Air Medical Services

San Benito County Emergency Medical Services Agency

Policy : 1060
Effective : May 1, 2014
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I. Purpose

To authorize a standard of operation for Air Medical Services that are providing prehospital care in San Benito County.

EMS aircraft provide a mechanism to potentially reduce the amount of time that it takes to deliver a patient to an appropriate medical facility. Given that saving time is a key component of EMS aircraft use, it is imperative that all facets of the incident be managed in a way that attempts to accomplish this goal.

Several time elements are created when a request is placed for an EMS aircraft. These time elements are similar to those that exist for ground ambulances. The request for an EMS aircraft from a dispatch center or hospital is not unlike a 9-1-1 call placed by a person in need of medical attention. As soon as the request for assistance is made, there is an expectation on the part of the caller that every conceivable effort is being made to deliver the requested response in the most expeditious manner possible.

The San Benito County EMS Agency integrates Air Medical Services into the system by implementing standards consistent with 1) California Code of Regulations, Title 22, Division 9, Chapter 8, Prehospital EMS Aircraft Regulations, Section 100300, 2) The State EMS Authority Prehospital EMS Aircraft Guidelines, Document #144, 3) The Federal Department of Health & Human Services(DHHS), Centers for Medicare & Medicaid Services(CMS),Emergency Medical Treatment and Active Labor Act(EMTALA) 4) The California Department of Transportation, Division of Aeronautics.

II. Authority

   California Code of Regulations, Title 22, Sections 100276 – 100291.
III. Definition

A. **Air Medical Service** – means aircraft used to provide medical care and transportation. Includes Air Ambulances, ALS Rescue and Search and Rescue Aircraft.

B. **Air Ambulance** – means any aircraft specially constructed, modified or equipped and used for the primary purpose of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has, at a minimum, two attendants certified or licensed in advanced life support.

C. **ALS Rescue Aircraft** – means an aircraft specially constructed or equipped to carry critically ill or injured patients whose medical flight crew has, at a minimum, one attendant certified or licensed in advanced life support.

D. **Rescue Aircraft** – means an aircraft whose usual function is not prehospital emergency patient transport, but which may be used in compliance with EMS local policies for prehospital emergency transport when the use of an air or ground ambulance is inappropriate or unavailable.

E. **Classifying EMS Agency** - means the agency which categorizes the EMS aircraft into the groups identified in Section 100300(c)(3). This shall be the local EMS agency in the jurisdiction of origin except for aircraft operated by the California Highway Patrol, the California Department of Forestry or the California National Guard which shall be classified by the EMS Authority.

F. **Authorizing EMS Agency** - means the local EMS agency which approves utilization of specific EMS aircraft within its jurisdiction.

G. **Designated Dispatch Center** - means an agency which has been designated by the local EMS agency for the purpose of coordinating air ambulance or rescue aircraft response to the scene of a medical emergency within the jurisdiction of the local EMS agency.

IV. Procedure

EMS aircraft must be Authorized by the local EMS Agency in order to provide prehospital patient transport within the jurisdiction of the EMS Agency. All flight crew must be appropriately trained as dictated by the California Code of Regulations, Title 22.

A. **INDICATIONS FOR AIR MEDICAL SERVICES**

1. Simultaneous dispatch of an air ambulance and ground units will occur when:
   a. Dispatcher categorizes the response as a high priority
   b. Paramedic unit arriving on scene time is > 20 minutes
2. The decision to use Air Medical Services involves both medical and scene management decisions. Time/distance factors, patient conditions and external scene complications should be considered.

3. Helicopter transports shall be considered for illness or injury that are potentially life threatening or disabling or when distance or delay is a critical factor to patient outcome.

4. Air Ambulance services shall be considered as additional resources in Multi-Casualty Incidents.

B. AIR MEDICAL SERVICES DISPATCH

1. When the Santa Cruz Regional 9-1-1 Dispatch Center is not the coordinating agency for the incident, the helicopter responding unit **MUST** notify the Santa Cruz Regional 9-1-1 Dispatch Center of its ETA to the emergency scene.

2. In all cases, the closest most appropriate helicopter service shall be dispatched. In the event that the closest service is not available, the next closest service shall be dispatched. In the event of a Multi-Casualty Incident, the helicopter may also be used as an additional resource.

3. Field dispatch may be authorized only by designated persons which include: firefighters, law enforcement personnel, state or federal park peace officers, paramedics, registered nurses and physicians.

4. When a helicopter is being requested for field dispatch, Santa Cruz Regional 9-1-1 Dispatch Center shall be provided with the following information:
   a. Agency name and dispatch frequency of agency requesting the Helicopter.
   b. Need for a hoist.
   c. Location and number of patients.
   d. General location of nearest landing zone with latitude/longitude coordinates if possible.

5. At all times, San Benito County First Responders and an ALS ground transport unit will also be dispatched.

6. Santa Cruz Regional 9-1-1 Dispatch Center shall advise all responding ground units of the helicopter ETA.

C. DESTINATION HOSPITAL

Medical helicopters will take patients to the most appropriate medical care facility based on San Benito County EMS triage, destination, and transport Policies, Protocols and Procedures.
D. CANCELLATION OF MEDICAL HELICOPTER

An Incident Commander in collaboration with medical authority may cancel a medical helicopter response.

E. REFUSAL TO FLY FIELD REQUESTED MISSION DUE TO HAZARD

If a field request helicopter is unable to accept the dispatch due to hazards (weather, terrain or other perceived hazards) or the helicopter refuses to land because of dangerous conditions, consider a safer rendezvous site in collaboration with the pilot. Also, an alternative helicopter service may be considered that has capabilities that mitigate the perceived hazard e.g., instrument capability, hoists, etc. In all cases, however, the air ambulance service requestor shall notify alternative helicopter services that the original request to fly was refused and to relay the reasons why the mission was originally refused, e.g., weather.

F. MEDICAL CONTROL

1. Using the standards of care as outlined in the county’s field treatment guidelines, San Benito County will provide on-line medical control to the approved air medical service flight crew when requested.

2. 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 bi-annually by the San Benito County EMS Medical Director.

3. Documentation by the air medical service shall be provided on a county EMS Agency approved Patient Care Record. A copy of the Patient Care Record for each air medical service transport in San Benito County shall be forwarded to the San Benito County EMS Agency.

4. Air medical service providers in San Benito County shall participate in San Benito County EMS Quality Improvement and educational activities as requested.

5. Approved air medical services are required to adhere to this and to all other applicable San Benito County EMS policies regarding prehospital care.
G. HOSPITAL HELIPORT

“The purpose of a hospital heliport is to facilitate transport of patients in critical need of medical attention. The California Department of Transportation has always encouraged hospitals to develop a permitted heliport which will ensure its users a safe and dependable facility meeting established safety standards” Division of Aeronautics – M.S.#40.

1. Hazel Hawkins Memorial Hospital shall provide access to the helipad located at the Hospital to all EMS Agency Authorized helicopter services, Mutual Aid helicopter services, and EMS Agency contracted ground transport units to the extent necessary to triage, transfer, and/or transport patients per EMS Agency Policies, Protocols and Procedures as amended from time to time.

2. Any transfer of an EMS patient at the hospital helipad must be in accordance with the Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd), the regulations promulgated thereunder in the CMS Manual System, Pub. 100-07, 489.24(a), 2406/C-2406; 489.24(a)(1)9i) MSE, Interpretive Guidelines, and applicable EMS Agency Policies, Protocols and Procedures as amended from time to time.

3. If at any time the hospital helipad is closed to traffic, the hospital shall immediately notify the Santa Cruz Regional 9-1-1 Dispatch Center in order for them to inform appropriate EMS prehospital providers of the closed status. As soon as the helipad re-opens, the dispatch center will be notified by the hospital and that information shall be conveyed to the prehospital providers. Notifications of all closures and re-openings will be made by telephone and by electronic status updates to EMSSystem, or whatever regional readiness system is in place. For all unscheduled closure incidents the hospital shall send an incident report to EMS within 24 hours of the incident for EMS QIP review.