



# *Medical Escort Accreditation Standards*

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Version 2.0

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*NAAMTA's vision is to create measurable industry standards for Medical Escort Services that result in enhancing quality care, ensuring patient safety, and providing required criteria to attain an elevated level of excellence, achieve certified recognition.*

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## Introduction

The National Accreditation Alliance of Medical Transports Association (NAAMTA) is a corporation that functions as a “Best Practices” developer/bearer for the medical transport industry.

The medical transport industry is shaped by combined industries such as aviation, ground ambulance, healthcare, and emergency management.

In April 2009, the Flight Safety Foundation published an “Industry Risk Profile” for the “Helicopter Emergency Medical Services (HEMS).” The HEMS report states that “The Emergency Medical Services industry at present has no one [accreditation](#) company providing a collective definition, oversight or monitoring for the combined aviation or healthcare and emergency management functions that shape medical transport industry.”

In this report, it also said “The National Transportation Safety Board (NTSB) notes that there were 55 EMS related accidents (fatal and non-fatal) that occurred between January 2002 and January 2005 and that many of them could have been prevented with simple corrective actions including oversight, flight risk evaluations, improved dispatch procedures, and the incorporation of available technologies.” .... This culminated in February 2009 NTSB Public Forum regarding Operational Safety in the Helicopter EMS Industry and an agreement by the industry that a “call to action is required.”

“It is towards this goal that we at NAAMTA have established an accreditation program to meet the “Industry Risk Profile” requests for a safer medical transport industry.”

Our accreditation incorporates several components to create a program for our clients who are also our partners. Our program is a combination of safety and quality management standards common in the industry, a customized website, and internet-based tools you can use for business process.

This is more than just proving adherence to a set of “Best Practice” standards; it includes the tools we have developed to aid in tasks, process tracking, and steps for compliance with other governing and regulatory entities.

NAAMTA’s accreditation program is a broad-based collaborative initiative. As the industry changes and grows, we will continue to develop guidelines and quality management systems to govern the industry. As partners in this alliance, we will work with our members to affect change.

In addition to working in this collaborative environment, our experience in other areas of the business creates a perfect environment for the accreditation program. For example, our team has experiences in the following areas:

- Medical transport industry
- Information technology industry
- Training and certification industry
- International Organization for Standardization (ISO) compliance
- On staff provisional ISO Lead Auditor & ISO Auditors

The ISO 9001:2015 standard includes a focus on quality management processes. Using this standard, we identify, develop, implement, and manage “Best Practice” processes for medical transport applications.

Our continuous improvement process will help us to provide you with the latest information and changes to processes by posting changes as needed. For this reason, the online version of this manual is always current. A printed manual limits the accuracy of information being distributed; accessing the online version on our website will give you the most current information.

## **Mission Statement**

We aspire to be the example to the medical transport industry by establishing an underlying value system whereby standards are developed, defined, monitored, and enforced.

We embrace a higher standard where all who fall under the NAAMTA umbrella desire a perfect workplace, a place where safety and quality of care are paramount.

We inspire people to be better through education and communication. We establish standards offering professional attitudes, using decision-making processes, evaluating consequences, and continually seeking to improve quality. NAAMTA humbly rises to the task.

## Goals

To establish standards for the emergency medical service industry that will empower organizations to meet the needs of their customers as defined in their mission statement and scope of care; the standards provided correspond with federal, state, and other applicable agencies to ensure safety, quality, and continuity for employers, employees and those they serve.

Develop a partnership with our clients where we will:

- Aid in acquiring and maintaining accreditation.
- Give access to a central information-sharing location.
- Create a forum for internal communication.
- Provide access to forms and records used daily resulting in improved process and consistency in services offered throughout the organization.

Provide a web portal to our clients with multiple services that facilitate compliance with healthcare quality certifications, accreditation standards, and regulatory requirements.

Provide defined and documented procedures through the NAAMTA Standards manual that assist each emergency medical service organization by outlining the requirements for adherence to the accreditation process, which includes guidelines from the FAA, OSHA, CGA, and other regulatory agencies.

Exemplify a quality management system (QMS), based on ISO established standards, in creating an organizational culture of quality and safe patient care. Additionally, the system will assist organizations to consistently monitor and evaluate processes practiced and provide ways to identify and correct problems.

To implement a system that enables clients to perform self-assessments for compliance with NAAMTA Standards.

## Using the NAAMTA Standards Manual

This standards manual contains standards for all aspects of medical transport services from administration to maintenance and includes information for programs such as ground ambulance, aviation-based services, and aquatic service providers.

Compliance with the standards will be based on the type of service you offer, your organization's mission statement and your scope of service.

This manual contains standards regarding the following:

- Defining Business Management Standards
- Specifying Management Responsibilities
- Describing Administration Criteria
- Implementing Infection Prevention and Control
- Supporting Quality Management
- Explaining Utilization Management
- Detailing Safety and Risk Management Systems
- Understanding Duty Time Requirements
- Listing Operations and Logistics
- Training and Credentialing Requisites
- Defining Communications and Transport Coordination
- Detailing Medical Standards

## How to Use this Manual

The following diagram describes how to read and access the information in the manual.

Each section and standard is referenced by a number	→	<b>1.0 Business Management</b> This section defines the policies for establishing the Medical Escort Service as a business.									
Tables are used to organize the standards.	→	<b>1.0 Business Management</b> <table><tr><th>Ref #</th><th>Standard</th><th>Recommended</th></tr><tr><td>1.1</td><td>The organization must have a documented Mission Statement.</td><td>The Mission Statement should:<ul style="list-style-type: none"><li>• Define the purpose, contribution or service that is provided;</li><li>• Outline the desired outcome for both the customer and the organization.</li></ul></td></tr><tr><td>1.2</td><td>The medical escort service must have a documented Scope of Service.</td><td>A Scope of Service statement includes information on:<ul style="list-style-type: none"><li>• The patient population serviced by the escort program</li><li>• Types of patient health needs appropriate for medical escort services.</li></ul></td></tr></table>	Ref #	Standard	Recommended	1.1	The organization must have a documented Mission Statement.	The Mission Statement should: <ul style="list-style-type: none"><li>• Define the purpose, contribution or service that is provided;</li><li>• Outline the desired outcome for both the customer and the organization.</li></ul>	1.2	The medical escort service must have a documented Scope of Service.	A Scope of Service statement includes information on: <ul style="list-style-type: none"><li>• The patient population serviced by the escort program</li><li>• Types of patient health needs appropriate for medical escort services.</li></ul>
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Each standard has 3 columns: <ul style="list-style-type: none"><li>• Reference number</li><li>• Required standard elements</li><li>• Supporting recommendations.</li></ul>	→										

## Getting Started

As a global medical transport accreditation company, we have been asked to provide accreditation for organizations who provide medical escort services.

Medical Escort Services consist of personnel who provide non-emergent medical service to clients who need assistance with medical conditions. Medical Escort Services clientele consists of patients who are ill or injured and need medical care while traveling.

NAAMTA Medical Escort Accreditation is for healthcare service providers whose licensure is consistent with the U.S. National EMS Scope of Practice Model and of one of the following: Emergency Medical Technician (EMT), Emergency Medical Paramedic, Registered Nurse, Registered Respiratory Therapists, or a physician.

Medical escorts assist medically stable patients traveling on a commercial carrier, such as an airline, to escort individuals to medical facilities or to the home of a loved one.

The NAAMTA Medical Escort Standards and the companion NAAMTA Medical Escort Application contain measures of excellence to Medical Escort Providers. Demonstrating compliance with the criteria outlined awards your organization a certification that carries NAAMTA's global certification recognition.

As partners, we at NAAMTA will guide you through the accreditation process. To begin, fill out the registration form found on the NAAMTA website [Access the Registration Form](#). The registration form can be submitted online or faxed in with a \$795 USD non-refundable fee.

When we receive the registration form, a subscriber portal will be created giving your organization's representative access to the NAAMTA Application, the NAAMTA Medical Escort Standards Manual, and the NAAMTA Policies and Procedure manual.

The Policy and Procedure manual will guide you through the first steps of the application process, submitting the application and then what you can expect as you become accredited.

The duration of the application process varies depending on the resources within your organization dedicated to the process, but you will have up to one year to complete the entire process.

We are excited to have your organization involved with our accreditation program and look forward to working with you as your partner in creating a safer medical transport industry.

Sincerely,

NAAMTA Executive Committee



## 1.0 Defining Business Management Standards

This section defines the policies for establishing the Medical Escort Service as a business.

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
1.1	The organization must have a documented Mission Statement.	The Mission Statement should: <ul style="list-style-type: none"><li>• Define the purpose, contribution or service that is provided.</li><li>• Outline the desired outcome for both the customer and the organization.</li></ul>
1.2	The medical escort service must have a documented Scope of Service.	A Scope of Service statement includes information on: <ul style="list-style-type: none"><li>• The patient population was serviced by the escort program.</li><li>• Types of patient health need, appropriate for medical escort services.</li></ul>
1.3	The organization must present a Federal tax ID or Employer number.	
1.4	The organization must present an applicable state and/or national business license(s) for each locale in which a base/office is maintained.	
1.5	Programs are required to have general liability insurance coverage against loss or damages related to the scope of services offered. <ul style="list-style-type: none"><li>A) An underwriting company must have at least an "A" rating.</li><li>B) All employed or independently contracted personnel are to be covered by insurance while acting on behalf of the organization.</li></ul>	Independent contractor personnel should be aware of what insurance coverage they are personally responsible for and what coverage is provided by the company.  Where no regulatory limits are identified, NAAMTA recommends \$300,000/incident and \$500,000 aggregate limits (USD).

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
1.6	Medical malpractice insurance coverage is required for medical staff. A) Limit coverage is to be consistent with licensing regulation requirements, as applicable. B) Policy needs to specify whether malpractice insurance will be provided by the company or be the responsibility of the employee.	Where no regulatory limits are identified, NAAMTA recommends \$1,000,000/incident and \$3,000,000 aggregate limits (USD).
1.7	Worker's compensation insurance coverage consistent with licensing regulation requirements, as applicable.	Where no regulatory limits are identified, NAAMTA recommends a \$1,000,000 limit (USD).

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
1.8	<p>The company must define in policy Basic Life Support (BLS) escort missions. These missions involve the care of patients requiring non-invasive, non-emergent medical care.</p> <p><i>*NAAMTA defines BLS-level medical escort care to entail—</i></p> <ul style="list-style-type: none"> <li>A) Assisting patients with: <ul style="list-style-type: none"> <li>i. Ambulation and mobility difficulties.</li> <li>ii. Diabetic monitoring.</li> <li>iii. Emotional support.</li> <li>iv. Feedings (oral only).</li> <li>v. Non-invasive airway and breathing support.</li> <li>vi. Personal hygiene.</li> <li>vii. Medication Administration (by self or by significant other).</li> </ul> </li> <li>B) Toileting needs or non-medicated ostomy/bag care.</li> <li>C) Comfort measures and repositioning.</li> <li>D) Non-invasive vital sign monitoring.</li> <li>E) Rapid recognition of injury, illness or respiratory/cardiac arrest.</li> <li>F) Administration of rescue medications, including: <ul style="list-style-type: none"> <li>i. Aspirin, low dose.</li> <li>ii. Auto-injectable epinephrine.</li> <li>iii. Glucose.</li> <li>iv. Sublingual nitroglycerin.</li> </ul> </li> <li>G) Non-invasive, non-positive pressure Respiratory Care, such as: <ul style="list-style-type: none"> <li>i. Humidifiers.</li> <li>ii. Portable oxygen concentrators and oxygen administration.</li> <li>iii. Suctioning (upper airway).</li> </ul> </li> </ul>	

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
1.9	Basic life support (BLS) escort missions are to be staffed with 1 primary medical escort attendant consistent with the U.S. National EMS Scope of Practice Model of at least an Emergency Medical Technician (EMT).	
1.10	<p>The company must define in policy Advanced Life Support (ALS) escort missions. These missions involve the care of patients requiring more invasive or emergent medical care.</p> <p><i>*In addition to BLS-level care, ALS care also would include any of the following:</i></p> <ul style="list-style-type: none"> <li>A) Administration of prescription medications.</li> <li>B) EKG monitoring.</li> <li>C) Enteral tube feedings or gastric decompression.</li> <li>D) Infusion pump IV infusions: <ul style="list-style-type: none"> <li>i. Intravenous catheter.</li> <li>ii. Percutaneous intravenous central catheter.</li> </ul> </li> <li>E) Respiratory care and therapy, involving: <ul style="list-style-type: none"> <li>i. Aerosolized breathing treatments.</li> <li>ii. Tracheostomy care and suctioning.</li> <li>iii. Positive pressure ventilation with CPAP/BiPAP via: <ul style="list-style-type: none"> <li>a. Face or nasal mask.</li> <li>b. Tracheostomy.</li> </ul> </li> </ul> </li> <li>F) Seizure intervention.</li> <li>G) Urinary catheter insertion (*RN-level only).</li> <li>H) Wound care (dressing changes).</li> </ul>	

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
1.11	<p>Advanced Life Support (ALS) escort missions are to be staffed with 1 primary medical escort attendant consistent with the U.S. National EMS Scope of Practice Model of at least a Paramedic.</p> <p><i>*When staffing includes a Respiratory Care Provider, NAAMTA requires a Registered Respiratory Therapist (RRT) certification.</i></p>	
1.12	<p>Written policy to define patient "Fit-to-Travel" criteria. The policy must define:</p> <ul style="list-style-type: none"><li>A) Medical clearance to travel from their personal physician.</li><li>B) Require BLS or low-ALS level of care only.</li><li>C) Require only 1 primary medical attendant.</li><li>D) If flying, the ability to sit up for takeoff and landing.</li></ul>	<p>Medical therapies that would not meet criteria include, but are not limited to:</p> <ul style="list-style-type: none"><li>• Therapies provided at a critical care level.</li><li>• Use of oral or nasopharyngeal devices required to maintain a patent airway.</li><li>• Positive-pressure ventilation via an endotracheal airway.</li></ul> <p>Refer to an airline-specific "Passenger Medical Clearance Guidelines."</p>

## Notes

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## 2.0 Specifying Management Structure

This section helps define the administrative framework of the service, including the duties and qualifications for key management roles. These include, but are not limited to:

- Program Director
- Medical Director
- Clinical Operations Manager
- Communications and Transport Coordination Manager

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
2.1	The program must have a defined organizational structure as detailed on an organizational chart.	Organizational charts include: <ul style="list-style-type: none"><li>• Lines of authority and chain of command for reporting to upper-level management.</li><li>• Defines collaborative relationships with contracted vendors.</li></ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
2.2	<p>The Program Director is responsible for company administration and operations. Responsibilities include:</p> <ul style="list-style-type: none"> <li>A) Ensure operational safety and quality patient care align with the mission statement, the scope of service, and company goals.</li> <li>B) Participate, implement, and administer company QMS program.</li> <li>C) Support Safety and Risk Management Program.</li> <li>D) Effectuate Compliance Program.</li> </ul>	<p>The Program Director has oversight to:</p> <ul style="list-style-type: none"> <li>• Quality Management System (QMS) and contributing subset programs: <ul style="list-style-type: none"> <li>◦ Quality Management Plan.</li> <li>◦ Utilization Management Processes.</li> <li>◦ Safety and Risk Mgmt. Program.</li> <li>◦ Compliance Program.</li> </ul> </li> <li>• Ensure initial and ongoing training QMS including subset programs.</li> <li>• Manage the effectiveness of client medical care, mission coordination, following, and communication with medical staff.</li> <li>• Establish and exemplify a culture of transparency, cooperation, and safety.</li> <li>• Maintain relationships with referring healthcare providers, hospitals, payers, and/or assistance companies.</li> <li>• Ensure compliance with NAAMTA standards and regulatory entities.</li> <li>• Evaluate and provide feedback for department and personnel performance for safety, patient care, communications and use of resources.</li> </ul>

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
2.3	Company Program Director qualifications must be described in job description.	<p>Company Program Director qualifications should entail:</p> <ul style="list-style-type: none"> <li>• Extensive experience in the medical transport industry.</li> <li>• Working knowledge of NAAMTA standards and regulatory statutes relating to the organization's Scope of Service. (For example, local and federal transportation laws, industry "best-practice" standards, patient care protocols.)</li> <li>• Educational degree in health care, business, marketing or related field.</li> <li>• Strong interpersonal and professional communication, problem-solving and management skills.</li> </ul>
2.4	<p>The Medical Director is responsible and accountable for managing and evaluating the use of medications by:</p> <ul style="list-style-type: none"> <li>A) Functioning as a licensed controlled-substance agent for the organization.</li> <li>B) Ensuring that controlled substances and other medications comply with applicable government regulations.</li> <li>C) Where applicable, ensure medication policies and controlled-substance use between domestic and international operations align with governing entities.</li> </ul>	



<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
2.5	<p>The Medical Director is responsible and accountable for written patient care guidelines and protocols. Protocols must be:</p> <ul style="list-style-type: none"> <li>A) Accessible to medical personnel at all times during transport.</li> <li>B) Reviewed biennially.</li> <li>C) Contain date and medical director's signature.</li> </ul>	<p>The Medical Director ensures patient care guidelines and protocols:</p> <ul style="list-style-type: none"> <li>• Align with current standards of medical practice for transport setting.</li> <li>• Aligns medical licensure and scopes of practice.</li> <li>• Identifies patient care protocols requiring on-line medical control.</li> </ul>
2.6	<p>The Medical Director must contribute to quality management processes and actively participate in the QMS committee.</p>	
2.7	<p>The Medical Director collaborates with Clinical Operations Manager on:</p> <ul style="list-style-type: none"> <li>A) Utilization Management of patient services.</li> <li>B) Identifying patient care performance indicators.</li> <li>C) Reviewing patient charts for appropriateness of care.</li> <li>D) Crew training as needed.</li> <li>E) Infection Prevention and Control policies.</li> <li>F) Medical crewmember hiring and performance evaluation processes.</li> </ul>	<p>The Medical Director and Clinical Operations Manager should work together to</p> <ul style="list-style-type: none"> <li>• Establish health and "fit for duty" criteria for medical crews.</li> <li>• Participate in transport medicine CME's and conferences.</li> <li>• Collaborate with the communications department to identify required patient medical intake information.</li> <li>• Manage required and recommended employee immunizations.</li> </ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
2.8	<p>The Medical Director qualifications must be consistent with the organization's Scope of Service and be described in the job description, including:</p> <ul style="list-style-type: none"> <li>A) Current license as a medical physician.</li> <li>B) Current DEA controlled-substance license (or national equivalent).</li> <li>C) Active medical practice in the care of patients as defined by the program's Scope of Service.</li> <li>D) Current in all educational, certification and credential requirements established by civil regulations and medical licensing boards delineated for medical directors.</li> </ul> <p><i>*Alternate or equivalent certifications and/or experience must be submitted and approved by NAAMTA.</i></p>	<p>The Medical Director should have:</p> <ul style="list-style-type: none"> <li>• Experience in aspects of medical escort care provided by service (air, rail, ground) including: <ul style="list-style-type: none"> <li>▪ Understanding the capabilities and limitations of patient care.</li> <li>▪ Understanding the appropriate utilization of services.</li> <li>▪ Understanding applicable statutory laws, rules or regulations impacting patient care.</li> <li>▪ Understanding flight altitude physiology and the clinical stressors of flight.</li> </ul> </li> <li>• Training in principles of: <ul style="list-style-type: none"> <li>▪ Quality Management Systems.</li> <li>▪ Crew Resource Management (CRM) including Human Factors.</li> <li>▪ Safety and Risk Assessment Management.</li> </ul> </li> <li>• Proficiency in the program: <ul style="list-style-type: none"> <li>▪ Policies and procedures outlining transport-process SOPs, including hand-off reporting procedures.</li> <li>▪ Protocol for the reporting of medical incidents and unusual occurrences.</li> <li>▪ Documentation of all education, experience, certifications, and training.</li> </ul> </li> </ul>
2.9	<p>The Clinical Operations Manager must provide clinical practice supervision and evaluation of medical escort staff to ensure patient care aligns with the scope of licensure as defined by state/national professional licensing rules and by-laws.</p>	<p>Only a Registered Nurse may legally supervise and evaluate the nursing practice of nurse crew members.</p> <p>A physician or Registered Nurse may supervise an Emergency Medical Technician, Paramedic or Respiratory Therapist.</p>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
2.10	<p>The Clinical Operations Manager (COM) is required to provide administrative management and clinical practice oversight. The COM will</p> <ul style="list-style-type: none"> <li>A) Promote full-time staff and contracted staff's compliance with company policies and procedures.</li> <li>B) Administer performance evaluations, disciplinary actions or terminations.</li> <li>C) Monitors educational didactic and clinical competency requirements.</li> </ul>	<p>The clinical operations manager may also be responsible for:</p> <ul style="list-style-type: none"> <li>• Medical equipment and diagnostic device(s) quality control monitoring.</li> <li>• Equipment, ambulance, and medical supply bag checks.</li> <li>• Shift and mission briefings and debriefings.</li> <li>• Dissemination of updated policies, procedures and company activities.</li> <li>• Mission reviews and instructional training.</li> </ul>
2.11	<p>The Medical Director and COM will collaborate on:</p> <ul style="list-style-type: none"> <li>A) Development of clinical department policies.</li> <li>B) Utilization Management of patient care services.</li> <li>C) Establishing patient care performance indicators.</li> <li>D) Evaluation of patient care quality and appropriateness through chart reviews.</li> <li>E) Administering company Infection Prevention and Control Program.</li> <li>F) Hiring and performance evaluation of medical crew members.</li> </ul>	<p>Clinical department policies should establish medical crew:</p> <ul style="list-style-type: none"> <li>• Qualifications and credential requirements.</li> <li>• Health and "fit-for-duty" criteria.</li> <li>• Immunization requirements</li> <li>• Clinical training and competencies.</li> </ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
2.12	<p>The clinical operations manager focuses on internal and external quality and safety practices through:</p> <ul style="list-style-type: none"> <li>A) Implementation of a scheduling model that incorporates the company's Alertness &amp; Fatigue Management Program.</li> <li>B) Participating on QMS committee.</li> <li>C) Coordinating clinical implementation of QMS and Safety and Risk Management System (SRMS) policies/tools.</li> </ul>	<p>The organization will develop a scheduling model to assist in creating optimal schedules for transport personnel. The outcome contributes to quality, safety, risk, alertness and fatigue management programs.</p> <p>Algorithms can be used to assess key factors when scheduling. Potential factors include:</p> <ul style="list-style-type: none"> <li>• Transport duration.</li> <li>• Patient acuity.</li> <li>• Time zone changes.</li> <li>• Transport mode changes.</li> <li>• The duration between transports.</li> <li>• Pre- and post-transport travel time.</li> </ul> <p>See also <a href="#">9.1 Employee Scheduling</a></p>
2.13	<p>The Clinical Operations Manager qualifications must be consistent with the organization's Scope of Service and be described in the job description, including:</p> <ul style="list-style-type: none"> <li>A) Current professional licensure.</li> <li>B) Current course competencies as applicable. (i.e., BLS, ALS, PALS, etc.)</li> <li>C) Nationally recognized certification in advanced emergency and critical care congruent with the program's clinical competency requirements.</li> <li>D) Extensive background experience with inpatient and transport critical care experience commensurate with program's patient population.</li> <li>E) Active clinical practice in the care of patients.</li> </ul>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
2.14	<p>The program Communications and Transport Coordination Center Manager responsibilities include:</p> <ul style="list-style-type: none"> <li>A) Managing the development of department goals and objectives.</li> <li>B) Establishing, administrating and evaluating department policies and procedures.</li> <li>C) Participating in quality management committee.</li> <li>D) Hiring, scheduling, and evaluating communication specialists and mission coordinators.</li> <li>E) Directing and controlling mission coordination of transport requests.</li> <li>F) Ensuring personnel complete required training including: <ul style="list-style-type: none"> <li>i. Communications, transport coordination, dispatch policies, procedures and equipment.</li> <li>ii. Crew Resource Management.</li> <li>iii. Response Plan drills.</li> </ul> </li> <li>G) Maintaining communications records.</li> </ul>	<p>Safety and risk management as it applies to transport communications.</p>

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
2.15	Communications and Transport Coordination Center Manager required qualifications include: <ul style="list-style-type: none"><li>A) Experience in medical escort communication processes and procedures.</li><li>B) Understanding of State, Federal, and International communications and regulations.</li><li>C) Knowledge of required domestic and international travel documentation, advisories and restrictions.</li></ul>	

# Notes

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### 3.0 Describing Company Administration Criteria

This section addresses policies and procedures that apply to departments and personnel throughout the service, including such components as policy reviews, Human Resource requirements, public relations, and marketing policies, etc.

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
3.1	<p>A written policy requiring that all general organizational policies, standard operating procedures, plans, patient care protocols, and educational training be:</p> <p>A) Reviewed for currency and approved (signed) by management a minimum of every 2 years or as required by civil regulatory agencies.</p> <p>B) Accessible to and reviewed by all employees annually.</p> <p>The policy identifies the personnel responsible for ensuring that updates occur, are documented, and disseminated to employees.</p>	<p>The following documents are applicable to this standard:</p> <ul style="list-style-type: none"> <li>• Quality Management Manual.</li> <li>• Employee handbooks.</li> <li>• General operating manuals.</li> <li>• Policy and procedures manuals.</li> <li>• Emergency response plans.</li> <li>• Hazardous materials protocols.</li> <li>• Utilization Management processes and reporting.</li> <li>• Safety &amp; Risk Management System Manual.</li> <li>• Crew Resource Management/Air Medical Resource Management.</li> </ul>
3.2	<p>A written policy must describe the company standard of time zone reckoning for:</p> <p>A) Employee duty-time calculations for operational staff (medical, communications).</p> <p>B) Documentation of departure and arrival times.</p> <p>C) Patient care charting and documentation.</p>	
3.3	<p>The organization must have an employee handbook.</p>	



<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
3.4	The organization must have a Code of Ethics stating the obligation to utilize ethical and professional business practices in all aspects of the program's services.	<p>Examples of ethical practices include:</p> <ul style="list-style-type: none"><li>• The patient/client's rights to full disclosure of an itemized list of services rendered (upon request.)</li><li>• The patient/client's rights with respect to their:<ul style="list-style-type: none"><li>◦ Dignity.</li><li>◦ Safety.</li><li>◦ Personal Security.</li><li>◦ Privacy and Confidentiality.</li><li>◦ Cultural Values.</li></ul></li><li>• Truthful representation of practices involving outsourcing, brokering or referring of services at the time of transport request and in marketing media/materials.</li><li>• The notification of employees and patients/clients on the process for reporting unethical practices.</li></ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
3.5	A written policy requiring professional and criminal background checks on all employees who have operational responsibilities and/or access to client information.	<p>Policy elements should:</p> <ul style="list-style-type: none"> <li>• Be applicable to the job description.</li> <li>• Outline information collected through background checks, such as: <ul style="list-style-type: none"> <li>◦ Education credentials.</li> <li>◦ Fingerprint-based criminal history.</li> <li>◦ Past work history.</li> <li>◦ Professional licensures.</li> <li>◦ Criminal records for felony conviction relating to controlled substances.</li> <li>◦ Disciplinary action by DEA or international equivalence.</li> </ul> </li> <li>• Procedures for performing checks: <ul style="list-style-type: none"> <li>◦ Consent from the individual must be obtained regardless of the country.</li> <li>◦ Comply with national and local governmental regulations and rules.</li> <li>◦ Work through official governmental agencies for identifying reputable international sources of information.</li> </ul> </li> </ul>
3.6	<p>The organization has a policy addressing and prohibiting all forms of discrimination (gender, sexual orientation, religious, ethnicity, race, etc.) and workplace harassment (verbal, physical, intimidation, bullying, etc.).</p> <p>The policy must outline the process for reporting suspected discriminatory incidents.</p>	<p>US Programs Refer to applicable federal and state EEOC laws.</p> <p>International Programs Refer to national labor laws of the particular country.</p>

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
3.7	<p>The organization has a written policy relating to illegal, recreational or unauthorized drug use, substance abuse, and alcohol consumption by employees.</p> <p>Policy shall:</p> <ul style="list-style-type: none"><li>A) Prohibit the use of illicit drugs.</li><li>B) Establish criteria for physical and mental fitness-for-duty as relating to side effects of all medications and alcohol consumption.</li><li>C) Include a program for routine random drug and alcohol testing of employees.</li><li>D) Require drug testing company to be FAA/CAA/DOT approved.</li></ul>	<p>Policy elements should address:</p> <ul style="list-style-type: none"><li>• Identification of those employees who would be included in the testing program.</li><li>• Records maintenance and confidentiality.</li><li>• Procedure for handling positive tests or self-disclosure of a substance abuse problem.</li><li>• Provision of Employee Assistance Program (EAP) referrals.</li></ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
3.8	<p>The organization has a written policy regarding the required dress code, grooming, and personal protective equipment. Policy must:</p> <ul style="list-style-type: none"> <li>A) Detail what items of uniform and/or equipment the employee is required to provide themselves if any.</li> <li>B) Prohibit necessary company-provided items of uniform or equipment from being used as credited towards employee wages.</li> </ul>	<p>The policy should address cultural and/or religious-specific grooming and clothing considerations. Policy details should include:</p> <ul style="list-style-type: none"> <li>• Define approved attire for all aspects and departments of business, including outreach education and activities.</li> <li>• To avoid interference with patient care or mission operations: <ul style="list-style-type: none"> <li>◦ Limit jewelry.</li> <li>◦ Hair should be maintained off the face.</li> <li>◦ Beards should be clean-cut.</li> <li>◦ Perfumes and fragrant hygiene solutions should not be used.</li> </ul> </li> <li>• Religious clothing and headgear must be of a style and size that does not interfere with the wearing of uniforms, donning of and function of personal protective equipment.</li> <li>• Medical escort staff uniforms include: <ul style="list-style-type: none"> <li>◦ Program name, medical attendant's name and position easily visible on the uniform.</li> <li>◦ Non-slip footwear.</li> </ul> </li> </ul>
3.9	<p>Company ID Badge policy will define requirements for employees to wear or carry ID badges while on duty.</p>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
3.10	A policy exists promoting the physical well-being of all employees.	Particular program fundamentals would: <ul style="list-style-type: none"><li>• Provide education on physical fitness strategies to meet job demands.</li><li>• Provide education and encourage optimal use of off-duty time in addressing fatigue and proper rest.</li><li>• Provide education on proper body mechanics for lifting patients and heavy equipment.</li><li>• Provide back support devices for heavy lifting.</li><li>• Provide education on the effects and use of medications and alcohol on duty-fitness.</li></ul>
3.11	The organization has a policy for duty guidelines regarding pregnant crewmembers.	This policy addresses: <ul style="list-style-type: none"><li>• Company “fit-for-duty” criteria for pregnant transport crewmembers include requirements for personal physician work clearance.</li><li>• Compliance with state and/or national anti-discrimination laws applicable to employee pregnancy.</li></ul>

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
3.12	<p>A written job description is required for the following positions and reviewed with the employee during their review:</p> <ul style="list-style-type: none"> <li>A) Medical Personnel</li> <li>B) Communications Personnel</li> </ul>	<p>Well-defined job description elements include:</p> <ul style="list-style-type: none"> <li>• Job title (consistent with industry titles.)</li> <li>• Brief description of the function and scope of the position.</li> <li>• List of key duties or tasks performed.</li> <li>• The description identifies correlation with supervisory positions, subordinating roles and other working relationship.</li> <li>• Qualifications and required job skills including academic degree, professional license, experience, additional certifications, credentials, and skillsets.</li> <li>• Required physical abilities to perform the job (weight limitations, lifting abilities.)</li> <li>• Job location and working conditions (specific base, administrative office, etc.)</li> <li>• Scheduled duty time or on-call requirement.</li> </ul>
3.13	<p>A written policy establishes guidelines for marketing collateral, news releases and the use of photographs in printed materials and electronic media.</p> <p>Policy elements will address:</p> <ul style="list-style-type: none"> <li>A) Individual(s) responsible for marketing, newsletters, news releases, and posting of social media.</li> <li>B) The use of employee photographs in marketing materials.</li> <li>C) The use of active or passive consent regarding the use of personal information for business purposes.</li> </ul>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
3.14	The organization provides a mechanism for customer feedback on services rendered.	Examples of feedback may be in the form of a website link, customer survey card, etc.
3.15	<p>The organization has a written plan to address and resolve complaints received from the customer, medical facilities, regulatory agencies, as well as company employees. Policy needs to include:</p> <ul style="list-style-type: none"><li>A) Time frame in which the resolution of a complaint is to be initiated.</li><li>B) A mechanism for tracking progress towards resolution.</li><li>C) Documentation of all steps taken to resolve the complaint.</li></ul>	<p>The plan should include:</p> <ul style="list-style-type: none"><li>• Instructions on how entities or individuals file a complaint.</li><li>• The process of resolving complaints as outlined by QMS.</li><li>• Identification of individual(s) responsible for the resolution of submitted complaints.</li></ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
3.16	<p>The organization will conduct staff meetings for all bases.</p> <p>A) Meetings are to be held at least quarterly.</p> <p>B) Minutes are to be documented and made available to all staff. Minutes are to include:</p> <ol style="list-style-type: none"> <li>Name of department.</li> <li>Names of attendees.</li> <li>Location.</li> <li>Items of discussion.</li> <li>Action plans as discussed.</li> <li>Reporting of issues/concerns to the Quality Management Committee.</li> </ol>	<p>Employees may participate in meetings either in person or via conference call. Employees should attend at least 75% of all staff meetings.</p> <p>Staff meetings can be used for a variety of administrative purposes, from exchanging information to making company announcements.</p> <p>To be effective, staff meetings should be held on a regular basis, have a detailed agenda, a time limit, and a designated moderator to ensure management and staff accountability and participation.</p> <p>Staff meetings provide an opportunity for management to meet face-to-face with department staff, helping to promote communication and support from management. Staff meeting objectives might include:</p> <ul style="list-style-type: none"> <li>• Progress and project status reports.</li> <li>• Department updates.</li> <li>• Announcements.</li> <li>• Discussion of issues and action items.</li> </ul>
3.17	<p>Company policy describes criteria for an extended stay or personal requests for travel following the completion of a mission, but prior to returning to home base.</p>	<p>The policy should define the responsibilities of the company and the individual regarding any:</p> <ul style="list-style-type: none"> <li>• Travel itinerary.</li> <li>• Lodging and transportation arrangements.</li> <li>• Financial costs.</li> <li>• Insurance liabilities.</li> <li>• "Return-to-Service" and reassignment availability.</li> <li>• Ongoing communication expectations.</li> </ul>



<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
3.18	<p>It is required that resource information be available to medical escort staff for use in situations resulting from unscheduled travel delays, diversions or mission abortion.</p> <p>Resource information includes accommodations for:</p> <ul style="list-style-type: none"> <li>A) Hotel lodging.</li> <li>B) Ground transportation and transfers.</li> <li>C) Medical care clinics/hospitals.</li> </ul> <p>All resource accommodations should be vetted to ensure the safety and security of mission staff/client prior to initiation of the mission.</p>	<p>Such supplies might include:</p> <ul style="list-style-type: none"> <li>• Special travel assistance contacts.</li> <li>• Translation assistance resources.</li> <li>• Emergency financial resources (including foreign currency exchanges.)</li> <li>• Personal medical alert information and insurance coverage.</li> <li>• Personal emergency contact information.</li> </ul>
3.19	<p>The Service's policy must explain procedures to assist staff in acquiring medical care for illness or injury when traveling, whether inside or outside the country of origin.</p>	<p>The policy is to also describe:</p> <ul style="list-style-type: none"> <li>• Medical insurance coverage that is either provided for or required of medical escort personnel.</li> <li>• Designated resource medical care providers and facilities to be utilized, if necessary.</li> </ul>
3.20	<p>Company policy must provide direction to medical personnel on procedures for handling requests for non-client medical assistance during transport, including:</p> <ul style="list-style-type: none"> <li>A) Assistance with first-responder CPR/AED or first aid.</li> <li>B) Requests for medications/drugs.</li> </ul> <p>The policy must comply with the professional scope of practice "by-laws" as well as local/federal laws intended to prevent patient neglect/abandonment concerns.</p>	

## Notes

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## 4.0 Implementing Infection Prevention and Control Program

A quality Infection Prevention and Control program should be implemented to prevent harm caused by infection to patients and health workers.

This section helps define the process of the service, including the duties and qualifications for key management roles. These include, but are not limited to:

- Infection Prevention and Control Program.
- Employee Immunizations and health tests.
- Personal Protective Equipment
- Bio-hazardous materials management
- Post-Exposure Prophylaxis

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
4.1	The company shall have a policy outlining the implementation of an Infection Prevention and Control Program to reduce the risk of infection cross-exposure between transport crews and patients.	<p>Considerations for The Infection Prevention &amp; Control Program include:</p> <ul style="list-style-type: none"><li>• Define “sharps safety” measures used in patient care, such as:<ul style="list-style-type: none"><li>◦ Needleless systems and needles with integrated safety features.</li><li>◦ Use of plastic-based IV, syringe, and lab supplies.</li><li>◦ Auto-retractable lancets.</li></ul></li></ul> <p>Identify state and federal-required regulatory infection exposure reports. (Sharps Injury log, communicable disease exposure, etc.)</p>
4.2	The organization must appoint an individual to supervise and administer the Infection Prevention & Control Program.	This individual is responsible for collaborating with the Medical Director and Clinical Operations Manager in the development, implementation, and monitoring of compliance with Infection Prevention & Control Program.

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
4.3	<p>Applicable Personal Protective Equipment (PPE) is to be utilized according to OSHA or equivalent regulations and guidelines, such as:</p> <ul style="list-style-type: none"> <li>A) During patient care and handling of potentially infectious substances.</li> <li>B) Disposal and handling of biohazard-soiled materials and medical supplies.</li> <li>C) Equipment cleaning and disinfecting procedures.</li> </ul>	<p>Written procedural guidelines may also describe additional guidelines.</p> <ul style="list-style-type: none"> <li>• Perform hand hygiene.</li> <li>• Use personal protective equipment (PPE) whenever there is an expectation of, or potential exposure to infectious material.</li> <li>• Follow respiratory hygiene/cough etiquette principles.</li> <li>• Ensure appropriate patient placement.</li> <li>• Properly handle, clean and disinfect patient care equipment and instruments/devices.</li> <li>• Cleans and disinfects the environment appropriately Handle textiles and laundry carefully Follow safe injection practices.</li> <li>• Wear a surgical mask when performing lumbar punctures.</li> <li>• Ensure healthcare worker safety including proper handling of needles and other sharps.</li> </ul> <p>Demonstration of this standard can be evidenced through company documentation and personnel interviews.</p>
4.4	<p>The policy will detail the appropriate handling and disposal of contaminated sharps, medical devices, and soiled linens.</p> <p>For international transports, bio-hazardous materials must be disposed of in a secure, biohazard container in accordance with occupational safety regulatory guidelines and <i>International Declaration to Customs</i> requirements.</p>	<p>Written procedural guidelines should describe processes:</p> <ul style="list-style-type: none"> <li>• While onboard any commercial carrier.</li> <li>• In transportation terminals/stations.</li> <li>• At hotel/lodging accommodations.</li> </ul> <p>If utilizing a contracted vendor for disposal of hazardous wastes, transactions are to be documented.</p>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
4.5	A written policy must prohibit the storage of food and drink in the same refrigerator or cooler as medications, blood products, and other potentially infectious materials.	
4.6	A written policy outlines procedures that ensure infection control measures are identified and in place with the commercial carrier prior to patient boarding.	<p>Infection control considerations should be determined for patients with:</p> <ul style="list-style-type: none"> <li>• Compromised immunity.</li> <li>• Antibiotic-resistant infections.</li> <li>• CDC-defined communicable diseases.</li> </ul> <p>Also, Consider,</p> <ul style="list-style-type: none"> <li>• Placement of patient in carrier cabin and airflow considerations.</li> <li>• Bathroom/toileting arrangements.</li> <li>• Any isolation requirements.</li> <li>• Airport/terminal concourses and waiting areas.</li> </ul>
4.7	There must be a written policy defining the process for the cleaning and sanitizing of medical equipment.	<p>The policy should detail:</p> <ul style="list-style-type: none"> <li>• Cleaning solutions appropriate for specific soiling, microorganisms, surfaces and materials as recommended by OSHA (or equivalent) guidelines.</li> <li>• “Return-to-Service” cleaning and disinfecting procedures after each mission.</li> <li>• Regular deep-cleaning schedules and logs for the transport vehicle and medical equipment.</li> </ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
4.8	<p>A policy must outline company Post-Exposure Prophylaxis (PEP) processes. The policy must comply with the current local health department and CDC or equivalent requirements and guidelines, including:</p> <ul style="list-style-type: none"> <li>• Confidential documenting, tracking and reporting of exposure incident to applicable health department agencies and healthcare providers/facilities.</li> <li>• Follow-up surveillance screening, evaluation, and care of exposed employee by a licensed healthcare provider.</li> <li>• Access and availability of post-exposure prophylaxis (PEP) medications and treatment for an exposed employee.</li> </ul>	<p>Additional policy considerations may include “Return to Duty” criteria for medical staff.</p>
4.9	<p>Employee immunization records are to be documented and monitored for compliance with company, state, and national public health agency immunization requirements for healthcare workers.</p>	<p>Programs are strongly encouraged to have medical crews also participate in recommended as well as required vaccination schedules.</p> <p>International operations should additionally comply with any applicable WHO requirements for countries of travel.</p>
4.10	<p>Medical crewmembers are required to have annual tuberculosis skin testing (PPD) or blood analysis testing (BAMT) or applicable surveillance chest radiographic screening (if positive TB test and according to risk classification) congruent with state/federal health department requirements for healthcare workers.</p>	<p>Site Audit Item / Employee Records</p>

## Notes

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## 5.0 Identifying Compliance Elements

This section identifies the general compliance criteria. Your organization may have one or more individuals filling the responsibilities identified below.

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
5.1	A policy must require that all patient information must be kept confidential as per regulations applicable to the program's country of origin. U.S. programs must comply with HIPAA and HITECH requirements.	
5.2	The organization has policies and procedures that ensure compliance with laws, rules, regulations and accrediting organization criteria. Policies will: A) Define the agencies, regulatory entity and organizations that require compliance. B) Identify the role or individual(s) responsible for submitting required reports.	
5.3	The company must appoint a Compliance Officer that will be responsible for: A) Maintaining compliance records and reports. B) Assure that required reports are filed with internal management and external regulatory/accreditation entities as required by-laws, rules, and regulations.	Examples of Compliance reporting may include: <ul style="list-style-type: none"> <li>• Reporting of actual/potential violations of non-compliance with enforcement agencies.</li> <li>• Maintaining work-related employee injuries/illness logs.</li> <li>• Reporting of work-related employee injuries/illness to regulatory administrations/agencies.</li> <li>• Reporting of continuous compliance records to accrediting entities.</li> </ul>

# Notes

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## 6.0 Outlining Quality Management Criteria

In this section, the details for internalizing processes of a Quality Management System (QMS). Quality management is a critical part of the business and requires a detailed scope of practice, documented reviews, evaluation, and implementation of improvements with goals to improve patient safety and care quality.

A well developed and practiced QMS program fosters continuously improving performance, safety, and quality at every level of function with a keen focus on customer satisfaction.

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
6.1	<p>The organization will have a Quality Management System (QMS) which is used to manage the QMS Plan. The plan</p> <ul style="list-style-type: none"><li>A) Aims at improving patient care and maintaining safe operations.</li><li>B) Define duration to meet business or regulatory obligations and demonstrate compliance with accreditation standards.</li><li>C) Develop and administer processes of QMS, Safety and Risk Management System, Utilization Management, and customer satisfaction.</li></ul>	<p>QM Plan should define:</p> <ul style="list-style-type: none"><li>• Develop and review company policies &amp; procedures.</li><li>• Performance indicators for monitoring effectiveness of:<ul style="list-style-type: none"><li>◦ Quality patient care.</li><li>◦ Safety and risk management.</li><li>◦ Business development and operations.</li><li>◦ Equipment maintenance.</li><li>◦ Communications effectiveness.</li></ul></li><li>• Establish quality metrics thresholds.</li><li>• Describe the processes and tools for monitoring, measuring and analyzing progress towards goals.</li><li>• Define evaluation and corrective action processes.</li><li>• Apply Root Cause Analysis principles in:<ul style="list-style-type: none"><li>◦ Identifying system problems.</li><li>◦ Reviewing sentinel events.</li></ul></li></ul>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
6.2	<p>The Quality Management Committee will meet quarterly to review company processes, evaluate effectiveness, and present suggestions for improved outcomes within all departments of the organization.</p> <p>Meetings must utilize the QM plan as the structure for discussions, with minutes communicated to all departments.</p>	<p>Meeting minutes will include:</p> <ul style="list-style-type: none"> <li>• Individuals in attendance with department represented.</li> <li>• Follow-up and assessment of existing corrective action plan through resolution and verification of closure.</li> <li>• Review and discussion of each department's internal Utilization Management reports. <ul style="list-style-type: none"> <li>◦ Based on quality metrics identified by the organization and individual departments.</li> <li>◦ Quality metrics must apply to all aspects of the transport program and departments.</li> </ul> </li> <li>• Analysis of data collected.</li> <li>• Identified customer needs and discussions addressing desired improvements and changes.</li> <li>• Outlined action plans and goals with defined time frames for monitoring and evaluating the effectiveness of plans through resolution and verification of closure.</li> <li>• Assigned committee member accountable for the management.</li> </ul>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
6.3	The Quality Management System (QMS) needs to identify required records, retention criteria, duration to meet business or regulatory obligations, and demonstrate compliance with accreditation standards.	<p>Records include:</p> <ul style="list-style-type: none"> <li>• Meeting minutes.</li> <li>• Employee records, including— <ul style="list-style-type: none"> <li>◦ Pre-hire documentation.</li> <li>◦ Employment service file.</li> <li>◦ Drug/alcohol screenings.</li> <li>◦ Education/training records.</li> </ul> </li> <li>• Occupational injury records.</li> <li>• Infection exposure logs/forms.</li> <li>• Operational personnel "hours of duty" records.</li> <li>• Operational personnel schedules.</li> <li>• Medical equipment inspections, maintenance and repairs.</li> <li>• Controlled substance logs/forms.</li> <li>• Mission intake forms.</li> <li>• Mission-following logs.</li> <li>• Pre-/post-mission briefing logs.</li> <li>• Client service contracts.</li> <li>• Patient charts.</li> <li>• Internal Operational Reports (IORs).</li> <li>• Customer feedback/complaint records.</li> </ul>

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
6.4	<p>The organization will have written goals that align with the program's Mission Statement and Scope of Service. Goals must be:</p> <ul style="list-style-type: none"> <li>A) Specific in addressing identified areas for improvement.</li> <li>B) Measurable with criteria for evaluating progress.</li> <li>C) Reviewed on an annual basis.</li> </ul>	<p>Company goals should:</p> <ul style="list-style-type: none"> <li>• Focus company's resources on the needs of the patients, families, and collaborating agencies, hospitals, and payers.</li> <li>• Enables employees to advance and utilize their professional skills and abilities for the benefit of the patients and customers.</li> <li>• Involve Utilization Management principles to ensure company practices align with established industry standards and regulatory requirements.</li> <li>• Engage all levels of the organization in behaviors that improve the safety and quality of services provided.</li> <li>• Allow organizational flexibility to respond to changing needs of the customers.</li> </ul>
6.5	<p>The Quality Management Committee must be comprised of core management representatives to include:</p> <ul style="list-style-type: none"> <li>A) Program Director</li> <li>B) Medical Director</li> <li>C) Clinical Operations Manager</li> <li>D) Communications Manager</li> <li>E) Safety Officer</li> </ul>	<p>The committee will utilize effective leadership that creates and maintains a working environment that engages employees in achieving the company's mission and goals.</p>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
6.6	Quality Management Committee members will receive training in quality management processes, guidelines, and strategies. The Quality Management Committee is required to develop and administer processes of QMS, SRMS, Utilization Management, patient care, and customer satisfaction.	<p>Training should include:</p> <ul style="list-style-type: none"> <li>• Basic concepts of a quality management system.</li> <li>• Terms and definitions.</li> <li>• Company quality management plan.</li> <li>• Management responsibility, authority, and communication.</li> <li>• Plan-Do-Check-Act (PCDA) Process control cycle.</li> <li>• Utilization Management (processes involving monitoring, measuring, analyzing and improving the quality of patient care and operational safety.)</li> </ul>
6.7	<p>Programs with multiple bases must have a policy that defines the shared or delegated responsibilities between corporate and local base management personnel.</p> <p>The policy will define a centralized or locally-based approach to:</p> <ul style="list-style-type: none"> <li>A) Implementation of QMS and SRMS.</li> <li>B) Medical direction and patient care protocols.</li> <li>C) Maintenance management oversight.</li> </ul>	

# Notes

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## 7.0 Explaining Utilization Management

Utilization Management is an assessment of the appropriateness and economy that is made especially for the purpose of controlling costs and monitoring the quality of care as part of the overall Quality Management System.

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
7.1	<p>The company will identify key performance indicators as defined by the QMS Committee to be monitored through Utilization Management.</p> <p>At a minimum, the following aspects of care and service will be monitored:</p> <ul style="list-style-type: none"><li>A) Company-identified performance indicators.</li><li>B) Industry-established patient care and operational safety quality metrics indicators (as applicable to Mission Statement and Scope of Service).</li><li>C) Medication and supply usage, inventory control and record-keeping.</li><li>D) Department-related skills and competencies.</li><li>E) Performance Indicators are tracked and reviewed to identify areas of improvement in outcomes.</li></ul>	<p>Examples of performance indicators:</p> <ul style="list-style-type: none"><li>• AMPA Consensus Metrics.</li><li>• AAP Quality Metrics for Neonatal/Pediatric Transport.</li><li>• Patient care hand-off procedures.</li><li>• Fluid therapy.</li><li>• Pain management.</li><li>• Intubation success rates.</li><li>• Average bedside time of the transport team.</li><li>• Effectiveness of Risk assessment tools.</li><li>• Cost: Benefit use of resources.</li></ul>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
7.2	<p>A written policy will address the process of reporting, tracking, and management of unusual occurrences. The policy will address:</p> <ul style="list-style-type: none"><li>A) “Serious Reportable Event” resulting in individual injury, death or deterioration of the patient status or sentinel event.</li><li>B) Unexpected mission delays, aborts, or diversions.</li><li>C) Equipment malfunctions.</li><li>D) Communication breakdowns.</li><li>E) Problematic deviations from standard operating procedures.</li><li>F) Safety or security issues/events involving medical crews and patient care.</li></ul>	
7.3	<p>The organization must develop and implement tools and mechanisms for tracking, reviewing and evaluating performance indicators and unusual occurrences for areas of improvement throughout all departments.</p>	<p>Examples of tracking and reporting tools include:</p> <ul style="list-style-type: none"><li>• Internal Operational Report (IOR).</li><li>• Occurrence Report.</li><li>• Utilization Management reporting form.</li><li>• Risk Assessment Tools (RAT).</li><li>• Clinical skills competency logs.</li><li>• Response times.</li><li>• Forms may be electronic or hard copy.</li></ul>
7.4	<p>Utilization Management data will be reported to the QM committee on a quarterly basis.</p>	

## Notes

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## 8.0 Detailing Safety and Risk Management Systems

A *Safety and Risk Management System (SRMS)* is a systematic approach to managing safety, including the necessary organizational structures, accountabilities, policies, and procedures. An integral part of an organization's overall Safety Management System is *Operational Risk Management (ORM)* aimed at identifying and managing threats and risks that can compromise overall transport operations.

Utilizing proactive safety policies, risk assessment tools, and decision-making capabilities, a company-wide Safety and Risk Management System (SRMS) assists medical crews, communications and transport coordination personnel in avoiding and mitigating risks and threats that would otherwise result in compromised safety and patient care. Key components of an SRMS include:

- Safety and Risk Management Policies
- SRMS Officer / Committee
- Occupational Health and Safety
- Security of Company Assets and Personnel
- Hazardous Waste Management
- Personal Protection Equipment
- Operational Risk Assessment and Management
- Alertness and Fatigue Management
- Crew Resource Management
- Emergency Response Plans

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
8.1	<p>The transport program will have a Safety and Risk Management System (SRMS) that works in conjunction with QMS.</p> <p>A comprehensive and effective SRMS will integrate:</p> <ul style="list-style-type: none"><li>A) Workplace and occupational safety.</li><li>B) Facilities, equipment and personnel security.</li><li>C) Operational Risk Assessment and Management.</li><li>D) Comprehensive SRMS education program for all employees.</li><li>E) Defined reporting procedures and forms.</li></ul>	<p>An effective Safety and Risk Management System (SRMS) should include the following to establish and implement a cultural practice of “safety first” as a vital part of everyday operations:</p> <ul style="list-style-type: none"><li>• Promotion of employee participation.</li><li>• Timely dissemination of company safety information and ongoing employee training.</li></ul>

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
8.2	<p>The SRMS Manual describes and outlines company policies, procedures, training and reporting processes necessary for safe operations. The Manual must include:</p> <ul style="list-style-type: none"><li>A) Duties and responsibilities of the Safety Officer.</li><li>B) Company safety and security policies for personnel and facilities.</li><li>C) Emergency plans.</li><li>D) Crew Resource Management.</li><li>E) Risk management policies.</li><li>F) Safety and risk management education.</li><li>G) Safety and risk management reporting forms and tools.</li></ul>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
8.3	<p>The Program must have a Safety and Risk Management Officer to ensure the implementation of the overall SRMS. The Officer will:</p> <ul style="list-style-type: none"> <li>A) Work with the QMS committee to establish SRMS goals and policies.</li> <li>B) Monitor all operational safety and risk management processes.</li> <li>C) Develop broad-based Risk Assessment Tools that address risk components inherent to operations.</li> <li>D) Evaluate the effectiveness of Risk Assessment practices.</li> <li>E) Establish a reporting mechanism for safety and risk management issues.</li> <li>F) Manage incident reports and assigns responsibility for resolution of issues.</li> <li>G) Provide safety and risk management training for all employees.</li> <li>H) Participate in the development of emergency response plans.</li> </ul>	
8.4	<p>The Safety and Risk Management Officer will receive training in:</p> <ul style="list-style-type: none"> <li>A) Principles, processes, strategies, and tools of Safety and Risk Management Systems.</li> <li>B) Company-specific SRMS policies and procedures outlined in the SRMS Manual.</li> </ul>	<p>Training should include:</p> <ul style="list-style-type: none"> <li>• The benefits of a Safety and Risk Management Program.</li> <li>• The company Safety and Risk Management Program.</li> <li>• Occupational Safety and Health regulatory requirements.</li> <li>• Leadership and communication skills.</li> <li>• Purpose of NAAMTA standards requirements for SRMS.</li> </ul>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
8.5	<p>The organization will implement policies and procedures to ensure a safe and clean work environment that is compliant with occupational safety regulations.</p> <p>Policies must address company offices, base facilities, and storage units as part of the overall SRMS. Elements include:</p> <ul style="list-style-type: none"> <li>A) Adequate ventilation.</li> <li>B) Sufficient lighting to perform necessary work.</li> <li>C) Safe use of electrical outlets and extension cords.</li> <li>D) Informational signs visible throughout the facility: <ul style="list-style-type: none"> <li>i. Using the most common language(s) or OSHA/ANSI safety symbols.</li> <li>ii. Including minimum postings indicating exits, evacuation maps, and fire extinguishers.</li> </ul> </li> <li>E) First aid kits in employee-occupied facilities.</li> <li>F) Clean and tidy work facilities.</li> <li>G) The facility installed fire extinguishers.</li> </ul>	<p>Other essential elements of a safe and clean work environment should include:</p> <ul style="list-style-type: none"> <li>• Waste containers marked and managed to minimize cross-contamination of the environment and employees.</li> <li>• Daily disposal of the trash containing food.</li> <li>• Monitor and control insects and vermin.</li> <li>• Company smoking policy. (If smoking allowed, must be away from facility buildings, ventilation systems, and flammable materials or chemicals.)</li> </ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
8.6	<p>A written policy must address security measures of the physical environment and all properties utilized by the company for offices, bases and storage facilities. The policy must outline details for:</p> <ul style="list-style-type: none"> <li>A) Locking of all company— <ul style="list-style-type: none"> <li>i. Buildings and facilities.</li> <li>ii. Equipment and supplies.</li> </ul> </li> <li>B) Routine checking of facilities and equipment for tampering or vandalism and the reporting of suspicious activity.</li> </ul> <p><i>*Alternate security measures must be evaluated and approved by NAAMTA.</i></p>	<p>The policy should outline the process for reporting lost or stolen ID badges. Badges should be returned to the company upon resignation or termination of an employee.</p>
8.7	<p>The organization must have policies and procedures to:</p> <ul style="list-style-type: none"> <li>A) Address hazardous materials compliant with applicable occupational safety regulations.</li> <li>B) Include the storage and use of hazardous materials in routine activities as well as unintentional exposure to hazardous materials such as chemical spills, bodily fluids, biohazards, etc.</li> <li>C) Detail information to be included in hazardous materials training and include any independently contracted staff.</li> </ul>	<p>Important components of the Hazardous Materials policy should include:</p> <ul style="list-style-type: none"> <li>• International laws &amp; regulations of handling &amp; storage of hazardous materials.</li> <li>• Utilization of GHS (Globally Harmonized System of Classification and Labelling of Chemicals) in signs and hazardous materials labeling.</li> </ul>
8.8	<p>The organization must have MSDS/SDS references onsite and available to all employees.</p>	

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
8.9	<p>The transport service is required to have Operational Risk Management that will assess, identify, prevent, and mitigate risk involving patient care and overall operational safety. Elements of Operational Risk Management must include:</p> <ul style="list-style-type: none"><li>A) Alertness and Fatigue Management.</li><li>B) Pre-mission risk assessment procedures, tools and “Go/No-Go” matrix.</li><li>C) Policies and procedures for mitigating high-risk transport conditions and ongoing evaluation of risk status throughout the mission.</li></ul>	

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
8.10	<p>The organization will implement Alertness &amp; Fatigue Management, incorporating:</p> <ul style="list-style-type: none"> <li>A) Evidence-based fatigue risk assessment elements into overall "fit-for-duty" scoring.</li> <li>B) A non-retaliatory "Time-out/Stand-down" policy.</li> <li>C) Established maximum of duty-time-hours per day and per week.</li> <li>D) Employee participation in Alertness &amp; Fatigue Management and Crew Resource Management education.</li> </ul>	<p>Alertness &amp; Fatigue Management should incorporate:</p> <ul style="list-style-type: none"> <li>• Company Responsibilities</li> <li>• Monitoring use of "Time-out/Stand-down" and overtime trends.</li> <li>• Fatigue Countermeasures Education as part of Crew Resource Management: <ul style="list-style-type: none"> <li>◦ Recognition of fatigue and sleep deprivation.</li> <li>◦ Appropriate use of discretionary off-duty sleep time, requirements and driving safety.</li> <li>◦ Professional responsibility of fitness-for-duty.</li> <li>◦ Sleep science and circadian rhythm disturbances.</li> <li>◦ Effective sleep hygiene habits.</li> <li>◦ Nutritional eating habits.</li> <li>◦ Physical fitness.</li> <li>◦ Patterns of medication and stimulant use.</li> </ul> </li> <li>• Employee Responsibility—</li> <li>• Professional responsibility of fitness-for-duty, including: <ul style="list-style-type: none"> <li>◦ Responsible for off-duty time and sleep management requirements.</li> <li>◦ Effective sleep hygiene.</li> <li>◦ Nutritional eating habits.</li> <li>◦ Regular physical fitness activities/routines.</li> </ul> </li> <li>• Responsible use of alcohol and medications.</li> <li>• Responsible timing of on-duty non-scheduled tasks (i.e., supplemental work projects, educational requirements, etc.)</li> </ul>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
8.11	<p>The company must establish Risk Assessment Tools (RATs) for assessing the level of risk prior to each transport/mission. The policy must define:</p> <ul style="list-style-type: none"> <li>A) Risk assessment indicators.</li> <li>B) Scoring tools and matrix for determining "Go/No-Go" status.</li> </ul> <p>The company must establish procedures for mitigating high-risk mission conditions and ongoing evaluation of risk status throughout the mission.</p>	<p>Risk assessment indicators should be developed and selected using evidence-based and industry-established "best practice" indicators. NAAMTA recommends the inclusion of the following components:</p> <ul style="list-style-type: none"> <li>• Medical attendant experience.</li> <li>• Travel and political social conditions.</li> <li>• Patient acuity and medical care/equipment needs.</li> <li>• Airport/terminal familiarity (including domestic or international operations).</li> <li>• Assigned medical attendant scope of practice.</li> <li>• Communications needs and limitations.</li> <li>• Duty time and attendant fatigue factors.</li> <li>• Anticipated mission length.</li> </ul>



<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
8.12	<p>Organization is required to implement a Crew Resource Management (CRM) or Air Medical Resource Management (AMRM) program.</p> <p>CRM/AMRM must include:</p> <ul style="list-style-type: none"> <li>A) Information Processing &amp; Decision-Making.</li> <li>B) Human Error &amp; Management.</li> <li>C) Attention &amp; Focus.</li> <li>D) Operational Distractions &amp; Workload Management.</li> <li>E) Stress Management. <ul style="list-style-type: none"> <li>i. Sleep Deprivation &amp; Circadian Rhythms.</li> <li>ii. Alertness &amp; Fatigue Countermeasures.</li> <li>iii. Alcohol &amp; Medication Use.</li> </ul> </li> <li>F) Situational Awareness.</li> <li>G) Automation in Transport Systems.</li> <li>H) Communications.</li> <li>I) Threat &amp; Risk Management.</li> <li>J) Leadership.</li> </ul>	<p>Crew Resource Management/Air Medical Resource Management should be integrated into all aspects of the company operations:</p> <ul style="list-style-type: none"> <li>• Transports and pre-/post-mission briefings.</li> <li>• QMS, Risk Management, Utilization Management.</li> <li>• Employee and outreach training curriculums.</li> <li>• Maintenance processes.</li> </ul> <p>Effective training utilizes both didactic presentations as well as group scenario discussions.</p>
8.13	<p>The organization has a policy that outlines procedures for internal emergencies that occur at the company office, bases and storage facilities. The policy will include:</p> <ul style="list-style-type: none"> <li>A) Evacuation maps with marked with utility shut-off valves and any AED.</li> <li>B) An annual emergency drill and evaluation of plan effectiveness.</li> </ul>	<p>Internal emergency plans should address events, such as:</p> <ul style="list-style-type: none"> <li>• Disasters (man-made or natural).</li> <li>• Intruder on-premises.</li> <li>• Active shooter.</li> <li>• Hazardous materials.</li> <li>• Terrorism.</li> <li>• Fire.</li> <li>• Medical emergency.</li> <li>• Utility emergency.</li> </ul>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
8.14	A written policy needs to address patient handling during onboard emergency situations, such as: A) Donning of life vests. B) Patient emergency egress. C) Use of respirators in the event of onboard emergency conditions (e.g., smoke in the cabin, sudden aircraft cabin decompression).	

## Notes

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## 9.0 Understanding Duty Time Requirements

This section defines policies and practices defining duty time limitations that support operational patient care safety.

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
9.1	<p>The company is required to have a policy for scheduling employees.</p> <p>Policy must:</p> <ul style="list-style-type: none"><li>A) Define schedule versus “duty” and administration-task time.</li><li>B) Be specific to the needs of the program as it pertains to transport volumes and patterns at each base/office.</li><li>C) Be compliant with applicable state/national labor laws and/or applicable government contractual requirements.</li></ul>	<p>The policy should include:</p> <ul style="list-style-type: none"><li>• Clearly defined scheduling model and rest period models for medical, communications and transport coordination personnel.</li><li>• Establish consistent calculations of time periods using either a Coordinated Universal time/calendar or local time.</li><li>• Staffing models to provide adequate coverage for peak demand-period scenarios and "Time-out/Stand-down" occurrences.</li><li>• Integration of company Alertness &amp; Fatigue Management Program, incorporating critical principles and practices of fatigue countermeasures and employee wellness education.</li><li>• Quality management monitoring and analysis of "Time-out/Stand-down" or overtime trends.</li></ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
9.2	<p>The program will have a written, non-retaliatory policy permitting employees to “time-out” or “stand-down” due to duty-time fatigue or illness. Policy will:</p> <ul style="list-style-type: none"> <li>A) Allow employees who feel unfit or unsafe for work to be granted a “reasonable rest period” without duress or threat of retaliation.</li> <li>B) Outline time allotment for rest before being required to return to duty.</li> <li>C) Include a mechanism for tracking and evaluating “time-out/stand-down” trends using Utilization Management processes.</li> </ul>	
9.3	<p>The organization has policies to establish required "hours of service" (on-site, on-assignment duty-time) limitations for medical crews/attendants as follows:</p> <ul style="list-style-type: none"> <li>A) Shifts must never exceed 24 consecutive hours.</li> <li>B) Schedules must allow for at least ten (10) consecutive hours of rest within a 24-hour period.</li> </ul> <p>For scheduled transports where duty time is projected to be greater than 16 consecutive hours, a second crewmember is schedule to provide continued patient care and allow for adequate periods.</p>	<p>NAAMTA strongly recommends the following scheduling practices:</p> <ul style="list-style-type: none"> <li>• Shifts are limited to 12 consecutive hours.</li> <li>• Schedules with 12-hour shifts occur no more than four (4) days per 7-day period.</li> <li>• Schedules with 8-hour shifts occur no more than five (5) days per 7-day period.</li> <li>• Day/night shift rotations - The program should Integrate a “slow-rotation” schedule (rotation of shifts no more frequently than every 1-2 weeks).</li> </ul>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
9.4	<p>The policy for scheduling shifts that exceed 12 hours must comply with the following:</p> <ul style="list-style-type: none"><li>A) Clear integration of company Alertness &amp; Fatigue Management Program policies and practices.</li><li>B) Provision for uninterrupted rest after shift duties and other administrative assignments are fulfilled.</li><li>C) Established crew quarters with secluded areas for rest.</li><li>D) Provision of on-call or back-up personnel in the event of "time-out/stand-down" situations.</li></ul>	

# Notes

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## 10.0 Listing Operations and Logistics Standards

This section addresses policies and procedures related to the implementation of medical escort transports.

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
10.1	The organization has a policy outlining formal pre-/post-mission briefings with medical escort staff and mission coordinator. Document briefings to be maintained on file.	Briefing discussions should incorporate: <ul style="list-style-type: none"> <li>• Checklists addressing:</li> <li>• Client medical information, status, and contracted services expected and provided.</li> <li>• Pertinent contact individuals and phone numbers.</li> <li>• Traveling companions.</li> <li>• Itinerary and travel arrangements.</li> <li>• Risk assessment tool completion (including patient needs and staff fatigue/hours-of-service concerns), additional equipment or staff needed, etc.</li> <li>• Crew Resource Management discussion and adjustments as identified.</li> <li>• Post-mission input from referring entities and on-line control physicians.</li> </ul>
10.2	The policy must prohibit the securing of any medical monitors or equipment on or between patient legs while the transport vehicle is in motion.	Frank, Joe, and Kathy, is this standard applicable?
10.3	A policy must detail procedures for maintaining patient confidentiality throughout transport, including the use of: <ul style="list-style-type: none"> <li>A) Privacy curtains for stretcher patients.</li> <li>B) Private resting areas in transportation terminals for medical care.</li> </ul>	

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
10.4	<p>Written procedural guidelines must outline contingency action plans for transport personnel in handling unanticipated en route difficulties or emergencies, such as:</p> <ul style="list-style-type: none"> <li>A) Delays in a departure from referring facility.</li> <li>B) Delayed/canceled carrier departures.</li> <li>C) Deterioration of patient medical status during transport.</li> <li>D) En-route medical equipment failure.</li> <li>E) Communication device failure.</li> <li>F) Medical attendant illness or emergency during a mission.</li> <li>G) Civil unrest abroad.</li> </ul>	<p>Consider the following as part of your guidelines.</p> <ul style="list-style-type: none"> <li>• Delays in a departure from referring facility due to:</li> <li>• Change in patient status upon arrival at the referring facility that requires a change in the level of care (i.e., from medical escort to ambulance service transport.)</li> <li>• The escort staff assignment is inappropriate for the level of patient care required.</li> <li>• Inadequate or malfunction of equipment/supplies for patient needs.</li> </ul>
10.5	<p>The policy must require patients to be securely restrained with seat belts during all transports, including manual or power wheelchairs.</p>	
10.6	<p>Written policy and procedures must require that all medical equipment, supplies, wheelchairs, and cargo be secured in the transport vehicle while in motion.</p>	<p>Equipment and cargo must be secured in a manner that:</p> <ul style="list-style-type: none"> <li>• Does not interfere with the safe operation of the transport vehicle or commercial carrier.</li> <li>• Does not obstruct exits or walkways.</li> <li>• Does not pose a hazard to crew or passengers.</li> <li>• Prevents movement or displacement of equipment during an abrupt stop or accident.</li> <li>• Allows medical personnel:</li> <li>• Continuous visual monitoring of equipment displays.</li> <li>• Complete access to medical supplies, equipment, and pumps while in use.</li> </ul>



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# Notes

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## 11.0 Training and Credentialing Requisites

Training and Continuing Education Programs are required for medical transport personnel and should be designed to enable the organization to fulfill its mission statement and the corresponding scope of care.

Employees and Contract personnel should receive training as they are hired; continuing education courses should be designed to refresh concepts presented in initial training and to provide education on new training topics.

Training programs should be designed and structured to ensure competency and currency for certification programs. For quality management, attendance and course completion must be documented and kept on file.

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
11.1	A written training program will outline initial and recurrent training for all internal and contract employees relating to: A) Policies. B) Standard operating procedures. C) Job-specific content and applicable equipment. D) The frequency and schedule for recurrent training.	Company-training programs should be developed and assessed using input from quality and utilization management systems. The following should be considered: <ul style="list-style-type: none"><li>• Training aligns with the scope of service, company goals, and mission statement.</li><li>• Identify training needs:<ul style="list-style-type: none"><li>◦ Organizational policies and procedures.</li><li>◦ Mode(s) of transport utilized.</li><li>◦ Local/international travel regulations and professional certification requirements.</li></ul></li><li>• Specific knowledge- (didactic) and skill-based competency components.</li><li>• Person(s) responsible for coordinating and tracking training.</li><li>• Process for evaluating skill competencies and training effectiveness.</li></ul>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
11.2	<p>All company initial and recurrent education and training must align with applicable civil regulatory and NAAMTA requirements.</p> <p>Certification and training are expected to include:</p> <ul style="list-style-type: none"> <li>A) Scenario-based didactic cognitive instruction.</li> <li>B) Psychomotor skills pass-off competency evaluation.</li> </ul>	See <a href="#">Appendix A: Training and Certification</a>
11.3	<p>The Organization will develop and implement a comprehensive Safety and Risk Management Education training program that includes:</p> <ul style="list-style-type: none"> <li>A) Hazardous materials and other occupational safety-defined regulations.</li> <li>B) Risk assessment processes and tools.</li> <li>C) International travel safety precautions.</li> <li>D) Crew Resource Management.</li> <li>E) Alertness and Fatigue Management Program.</li> <li>F) Internal Emergency Response Plans.</li> </ul>	
11.4	All training must be documented with records kept on file.	
11.5	All employees must meet the company's initial and annual recurring educational/training requirements as well as professional credentials/certification requirements.	See <a href="#">Appendix A: Training and Certification</a>

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
11.6	All communications specialists and transport coordination personnel must complete department-specific initial and continuing education requirements.	See <a href="#">Appendix A: Training and Certification</a>
11.7	All medical personnel must complete department-specific initial and continuing education/training requirements as well as professional credentials/certification requirements.	See <a href="#">Appendix A: Training and Certification</a>
11.8	Patient care protocols are to be included in the initial and recurrent training program of medical personnel and guided by the Medical Director.	
11.9	The program will define and stipulate requirements for on-going clinical experience and skills-competency and performance for all medical crewmembers. Requirements must be congruent with the program's Scope of Service.	Clinical knowledge base and skill competencies are determined by: <ul style="list-style-type: none"> <li>• Patient population (neonatal, pediatric, adult).</li> <li>• Disease processes and pathophysiology (i.e., stroke, trauma, arrhythmias, etc.).</li> <li>• Mission-acuity types (BLS, ALS).</li> </ul>
11.10	The clinical skills competency program must detail: <ul style="list-style-type: none"> <li>A) Skill-types (i.e., intubations, IVs, tube feedings, urinary catheterizations, etc.).</li> <li>B) Success-rate threshold (i.e., % or number of successful completions).</li> <li>C) The time frame for completing each skill requirements (i.e., quarterly, semi-annually, annually).</li> </ul>	

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
11.11	<p>As part of a clinical psychomotor skills competency program, ALS providers must:</p> <ul style="list-style-type: none"> <li>A) Perform a minimum of three (3) successful intubations per quarter reflecting all patient populations included in the program's Scope of Service (adult and pediatric,).</li> <li>B) Have a 90% annual successful endotracheal intubation placement rate per crewmember.</li> </ul> <p>Intubations can be performed live, on a cadaver or mannequin, or by using a Human Patient Simulator (HPS). However, all initial training intubations must be performed live. (See Appendix C Human Patient Simulator Usage Requirements.)</p> <p>The Utilization Management process will require documentation and evaluation of success rates for all live intubations.</p> <p>For example, if a crewmember transport:</p> <ul style="list-style-type: none"> <li>• Adult, pediatric, and neonatal patients, then their quarterly total must include at least 1 adult and 1 pediatric.</li> <li>• Adult and pediatric patients, they must have either— <ul style="list-style-type: none"> <li>- 2 adult and 1 pediatric intubation, or</li> <li>- 1 adult, and 2 pediatric intubations</li> </ul> </li> <li>• Pediatric patients must have 2 pediatric intubations.</li> </ul>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
11.12	<p>All medical staff/crews (dedicated or contracted) must hold a current professional license(s) according to applicable state/national licensing board rules/regulations in which the company is licensed.</p> <p>License(s) must be unencumbered and not currently subject to formal discipline, provisions, or conditions.</p> <p>Medical staff/crews that rotate to company offices/bases in other states/countries must maintain current license/certification to practice at those offices/bases as required by each local/national professional licensing board(s).</p>	
11.13	<p>Basic Life Support (BLS) medical attendants are required to have a minimum 3 years BLS clinical experience with an EMS service (or) hospital in providing direct patient care consistent with program's Scope of Service.</p>	

<i>Ref #</i>	<i>Standard</i>	<i>Rationale</i>
11.14	<p>ALS medical escorts must complete and maintain current ALS-level license, training, and experience, including:</p> <ul style="list-style-type: none"><li>A) Minimum 3 years ALS clinical experience from a high-volume EMS service (or) hospital ICU/CCU/ED/Trauma unit.</li><li>B) Scenario-based cognitive and psychomotor-skills competency training in advanced life support (i.e., ACLS, PALS, etc.).</li><li>C) Nationally recognized professional registry/board certification corresponding to the program's:<ul style="list-style-type: none"><li>i. Medical personnel scopes of practice/licensure (i.e., Paramedic, RN, etc.)</li><li>ii. Patient population.</li></ul></li><li>D) Clinical knowledge and skills are consistent with U.S. National EMS Scope of Practice Model for a Paramedic or higher.</li><li>E) Flight physiology.</li></ul> <p><i>*Alternate or equivalent courses, certifications, and experience must be submitted and approved by NAAMTA.</i></p>	

## Notes

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## 12.0 Classifying Transport Vehicle Provisions

In medical escort services, the transport vehicle is provided by commercial carriers such as airlines, rail services, and ground transport companies.

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
12.1	Medical staff must carry a light source with a backup battery to ensure the ability to: A) Assess the patient (vital signs, skin color, and pupillary reflexes.) B) Monitor/equipment displays. C) Provide needed medical care.	
12.2	All medical and communications equipment must operate onboard the commercial carrier or transport vehicle without emitting electromagnetic frequency (EMF) interference with avionics equipment or ambulance instrumentation.  Electronic device-testing records indicating compliance within FAA/CAA requirements must be on file.	

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
12.3	<p>In the event of a stretcher escort mission, the stretcher must:</p> <ul style="list-style-type: none"><li>A) Be able to elevate and lock stretcher head for patient care and comfort.</li><li>B) Include at least 3-strap restraints (chest, hip, legs) and incorporate upper torso (over the shoulder) restraints.</li><li>C) Display the manufacturer's certified weight limitation label.</li><li>D) Be certified for the weight of the patient (including bariatric patients.)</li><li>E) Allow for easy release from a secured position utilizing quick release buckles.</li><li>F) Comply with FAA/CAA regulatory requirements (as applicable.)</li></ul>	

## Notes

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## 13.0 Defining Communication and Transport Coordination

The Communications & Transport Coordination Requirements section outlines details on:

- Configuring the Communications and Transport Coordination Center
- Specifying Communications and Transport Coordination Center Equipment
- Defining Communications and Transport Coordination Policies
- Describing Communications and Transport Coordination Personnel
- Identifying Transport Request Processes
- Transport Following Procedures

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
13.1	Programs are to have a Communications and Transport Coordination Center to provide real-time operational communications support where all transports are initiated, coordinated, dispatched and followed.	
13.2	The Communications and Transport Coordination Center area must: A) Allow for uninterrupted communication between transport coordinators and client or medical crew personnel. B) Capability to be isolated behind a locked door, from non-essential communications personnel, during a disaster and critical emergency operational procedures.	The Communications and Transport Coordination Center should be free of foot traffic, ambient noise, and non-essential conversations.

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
13.3	<p>There must be a policy that describes the procedures for maintaining transport communications during a power failure, including a back-up electrical power source for the Communications and Transport Coordination Center.</p> <p>The policy must also include:</p> <ul style="list-style-type: none"><li>A) The back-up power generator is checked on a monthly basis and documented.</li><li>B) Identification of individual responsible for conducting the monthly power generator checks and maintenance.</li></ul>	
13.4	<p>There must be a mechanism in place, and visible to communication specialists and transport coordinators, which enables quick access and dissemination of information relating to the transport, including:</p> <ul style="list-style-type: none"><li>A) Scheduled transports.</li><li>B) Active transport-following details.</li><li>C) Medical escort staff on active transports.</li></ul>	<p>The mechanism may either be part of computer-assisted dispatch (CAD) software or display board.</p>
13.5	<p>There must be a dedicated phone line for Communications and Transport Coordination Center to receive transport/transport requests and direct transport-related information.</p>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
13.6	The Communications and Transport Coordination Center must have the ability to contact operational personnel via radio, telephone, or portable electronic device (PED), including the: A) Medical escort attendant. B) On-line medical control or medical director. C) Requesting/receiving agency, facility, or assistance company personnel. D) Commercial carrier providers. E) International handler services/personnel. F) "Wing-to-wing" or hand-off transport service(s) being utilized for transport.	
13.7	Communications and Transport Coordination Center directories must detail telephone numbers utilized by assistance companies, commercial carriers, handlers, and ground ambulance/transfer services.	
13.8	Telephone numbers utilized by the medical escort service will be available to medical escort staff during transports.	
13.9	The Communications and Transport Coordination Center must have the equipment necessary to track transports during all legs of a transport.	
13.10	There must be a written Policies and Procedures Manual for the Communications and Transport Coordination Center. The manual must be available to all communication specialists and transport coordinators.	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
13.11	A written policy will describe the use of cellular phones and portable electronic devices (PED) as part of transport communications. Policy needs to identify if cell phones or PEDs will be provided by service or medical staff.	If contact with Communications and Transport Coordination Center is necessary in-flight to relay medical information, the service should comply with applicable national, international and air carrier communications regulations and policies.
13.12	A policy must require that all two-way communications with the Communications and Transport Coordination Center (be recorded and retained for 30 days. The policy will also outline: A) Personnel with access to recordings. B) Procedure to request and document access to recordings.	Audio recordings are often an effective and integral part of scenario-based training for communications personnel.

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
13.13	<p>Transport coordinators must document the following upon receipt of transport request.</p> <ul style="list-style-type: none"> <li>A) Date and time of the initial request</li> <li>B) Caller name and phone number.</li> <li>C) Patient name, age, weight, and diagnosis.</li> <li>D) Patient location and destination.</li> <li>E) Referring or Control physician name and phone number.</li> <li>F) Requested departure date and time.</li> <li>G) Referring facility, facility address, contact person, and phone number.</li> <li>H) Receiving physician and phone number.</li> <li>I) IV fluid/medication therapy.</li> <li>J) Behavioral/emotional guidance requirement.</li> </ul>	<p>Additional document to assist in transport coordination includes.</p> <ul style="list-style-type: none"> <li>• If applicable, the name of the patient's travel companion.</li> <li>• The referring-facility floor or unit, contact person title.</li> <li>• Patient medical care regarding Infectious disease pathology.</li> <li>• Compromised immunity (or immunosuppression therapy).</li> <li>• Open wounds, drains, wound care, or dressing changes.</li> <li>• IV fluid/medication therapy. <ul style="list-style-type: none"> <li>◦ Medications.</li> <li>◦ Diabetic monitoring and management.</li> <li>◦ Artificial airway or mechanical ventilatory support device.</li> <li>◦ Oxygen, humidified air, breathing treatment requirement(s) and administration device(s).</li> <li>◦ Airway suctioning requirement.</li> <li>◦ Cardiac pacemaker / defibrillator.</li> <li>◦ Vagal nerve stimulator (VNS).</li> <li>◦ Artificial feeding tube or feeding assistance requirement.</li> <li>◦ Ostomy bag or toileting assistance requirement.</li> <li>◦ Mobility assistance requirement.</li> </ul> </li> </ul>
13.14	<p>All transport intake requests are to include the collection of information regarding any confirmed infections and documented/suspected patient/family exposure to communicable diseases.</p>	

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
13.15	<p>For programs that utilize an answering service, the written policy must outline the required information collected and documented by the answering service.</p> <p>As part of the company's Utilization Management program, requests received by an answering service must be continuously monitored.</p>	
13.16	<p>A policy must include an assessment process for determining whether stretcher patients qualify for transport by a medical escort or if ambulance transport is necessary.</p> <p>This process requires the use of risk assessment tools and matrices for determining the appropriateness of the transport type.</p> <p>All commercial stretcher transports must be reviewed and approved by the medical director.</p>	
13.17	<p>In choosing the appropriate carrier for an escort transport, the policy must require a process to pre-assess the carrier's medical accommodations necessary for patient care. This includes assessments regarding:</p> <ul style="list-style-type: none"> <li>A) Carrier stretcher and mounting bracket system (for non-U.S. aviation carriers.)</li> <li>B) Availability and compatibility of needed plug-in power receptacles on the carrier.</li> </ul>	



<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
13.18	<p>All phases of transport coordination are to be documented and kept on file.</p> <p>Documentation must include:</p> <ul style="list-style-type: none"> <li>A) Transport request intake.</li> <li>B) Pre-departure preparations and itinerary arrangements.</li> <li>C) Transport-following and medical staff communications.</li> <li>D) Post-transport procedures, debriefings, client follow-up, and claim.</li> </ul>	<p>Travel arrangements should include:</p> <ul style="list-style-type: none"> <li>• Date(s) of travel.</li> <li>• Receiving facility/physician confirmation of patient acceptance.</li> <li>• Patient medical information and client file: <ul style="list-style-type: none"> <li>◦ Medical history and medical records.</li> <li>◦ "Fit to travel" clearance certification.</li> <li>◦ Medical orders (including self-carry/ administered medications.)</li> <li>◦ DNR orders (if applicable).</li> </ul> </li> <li>• Copy of client contract acceptance form</li> <li>• Assigned medical escort staff.</li> <li>• Required travel documents for client and staff: <ul style="list-style-type: none"> <li>◦ Visa/passport.</li> <li>◦ Customs security declaration documents.</li> </ul> </li> <li>• Commercial carrier reservation including: <ul style="list-style-type: none"> <li>◦ Boarding passes and/or ticket.</li> <li>◦ Carrier contact name and phone number.</li> </ul> </li> <li>• Applicable international "wing-to-wing" handler transfers, handler contact names and phone numbers.</li> <li>• Ground ambulance transfers contact names and phone numbers.</li> <li>• Carrier-specific notification and confirmation: <ul style="list-style-type: none"> <li>◦ Check-in, baggage, equipment, customs, and security transfers.</li> <li>◦ Dietary and toileting needs.</li> </ul> </li> </ul>

<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
		<ul style="list-style-type: none"> <li>◦ Special carrier tarmac access needs.</li> <li>◦ Mobility devices loading. (i.e., scooters or wheelchairs.)</li> <li>◦ Boarding/Disembarking.</li> <li>◦ Patient placement in carrier cabin.</li> <li>◦ Medical equipment utilization.</li> <li>• Scheduled layover assistance requirements.               <ul style="list-style-type: none"> <li>◦ Equipment/device recharging capabilities.</li> <li>◦ Terminal/Depot privacy resting areas.</li> </ul> </li> <li>• Proper labeling and packaging of:               <ul style="list-style-type: none"> <li>◦ Client baggage.</li> <li>◦ Mobility devices</li> <li>◦ Patient medications, equipment, supplies.</li> </ul> </li> <li>• Applicable translating capabilities for:</li> <li>• Client,               <ul style="list-style-type: none"> <li>◦ Referring and receiving facility/staff.</li> </ul> </li> <li>• Applicable social/cultural customs &amp; protocols.</li> </ul>
13.19	Preparations for each transport must include a detailed written client contract, signed prior to assuming of care by medical crewmembers.	<p>The client contract is comprised of:</p> <ul style="list-style-type: none"> <li>• Itemized description of bedside-to-bedside services, unless specifically delineated).</li> <li>• Details of any wing-to-wing services, including:               <ul style="list-style-type: none"> <li>◦ Meal arrangements.</li> <li>◦ Terminal/depot/ground transfers.</li> </ul> </li> <li>• Escort staff (EMT, Paramedic, Nurse, RT).</li> <li>• Signed informed consent for anticipated medical/nursing treatment to be provided.</li> </ul>

<i>Ref #</i>	<i>Standard</i>	<i>Rationale</i>
		<ul style="list-style-type: none"> <li>• Medical equipment/supplies to be utilized (patient or company provided).</li> <li>• Name of transport control physician.</li> <li>• Name of assigned transport coordinator.</li> <li>• Travel arrangements made including:               <ul style="list-style-type: none"> <li>◦ Contact phone number, email address, etc.</li> <li>◦ Point of origination.</li> <li>◦ Commercial carrier, flight/rail number(s).</li> <li>◦ Route of transport.</li> <li>◦ Estimated travel duration.</li> <li>◦ Scheduled layovers and care arrangements.</li> <li>◦ Determination of party responsible for travel companion travel arrangements.</li> </ul> </li> <li>• Level of passage (i.e., 1st class, coach, etc.)</li> <li>• Seating accommodations (i.e., Reclining bed/" Flatbed"/Sleeper compartment).</li> <li>• Receiving facility or final destination.</li> <li>• Receiving physician.</li> <li>• Itemized inclusive cost quote, including:               <ul style="list-style-type: none"> <li>◦ Transfer or transaction currency fees and applicable taxes.</li> <li>◦ Notation of any inclusion or exclusion of travel companion costs.</li> <li>◦ Payment policy arrangements:</li> <li>◦ Payment prior to transport.</li> <li>◦ Insurance billing or payer agreements.</li> <li>◦ Any disclaimer notifications made to the client.</li> </ul> </li> </ul>

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
13.20	Transport activation and dispatching procedures must address be outlined in the policy.	<p>Transport activation and dispatching procedures must address be outlined in the policy.</p> <ul style="list-style-type: none"><li>• Patient care need requirements:<ul style="list-style-type: none"><li>◦ Particular medical equipment.</li><li>◦ Level of patient care required (BLS, ALS).</li><li>◦ Infectious disease exposure and management/handling.</li><li>◦ Appropriate medical attendant (EMT, Paramedic, RT, RN.)</li></ul></li><li>• Determination of appropriate mode of transportation (commercial escort versus ambulance transport.)</li><li>• Duration of medical escort transport and duty-time requirements/limitations.</li><li>• Requests outside of company's Scope of Care or unavailability of the team or medical equipment.</li><li>• Identification of transport risks and hazards utilizing risk assessment tools (RATs) as part of the company Safety and Risk Management Program.</li></ul>

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
13.21	Programs must document "bedside-to-bedside" transport following, including: A) All departure and arrival times for each transport segment; include the name of facilities, airports and/or depots. B) ETA to the destination(s) including any update notifications to referring and receiving facilities. C) Any aborted transport or deviations from pre-transport itinerary including the time and reason for the change. These must be documented and reviewed through the Utilization Management program.	Compliance with this standard may include: <ul style="list-style-type: none"><li>• Hand-written or electronic forms.</li><li>• Software/web-based documentation and tracking.</li></ul>
13.22	A written policy must define minimum communications during transport between the transport crew and Communications and Transport Coordination Center. The policy must include: A) Required minimum time frames for communication during transport. Time frames are to be based on the type of transport and known conditions or zones where communication access is limited. B) Acceptable "lag" times when alternate agencies are used to relay communications.	Compliance with this standard may include: <ul style="list-style-type: none"><li>• Hand-written or electronic forms.</li><li>• Software/web-based documentation and tracking.</li></ul>

# Notes

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## 14.0 Detailing Medical Provisions

In the Explaining Medical Standards section, you will find details on the following:

- Understanding Escort Operational Criteria
- Maintaining Airways and Delivering Oxygen
- Maintaining IV Fluids
- Handling Medications
- Handling Supplies and Equipment
- Explaining General Team Configuration Details

<i>Ref #</i>	<i>Standard</i>	<i>Rationale</i>
14.1	<p>Under the direction of the Medical Director, establish and implement operational policies, medical protocols, logistical and procedural aspects of the transport program. To include:</p> <ul style="list-style-type: none"><li>A) Patient Care Protocols.</li><li>B) Infection Prevention and Control Program.</li><li>C) Required medical equipment, supplies and maintenance program.</li><li>D) Checks of medical equipment and supply bags.</li><li>E) Drug formulary and inventory.</li><li>F) Required medical crew licensures.</li><li>G) Medical attendant didactic training and clinical skills competencies.</li><li>H) Medical attendant configuration based on population and acuity.</li><li>I) Transport considerations for diseases, traumas and medical conditions (i.e., communicable diseases, altitude limitations, etc.)</li><li>J) Medical control communications.</li><li>K) Patient care circumstances requiring on-line medical control.</li><li>L) Patient care hand-off procedures.</li></ul>	

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
14.2	A written policy must outline the protocols, equipment, and procedures used when transporting bariatric patients.	<p>The bariatric patient policy should:</p> <ul style="list-style-type: none"> <li>• Define transport request protocols that identify the transport vehicle or equipment needs.</li> <li>• Establish the use of bariatric equipment including: <ul style="list-style-type: none"> <li>◦ Expanded-capacity seat belts, life vests, loading ramps/hydraulic lifts.</li> <li>◦ Special lifting gear, patient transfer slides.</li> </ul> </li> <li>• Define procedures to provide appropriate patient care and protect personnel from injury.</li> <li>• Outline considerations to ensure operational, patient and crew safety. Examples include: <ul style="list-style-type: none"> <li>◦ The patient dimension does not impede the aisle(s) of the transport vehicle.</li> <li>◦ Patient loading and unloading.</li> <li>◦ Using assistance devices such as transfer boards, hydraulic lifts or ramps.</li> </ul> </li> </ul>
14.3	A policy must require that all transports provide “bedside-to-bedside/home” service.	If the completion of the transport requires a “wing-to-wing” or “tarmac” transfer of care, the receiving medical attendants or ambulance service should be NAAMTA-accredited.



<b>Ref #</b>	<b>Standard</b>	<b>Rationale</b>
14.4	<p>All patient care provided during a transport or mission must be documented. Patient care charts:</p> <ul style="list-style-type: none"> <li>A) Level of care provided.</li> <li>B) Patient name and age.</li> <li>C) Pertinent medical history.</li> <li>D) Allergies.</li> <li>E) Medical care, interventions, and response to treatments.</li> <li>F) Current medications and/or IV fluids.</li> <li>G) Medical provider signature(s).</li> <li>H) Identification of licensed healthcare professional or family member assuming patient care at receiving facility/residence.</li> </ul>	<p>A patient's transport chart serves many purposes, but its primary function is to provide for continuity in communicating information about a patient's medical treatment and care.</p> <p>The patient chart:</p> <ul style="list-style-type: none"> <li>• May be electronic or paper form.</li> <li>• Represents a legal permanent record for accountability of care.</li> <li>• Use to validate the level of care provided for billing purposes.</li> <li>• Source of data collection for quality assurance.</li> </ul> <p>Potential use for educating medical crew members.</p>
14.5	<p>A policy must outline procedures and documentation required when care is assumed from or turned over to a subsequent medical escort service (wing-to-wing transfer) or medical facility.</p>	<p>The procedure should include, but not be limited to:</p> <ul style="list-style-type: none"> <li>• Verbal report of patient medical history and care intervention.</li> <li>• Identification of urgent medical needs at the time of handoff.</li> <li>• Family contact information.</li> <li>• Transfer of patient care records, if applicable.</li> </ul>
14.6	<p>All medications administered to the patient are to be documented on the patient chart or Medication Administration Record. Documentation is to reflect:</p> <ul style="list-style-type: none"> <li>A) Medication name.</li> <li>B) Route of administration.</li> <li>C) Indication for administration.</li> <li>D) Dose.</li> <li>E) Time of administration.</li> <li>F) Effect of medication.</li> </ul>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
14.7	A policy regarding medications and IV fluid administration that includes: <ul style="list-style-type: none"><li>A) A process to calculate medication dosages and IV fluid infusion rates.</li><li>B) Outline medications and/or IV fluids that require double-checking prior to administration.</li><li>C) Patient hand-off reporting and documentation process to avoid medication errors.</li></ul>	
14.8	A policy will outline the process for: <ul style="list-style-type: none"><li>A) Checking expiration dates on all medications, IV fluids and medical supplies.</li><li>B) Removing and disposing of expired medications, IV fluids, and medical supplies from primary and back-up stocks.</li></ul>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
14.9	<p>There must be a policy outlining the procedures and documentation of controlled substances that are expired, damaged, lost or stolen. The policy will include:</p> <ul style="list-style-type: none"> <li>A) The handling of discrepancies in medication inventory, including review by a designated medication control officer.</li> <li>B) Checking expiration dates on a monthly basis and logged.</li> <li>C) How long expired medications can be stored on base pending disposal.</li> <li>D) The documentation of all broken or non-recoverable medications was witnessed by 2 medical personnel and reported to the designated medication control officer.</li> <li>E) The reporting of all lost or stolen drugs to local police and drug enforcement agency.</li> </ul>	
14.10	<p>The disposal/wasting of controlled substances requires the signature of 2 medical personnel. Medications are to be wasted in a manner that will not allow for retrieval of medications. Medications are not to be wasted into a sink, drains, or toilets.</p> <p>Acceptable methods of wasting medications include using:</p> <ul style="list-style-type: none"> <li>A) Absorbent materials (i.e., kitty litter, slurry solutions, etc.). Once used, these materials must be disposed of per Hazardous Waste policy.</li> <li>B) Sharps container.</li> <li>C) Outdoor ground or gravel.</li> </ul>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
14.11	All medical supplies are to be latex-free.	
14.12	BLS escort missions are required to have minimum medical equipment and supplies in accordance with NAAMTA requirements. See Basic Life Support Equipment List.	
14.13	ALS escort missions are required to have minimum medical equipment and supplies in accordance with NAAMTA requirements. See Basic Life Support Equipment List.	
14.14	<p>A written policy must require that all carry-on medical equipment/supplies be properly labeled and cleared with commercial carrier personnel per FAA/CAA or Department of Transportation regulations (or national equivalence).</p> <p>The policy must require that medical escort personnel maintain the security of equipment and supplies throughout the entire mission.</p>	The policy should address procedures for transit handling/transferring of all medical supplies/equipment through applicable transportation security/customs checks.
14.15	A policy requiring single-use (disposable) patient care equipment/supplies. Where not commercially available, re-usable patient care equipment/supplies may be used. Policy outlines procedures for proper cleaning and decontamination between patient use.	
14.16	Backup power sources must have the capacity to support all medical equipment for a minimum of 1.5 times the length of the mission.	Medical equipment power supplies should include any necessary chargers and international electrical adapters.

<i><b>Ref #</b></i>	<i><b>Standard</b></i>	<i><b>Rationale</b></i>
14.17	<p>Portable oxygen concentrators (POCs) are required for providing any oxygen therapy to medical escort patients.</p> <p>Exceptions requiring the use of compressed oxygen tanks must be approved in writing by the commercial carrier. i.e., ground, rail operators.</p>	
14.18	<p>Portable oxygen concentrators (POCs) and compressed oxygen tanks must have the following capabilities:</p> <ul style="list-style-type: none"> <li>A) Pressure gauges readily accessible to medical escort staff.</li> <li>B) Ability to control the flow at or near the oxygen sources. (Any shut-off tools required must be on hand with medical escort staff.)</li> </ul>	
14.19	<p>Electrically powered suction devices must be fitted with in-line HEPA filters (or equivalent).</p>	
14.20	<p>A written policy requires that all primary and back-up medical equipment are confirmed to be in working order and supplies complete prior to each mission. All equipment and supply checks are to be documented.</p>	

<b><i>Ref #</i></b>	<b><i>Standard</i></b>	<b><i>Rationale</i></b>
14.21	<p>All biomedical equipment/devices utilized by the program must be inspected, tested and maintained:</p> <ul style="list-style-type: none"><li>A) By ICC-certified Biomedical Equipment Technicians (BMETs).</li><li>B) In accordance with Original Equipment Manufacturers (OEM) preventative maintenance requirements, including:<ul style="list-style-type: none"><li>a. Scheduled bench testing and calibration.</li></ul></li><li>Repairs as identified.</li><li>C) Records kept on all inspections and maintenance performed on durable biomedical equipment/devices for the duration of use by the service.</li></ul>	
14.22	<p>A system must be in place to:</p> <ul style="list-style-type: none"><li>A) Track maintenance of biomedical equipment/devices from initiation to completion and “Return-to-Service.”</li><li>B) Notify the medical staff when biomedical equipment is taken out and returned to service.</li></ul>	

## Notes

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**GLOSSARY**

<b><i>Term</i></b>	<b><i>Description</i></b>
Accident	An unplanned event that interrupts an activity and sometimes causes injury or damage or a chance occurrence arising from unknown causes; an unexpected happening due to carelessness, ignorance, etc.
Accident/Incident Response Plan (AIRP)	Written procedures detailing how the company is to respond to a disaster or critical event involving loss, damage or injury to the company transport vehicle and/or personnel (i.e., overdue aircraft, accident, etc.) Disaster Incident Response Plans outline such actions as coordination with local emergency response agencies, notification of next-of-kin, media requests, critical incident stress debriefings, etc.
Accreditation	Official recognition and certification that an organization has met the requirements for excellence in medical transport or medical escort safety and quality patient care as established by the NAAMTA Standards. Following an initial systematic evaluation of a company's policies and practices, accreditation is then maintained by demonstrating continuous compliance with the NAAMTA Standards. NAAMTA Accreditation is awarded for a period of 3 years.
Accreditation Board for Specialty Nursing Certification (ABSNC)	The accreditation arm of the ABSN provides accreditation of specialty nursing certification exams. Formerly the ABSN Accreditation Council.
Acknowledgment Document	A document submitted with the Registration Form and signed by NAAMTA and Program Executives. This document outlines the responsibility of each party throughout the accreditation process.
Action Plan	A planned series of actions, tasks, or steps designed to address an identified operational need or deficiency, or achieve an objective or goal towards improved safety and customer service.
Advanced Cardiac Life Support (ACLS)	A training course designed by the American Heart Association to educate healthcare providers in the treatment of cardiac arrest or other cardiopulmonary emergencies.

<b><i>Term</i></b>	<b><i>Description</i></b>
Advanced Life Support (ALS)	Patient care required beyond the scope of basic life support. ALS patient care typically involves invasive life-sustaining interventions such as advanced airway management, ventilatory support, IV therapy, cardiac monitoring, and/or drug administration. In the medical transport or medical escort setting, ALS-level care corresponds with the skill set and scope of practice of a Paramedic as defined by the U.S. National EMS Scope of Practice Model.
Administrative Audit	The first phase of the audit process that includes a thorough evaluation by NAAMTA of the completed Application, including the documents submitted as evidence of compliance with the standards.
Administrative Audit Report	An interim report generated by NAAMTA for Applicant Programs summarizing deficiencies identified during the Administrative Audit, and is a prerequisite to scheduling Site Audit.
Advanced Crew Resource Management (ACRM)	(See Crew Resource Management)
Advanced Emergency Medical Technician (AEMT)	An intermediate designation of EMT licensure, Advanced Emergency Medical Technicians (AEMT) provide basic and limited advanced emergency medical care and transportation for critical and emergent patients in the prehospital setting. AEMT is a designation of licensure defined by the US National EMS Scope of Practice Model and replaces the EMTI-85 and EMTI-99 designations established prior to 2009 in accordance with the National Highway Traffic Safety Administration (NHTSA) National Standard Curriculum.
Advanced Trauma Life Support (ATLS)	A training course and syllabus developed by the American College of Surgeons Committee on Trauma. Formatted in a systematic and concise approach to the care of trauma patients.
Air Medical Resource Management (AMRM)	The application and use of Crew Resource Management (CRM) in the air medical transport setting.
Alternate Power Source	A generator or battery system intended to provide power during the loss of normal electrical supplies to medical equipment, transport vehicle or operational facilities.



<b><i>Term</i></b>	<b><i>Description</i></b>
Altitude Physiology	A general term describing the changes in human physiology and mental status that occur due to fluctuations in atmospheric pressure at high altitudes. An understanding of altitude physiology is critical in providing safe patient care in the air medical transport or escort settings. Sometimes referred to as flight physiology or aviation physiology.
Ambulance	(See Transport Vehicle)
Ambulance Service	(See Medical Transport Service)
American Board of Specialty Nursing (ABSN)	A U.S.-based, non-profit membership organization governed by an elected group of representatives focusing on the promotion of specialty nursing certifications.
American College of Emergency Physicians (ACEP)	A U.S.-based national organization of emergency medical physicians.
American College of Surgeons Committee on Trauma (ACSC)	A U.S.-based industry association representing physicians who practice emergency medicine.
Applicant Program	An organization applying for NAAMTA Accreditation.
Application	A form used by Applicant Programs in the pursuit of NAAMTA Accreditation. The Application is based on the NAAMTA Standards and allows the program to submit documented evidence of compliance with each of the NAAMTA Standards.
Arrival	The point at which the transport vehicle reaches a pre-determined destination (i.e., healthcare facility, scene of an accident, business or home address, base of operation, etc.)
Audit	The process by which NAAMTA verifies that Applicant Programs are compliant with the NAAMTA Standards. The audit involves two phases—the Administrative Audit and the Site Audit.
Audit Finding	A situation or condition that is identified during the auditing process that is noncompliant with the NAAMTA standards.
Audit Report	A report generated by NAAMTA auditors for Applicant Programs that summarizes the administrative and site audit phases of the auditing process, and declares accreditation status. This report outlines any deficiencies that remain unresolved and includes corrective actions necessary to achieve compliance.

<b><i>Term</i></b>	<b><i>Description</i></b>
Automated External Defibrillator (AED)	A portable device used on a patient suffering from cardiac arrest to evaluate the patient's heart rhythm and deliver an electric shock to the heart if needed. Used in conjunction with CPR, the AED can potentially stop an irregular heartbeat (arrhythmia) and allow a normal rhythm to resume.
Aviation Medicine	A medical specialty which combines aspects of preventive, occupational, environmental and clinical medicine with the physiology and psychology of man in flight. It is concerned with the health and safety of those who fly, both crew and passengers. Sometimes referred to as aerospace medicine.
Base of Operations	A location where medical transport or escort operations and/or crews originate.
Basic Life Support (BLS)	A level of non-emergent or emergent medical care for patients with an illness or injury requiring essential non-invasive life-saving intervention. BLS entails the recognition of an injury, illness or respiratory/cardiac arrest, the provision of basic first aid as well as airway and breathing support, initiation of CPR and the use of an automated external defibrillator (AED) as needed. BLS care can be provided by trained medical personnel or by laypersons who have received first aid, CPR and AED training. In the medical transport or medical escort setting, BLS-level care corresponds with the skill set and scope of practice of an EMT-B as defined by the U.S. National EMS Scope of Practice Model.
Board for Critical Care Transport Paramedic Certification (BCCTPC)	A U.S.-based, non-profit organization that develops and administers specialty certification exams for paramedics and other health professionals. A subsidiary of International Board of Specialty Certifications (IBSC), BCCTPC maintains certification oversight of the Flight Paramedic Certification (FP-C), Critical Care Paramedic Certification (CCP-C) and Tactical Paramedic Certification (TP-C).

<b><i>Term</i></b>	<b><i>Description</i></b>
Board of Certification for Emergency Nursing (BCEN)	<p>A U.S.-based non-profit organization that develops and administers accredited and non-accredited specialty exams and certifications held by Registered Nurses.</p> <p>Certification exams provided by BCEN include Certified Emergency Nurse (CEN), Certified Flight Registered Nurse (CFRN), Certified Transport Registered Nurse (CTRN), Certified Pediatric Emergency Nurse (CPEN) and Trauma Certified Registered Nurse (TCRN).</p>
Brokered Transport	<p>A medical transport that is carried out by a different, non-affiliated transport program, medical team, and/or transport vehicle than the original company contacted by the client. Brokerage companies do not conduct the actual transport but arrange for the transport to be conducted by a different company. The charge for the transport is billed by the company originally requested, or a fee is paid to the company/service originally requested.</p>
Business Associates Agreement (BAA)	<p>A document submitted with the Application and signed by NAAMTA and Program executives. This document details HIPPA and HITECH requirements regarding the security of protected patient identifiers and health information during all phases of the audit process.</p>
CASEVAC	<p>Emergency patient evacuation of casualties from the point of injury in a hostile or combat zone to an initial treatment facility in the combat zone. Prior to evacuation, CASEVAC victims have not received any prior medical stabilization. These transport missions are conducted utilizing military aircraft or ground ambulance that includes an armed security detail on board.</p> <p>CASEVAC aircraft are not dedicated ambulances and do not bear the red cross insignia on the exterior of the transport vehicle.</p>

<b><i>Term</i></b>	<b><i>Description</i></b>
MEDEVAC	<p>Transport of a patient from a secured, no-threat landing area in the battlefield or a low-level care facility to a higher level of care. Prior to transport, MEDEVAC patients have received prior stabilization and are “packaged” for evacuation to a hospital. These transport missions do not include an armed security detail on board the transport vehicle. MEDEVAC transport vehicles are protected under the Geneva Convention laws of war.</p> <p>MEDEVAC missions are conducted utilizing a transport vehicle marked with a red cross insignia on the side to indicate a medical aircraft or vehicle. Assets used for MEDEVAC missions are dedicated solely for the purpose of providing medical care. As such, the transport vehicle is medically configured, staffed, trained and equipped to provide trauma care and cannot be utilized for any other purpose other than that of an ambulance.</p>
Centers for Medicare and Medicaid Services (CMS)	<p>A U.S. federal agency that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and Health Insurance Portability and Accountability Act (HIPAA) standards.</p> <p>CMS other responsibilities include the administrative simplification standards from HIPAA, quality standards in long-term care facilities through its survey and certification process, and clinical laboratory quality standards.</p>
Chief Flight Nurse	<p>A local base or regional company leadership position. Responsible for clinical leadership and supervision of patient care provided by air medical transport crews within their jurisdiction. Depending on the size of the organization, the chief flight nurse may share similar responsibilities as the Clinical Supervisor or Clinical Operations Manager. They perform supervision for all patient care. Sometimes referred to as Lead Flight Nurse or Clinical Supervisor.</p>

<b><i>Term</i></b>	<b><i>Description</i></b>
Clinical Instruction	A set of planned experiences designed to provide students empirical practice and experience in applying theoretical didactic information. Clinical instruction develops the competency of psychomotor skills and critical thinking processes. It includes experiential learning; role modeling as well as helping students relate classroom teaching to clinical practice. The safest clinical instruction is provided through a scenario or “mock” simulation-based training. However, skill competency in a simulated format does not ensure clinical success on live patients in real-life situations.
Clinical Operations Manager (COM)	An upper-level administrative position. The COM has both departmental administrative management duties as well as clinical supervision and oversight responsibilities. COM collaborates with the Medical Director and Program Directors in developing clinical policies and assuring safety and quality of patient care provided by medical transport crews and medical escort attendants. While the COM may be a Paramedic, the supervision and evaluation of clinical practice are limited to medical personnel with the same professional licensure and scope of practice. Thus, COM is preferably a Registered Nurse. Sometimes referred to as the Clinical Supervisor.
Communications Specialist	Telecommunications professionals tasked with the gathering, documentation, and dissemination of information related to the request for assistance with medical emergencies, search and rescue operations, or patient transport, including operational weather conditions and team availability. Communication Specialists provide coordination and telecommunication support to medical transport or escort personnel, clients, requesting agencies and receiving facilities. Depending on the company Scope of Service, Communication Specialists may also provide transport case management services as well.
Confidentiality Agreement	(See Non-Disclosure Agreement).
Continuous Compliance	Online reports submitted by member programs demonstrating ongoing compliance with the NAAMTA Standards. Continuous Compliance reports are submitted quarterly by accredited programs throughout the 3-year accreditation cycle.

<b><i>Term</i></b>	<b><i>Description</i></b>
Control Physician	A designated physician who assumes both on-line and/or off-line responsibility for the direction of patient care provided by medical transport or medical escort crews during a transport. On-line control involves direct voice communication while off-line control involves monitoring of standing orders.
Corrective Action	A reactive measure that addresses any non-conformities of company processes or practices to the NAAMTA Standards that were identified through the auditing process. An essential element of quality management, Corrective Actions are intended to bring about improvements in company behaviors that lead to a higher level of operational safety and quality patient care.
Corrective Action Report (CAR)	An internal quality management progress report generated by NAAMTA that documents corrective actions that are being taken in response to any identified non-conformities by an applicant or member program. As a final summary of the accreditation process, the Corrective Action Report (CAR) documents evidence that the applicant or member program has complied with all requirements for NAAMTA Accreditation. The CAR represents the transition step from the accreditation application to the Continuous Compliance monitoring phase.
Crew Resource Management (CRM)	<p>A management approach that makes optimum use of all available resources to promote safety and enhance the efficiency of medical transport or escort operations. CRM principals encompass a wide range of knowledge, skills, and attitudes including:</p> <ul style="list-style-type: none"><li>• Information processing and decision-making</li><li>• Effective communications</li><li>• Situational awareness</li><li>• Threat and risk management</li><li>• Human error and error management</li><li>• Attention and alertness.</li><li>• Operational distractions and workload management</li><li>• Stress management</li><li>• Leadership and teamwork.</li></ul> <p>CRM utilizes all available resources, including people, procedures, and equipment. Sometimes referred to Advanced Crew Resource Management.</p>

<b><i>Term</i></b>	<b><i>Description</i></b>
Critical Care Paramedic Certification (CCP-C)	Advanced board certification for paramedics. The Critical Care Paramedic certification focuses on theoretical cognitive knowledge and psychomotor skills utilized in caring for critical care patients. Administered by the Board for Critical Care Transport Paramedic Certification (BCCTPC), the CCP-C is similar to the Flight Paramedic Certification (FP-C) without the flight physiology principles.
Critical Care Transport (CC)	The interfacility transport of a patient whose illness or injuries are life-threatening and who requires comprehensive critical care and constant monitoring congruent with that received in a hospital Intensive Care Unit. Critical Care transports require a medical team with requisite psychomotor decision-making skills of high complexity to assess, manipulate and support body functions in an effort to prevent further life-threatening deterioration or vital organ system failure. Critical Care transports correspond with the scope of practice of a highly trained and ICU-experienced healthcare provider.
Critical Incident Stress Debriefing	A post-incident meeting designed to assist medical transport or rescue personnel in dealing with psychological trauma as the result of an emergency, such as the injury or death of a crewmember.
Critical Incident Stress Management (CISM)	A type of crisis intervention designed to provide adaptive, short-term support for those who have experienced traumatic events. CISM is comprised of multiple crisis response components that attempt to address each phase of a crisis situation. It can be implemented with individuals, families, groups, organizations, or communities.
Curtained Area	An area that has its perimeter delineated by draft curtains, full-height partitions, exterior walls, or any combinations thereof.
Damage Assessment	A preliminary onsite appraisal or determination of the effects of the disaster on human, physical, economic, and natural resources.
Defibrillation	The delivery of a non-synchronized electrical shock to the heart intended to interrupt an abnormal electrical rhythm of the heart and allow the heart to resume normal pacemaker activity and rhythm.
Departure	<ul style="list-style-type: none"> <li>A) A point at which the medical crew or transport vehicle begins a segment of a transport or mission.</li> <li>B) A deviation from an accepted, prescribed or standard operating procedure.</li> </ul>

<b><i>Term</i></b>	<b><i>Description</i></b>
Deployment	The procedures by which a program initiates the use of company resources in providing medical transport, a medical escort or SAR services. Generally used in the context of military operations.
Didactic Instruction	Instruction of factual information through one or more of the following methods: reading materials, lecture, demonstration, video, and case review discussion. Didactic instruction is intended to expand the theoretical knowledge base of operational personnel and preferentially precedes psychomotor skill practice and competency of operational activities. Didactic instruction may pertain to clinical, transport vehicle operation, maintenance activities or communications duties.
Disaster Policy	The course of action to be taken when catastrophic events strike, either natural or man-made. Examples of disaster include fire, flood, earthquake, terrorism, etc.
Disinfectant	An agent that destroys, neutralizes or inhibits the growth of harmful biological organisms.
Dispatch	To send out emergency personnel to a facility or incident location in response to a request for assistance.
Documentation	The process of providing evidence that a procedure or task was completed. Documentation may be in written or video/pictorial form.
Drill	An exercise involving a credible simulated emergency requiring company personnel to implement an emergency response plan. Drills are conducted for the purpose of evaluating the effectiveness of the plan and competency of personnel in performing prescribed response duties and functions.
Emergency Medical Technician	An entry-level emergency medical provider who administers basic life support care in the prehospital setting. Previously designated as EMT-B, EMT is a specific provider level having basic knowledge and skills necessary to stabilize and transport patients utilizing basic medical equipment, as defined by US National EMS Scope of Practice Model. EMTs may function as part of a comprehensive EMS response system, medical transport or escort program.



<b><i>Term</i></b>	<b><i>Description</i></b>
Emergency Medical Technician-Basic (EMT-B)	An entry-level EMT designation of licensure was established prior to 2009 in accordance with the National Highway Traffic Safety Administration (NHTSA) National Standard Curriculum. The EMT-B licensure has been simplified and replaced by the EMT as defined by the US National EMS Scope of Practice Model. (See Emergency Medical Technician)
Emergency Medical Technician-Intermediate (EMT-I)	An EMT that has received advanced training in some advanced life support (ALS) procedures, such as IV therapy. EMT-I is a designation of licensure established prior to 2009 in accordance with the National Highway Traffic Safety Administration (NHTSA) National Standard Curriculum. The EMT-I licensure has been replaced by the Advanced EMT (AEMT) as defined by the US National EMS Scope of Practice Model.
Emergency Medical Care	Medical care administered to patients by emergency medical providers in a prehospital setting.
Emergency Medical Dispatcher (EMD)	A communication specialist functioning in an emergency services dispatch center. Emergency medical dispatchers are specifically trained and certified in interviewing techniques, pre-arrival instructions, and call prioritization.
Emergency Medical Service (EMS)	<p>An established system of agencies and organizations that coordinate the response of emergency personnel and resources, and provide emergency medical care to the community. Emergency Medical Services (EMS) may incorporate healthcare providers (volunteer and/or career personnel), communications and transportation networks, trauma systems/hospitals and specialty care centers, rehabilitation facilities and governmental entities.</p> <p>EMS does not exist in isolation but is integrated with other services and systems intended to maintain and enhance the community's health and safety.</p>
Emergency Procedures Plan	A community action plan that is developed by the authority with the cooperation of all participating agencies and that details specific actions required by all those who will respond during an emergency.

<b><i>Term</i></b>	<b><i>Description</i></b>
Emergency Response Agency	An organization that provides law enforcement, emergency medical, fire, rescue, communications, or related services. The term “public safety agency” shall include any public, governmental, private, industrial, or military organization engaged in one or more of these activities. The agency may be a federal or local entity.
En Route Time	The time from when a mission or transport vehicle/crew leaves from a point of departure and subsequently arrives at a predetermined destination.
Federal Aviation Regulation (FAR)	Regulatory rules prescribed by the Federal Aviation Administration (FAA) governing all aviation activities in the United States. FARs regulate such areas as aircraft design, maintenance, pilot training, sport and commercial aviation operations, and air traffic coordination.
Federal Aviation Administration (FAA)	The civil aviation agency of the United States Federal Government charged with the primary responsibility of regulating aviation activities. The FAA is a branch of the U.S. Department of Transportation.
Federal Emergency Management Agency (FEMA)	A federal government agency operating under the authority of the U.S. Department of Homeland Security. FEMA is charged with coordinating the federal government’s response to a disaster that occurs in the United States and that overwhelms the resources of local and state resources.
Fit-for-Duty	Being physically and emotionally capable of performing the essential duties of the job in a safe and productive manner without presenting a hazard to the patient, themselves or others, nor resulting in property damage. Fitness for duty requires the ability to function in stressful situations within the standards of practice defined company policy. Fitness for duty is best evaluated utilizing self and peer reporting as well as assessment by a healthcare provider.
Fixed Wing	An airplane.

<b><i>Term</i></b>	<b><i>Description</i></b>
Flight-Following	The task of maintaining contact with an aircraft for the purpose of determining departure/arrival times, Enroute progress and aircraft positioning, and providing flight vectoring, weather updates and radar advisories that enhance situational awareness for pilots. Flight following may be performed through GPS technology or limited to radio communications. Flight following is similar to Mission Following for non-aviation modes of transport.
Flight Paramedic Certification (FP-C)	Advanced board certification for paramedics. The Flight Paramedic Certification focuses on theoretical cognitive knowledge and psychomotor skills utilized in caring for critical care patients in an air ambulance setting. Administered by the Board for Critical Care Transport Paramedic Certification (BCCTPC), the FP-C is equivalent to the Critical Care Paramedic Certification (CCP-C) with the addition of flight physiology principles.
Hazardous Chemical or Material	Any solid, liquid, gas, or mixture thereof that can cause harm through respiration, ingestion, skin absorption, or contact. Hazardous material may be biologic or chemical in nature.
Healthcare Facility	A designated structure in which medical, dental, psychiatric, nursing, obstetrical, or surgical care are provided. Healthcare facilities may be permanent or temporary in nature. Examples include hospitals, nursing homes, clinics, ambulatory care centers, etc.
Health Information Technology for Economic and Clinical Health Act (HITECH)	A United States federal law that regulates the access, transmission or use of electronic patient health records and information. HIPAA and HITECH are separate laws, but they do reinforce each other. For example, HITECH stipulates that technologies and standards created under HITECH cannot compromise HIPAA privacy and security laws.
Health Insurance Portability and Accountability Act (HIPAA)	A United States federal law that provides data privacy and security requirements for protecting patient health information held by any insurance company, healthcare facility, entity, provider or pharmacy. HIPAA laws ensure that patient information cannot be released to or accessed by any other entity with written permission from the individual. Separate and unrelated to the HITECH law.

<b><i>Term</i></b>	<b><i>Description</i></b>
Helicopter Air Ambulance (HAA)	Emergency medical services provided utilizing a helicopter configured for the transport and treatment of patients. Sometimes referred to as HEMS (Helicopter Emergency Medical Services).
Helicopter Emergency Medical Services (HEMS)	(See Helicopter Air Ambulance (HAA))
Hospital-Based Program	Medical transport program that has an affiliation with a hospital.
Human Factors	Human Factors is a discipline of study that deals with the human-machine interface. In a medical transport, escort or SAR context, human factors encompass all those factors that can influence personnel and their behavior during a mission. These include the environment, organizational and job factors as well as individual characteristics. Human factors are an integral component of Crew Resource Management.
Human Patient Simulator (HPS)	A life-like, anatomically correct mannequin that reacts physiologically as if they were alive. Human Patient Simulators (HPS) are integrated with computer software that lets them replicate normal and abnormal bodily responses to a variety of pathophysiologic events. An HPS is used in high-fidelity training of medical staff to provide real-time, scenario-based training experiences that allow for both cognitive and psychomotor practice of clinical skills.
Hyperbaric	Pressure greater than ambient barometric air pressure.
Incident	An unexpected occurrence, either human or natural phenomenon, which requires action or support by emergency services personnel to prevent or minimize loss of life or damage to property and/or natural resources.
Infection Control	An approach to reducing the risk of transmitting pathologic microorganism from one person to another. An effective Infection control program integrates both prevention of transmission as well as post-exposure treatment and monitoring, if necessary.
Infectious	A confirmed positive culture for an infectious organism and, thus, potentially contagious.

<b><i>Term</i></b>	<b><i>Description</i></b>
Integrated Operational Risk Management (IORM)	The process of identifying, planning, organizing, directing, and controlling the resources and activities of an organization in order to minimize detrimental effects on operational personnel and activities. Integrated Operational Risk Management (IORM) is a “system” approach that recognizes the importance of risk management throughout all company departments and utilizes Risk Assessment Tools to identify potential and real risk. For example, IORM recognizes the effect of Communications and Transport Coordination Center, and medical stressors have on the overall safety and success of a mission or transport.
International Association of Flight & Critical Care Paramedics (IAFCCP)	An industry association focused on advocating for paramedics and promoting paramedical education on an international basis.
International Board of Specialty Certification (IBSP)	A U.S.-based, non-profit organization that develops and administers specialty certification exams created from the BCCTPC. Primarily focused on paramedicine, IBSP offers certification exams in Community Paramedicine Certification (CP-C) and Certified Medical Transportation Safety Professional (MTSP-C). The BCCTPC remains a subsidiary of the IBSP.
International Civil Aviation Organization (ICAO)	An international aviation body, operating under the auspices of the United Nations, which works with entities and industry groups on defining civil aviation Standards and Recommended Practices (SARPs) and policies. ICAO SARPs and policies are used by ICAO Member States to ensure conformity of local civil aviation operations and regulations to global norms.
International Trauma Life Support (ITLS)	A syllabus and course offered by the American College of Emergency Physicians to provide a standard of care for the prehospital trauma victim.
Intra-Aortic Balloon Pump (IABP)	A mechanical device that is used to decrease myocardial oxygen demand while at the same time increasing cardiac output. The device can be retrofitted into various aircraft or ambulances. While technology advances have improved the portability and increased use of IABP therapy in the transport setting, it is still considered a treatment modality that requires management by a Specialty Care Team.

<b><i>Term</i></b>	<b><i>Description</i></b>
Invasive Procedure	Any medical procedure that penetrates the protective surfaces of a patient's body (i.e., skin, mucous membrane) or extends beyond the outer limits of the body (i.e., intubation, urinary catheterization, etc.) Some procedures are considered minimally invasive (i.e., placement of an IV) whereas others are more invasive (i.e., chest-tube).
Letter of Financial Commitment	A letter written and signed by a Program executive and submitted with the Registration Form. This letter is a statement of the company's commitment to providing personnel and equipment necessary for safe and effective medical transport or medical escort.
Loop-Closure	A Quality Management System component. The process of identifying a problem, implementing a solution, and evaluating the situation until the problem is solved.
Manufacturer's Recommendation	Any requirement or recommendation a builder or component producer makes in regard to care and maintenance of its product(s).
Medical Escort Mission	The service provided when a non-emergent patient requires transportation from one care facility to another. Medical Escort operations are conducted within a BLS or ALS-level Scope of Service and only require a single medical attendant. Sometimes referred to as a medical escort service.
Medical Transport Service	The service that is provided when a patient is transported by a licensed transport vehicle from the scene of an injury to definitive care, or from one care facility to another. Transports may occur utilizing a ground, helicopter (rotor-wing), airplane (fixed wing), or nautical vessel transport vehicle. Patient care provided during medical transports may include BLS, ALS, Critical Care or Specialty Care Scope of Service. Medical transports require a minimum of two primary medical attendants. Sometimes referred to as a Medical Transport Program.

<b><i>Term</i></b>	<b><i>Description</i></b>
Mission Following	The task of maintaining contact with the transport vehicle and crew for the purpose of determining departure/arrival times, transport vehicle position, en route progress and providing route vectoring, weather/tide updates and radar advisories that enhance situational awareness for crews. Mission following may be performed through GPS technology or limited to radio communications. As applicable to ground or nautical missions/ transports, mission following parallels procedures similar to Flight Following.
Mobility Assistance Vehicle (MAV)	<p>A van, bus, or another vehicle that is configured and licensed to transport 1 or more patients in non-emergent medical circumstances, such as doctor's appointments. MAVs may be configured to transport wheelchairs or ambulatory patients and are licensed and regulated by government entities.</p> <p>MAVs are not configured to provide ongoing medical care and, as such, are not ambulances. Drivers typically do not have any BLS or ALS training or licensure.</p>
NAAMTA Alliance	An association of NAAMTA accredited organizations unified in the promotion of continuous improvement in operational safety and patient care in the medical escort and medical transport industries.
NAAMTA Alliance Member	A NAAMTA accredited organization.
NAAMTA Standards	Criterion established by NAAMTA that define levels of operational safety and quality patient care expected of medical transport and medical escort programs. Collectively, the NAAMTA Standards are used to qualify organizations for accreditation.
National Association of Emergency Medical Technicians (NAEMT)	A US-based national industry association promoting the professional interests of all EMS personnel.
National Association of EMS Physicians (NAEMSP)	A national organization of emergency medical physicians and other professionals.
National Council of State Boards of Nursing (NCSBN)	An independent, non-profit organization based in the United States through which state boards of nursing act and counsel together on matters of common interest and concern regarding public health, safety, and welfare, including the development of nursing licensure examinations.

<b><i>Term</i></b>	<b><i>Description</i></b>
National Highway Traffic Safety Administration (NHTSA)	The agency under the authority of the U.S. Department of Transportation that is responsible for writing and enforcing federal vehicle safety standards as well as other activities aimed at preventing motor vehicle injuries.
National Registry of Emergency Medical Technicians (NREMT)	USA national EMS certification organization.
Neonatal Resuscitation Program (NRP)	An educational course developed by the American Academy of Pediatrics. NRP focuses on the basic resuscitation skills of newborn infants in the delivery room.
Non-Disclosure Agreement (NDA)	A bilateral, legal contractual document signed by NAAMTA and an Applicant Program detailing the security and confidentiality of proprietary and client information. Sometimes referred to as a Confidentiality Agreement.
Non-Emergency Medical Transports (NEMT)	Category of medical transportation that is provided in non-emergency situations that do not involve an immediate threat to the life or health of an individual. NEMT is determined more by the urgency of needed medical intervention rather than the acuity level. Typical examples of non-emergency medical transport include medical escort missions, transport of patients to doctor appointments, etc. NEMT may utilize Mobility Assistance Vehicles (MAV) instead of an ambulance. Sometimes referred to as Elective Transports.
Non-Infectious	Documented positive infection but non-contagious, such as atypical Tuberculosis.
Occupational Exposure	The exposure to potentially harmful chemical, physical, or biological element that occurs because of one's occupation.
Occupational Injury	Any personal injury, disease or death resulting from occupational exposure to a harmful physical, psychological, chemical or biological element or event.



<b><i>Term</i></b>	<b><i>Description</i></b>
Occupational Safety and Health Administration (OSHA)	The U.S. Federal agency charged establishing standards of health and safety in the workplace. Under the authority and jurisdiction of the U.S. Department of Labor, OSHA is also tasked with enforcing occupational health and safety standards through inspection, training, outreach, and assistance to employers and their employees. Additionally, OSHA enforces laws intended to protect those who would report OSHA violations (whistleblowers).
Off-Line Medical Direction/Control	The direction of out-of-hospital patient care provided by medical personnel is based on a set of written patient care standards or “standing orders.” Off-line Direction/Control also involves retrospective monitoring and systematic case review of patient transports/missions, data collection, evaluation, and in-service training. Sometimes referred to as Patient Care Protocols/Guidelines.
On-Line Medical Direction/Control	On-line control involves the management of patient care through direct voice communication with medical crews while on the scene, at referring facility or in transit.
Operating Environment	The defined area and conditions wherein services are rendered. In the medical transport, escort or other missions, service considerations must be given to terrain, weather patterns, and other factors that may affect the ability to provide services.
Operational Criteria	Documented qualifying parameters that determine how personnel, equipment, and the program’s resources are utilized and function in providing the company’s mission and Scope of Services.
Operational Personnel	Company personnel are directly involved in conducting a transport, escort or mission, or in maintaining the transport vehicle. NAAMTA defines operational personnel as involving the medical crews, transport vehicle operators (drivers, pilots, helmsmen), flight crews, communications/operational control center specialists and maintenance personnel.
Operations Facility	The physical facility or facilities housing the medical transport service. Operations facilities do not include free-standing equipment and supply structures.

<b>Term</b>	<b>Description</b>
Paramedic	An allied health professional with advanced knowledge and skills who provides advanced emergency medical care and transport of patients. The scope of practice of paramedics varies in different countries but is the practice of paramedicine in the prehospital setting. Paramedics have training and skills necessary to provide invasive, advanced life-saving medical interventions for critically injured or ill patients, as defined by the US National EMS Scope of Practice Model. Paramedics may function as part of a comprehensive EMS response system, medical transport or escort program.
Pathophysiology	Disruption of normal biologic physiology due to disease or trauma.
Pediatric Advanced Life Support (PALS)	Advanced life support training course focused on the pediatric patient. Developed by the American Heart Association, PALS is a scenario-based, systematic approach to providing emergency care to critically ill infants and children. PALS is centered around treatment algorithms to improve outcomes.
Personal Protective Equipment (PPE)	Equipment and/or clothing is worn to shield or isolate a person from injury or infection. PPE is used in the presence of proven or suspected biological, chemical, physical, or thermal hazards that may be encountered during a patient transport/escort or Search and Rescue mission.
Physical Well Being	A state of being where a balance between diet, weight control, and non-smoking, and physical health/fitness is maintained to allow optimal fitness for duty.
Potentially Infectious	Suspected but unconfirmed infection.
Prehospital Trauma Life Support (PHTLS)	A training course developed by NAEMT in cooperation with the American College of Surgeons Committee on Trauma (ACSC). PHTLS focuses on trauma care in the prehospital setting and is intended for all EMS providers.
Probability	The likelihood of an occurrence. Used in conjunction with Severity in risk assessment.
Program	A) In reference to a company or organization. B) A comprehensive strategy that addresses a particular focus of a company's Scope of Service.

<b><i>Term</i></b>	<b><i>Description</i></b>
Protective Clothing	Any material or composite used in an ensemble for protecting parts of the wearer's body against physical hazards (i.e., boots, flame retardant clothing, appropriate outerwear, helmets, etc.)
Provider	One who delivers patient care. A provider may be an individual or a medical transport or escort organization.
Quality Assessment	An assessment of the performance of structure, processes, and outcomes within the EMS system and their comparison against a standard.
Quality Assurance (QA)	The activities are undertaken to establish confidence that the products or services available maintain the standard of excellence set for those products or services. Sometimes used interchangeably with QI or QM.
Quality Improvement (QI)	(See Quality Management)
Quality Management (QM)	A total process of continually monitoring, assessing, and improving the quality of services.
Quality Review	A review where a service or product is checked against an agreed set of quality criteria.
Record	Any written or recorded information relating to company business, whether produced or received by the organization, regardless of its medium or characteristics (i.e., written, digital, video, audio, etc.) is considered a legal record. A record may be a draft or final document, email, memo, notes from conversations or instant messages that communicate business information.
Referred Transport	A transport that is turned over to another service in all aspects, including billing/receipt of revenue for the transport. No fees are collected by the referring service.
Registration	The initial step in seeking NAAMTA accreditation. An Applicant Program registers by submitting an online form intended to collect basic qualifying information about the Applicant Program and submitting a registration fee.
Revised Trauma Score	The Revised Trauma Score is made up of a combination of results from three categories: Glasgow Coma Scale, Systolic Blood Pressure, and Respiratory Rate. The score range is 0-12.

<b><i>Term</i></b>	<b><i>Description</i></b>
Risk Assessment Matrix	A tool used during risk assessment to define the level of risk by considering the categories of Probability (or likelihood) and consequence Severity. Use of a risk assessment matrix increases the visibility of risks and assists in decision making. Often utilized for mission or transport “Go/No-Go” determination.
Risk Assessment Tool (RAT)	The mechanism for identifying and quantifying potential and/or real threats of risk. Effective RATs recognize potential risk across a spectrum of operational conditions/environments and integrate their scores into an overall Risk Matrix. For example, an optimal RAT includes the stress and increased risk of a critically ill patient requiring additional medical equipment and crewmembers on the overall stress of the pilot or driver.
Root Cause Analysis	A quality management method of problem-solving used for identifying the precipitating factor(s) of a problem.
Rotor Wing	A helicopter.
Safety and Risk Management System (SRMS)	An integrated approach to operational safety that incorporates risk management in conjunction with safety and security policies and practices.
Search and Rescue (SAR)	The search for, location of, and provision of aid (rescue) to those individuals who are in distress or imminent danger. Search and Rescue (SAR) teams are highly trained and equipped in technical operations necessary to navigate in a variety of conditions and terrain.
Sentinel Event	An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function.
Severity	The magnitude of the possible adverse consequences. Used in risk assessment in conjunction with Probability.
Shopping	The practice of sequential calls to a variety of medical providers in an attempt to secure medical resources for a call response that is limited by weather, distance, or other safety factors, etc.

<b><i>Term</i></b>	<b><i>Description</i></b>
Site Audit	The second phase of the accreditation audit process. Site Audit(s) are official visits by NAAMTA auditors to offices, bases, and other facilities of the Applicant Program. The Site Audit is a means of gathering information by visual inspections, demonstrations, and interviews in order to evaluate compliance with the NAAMTA Standards.
Specialty Care Transport (SC)	The interfacility transport of a patient who is highly vulnerable, unstable and complex, thereby requiring specialized life-sustaining critical care. Specialty Care transports require a scope of practice provided by crewmembers who have received advanced, specialized critical care training and have demonstrated clinical expertise in the area of specialty/subspecialty treatment modalities required to meet the patient's critical care needs. Specialty Care requires a level of service beyond the scope of practice of a Paramedic.
Standing Orders	Written guidelines, protocols or procedures for delivering patient care without on-line medical control oversight. Standing orders are approved by the authority of the program's Medical Director.
Stress Management	A range of approaches and behaviors designed to minimize the physical and emotional toll of stress. Stress management includes both pre-emptive and reactive measures.
Tactical Paramedic Certification (TP-C)	Board certification for paramedics. The Tactical Paramedic certification focuses on theoretical cognitive knowledge and psychomotor skills utilized in hostile or austere environments. Administered by the Board for Critical Care Transport Paramedic Certification (BCCTPC), the TP-C has its application to military or law enforcement settings.
Transport Assessment	An assessment regarding patient transport that includes the determination of the patient care required, the urgency of the transport, the appropriate level of medical skill set, personnel, and mode of transport.
Transport Vehicle	Any mode of transportation used to transport a patient. Transport vehicles include airplanes (fixed-wing), helicopter (rotor-wing), ground ambulance, nautical vessel, train, etc.
Transport Vehicle Operator	A person, organization, or enterprise engaged in or offering to engage in, operation of the transport vehicle.

<b><i>Term</i></b>	<b><i>Description</i></b>
Triage	The process of quickly assessing and sorting injured or ill patients according to the severity of their condition.
Under Review	The status of a member program during the investigation of an accident or following a formal complaint against the program.
Utilization Management (UM)	<p>The implementation and evaluation component of the company Quality Management System. Utilization Management (UM) examines the effectiveness of processes and the appropriate use of resources through the use of tools to monitor, assess and report. UM applies to transport vehicle operations, SAR operations, maintenance services as well as clinical services. Utilization Management measures and tracks performance indicators that analyze operational safety, patient care and cost-effectiveness.</p> <p>Utilization Review is the assessment component of overall Utilization Management.</p>
Utilization Review	<p>An assessment of the appropriateness and economy of admission to a health care facility or a continued hospitalization. The length of the hospital stay is also compared with the average length of stay for similar diagnoses.</p> <p>In the context of the medical transport or escort industry, Utilization Review is limited in its application to a review of the appropriateness of clinical patient care administered by the medical team during the transport of a patient.</p>

## Appendix A: Training and Certification

In this section, we have several tables that will help you to track the training for your employees.

- Training Checklists for Transport Teams
- Summary of Didactic and Clinical Medical Training
- Competency Courses

### General Training Checklist

In the medical transportation industry, certain training concepts are applicable to the major contributors within the organization. The following list identifies the major topics for these concepts.

The information in this table identifies the initial and continuing education for employees involved with patient transports. The actual content may change based on class participants to accommodate job needs. Use this list as a guideline for all training. As part of the quality management system, all training must be documented, and records kept on file.

Employee Initial & Continuing Education Training (Except Administration Personnel)	Communications Transport Coord.	Medical Crew
Crew or Air Medical Resource Management	X	X
Basic knowledge of medical terminology	X	X
Client relations	X	X
Company safety rules and emergency procedures	X	X
Emergency Response Plan	X	X
Environmental emergencies		X
Fire extinguisher use	X	X
Formal hazmat training		X
Frequently used software applications and skills	X	X
Infection control		X
Patient loading and unloading		X
Quality management program	X	X
Stress management techniques to include <a href="#">CISD</a> or post-critical incident counseling	X	X

## Summary of Medical Training

The following tables identify the suggested training content for initial and continuing education courses for paramedic through medical director medical personnel.

**Table 1 Didactic Training - Medical**

Didactic	BLS	ALS
Advanced Airway Mgmt.		X
Altitude Physiology	X	X
Burn scenarios		X
Cardiac Emergency and Advanced Cardiac Care		X
Applicable device-specific training: <ul style="list-style-type: none"><li>• automatic implantable cardiac defibrillator (AICD)</li><li>• central lines</li><li>• external defibrillator</li><li>• IV pumps</li><li>• pacemakers</li></ul>		X
Infection Control	X	X
Mechanical Ventilation		X
Metabolism		X
Trauma		X
Oxygen Therapies	X	X
Pharmacology		X
Respiratory	X	X



**Table 2 Clinical Training - Medical**

Clinical Training	BLS	ALS
Airway Management: Advanced & Endotracheal intubations		X
Airway Management: Basic	X	X
Critical Care – Adults		X
Emergency – Adults	X	X
Emergency – Pediatric		X
Invasive Procedures		X

## Appendix B Equipment Lists

The following lists identify the required medical equipment and supplies for medical escort transports.

### Basic Life Support Equipment List

The following lists are provided as a minimum requirement unless otherwise noted.

- Non-Disposable Items Are In "**Black**"
- Single-Use, Disposable Items Are In "**Blue**"

1 As applicable to Scope of Service

2 Patient-specific, medical condition-specific

\* *Optional*

REQUIRED BLS MEDICAL EQUIPMENT & SUPPLIES	BLS - Escort
A) GENERAL EQUIPMENT	x
1. Car seat or Pediatric seatbelt restraint system (FAA/CAA-approved)	x1
2. Flashlight & batteries	x
3. Bandage scissors	x
4. Linens	x
a. Blankets	x
b. Sheets	x
c. Towels	x
5. Pillows (disposable or vinyl covered)	x
6. Pediatric reference materials	x1
7. Emesis bags/basin	x
B) TOILETING & HYGIENE SUPPLIES	x
1. Urinals (1 male, 1 female, or universal)	x
2. Bedpan	x
3. Foley catheter care supplies	x
4. Foley catheter drainage bag	x
5. Waterproof barrier pads (i.e., chux, diapers)	x
6. Handy wipes (non-scented)	x
C) OSTOMY CARE SUPPLIES	x2
1. Spare ostomy bag (patient-specific)	x
2. Skin barrier prep	x
3. Skin adhesive paste	x
4. Rubber bands	x
D) INFECTION CONTROL	x

REQUIRED BLS MEDICAL EQUIPMENT & SUPPLIES	BLS - Escort
1. Disinfectant wipes, OSHA-approved (for cleaning equipment)	x
2. Hand sanitizer	x
3. Personal Protective Equipment	x
a. Eye protection	x
I. Goggles/glasses	x
II. Face shield	x
b. Gloves, non-latex (sterile and non-sterile)	x
c. Isolation gown	x
d. Masks	x
4. Sharps container	x
5. Trash bags (biohazard-labeled)	x
E) MONITORING & DEFIBRILLATION	x
1. Blood pressure monitor, non-invasive (digital or manual) and cuffs	x
2. Defibrillator (AED or Heart rate monitor/defibrillator w/ pads and cables unit)	x
3. Glucometer w/ lancets and reagent strips	x
4. Heart rate monitor	x
5. Oxygen saturation monitor/pulse oximetry w/ patient probes	x
6. Stethoscope	x
7. Thermometer (non-mercury)	x
F) CIRCULATION & VASCULAR ACCESS	x
1. Antiseptic prep wipes	x
2. Tuberculin syringes/needles	x
G) AIRWAY & VENTILATION	x
1. Oropharyngeal Airways (sizes 0-5)	x1
2. Suction	x
a. Portable suction device (electric or manual)	x
b. Wide-bore suction tubing	x
c. Rigid pharyngeal suction tip	x
d. Bulb syringe w/ saline drops	x
3. Ventilation	x
a. Bag-valve mask	x1
b. Self-inflating resuscitation bag with reservoir "tail"	x
I. Adult: >1000ml	x
II. Pediatric: 450-750ml	x1
c. Pressure manometer	x
4. Oxygen Administration	x

REQUIRED BLS MEDICAL EQUIPMENT & SUPPLIES	BLS - Escort
a. Portable Oxygen Concentrator (FAA/CAA-approved)	x
b. Regulator shut-off key	x
c. Variable-flow regulators (1-5 L/minute flow meter)	x
d. Oxygen tubing (> 6 feet/2 meters)	x
e. Oxygen masks (non-rebreather and partial rebreather)	x
f. Nasal cannulas	x
5. Tracheostomy Care	x2
a. Spare tracheostomy tube (patient-specific)	x
b. Tracheostomy cleaning kit	x
H) MEDICATIONS	x
1. Aspirin, chewable 81 mg (minimum 8 tablets)	x
2. Epinephrine auto-injectors twin-pack (one standard and one junior)	x
3. Irrigation Solution, sterile 100ml	x
4. Lubricating jelly (water-based)	x
5. Oral Glucose tablets/gel concentrated	x
6. Pill Splitter and/or crusher	x
7. Acetaminophen*	x
8. Ibuprofen*	x
I) WOUND CARE	x
1. Adhesive tapes (assorted sizes, hypoallergenic, non-latex)	x
2. Dressings of assorted sizes (Commercially packaged, sterile)	x
3. Gauze pads and rolls	x
4. Occlusive transparent dressings (i.e., Opsite®, Tegaderm®)	x
5. Self-adhesive bandages, assorted sizes (i.e., Band-aids®)	x
6. Self-adhering dressings (i.e., Coban®)	x
7. Universal sterile dressings/ABD (small, medium and large)	x
J) TUBE FEEDINGS	x2
1. Nasogastric Enteral Tube	x1
2. Enteral formula	x
3. Catheter-tip syringe	x

## Advanced Life Support Equipment List

The following lists are provided as a minimum requirement unless otherwise noted.

- Non-Disposable Items Are In "**Black**"
- Single-Use, Disposable Items Are In "**Blue**"

1 As applicable to Scope of Service

2 Patient-specific, medical condition-specific

\* *Optional*

REQUIRED ALS MEDICAL EQUIPMENT & SUPPLIES	ALS - Escort
A) GENERAL EQUIPMENT	x
1. Car seat or Pediatric seatbelt restraint system (FAA/CAA-approved)	x1
2. Flashlight & batteries	x
3. Bandage scissors	x
4. Linens	x
a. Blankets	x
b. Sheets	x
c. Towels	x
5. Pillows (disposable or vinyl covered)	x
6. Pediatric reference materials	x1
7. Emesis bags/basin	x
B) TOILETING & HYGIENE SUPPLIES	x
1. Urinals (1 male, 1 female, or universal)	x
2. Bedpan	x
3. Foley catheter care supplies	x
4. Foley catheters	x1
5. Foley catheter drainage bag	x
6. Waterproof barrier pads (i.e., chux, diapers)	x
7. Handy wipes (non-scented)	x
C) OSTOMY CARE SUPPLIES	x2
1. Spare ostomy bag (patient-specific)	x
2. Skin barrier prep	x
3. Skin adhesive paste	x
4. Rubber bands	x
D) INFECTION CONTROL	x
1. Disinfectant wipes, OSHA-approved (for cleaning equipment)	x
2. Hand sanitizer	x
3. Personal Protective Equipment	x

REQUIRED ALS MEDICAL EQUIPMENT & SUPPLIES	ALS - Escort
a. Eye protection	x
I. Goggles/glasses	x
II. Face shield	x
b. Gloves, non-latex (sterile and non-sterile)	x
c. Isolation gown	x
d. Masks	x
4. Sharps container	x
5. Trash bags (biohazard-labeled)	x
E) MONITORING & DEFIBRILLATION	x
1. Blood pressure monitor, non-invasive (digital or manual) and cuffs	x
2. Defibrillator (AED or Heart rate monitor/defibrillator w/ pads and cables unit)	x
3. Glucometer w/ lancets and reagent strips	x
4. Heart rate monitor	x
5. Oxygen saturation monitor/pulse oximetry w/ patient probes	x
6. Stethoscope	x
7. Thermometer (non-mercury)	x
F) CIRCULATION & VASCULAR ACCESS	x
1. Arm boards	x
2. Antiseptic prep wipes	x
3. IV start kit	x
4. Over-the-needle catheters (14-22G)	x
5. Needles (14-22G)	x
6. Syringes:	x
a. Luerlock and non-Luerlock (1ml, 3ml, 10ml, 60ml)	x
b. Cath-tip syringes (30ml and 60ml)	x
c. Tuberculin w/ needles	x
7. IV fluid administration tubing	x
a. IV pump tubing	x
b. IV drip tubing	x
c. Extension tubing	x
10. IV solutions	x
a. Normal Saline (injection and inhalation ampules)	x
b. Normal Saline 4000ml	x
11. IV infusion pump	x
12. IV fluid pressure bag	x
13. 3-way stopcocks	x

REQUIRED ALS MEDICAL EQUIPMENT & SUPPLIES	ALS - Escort
14. Luerlock hub adapters	x
15. Tourniquet	x
16. Antiseptic prep wipes	x
G) AIRWAY & VENTILATION	x1
1. Airways	x1
a. Oropharyngeal (sizes 0-5)	x
b. Nasopharyngeal (16Fr-34Fr)	x
c. Endotracheal	x
I. Laryngoscope handle (with spare batteries and bulbs)	x
II. Laryngoscope blades	x
i. Straight (sizes 1-4)	x1
ii. Curved (sizes 2-4)	x
III. Magill forceps	x
IV. ETTs with stylets/bougie device	x
i. Uncuffed (4-5.5mm)	x1
ii. Cuffed (3.5-8mm)	x
d. Supraglottic airways (sizes 2-6)	x1
2. ETT tape or clamp device	x
3. End-tidal CO2 detector (colorimetric and quantitative capnography)	x
4. Suction	x
a. Portable suction device (electric)	x
b. Wide-bore suction tubing	x
c. Rigid pharyngeal suction tip	x
d. Suction catheters (6-12Fr)	x
e. Tracheal suction kits (6-14Fr)	x
f. Bulb syringe w/ saline drops	x
3. Ventilation	x
a. Bag-valve mask	x1
b. Self-inflating resuscitation bag with reservoir "tail"	x
I. Adult size (>1000ml)	x
II. Pediatric size (450-750ml)	x1
c. Pressure manometer	x
d. Transport Ventilator w/ circuits	x1
4. Oxygen Administration	x
a. Portable Oxygen Concentrator (FAA/CAA-approved)	x
b. Regulator shut-off key	x

REQUIRED ALS MEDICAL EQUIPMENT & SUPPLIES	ALS - Escort
c. Variable-flow regulators (1-5 L/minute flow meter)	x
d. Oxygen tubing (> 6 feet/2 meters)	x
e. Oxygen masks (non-rebreather and partial rebreather)	x
f. Nasal cannulas	x
g. Humidifiers	x
5. Tracheostomy Care	x2
a. Spare tracheostomy tube (patient-specific)	x
b. Tracheostomy cleaning kit	x
H) MEDICATIONS	x
1. Aspirin, chewable 81 mg (minimum 8 tablets)	x
2. Epinephrine auto-injectors twin-pack (one standard and one junior)	x
3. Irrigation Solution, sterile 100ml	x
4. Lubricating jelly (water-based)	x
5. Oral Glucose tablets/gel concentrated	x
6. Nitroglycerine bottle 0.4mg (tablets or spray)	x
7. Pain medication	x
8. Pill Splitter and/or crusher	x
9. Promethazine HCL 25mg or Ondansetron 8mg (or both)	x
10. RSI medications	x
11. Acetaminophen*	x
12. Ibuprofen*	x
I) WOUND CARE	x
1. Adhesive tapes (assorted sizes, hypoallergenic, non-latex)	x
2. Dressings of assorted sizes (Commercially packaged, sterile)	x
3. Gauze pads and rolls	x
4. Occlusive transparent dressings (i.e., Opsite®, Tegaderm®)	x
5. Self-adhesive bandages, assorted sizes (i.e., Band-aids®)	x
6. Self-adhering dressings (i.e., Coban®)	x
7. Universal sterile dressings/ABD (small, medium and large)	x
J) TUBE FEEDINGS	x2
1. Orogastric Tubes (8-18Fr)	x1
2. Nasogastric Enteral Tube	x1
3. Enteral formula	x
4. Catheter-tip syringe	x



## Appendix C Human Patient Simulator Usage Requirements

When training for ALS and Critical Care providers, Human Patient Simulators (HPS) may be substituted for human or cadaver experience requirements if the simulator is dynamic (able to reflect physiologic changes resulting from a performed procedure.)

If the HPS is used to meet compliance with intubation skills and/or invasive procedures or to obtain clinical competency the simulator's dynamic changes must be controlled by an operator without the user being aware of changes. A trained operator must critique the exercise.

Additionally, HPS equipment and programs must be kept up-to-date and current as available from the manufacturer.

The requirements for using the HPS for various techniques are in the following table.

<i>Training Technique</i>	<i>Requirement</i>
General Guidelines	<ul style="list-style-type: none"><li>• The course introduction and syllabus with a detailed review of conceptual materials will be provided to each student.</li><li>• Participants will be allowed time to become familiar with the HPS in multiple environments such as air and ground environments and various aircraft sizes.</li><li>• Multiple patient scenarios must be available to demonstrate the various patient conditions transported.</li><li>• Simulation exercises must be written in detail and used as part of the course documentation. Scenarios must be realistic and include complex and multifaceted situations.</li></ul>
Airway Competency	<ul style="list-style-type: none"><li>• Capable of real-time changes in difficult airway scenarios including surgical.</li><li>• Allows realistic response to drug interventions for pharmacological and pharmacodynamic exercises.</li><li>• Allows realistic airway interventions for the bag-valve mask, oropharyngeal airway, nasal-pharyngeal airway, laryngeal mask airway, endotracheal tube, and other airway devices.</li><li>• Allows response to CPR, pacing, and defibrillation.</li><li>• Allows real-time feedback for actions taken, i.e., vital signs, cardiac rhythm, breath sounds, pulse, pulse ox, end-tidal CO<sub>2</sub>, etc.</li></ul>
Ongoing Clinical	<ul style="list-style-type: none"><li>• Capable of creating scenarios for various patient types, such as cardiac, trauma, pediatrics, and high-risk obstetrics, etc. (Scenarios must be submitted to the NAAMTA Board for approval.)</li></ul>

## Appendix D Acknowledgements

In our pursuit of creating an accreditation program that will provide a safer medical transportation industry, our research led us to several sources who have contributed to the industry. These contributions come in the form of guidelines, state and federal rules and regulations, corporate associations and standard operating procedures observed by those working in the industry.

The alliance we are building, as part of the NAAMTA accreditation process, is a conceptual coalition of individuals and organizations with a unified purpose, to continuously improve the safety and quality of care during medical transport.

The NAAMTA Accreditation program combines the standards we have developed, with an internet-based portal to access industry-related information and web-based tools that will help us in fulfilling on our efforts to have “Partnership for Lifesaving Excellence.”

Throughout the manual, we have linked several sources to show evidence of our support in complying with authoritative agencies. The following is a list of these references and other agencies that either have contributed directly to our program or have influenced the industry for establishing best practice procedures.

- Association of Air Medical Services
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Compressed Gas Association
- Department of Health and Human Services
- Department of Transportation
- Environmental Protection Agency
- Federal Aviation Administration
- Federal Communications Commission
- Helicopter Emergency Medical Services
- National Association for Air Medical Communications Specialists
- National Highway and Safety Administration
- National Transportation Safety Board
- Office of Emergency Medical Services
- Office of Safety of Health and Administration