Stress recognition and management/Resilience (See References)

11. Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue

12. Safety and risk management training (strongly encouraged)

ME 03.03.02 The clinical care supervisor is actively involved in the QM process.

ME 03.03.03 Knowledge of national and international regulations as appropriate to scope of practice.

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.

ME 03.04.00 PROGRAMME MANAGER

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

ME 03.04.01 The programme 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, Psychological First Aid (See References)

2. "Just Culture" or equivalent education strongly encouraged

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

4. Quality Management of the programme and its implication to best practices

5. Safety and risk management training on an annual basis (strongly encouraged)

6. Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue

7. Stress recognition and management, Resilience (See References)

ME 03.05.00 ORIENTATION AND CONTINUING EDUCATION

A planned and structured programme 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 programmes/certification programmes or their equivalent listed in this section. The orientation, training, and continuing education must be directed and guided by the transport programme's scope of care and patient population, mission statement, and medical direction and must be conducted at the programme's base of operations.

ME 03.05.01 Basic Care Medical Escort

1. Initial Training Programme - Each Basic Care Medical Escort must successfully complete a comprehensive training programme 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

- Compliance issues and regulations

- Hazardous materials rules of the airlines

- Human Factors – CRM, Psychological First Aid (See References)

- Exposure control

- "Just Culture" or equivalent education is strongly encouraged

- Quality management

- Stress recognition and management/ Resilience (See References)

- Survival training

- Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue

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 practice of the medical escort service):

- Emergency care

- Pre-hospital 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 and ground vehicle - safety issues

- Emergency care courses - basic level

- Hazardous materials recognition and response

- Human Factors – CRM, Psychological First Aid (See References)

- Exposure control

- Stress recognition and management/Resilience (See References)

- Survival training

- Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue

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

- Emergency/hospital care

- Pre-hospital 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 medical escort service. (See addendum B – the Education Matrix.)

ME.3.7

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

- Education specific to the transport environment

3. 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)

ME 03.05.02 Advanced Care Medical Escort

1. Initial training programme requirements for all advanced care medical escorts. Each advanced care medical escort must successfully complete a comprehensive training programme 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, paediatric and neonatal patients as applicable

- Aviation - aircraft safety & in-flight procedures/general aircraft safety including depressurization procedures

- Cardiac emergencies

- Cell phone and established communications procedures

ME.3.8

- Compliance Issues and regulations

- Disaster and triage

- Environmental emergencies

- General travel advice

- Ground ambulance/other vehicle safety

- Hazardous materials rules of the airlines

- Human Factors – CRM, Psychological First Aid (See References)

- Exposure control

- International travel considerations

- "Just Culture" or equivalent education is strongly encouraged

- Medical equipment

- Mechanical ventilation and respiratory physiology for adult, paediatric and neonatal patients

- Metabolic/endocrine emergencies

- Oxygen approved by the airlines and in line with the manufacturer's instructions

- Post-traumatic injury complications (adult and paediatric)

- Paediatric medical emergencies as applicable

- Pharmacology

- Pre-hospital experience

- Quality Management didactic education that supports medical transport service mission statement and scope of care (i.e., adult, paediatric, neonatal)

- Respiratory emergencies

- Stress recognition and management/Resilience (See References)

- Survival training (in accordance with medical escort's programme policies)

ME.3.9

- Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue

- 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 service. Measurable objectives need to be developed and documented for each experience.

- Adult ALS stabilization

- Emergency care

- Paediatric ALS stabilization

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

a. Didactic continuing education must include:

- Altitude physiology/stressors of flight

- Aviation and ground vehicle - safety issues

- Emergency care courses

- Hazardous materials rules of the airlines

- Human Factors – CRM, Psychological First Aid (See References)

- Exposure control

- Stress recognition and management/Resilience (See References)

- Survival training (in accordance with medical escort's programme policies)

- Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue

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

- Skills maintenance programme 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)

- Paediatric Advanced Life Support (PALS) according to the AHA - or Advanced Paediatric Life Support (APLS) according to ACEP, or equivalent education (if paediatrics is part of the scope of care)

- Neonatal Resuscitation Programme (NRP) if scope of care includes care of infants 28 days old or less.

- Nursing certifications (such as CEN, CCRN, CFRN, RNC) are encouraged and must be current if required by position description

- EMT/paramedic certifications (EMT, paramedic, FP-C, CCP-C) must be current if required by position description

- RT certifications (RRT) must be current if required by position description

3. Education Specific to the Transport Environment

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

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

- 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)

ME.3.11

ME 03.06.00 ACCOMMODATIONS ON THE VEHICLE

ME 03.06.01 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.

ME 03.06.02 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 included according to the regulations of the specific airline.

ME 03.06.03 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 en route:

>> a. Quantity of oxygen remaining

>> b. Measurement of litre flow

> 3. A variety of oxygen delivery devices consistent with the patient's needs must be available.

>> a. Equipment requiring batteries such as an oxygen concentrator must include additional batteries sufficient for the duration of the transport.

> 4. Knowledge and use of airline oxygen as backup in the event the patient's system fails.

ME 03.06.04 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.

ME 03.06.05 Accessible medications consistent with the service's scope of care.

> 1. Controlled substances provided by the medical escort programme are in a secured system or kept in a manner consistent with policy and with local, state, federal, and international regulations.

It is recognized that the patient may bring with them and self-administer their own medications and/or narcotics.

> a. If transports involve team members lodging overnight with controlled substances, a policy to address securing/storage of controlled substances is required.

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.

4. Policy addresses DEA Issues – International law states it is illegal to bring controlled substances onto foreign soil

ME 03.06.06 Pressure Ulcers – Policies and procedures are written and followed to prevent pressure ulcers for transports longer than 2 hours and/or reduce the impact of pressure ulcers during transport.

1. Patient assessment and documentation of pressure ulcers is done prior to, during, and following each transport, according to programme policy

2. Pressure-reducing devices and/or methods are used when needed.

ME 03.06.07 Circulatory issues must be addressed if patient is subjected to long transport times in confined spaces.

ME 03.06.08 Medical supplies and equipment must be consistent with the service's mission statement and scope of care.

1. A portable mechanical suction unit if needed is anticipated

2. Glucometer is available

3. Pulse oximetry capabilities

4. Automatic blood pressure device or sphygmomanometer

5. Portable oxygen concentrator approved by the FAA, DOT, or international regulator

6. The vehicle 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 FARs.

ME.3.13

• The stretcher should be large enough to carry the 95th percentile adult American patient, per current specifications, full length in the supine position.

• 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.

• The stretcher mattress must be sealed to prevent absorption of blood and other body fluids, easily cleanable, and designed to reduce pressure ulcers.

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, cruise ship, train, or ground transport provider. Personnel need to know how to use specific make and model of this equipment and how to check functionality of equipment and its batteries or verify that airline or ground personnel are proficient.

e. The medical escort service must verify prior to departure of escort personnel, that there is an AED available on board each vehicle during the course of the escort transport; if not, one must be taken by escort personnel.

7. All equipment and supplies must be secured according to FARs or AHJ (and also if transporting on a ground ambulance, marine, train, or other mode of transport) including containers for medical equipment along with padlocks, straps, or other mechanism for securing it.

ME 03.06.09 Operational Issues

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 programme's guidelines.

c. Adequate backup battery supply must be available to ensure all medical equipment remains functional throughout the transport.

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

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

4. A policy addressing carry-on baggage of patient that must be checked for hazardous materials before boarding the vehicle if not already performed by airport security.

5. Policy will address operational issues per vehicles utilised – commercial aircraft, private plane, boat, train, passenger van, etc. for example, AED availability, back-up oxygen (cannot be private plane's emergency oxygen), boarding if patient is non-ambulatory, baggage handling, optimal seating and procural, optimal room location on cruise ship and procural, arrival times of patient and escort specific to vehicle, and minimum communication required specific to vehicle.

6. Policy addressing the provision of contingency plans in the event of maintenance problems, adverse weather, cancelled flights, airline denying boarding due to patient condition, problems with ground transportation, delays extending duty time beyond 24 hours, unplanned overnight stays in high-risk areas/countries, delays requiring overnight stay with patient along the transport route and other adverse occurrences. The policy will list resources available to personnel should these situations arise.

7. A policy sets criteria and guidelines for aborting a mission prior to and during transport.

8. There is a written policy on conducting CPR during transport.

9. A policy that addresses Do Not Resuscitate (DNR), Allow Natural Death (AND), Physician's Orders For Life-Sustaining Treatment (POLST).

10. A policy addresses transfer and security of patient's personal property.

ME 03.07.00 EXPOSURE 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 Centers for Disease Control and Prevention).

ME 03.07.01 Policies and procedures must be written and readily available to all personnel of the medical transport service.

ME 03.07.02 There is an Exposure Control Plan consistent with national (in the U.S., OSHA) guidelines. The ECP includes:

1. A reference for work restrictions for personnel exposed to or infected with an infectious disease (reference Table 2.2 in Guide to Infection Prevention in EMS)

2. A list of the risks associated with diseases prevalent in coverage areas specific to the programme such as pertinent international risks.

3. A bloodborne pathogen programme consistent with the OSHA Bloodborne Pathogen Standard (http://www.osha.gov/SLTC/blodbornepathogens/bloodborne_quickref.html)

ME 03.07.03 Education programmes will include the programme's exposure control resources, programmes, policies, and CDC and OSHA recommendations (or equivalent national guidelines). In addition, initial and annual education regarding identification, management, and safety related to patients with potentially infectious pathogens is documented.

ME 03.07.04 Education programmes 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 clinical personnel

ME 03.07.04 Preventive measures - All 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

   • Provide annual tuberculosis testing (purified protein derivative), especially if conducting international transports and other testing, screenings, and vaccinations as consistent with current national (CDC in the U.S.) guidelines. The CDC may deem the localized region low risk and annual testing not necessary, but this applies only if the service does not operate or respond outside of the local region.

   • Immunization history appropriate to the scope of practice transport team members encouraged to have tetanus immunization (Measles, mumps, and rubella (MMR) immunizations are encouraged for those born after 1957.) "Hepatitis B vaccine must be offered and if the employee has not previously had the vaccination or does not have adequate titers and declines, the programme must have a signed declination form per OSHA or equivalent standard. The flu vaccine is required unless contraindicated by policy.

   • Immunization history is documented and monitored for currency and appropriateness

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

   a. Use of gloves, and 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 may come into contact with them

   c. Sharps disposal container for contaminated needles and collection container for soiled disposable items on the vehicle and proper disposal of same

   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 hygiene i.e., performed before and after touching a patient, before clean/aseptic procedures, after body fluids exposure risk, after touching patient's surroundings, before handling medications, and before and after removing gloves

      • Hand washing with an antimicrobial soap and water is indicated when hands are visibly soiled, contaminated with proteinaceous material, or exposed to body fluids. However, it is recognized that this may not be possible in the transport environment in which case an alcohol-based hand rub should be used. An alcohol-based hand rub is preferred for all other hand hygiene.

   g. Management maintains documentation related to bloodborne and airborne pathogens including confidential records of exposure incidents and post-exposure follow-up, hepatitis B vaccination status, and initial and ongoing training for all employees.

      • Post-exposure follow-up includes identification and testing of source patient, baseline and follow-up testing of exposed employee, making counselling resources available, and offering Hepatitis B vaccination.

   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 transport times, there should be a policy to address the nutritional needs of patients and personnel.

ME.3.17

ME 04.00.00 – MEDICAL ESCORT COMMUNICATIONS

ME 04.01.00 COMMUNICATIONS AND TRIP PLANNING

Medical escorts plan and follow a specific trip as follows:

ME 04.01.01 If cellular phones are part of the onboard communications equipment, they are to be used in accordance with airline regulations.

ME 04.01.02 A Coordinator must be assigned to receive and coordinate all requests for the medical escort service.

ME 04.02.00 TRAINING OF THE DESIGNATED COORDINATOR

ME 04.02.01 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/ Paramedic

3. Knowledge of appropriate contacts and procedures – foreign language resources, base and destination resources, local handler, abort procedure, common logistical problems, and troubleshooting/response plans, etc.

4. Relevant ambulance and aviation regulations as appropriate to scope of service

5. General safety rules and emergency procedures pertinent to medical transportation and flight/transport following procedures

6. How to retrieve current and forecasted weather to assist the medical escort during a transport

7. Awareness of potentially hazardous materials (drugs, patient belongings, etc.)

8. Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue

9. Stress recognition and management to include resources for Critical Incident Stress Debriefing or other type of post-critical incident counselling

10. Customer service/public relations/phone etiquette

11. Quality management

12. Crew Resource Management (CRM) pertinent to communications

13. Computer literacy and software training

14. Post-Accident/Incident Plan (PAIP)

ME 04.02.03 There is evidence of recurrent training and training as policies and equipment changes occur. This also includes:

1. Crew Resource Management (CRM) pertinent to communications

2. Post-Accident/Incident Plan (PAIP)

3. Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue

4. Stress recognition and management to include resources for Critical Incident Stress Debriefing or other type of post-critical incident counselling

ME 04.03.00 POLICIES

ME 04.03.01 A readily accessible post-incident/accident plan so that appropriate search efforts may be initiated in the event communications cannot be established with medical escort or 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. This list should include:

- Risk management/attorney

- Family members of team members

- Family of patient

- Referring hospital and receiving hospital

- Human resources (as applicable)

- Media relations or pre-identified individual who will be responsible for communicating with the media, state health department, and other team members.

ME.4.2

b. A method to insure accurate information dissemination

c. Notification plans include appropriate family members and support services to family members following a tragic event. There must be timely notification of next of kin. Next of kin is no longer strictly defined at the federal level, so the crew member determines this on a data sheet and reviews annually. It is strongly recommended that:

- Family assistance includes coordination of family needs immediately after the event e.g., transportation, lodging, memorial/burial service, condolences, initial grief support services/referrals, (usually through appointment of a family liaison).

- Continuity includes follow-through with the family after the event (e.g., the continuation of grief counselling and support referrals, the inclusion of families in decision-making on anniversaries/memorials, and check-ins following release of NTSB reports, or equivalent, etc.)

d. Consecutive guidelines to follow in attempts to:

- Communicate with the medical escort(s)

- Initiate ground support as appropriate

- Have a backup plan for transporting the patient

e. Preplanned time frame to activate the post-accident/incident for overdue communication point

f. Coordination of transport of injured team member(s) to higher level of care if needed and/or back to local area

g. Procedure to document all notifications, calls, and communications and to secure all documents related to the particular incident/accident

h. Procedure to deal with releasing information to the press

i. Resources available for CISD (critical incident stress debriefing) or other counselling alternatives

j. Process to determine whether the programme will remain in service

2. An annual drill is conducted to exercise the post-accident/incident plan. The programme must include all aspects of the plan and include all disciplines involved.

a. Following each drill:

i. A thorough debrief occurs that identifies lessons learned from the drill

ME.4.3

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 the after-action report/plan 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 after-action plan.

b. An actual incident or accident may be used as a replacement for a drill provided it meets all the items listed above.

3. A test of all emergency procedures that may include fire drill, intruder on-premises, catastrophic failure of the communications centre, forces of nature, etc. will each be conducted on an annual basis (as applicable to medical escort services with a dedicated communications centre or base)

ME 04.04.00 COORDINATION AND MISSION TRACKING

ME 04.04.01 Initial coordination must be documented, and a transport coordinator should be contacted prior to each take-off and after each landing, referring/receiving area, or other designated checkpoints.

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. Name of medical escort(s) assigned to transport

g. Confirmation of bed assignment and accepting physician if admitted to healthcare facility

h. Copy of medical records from sending healthcare facility

i. Additional information as appropriate to the request such as:

• Special diet requests

- Local handler

- Confirmed airline tickets and airline/company representative phone numbers

- Ground transportation name and contact information for flights or other vehicle that requires ground support

- Hotel arrangements

- Time zone differences

- Medical assistance company third party administrator (TPA) report/paperwork, airline fit to fly form, MEDIF (medical information form) for airlines

- Expected transport 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 and CDC advisories particular to area(s) being travelled

- Number of family/companion(s) accompanying

- Availability, number of 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 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.

4. Management requires a post-transport debrief be conducted after each transport.

ME 04.04.02 Mission Tracking – Communications during a mission should also be documented accordingly:

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

ME 04.04.03 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 online medical direction (through radio, pager, telephone, etc.)

    3. A status board or electronic display with information about pre-scheduled medical escort transports, personnel on-call, etc.

    4. Communications policy and procedures manual

    5. If medical escort service is unable to do the transport and is not part of a CAMTS Global-accredited medical transport service that can transport the patient, there is a policy referral to CAMTS Global-accredited programmes.

ME.4.6