

Policy 606

Air Ambulance Utilization

Rev: 2/18

I. Purpose:

- A. To provide a standard of operation for helicopter air ambulance rescue services that are providing emergency medical care in the pre-hospital setting within San Benito County.

II. Air Ambulance Provider Approval:

- A. The approval process for helicopter air ambulance providers to operate in the pre-hospital setting includes:
  - 1. Compliance with City, County, State, and Federal regulations governing aircraft and helicopter air ambulance.
  - 2. Compliance with this policy.
  - 3. This section does not apply to federal agencies.

III. Definitions:

- A. The California Code of Regulations, Title 22, Sections 100279 through 100283 defines EMS Aircraft:
  - 1. 100280 Air Ambulance: "Air Ambulance" as used in this chapter means any aircraft constructed, modified, or equipped and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at minimum two attendants certified or licensed in advanced life support.
  - 2. 100281 Rescue Aircraft: "Rescue Aircraft" means an aircraft whose usual function is not pre-hospital emergency patient transport but which may be utilized, in compliance with local EMS policy for pre-hospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable.
  - 3. 100282 ALS Aircraft: "Advanced life support rescue aircraft" or "ALS rescue aircraft" means rescue aircraft whose medical flight crew has at a minimum one attendant certified or licensed in advanced life support.
  - 4. 100283 BLS Aircraft: "Basic life support rescue aircraft" or "BLS rescue aircraft" means a rescue aircraft whose medical crew has at a minimum one attendant certified as an EMT 1A.

B. Dispatch for Field Requests:

- 1. The closest available air ambulance will be dispatched.
- 2. An Air Ambulance may be dispatched using San Benito County EMS PAM Triage Criteria following patient and scene evaluation by EMS personnel.
- 3. An Air Ambulance may also be dispatched following a request from responding EMS personnel prior to arriving on scene when credible information has been received indicating a high likelihood of the need for this resource.
- 4. If an Air Ambulance refuses to accept the dispatch due to weather or mechanical problems,



another air ambulance should be immediately dispatched. Patient transport should not be unduly delayed. Base Contact shall be made if the medical authority on scene decides ground transport is the most appropriate method of delivery of the patient to definitive care.

- 5. Field Dispatch Request Information (see Table 1)
- 6. The location of the LZ will be at the discretion and collaboration of the IC and highest medical authority on scene.

IV. Cancellation of Helicopter Air Ambulance:

- A. The on scene Incident Commander with approval from the responding ALS medical authority may cancel an air ambulance.
- B. If the helicopter pilot questions the safety of a mission, he/she shall have the final authority in decisions to continue or cancel the mission.

V. Medical Control:

- A. Medical control for the approved helicopter air ambulance personnel trained to the skill level of a flight nurse or paramedic will be in accordance with the standards established by the county of origin. Standardized nursing procedures will be reviewed and approved biannually by the San Benito County EMS Medical Director.

VI. Destination Hospital:

- A. Refer to Policy #625 *Trauma Patient Transport and Destination*.

VII. Documentation:

- A. A complete patient care record will be provided to the San Benito EMS Office for all field encounters by the approved helicopter air ambulance service no later than 3 working days after the incident. The PCR will be reviewed by the EMS Medical director or his/her designee.

VIII. Quality Assessment:

- A. All field requests for helicopter air ambulance service are subject to retrospective evaluation by the San Benito County EMS Continuous Quality Improvement Committee.

Table 1: Dispatch Request Checklist	
<input type="checkbox"/> Unit Identifier	<input type="checkbox"/> Weather at LZ
<input type="checkbox"/> Nature of problem	<input type="checkbox"/> Tactical Frequency
<input type="checkbox"/> Location	<input type="checkbox"/> Number/weight of patients
<input type="checkbox"/> Special equipment if needed	

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