



EMS POLICIES AND PROCEDURES

POLICY #: 33
EFFECT DATE: 7 /1/ 02
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SUBJECT: EMS AIRCRAFT POLICIES AND PROCEDURES

Policies and procedures 33 A through E define the use of helicopters for emergency medical response within Contra Costa County:

- 33 A Classification
- 33 B Authorization
- 33 C Air Ambulance (Medical Helicopter) Request
- 33 D Patient Transport Criteria and Field Operations
- 33 E Rescue Aircraft Request



EMS POLICIES AND PROCEDURES

POLICY #: 33 A
EFFECT DATE: 7/1/02
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SUBJECT: **EMS AIRCRAFT - CLASSIFICATION**

APPROVED BY:

Art Lathrop, EMS Director

Joseph A. Barger, MD, EMS Medical Director

I. PURPOSE

To specify the classification requirements for EMS aircraft providers that base their operations within Contra Costa County.

II. AUTHORITY

Division 2.5 California Health and Safety Code; Title 22 California Code of Regulations.

III. CLASSIFICATION

The local EMS Agency is responsible classifying EMS aircraft based within its jurisdiction, except that the California EMS Authority is responsible for classifying aircraft of the California Highway Patrol, California Department of Forestry, and California National Guard.

A. Classification Categories:

An EMS aircraft will be classified as either an air ambulance or a rescue aircraft. Rescue aircraft will be further classified as advanced life support, basic life support or auxiliary based on level of medical flight crew credentials.

1. Air Ambulance: Any aircraft that is

- a. constructed, modified, equipped, and used to respond to emergency requests and to transport critically ill or injured patients, and,
- b. staffed with a minimum of two attendants credentialed in advanced life support.

2. Rescue Aircraft: An aircraft whose usual function is not prehospital emergency patient transport but which may be used, in compliance with EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is unsuitable or unavailable.

- a. Advanced Life Support Rescue Aircraft: A rescue aircraft whose medical flight crew has a minimum of one attendant credentialed in advanced life support.
- b. Basic Life Support Rescue Aircraft: A rescue aircraft whose medical flight crew has at a minimum one attendant certified as an EMT-A. An EMT-NA with the additional training and experience specified in Title 22, Section 100283 may be used to meet the BLS rescue aircraft medical staffing requirement.
- c. Auxiliary Rescue Aircraft: A rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet minimum requirements established for Basic Life Support Rescue Aircraft.

B. Medical Helicopter

The term “medical helicopter” shall mean a rotary wing aircraft that has been classified as an “air ambulance”.

IV. CLASSIFICATION PROCEDURE

A. To become classified in Contra Costa County, an EMS aircraft provider is required to:

1. Submit a completed Contra Costa County EMS Aircraft Classification form,
2. Submit all required attachments, and,
3. Pay the current EMS Aircraft Classification Fee.

B. Prior to classification, EMS Agency staff may visually inspect the aircraft, equipment and radios.

C. An EMS aircraft provider shall apply for re-classification whenever there is a:

1. Transfer of ownership, or
2. Change in any factor that applies to or affects its classification category.

D. No person or organization shall provide or hold itself out as providing prehospital air ambulance or air rescue services unless that person or organization has been classified by a local EMS agency, or in the case of the California Highway Patrol, California Department of Forestry, and California National Guard, the EMS Authority.



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POLICY #: 33 B
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SUBJECT: **EMS AIRCRAFT - AUTHORIZATION**

APPROVED BY:

Art Lathrop, EMS Director

Joseph A. Barger, MD, EMS Medical Director

I. PURPOSE

To specify authorization requirements for EMS aircraft providers with Contra Costa County operations based in.

II. AUTHORITY

Division 2.5, California Health and Safety Code; Title 22. Division 9 and Chapter 8, California Code of Regulations.

III. AUTHORIZATION

The local EMS Agency is responsible for authorizing EMS aircraft used for EMS response within its jurisdiction. Normally, only EMS aircraft that meet the “air ambulance” classification standard shall be authorized by the EMS Agency to respond in Contra Costa County. However, any request by a public safety agency dispatch center shall constitute “authorization” to respond to that request only.

IV. AUTHORIZATION PROCESS

To become authorized in Contra Costa County, an EMS aircraft provider is required to:

- A. Submit a completed EMS Aircraft authorization form,
- B. Enter into a written contract with the County, and,
- C. Pay the current EMS Aircraft Authorization Fee.

V. PERFORMANCE STANDARDS

A. Services.

1. Only an “Air ambulance” may be dispatched in response to an emergency medical aircraft request.
2. Aircraft may respond to emergency requests when and only when requested by a local public safety dispatch center.
3. A seamless "one contact number system", approved by the EMS Agency, is to be used by local public safety dispatch centers when requesting EMS aircraft assistance.
4. An authorized provider shall assure that its dispatch center provides an accurate “estimated time of arrival” (ETA) in minutes and clock hours to the requester of each air ambulance request.
5. An authorized provider shall comply with all applicable Federal, State and local laws and regulations, and County EMS policies, procedures and protocols.

B. Dispatch and Communications.

1. EMS aircraft dispatch centers shall be staffed and equipped to receive and process requests for EMS aircraft.
2. Dispatchers shall be adequately trained and prepared to process emergency medical requests.
3. Aircraft shall be equipped with County's MEDARS radio system for communications with Sheriff's Dispatch, on-scene ambulances, public safety agencies, and local base and receiving hospitals.

C. Staffing.

1. Air ambulance staffing shall include a medical flight crew consisting of a minimum of two (2) attendants licensed in advanced life support, at least one (1) of which is a registered nurse or physician.
2. Air medical flight crewmembers and pilots shall maintain all required professional licensure.

D. Training and Orientation

1. Medical flight crewmembers shall be trained in aeromedical transportation as specified in Section 100302, California Code of Regulations, and maintain current professional licenses.
2. Medical flight crews and pilots shall be oriented and familiar with the local EMS system prior to responding to local emergency medical requests. Orientation shall include the following topics:
 - a. Terrain and weather considerations specific to the geographic area of the County.
 - b. Local EMS and public safety agencies.
 - c. Locations of and special operational information related to local hospitals and medical specialty centers, helipads, airports and pre-determined emergency landing sites.
 - d. Comprehensive communications inventory including frequency numbers, agency names and identifiers, PL codes, and any special communications procedures.
 - e. (Medical crew) Local medical control policies and procedures.

E. Medical Control.

1. Local Medical Control Agreements shall be in place for paramedic crewmembers.
2. Providers shall assure compliance with local policies and procedures for medical control.
3. Registered Nurse crewmembers function within the Nurse Practice Act and shall be trained/qualified to provide advanced life support care within the local paramedic scope of practice at a minimum.

F. Documentation and Reporting.

1. Patients transported from within Contra Costa County: Patient care reports (PCR's) shall be completed for all patient transports despite location of receiving facility. PCR's include the required patient care data elements, requesting party/agency, and times necessary to determine aircraft response time from initial notification, on-scene time, and hospital transport time. Copies of PCRs are left with the patient at the receiving hospital.

- a. PCR's for all patients shall be sent to the EMS Agency within ten working days.
2. Patients transported into Contra Costa County from another county: Patient name, age, transport date/time, assessment, CRAMS/GCS, mechanism of injury and destination shall be sent to EMS within ten calendar days of the end of that month.

G. Quality Improvement.

1. Medical treatment guidelines for medical flight crew shall be in place and shall have been approved by the County EMS Medical Director.
2. A comprehensive continuous quality improvement (CQI) program approved by the EMS Medical Director shall be in place and shall be overseen by a physician or a Registered Nurse.
3. Quality improvement information shall be supplied to the County upon request.
4. County shall be notified of any events that could impact the credentials of air medical crewmembers.
5. Provider shall participate in County related CQI activities.

H. Equipment and Supplies.

1. EMS aircraft shall meet configuration and restraint standards for "air ambulance" according to Section 100306, California Code of Regulations.
2. Aircraft shall be stocked with full drug and solution inventories, and with basic, advanced life support and related specialty medical equipment and supplies at all times.

VI. MAINTENANCE OF AUTHORIZATION.

1. County may inspect aircraft, facilities, equipment, policies and records relating to aircraft maintenance, dispatch, patient care, and personnel qualifications as pertain to local operations.
2. Provider shall adhere to all applicable FAR's including FAR Part 91 and 135 (or their equivalent).
3. County may deny, suspend, or revoke an air ambulance authorization for failure to comply with applicable policies, procedures and regulations.



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POLICY #: 33 C
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SUBJECT: **EMS AIRCRAFT - AIR AMBULANCE (MEDICAL HELICOPTER) REQUEST**

APPROVED BY:

Art Lathrop, EMS Director

Joseph A. Barger, MD, EMS Medical Director

I. PURPOSE

To specify the procedures for public safety agencies in requesting a medical helicopter for an EMS system response.

II. AUTHORITY

Division 2.5 California Health and Safety Code; Title 22 California Code of Regulations.

III. REQUEST FOR MEDICAL HELICOPTER

The Incident Commander (IC) or his/her designee will initiate a medical helicopter response through the appropriate fire/medical dispatch center.

A. The fire/medical dispatch center should obtain the following information from the requesting party to the extent it is available:

1. Location and number of patients.
2. Type and extent of injuries (if known)
3. General location of nearest landing site (Thomas Bros. page number and coordinates and/or significant landmarks identifiable from the air)
4. Name and dispatch frequency of agency requesting a helicopter
5. Weather conditions
6. HazMat information if pertinent

B. To activate a helicopter, the fire/medical dispatch center shall:

1. Call 888-511-1600.
2. Determine helicopter availability and ETA of the provider's closest available helicopter.
3. Request helicopter activation.
4. Provide the information collected from the requesting party (identified in Section III.A. above).
5. Request helicopter ETA (to include liftoff and flight times). This is to include "estimated clock-hour time-of-arrival" and ETA in minutes.
6. Provide a "call-back" number to the medical helicopter dispatcher.

C. Upon helicopter activation the fire/medical dispatcher shall contact the IC or agency/individual requesting the helicopter to provide:

1. Name of the helicopter provider responding.
2. Stated ETA in clock-hours and in number of minutes.

D. Communications:

1. The IC or designee in conjunction with the fire/medical dispatch center shall identify the radio frequency to be used for ground to helicopter communication.
2. The helicopter shall re-contact the requesting fire/medical dispatch when enroute to the scene to determine the radio frequency and contact person to be used for air-to-ground communication.
3. The medical helicopter shall contact Sheriff's Dispatch via MED 11 when enroute to the hospital.

E. Helicopter not available:

The fire/medical dispatcher will notify the Incident Commander or requesting party if a helicopter is not available to respond.

F. To cancel a helicopter:

The Incident Commander or designee may cancel the helicopter response at any time prior to patient transport by direct notification to the responding helicopter or by notifying the appropriate fire/medical dispatch center. If instructed by the IC or designee, call 888-511-1600 to cancel the helicopter.

SUBJECT: **EMS AIRCRAFT – PATIENT TRANSPORT CRITERIA AND FIELD OPERATIONS**

APPROVED BY:

Art Lathrop, EMS Director

Joseph A. Barger, MD, EMS Medical Director

I. PURPOSE

To specify criteria for patient transport by air ambulance (medical helicopter) and to provide for coordinated field operations at incidents involving air ambulance response.

II. AUTHORITY

Division 2.5, California Health and Safety Code; Title 22. Division 9 and Chapter 8, California Code of Regulations.

III. EMS AIRCRAFT UTILIZATION CRITERIA

Only when the following clinical AND time criteria are met shall a patient be transported by an air ambulance (medical helicopter). When these criteria are not met, the helicopter should be cancelled.

The medical personnel on scene with primary patient care responsibility shall be responsible for assessing helicopter use criteria and shall advise the IC or designee to cancel the helicopter when indicated.

A. Clinical Criteria

1. Patients with an anticipated need for emergent trauma center intervention. Criteria for air ambulance transport include patients with high-risk trauma criteria who have:
 - a. Unstable vital signs, or;
 - b. Multi-system trauma (e.g. high-velocity blunt trauma), or;
 - c. Penetrating trauma (other than extremity injuries), or;
 - d. Head injury patients with airway management issues or profound alteration of level of consciousness.
2. Critically ill or injured patients whose conditions may be aggravated or endangered by ground transport (e.g., limited access via ground ambulance or unsafe roadway)
3. Unusual circumstances such as ambulance not available, multicasualty incidents, or patients with specialized needs available only at a remote facility such as burn victims or potential critical pediatric patients distant from the specialty services.

B. Time Criteria

EMS Aircraft transport should be used only when it will provide benefit in terms of transport time to the receiving facility when compared to time for ground transport. Ground ambulance personnel should be consulted if there is a question as to whether a time benefit exists. When considering air transport times, it is important to consider immediate availability, load time, driving/flight time, unloading and delivery of the patient into the hospital. If ground ambulances

will be necessary to move the patient to a helicopter or to move the patient from the helicopter to the hospital, this may add a significant amount of time to the overall transport.

IV. GROUND AMBULANCE ISSUES

- A. The ambulance unit responding to, or at the scene, shall not be canceled until:
 - 1. The helicopter has left the scene with the patient aboard, or
 - 2. The senior medical person on-scene has determined that patient transport is not required.
- B. A ground unit paramedic, who accompanies a patient in a rescue aircraft must assure the presence of appropriate medical equipment and must obtain orientation to the aircraft and to medical air transport procedures prior to transport.
- C. Ground ambulance units should make trauma base contact for patient destination determination prior to releasing the patient to the helicopter crew.

V. INCIDENT SCENE MANAGEMENT

- A. The IC shall evaluate the scene to determine if there is an appropriate location for a helicopter to land. Final responsibility for determining if a safe landing can be made, however, rests with the pilot.
- B. A public safety agency must be on-scene if the landing site is not an approved helipad or airfield landing site to:
 - 1. Establish a safe landing site following the public safety agency's policies/procedures, and
 - 2. Assist the helicopter in landing.

VI. HELICOPTER RENDEZVOUS

When patient condition and transport time considerations indicate that helicopter transport meets criteria, but a safe site in proximity to the patient is not available, the following apply:

- A. At Incident
 - 1. If the helicopter is unable to land at the scene, the IC or his/her designee, should consider arranging for an ambulance/helicopter rendezvous at an appropriate location. Ground ambulance crew input should be considered when available.
 - 2. The IC or his/her designee will select the rendezvous site. If the rendezvous site is not an approved helipad or airfield landing site, a request for helicopter rendezvous shall be handled in the same manner as a request for a helicopter to the scene and a public safety agency must be on the scene at the rendezvous site.
- B. Following Initiation of Ambulance Transport
 - 1. Once the ground ambulance begins patient transport, the ambulance crew should consider initiating a helicopter rendezvous when:
 - a. Patient condition deteriorates,
 - b. Traffic conditions are impassable,
 - c. Unit develops mechanical failure, or
 - d. Factors exist that will cause a delay or a potentially negative outcome in patient transport.

2. Rendezvous at an approved helipad or airfield landing site does not require presence of law enforcement or fire personnel.
 3. If the ambulance is unable to reach an approved helipad or airfield landing site, ambulance personnel should assure a Public Safety Agency is available to secure the selected site for helicopter landing.
- C. In all instances, consideration should be given to possible ground transport to a closer facility.

VII. MULTICASUALTY RESPONSES

- A. Upon notification that the Multicasualty Incident Plan (MCI) has been implemented, air transport providers are to stage at Buchanan Field, or at a staging site designated by the IC, until it can be determined if air transport service will be required.
- B. Helicopters responding to multicasualty incidents shall follow guidelines specified in the County MCI Plan.



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POLICY #: 33 E
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SUBJECT: **EMS AIRCRAFT - RESCUE AIRCRAFT REQUEST**

APPROVED BY:

Art Lathrop, EMS Director

Joseph A. Barger, MD, EMS Medical Director

I. PURPOSE

To obtain special resource assistance (local, State or Federal) for inland search and rescue operations within Contra Costa County.

II. AUTHORITY

Division 2.5 California Health and Safety Code, OES Law Enforcement Mutual Aid Search and Rescue System.

III. PROCEDURE

- A. Incident Commander (IC) determines need for specialized rescue aircraft.
- B. IC or designee contacts Contra Costa Sheriff's Dispatch - 646-2441 (law enforcement mutual aid coordinator).
- C. Information to be given to Sheriff's Dispatch for relay to State OES Law Division:
 1. Longitude and latitude of incident
 2. Incident description including number of injured, types of injuries and topography.
 3. If hoist is requested, estimate of the distance the patient will need to be lifted from the ground to the helicopter.
 4. Altitude of incident, if known.
 5. Weather at the scene.
 6. Air-to-ground frequency - CALCORD 156.075.

NOTE: If additional information is needed, Sheriff's Dispatch will facilitate contact with the requesting agency's dispatch center, for direct communications.

- D. Sheriff's Dispatch contacts State OES Law Division:

Monday - Friday, 8:00am - 5:00pm (916) 262-1744

Nights, weekends, holidays (916) 262-1621