

Sierra – Sacramento Valley EMS Agency Program Policy			
EMS Aircraft Operations			
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PURPOSE:

To establish minimum standards for the integration of EMS aircraft resources into the S-SV EMS system.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5.
- B. California Code of Regulations, Title 22.
- C. Prehospital EMS Aircraft Guidelines, EMSA Document #144, December 2010.
- D. California Division of Aeronautics, Title IV, 370.3, Sub-Chapter 2.1, Article 1.
- E. Federal Aviation Regulations, 91.3, 91.11 and 91.12.

DEFINITIONS:

- A. **Air Ambulance Coordination Center** – An emergency dispatch center designated by S-SV EMS for the purpose of coordinating air ambulance requests within the S-SV EMS region. The following EMS Aircraft Coordination Centers have been designated by S-SV EMS:
 - 1. CAL FIRE Grass Valley Emergency Command Center – Colusa, Nevada, Placer, Sutter and Yuba counties
 - 2. CAL FIRE Oroville Emergency Command Center – Butte, Shasta and Tehama counties.
 - 3. CAL FIRE Yreka Interagency Command Center – Siskiyou County
- B. **Public Safety Answering Point (PSAP)** – A designated public safety dispatch center where a 911 call is first received (primary PSAP) or where a 911 call is transferred/relayed for the purpose of dispatching resources (secondary PSAP).

- C. **Emergency Medical Services Aircraft (EMS Aircraft)** – Aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
- D. **Air Ambulance** – Any aircraft specially constructed, modified or equipped and used for the primary purpose of responding to emergency incidents and transporting critically ill and/or injured (life or limb) patients whose medical flight crew has, at a minimum, two attendants certified or licensed in advanced life support.
- E. **Rescue Aircraft** – Aircraft whose usual function is not prehospital emergency patient transport, but may be utilized for emergency prehospital patient transport when the use of an air or ground ambulance is inappropriate or not readily available. Rescue aircraft are classified as one of the following:
1. **Advanced Life Support (ALS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one attendant licensed as a paramedic.
 2. **Basic Life Support (BLS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one attendant certified as an EMT.
 3. **Auxiliary Rescue Aircraft** – A rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements of a basic life support rescue aircraft.

POLICY:

- A. No organization shall provide or hold themselves out as providing EMS aircraft services unless that organization has aircraft which have been classified by a Local EMS Agency (LEMSA) or, in the case of the California Highway Patrol, CAL FIRE, and California National Guard, by the California EMS Authority. EMS aircraft classification shall be limited to the following categories:
1. Air Ambulance.
 2. ALS Rescue Aircraft.
 3. BLS Rescue Aircraft.
 4. Auxiliary Rescue Aircraft.
- B. With the exception of mutual aid requests, EMS aircraft must be authorized by S-SV EMS in order to provide emergency/911 prehospital patient transport within the S-SV EMS jurisdictional region.

C. EMS aircraft providers including any company, lessee, agency (excluding agencies of the federal government), provider, owner, operator who provides or makes available prehospital air transport or medical personnel either directly or indirectly, or any hospital where an EMS aircraft is based, housed, or stationed permanently or temporarily shall adhere to all federal, state, and local statutes, ordinances, policies, and procedures related to EMS aircraft operations, including qualifications of flight crews and aircraft maintenance.

D. EMS Aircraft Requesting and Coordination:

1. An air ambulance should be requested for any incident that does not require air rescue operations. Rescue aircraft may be utilized, when in the opinion of the most medically qualified provider at scene, the patient's condition warrants immediate transport and/or air ambulance resources are not readily available. Consideration should be given to airway stabilization and/or the need for higher level medical procedures.
2. No air ambulance shall respond to an EMS incident in the S-SV EMS region without the request of a designated air ambulance coordination center.
3. EMS aircraft shall be requested by the Incident Commander (IC), or designee. The request shall be made to the PSAP of the agency having jurisdiction over the incident.
 - If communication with the IC is not possible or practical, EMS aircraft shall be requested through the applicable PSAP.
 - If a private ambulance arrives at scene before the arrival of public safety agency personnel, EMS aircraft shall be requested through the applicable PSAP. If unable to contact the PSAP directly from the field, the private ambulance dispatch center may be used to relay the request to the PSAP.
4. EMS aircraft requests received from providers still enroute may be overridden by the IC on scene. Excluding safety reasons, the IC shall consult with the most medically qualified provider at scene to determine the necessity of EMS aircraft utilization.
5. The PSAP shall utilize the following procedures based on the type and availability of EMS aircraft resource requested:
 - Air ambulance resource request:
 - Contact the designated air ambulance coordination center for resource requesting.

- Rescue aircraft resource request:
 - If the incident requires air rescue operations, or if air ambulance resources are not readily available, the PSAP is responsible for contacting the applicable air rescue provider dispatch center directly for resource requesting.
6. PSAPs are required to provide the following information to the air ambulance coordination center or air rescue provider dispatch center for all requests:
- Incident or LZ location: the general geographic location will suffice.
 - Nature of call: type of incident and severity of injuries, if known.
 - The designated LZ contact identified by incident name (i.e. “Jones Road LZ”). Individual personnel/unit identifiers should not be used as LZ contacts as they may change during the incident.
 - Any known aircraft hazards in the area, including; power lines, hazardous materials, other aircraft, or inclement weather conditions at the scene.
7. For air ambulance requests, the air ambulance coordination center will be responsible for the following:
- Verifying the incident/LZ location, determine the latitude/longitude and identify the closest/most appropriate air ambulance.
 - Contacting the dispatch center of the closest air ambulance provider and assigning the incident if the resource is available. If the air ambulance is unavailable, the next closest air ambulance provider dispatch center will be contacted. This process will continue until an air ambulance is assigned or it is determined that no air ambulance resources are readily available.
 - The air ambulance provider will be allowed up to five (5) minutes to check weather. If the air ambulance provider does not accept or turn down the flight within five (5) minutes, the air ambulance coordination center will re-contact the air ambulance provider to confirm status prior to contacting the next closest air ambulance provider.
 - Once an air ambulance is assigned to the incident, the air ambulance coordination center will relay resource ID and initial calculated ETA information to the requesting PSAP utilizing the following calculation:
 - Ten (10) minute dispatch/liftoff time plus one (1) minute for every two (2) response miles.
8. The requesting PSAP is responsible for relaying EMS aircraft response information to the IC.
9. All parties are responsible for informing requested EMS aircraft providers of inclement weather related to the response, including previous EMS aircraft providers who declined to respond due to weather conditions, either at base, enroute, or at scene.

E. Communications:

1. EMS aircraft providers shall be honest, open, ethical and responsible for accurately informing the air ambulance coordination center or PSAP of any changes in availability or response status. This shall include any circumstance and/or activity that will delay their ability to respond (maintenance, training flights, interfacility transports, need for refueling, etc.).
2. EMS aircraft shall provide an updated ETA to the air ambulance coordination center, requesting PSAP, or designated LZ contact when enroute.
3. All communications between EMS aircraft and the designated LZ contact should be done using CALCORD operational frequency of 156.075.
4. In addition to maintaining Med. 9 or 10, EMS aircraft shall have the capability of communicating directly, while in flight, with the following entities:
 - Required FAA facilities.
 - Air ambulance coordination center and/or requesting PSAP.
 - Ground units.
 - Designated base, modified base, and receiving hospitals.
 - S-SV EMS air to air EMS aircraft on frequency 123.025.
5. Air ambulance providers shall notify the air ambulance coordination center when entering and flying through their geographical area. The air ambulance coordination center will inform air ambulance personnel of any other known aircraft activities in the area (fire suppression, other responding aircraft, etc.).
6. Air ambulance coordination centers will not routinely perform flight-following operations with EMS aircraft. This will remain the responsibility of the requesting PSAP and/or the EMS aircraft provider's dispatch center.
7. Air ambulance providers shall maintain and update their availability on EMResource a minimum of once per pilot shift. EMResource will not be used as a primary method of determining aircraft availability by the air ambulance coordination centers.

F. Air Ambulance Coordination Center Data Recording and Reporting:

1. Air ambulance coordination centers shall properly document all air ambulance resource requests.
2. Air ambulance coordination centers shall provide a monthly air ambulance coordination report to S-SV EMS.

G. Space & Equipment:

1. EMS aircraft shall be configured so that:
 - There is sufficient space in the patient compartment to accommodate one (1) patient on a stretcher and one (1) patient attendant. Air ambulances shall have space to accommodate one (1) patient and two (2) patient attendants at a minimum.
 - There is sufficient space for medical personnel to have adequate access to the patient in order to carry out necessary procedures including CPR on the ground and in the air.
 - There is sufficient space for medical equipment and supplies required by regulations and S-SV EMS policies.
2. EMS aircraft shall have adequate safety belts and tie-downs for all personnel, patient(s), stretcher(s) and equipment to prevent inadvertent movement.
3. EMS aircraft shall:
 - Have onboard equipment and supplies commensurate with the scope of practice of the medical flight crew, as approved by S-SV EMS.
 - Be equipped with a radio headset for each crew member, ride along and patient as needed. Each crew member headset should allow for communications with ground stations, base, modified base and receiving hospitals.

H. Patient Method of Transport and Destination:

1. If there is disagreement regarding air vs. ground transport, base/modified base hospital contact shall be made to determine the method of transport.
2. Patient destination shall conform to patient destination guidelines outlined in the California Code of Regulations, Title 13, § 1105 and S-SV EMS policies/protocols.
3. The pilot will exercise primary authority and responsibility for the safe operation of the aircraft including, but not limited to, routing, destination, and landing site (FAR 91.3). Clinical personnel shall advise the pilot of any special considerations, appropriate destination alternatives, or applicable information in order to meet the needs of the patient(s).

I. Personnel:

1. Air ambulances shall be staffed with a minimum of two (2) medical flight crew members certified or licensed in advanced life support. Staffing can be achieved with any combination of:

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- S-SV EMS accredited paramedics.
 - Registered nurses.
 - Physicians.
2. ALS and BLS rescue aircraft shall be staffed with a minimum of one (1) S-SV EMS accredited paramedic or EMT medical flight crew member based on their level of classification.
 3. The medical flight crew of an EMS aircraft shall have training in aeromedical transportation. Training should be equivalent to the DOT Air Medical Crew National Standard Curriculum.
 4. Medical flight crews shall participate in such continuing education requirements as required by their license or certification.
 5. In situations where the medical flight crew is less medically qualified than the ground personnel from whom they receive patients, they may assume patient care responsibility only in accordance with S-SV EMS policies/protocols.
 6. EMS aircraft that do not have a medical flight crew shall not transport patients except in accordance with S-SV EMS policies/protocols.
 7. Air ambulance services shall have a physician medical director who, by training and experience, is qualified in emergency medicine. The medical director shall be responsible for the supervision of the quality assurance/improvement program of air medical transport patient care.
 8. Paramedics shall operate under S-SV EMS policies/protocols. Standardized procedures for registered nurses may be developed by the air ambulance service's medical director, but must be on file with S-SV EMS prior to implementation.