

**Docket No. SA-530**

**Exhibit No. 10-A**

**NATIONAL TRANSPORTATION SAFETY BOARD**

**Washington, D.C.**

Amendments to 7<sup>th</sup> Edition Accreditation Standards Proposed by the  
Commission on Accreditation of Medical Transport Systems (CAMTS),  
October 2008

(7 Pages)

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## **AMENDMENTS to 7<sup>th</sup> EDITION ACCREDITATION STANDARDS PROPOSED BY CAMTS OCTOBER 2008**

The CAMTS Board of Directors met in October and reviewed comments and suggestions for change to the Draft that was posted in July regarding an addendum to the 2006 Accreditation Standards. As a result of those discussions and comments at the Standards Committee meeting, the following amendments are posted for open comment until December 15, 2008. Please send comments/suggestions directly to [efrazer@camts.org](mailto:efrazer@camts.org)

**ISSUE #1 – Fatigue and Sleep Deprivation** – *Until we conduct and review results of a sleep deprivation study, we have decided to include statements in the fit for duty standard, in the education standard and in the risk assessment standard.*

### **PROPOSED NEW STANDARDS:**

- ~~1. Medical crews be held to the same duty time as pilots – no more than 14 hours in a 24 hour period.~~
  - ~~2. Number of consecutive shifts and day to night rotation will be monitored closely by management for pilots and medical crews.~~
  - ~~3. Pilots who are on-duty for 12 hours have a quiet area for rest and brief naps of 10 to 20 minutes at a time – but not for sleep for greater than 20 minutes.~~
- **02.04.01 – Wellness – Fit for duty**
    - **Expand statement that states 8 hours of rest to also encourage adequate sleep.**
  - **02.06.01 – Initial and Continuous education**
    - **Expand to include education on the importance of sleep, circadian rhythms and recognizing fatigue.**
  - **07.01.01 – Risk Assessment**
    - **Expand to include the requirement that the risk assessment tool includes a factor for fatigue.**

### **ISSUE #2 – Add to General Standards – Business Ethics**

#### **PROPOSED NEW STANDARD:**

Whenever possible, services that respond directly to the scene transport patients to the nearest appropriate hospital. (i.e. major trauma to the nearest Level I or II Trauma Center, stroke patients to a hospital with specialize stroke care, AMI patients to a hospital with a staffed cath lab, major burns to a Level I or II burn

center, high-risk OB patients to a hospital with OB services and a Level II or III NICU, etc.)

### **ISSUE #3 – Hospital helipads and Scene landings**

#### **PROPOSED NEW STANDARDS:**

1. Expand on current standard AS: Page 14.01.00 “There should be a policy to address more than one running aircraft at any one time and a policy to address permission to land or take off from the hospital.”

- Communications policies will include:

-Required and updated ETAs for any aircraft including approach and landing correspondence with the base and other aircraft in the area. Prior, formal approval to land for visiting aircraft at a hospital helipad. (*Expand on AS: 12.03.02 Coordinating arrangements for the pick-up or delivery of a patient at private or hospital helipads at least 15 minutes prior to landing.*)

-Staging if more than one aircraft is expected

-Air to Air communications

-Hosting common frequencies

-Sharing satellite tracking information between communications centers

2. Change in destination policy to consider extra time/workload on the pilot.

3. Crew Coordination

-Strict enforcement of sterile cockpit

- One medical crewmember taking active part in watching for obstructions during the critical stages of flight

4. Encourage pre-determined landing sites for scene coordination with ground agencies.

**ISSUE #4 - Aviation QM to include:**

**PROPOSED NEW STANDARDS:**

1. Evidence of tracking and trending aborts/diversions with evidence of loop closure if trends are found. AS: 08.06.07
2. Launch to lift off times are tracked and trended with evidence of loop closure if trends are found. Benchmarks set longer for night-time operations.

**ISSUE #5 – Safety Management System to further address:**

1. Formal system includes as outlined in AS: 07.01.01

**PROPOSED NEW STANDARDS:**

2. Informal SMS includes:

- a. Accountability – are employees held accountable for their actions?
- b. Authority – those who are responsible have the authority to assess and make changes and adjustments as necessary.

Standards, policies and administrative control are evident.

Written procedures are clear and followed by all.

Training is organized, thorough and consistent according to written guidelines.

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

- c. Professionalism – as evidenced by personal pride and contributions to the program’s positive safety culture.

3. Organizational Dynamics to Include:

- a. Teamwork is evident between management and staff and among the different disciplines regardless of employer status as evidenced by open bidirectional and inter-discipline communications that are not representative of a “silo” mentality.

- b. Organization represents a practice of encouraging criticism and

safety observations and there is evidence of acting upon identified issues in a positive way.

c. Company values are crystal clear to all employees.

**ISSUE #6 – Due to FAA required changes February 2009 - Change in AS: 05.02.00  
“The aircraft must be equipped with a functioning emergency locator transmitter (ELT).”**

**PROPOSED NEW STANDARDS:**

“Aircraft must have a 406 mhz ELT or be monitored 3 minutes (at a maximum) or less by a satellite tracking system.

If using the satellite tracking system and the aircraft has not been upgraded to a 406 mhz ELT, a 121.5 mhz ELT should not be disarmed because it may be monitored by other aircraft.”

AS: 06.05.04 Flight following – **Add:** “It is strongly recommended that aircraft are monitored by a satellite tracking system.”

**ISSUE #7 – Recommendation to add to the PAIP AS: 06.04.02 –**

**PROPOSED NEW STANDARDS:**

**“There are plans to notify appropriate family members and to provide support services to family members following a program tragic event.**

1. Timely notification of next of kin (next of kin is no longer strictly defined at the federal level so the crew member determines this on a data sheet and reviews annually).
2. Family assistance includes coordination of family needs immediately after the event e.g. Transportation, food, lodging, memorial/burial service, condolences, initial grief support services/referrals (Usually through appointment of a family liaison).
3. Continuity includes follow through with the family after the event (e.g. submission of crew to national EMS memorial service, the continuation of grief counseling and support referrals, the inclusion of families in decision-making on anniversaries/memorials, and check ins following release of NTSB reports, etc.

**ISSUE #8 – Due to DOT required changes November 2009 – AS: 02.04.01 –**

**PROPOSED NEW STANDARDS:**

Anyone on a federal highway doing highway maintenance, responding to accidents, etc. must have high visibility reflective vests.

AS: 06.05.04 02.04.01 – Protective clothing

## **REFERENCES ON SLEEP, SLEEP DEPRIVATION, FATIGUE AND SLEEP INERTIA**

### **SLEEP INERTIA**

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### **SLEEP, SLEEP DEPRIVATION, FATIGUE**

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