

	06-0103	EMS Aircraft Requesting, Coordination, and Operations
Nor-Cal EMS Policy & Procedure Manual		EMS Aircraft
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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

AUTHORITY:

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

California Division of Aeronautics, Title IV, 370.3, Sub-Chapter 2.1, Article 1.

Federal Aviation Regulations, 91.3, 91.11 and 91.12.

PURPOSE:

The purpose of this policy is to specify requirements for each authorized Provider’s Communication Center who is assigned to an Air Region within the Nor-Cal EMS region.

Definitions

Refer to policy 06-0101 EMS Aircraft Definitions policy for the definition of terms used in this policy.

POLICY:

1. 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.
2. With the exception of mutual aid requests, EMS aircraft must be authorized by Nor-Cal EMS in order to provide 911 patient transport within the Nor-Cal EMS region.
3. EMS aircraft providers, owners, operators, or any hospital where an EMS aircraft is based, housed, or stationed permanently or temporarily shall adhere to all federal, state, and local statues, ordinances, policies, and procedures related to EMS aircraft operations, including qualifications of flight crews and aircraft maintenance.

EMS AIRCRAFT REQUESTING AND COORDINATION:

1. An air ambulance should not be requested for any incident that does not require the need for 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 shall be given to airway stabilization and/or the need for higher level medical procedures.
2. EMS aircraft shall be requested by the Incident Commander (IC)/designee, and through the PSAP of the agency having jurisdiction over the incident.

- A. If communication with the IC is not possible or practical, EMS aircraft shall be requested through the applicable PSAP.
 - B. If the responding ground ambulance determines through dispatch information (incident location, patient acuity) that air medical transport may be necessary. EMS aircraft shall be requested through the applicable PSAP before the arrival of public safety agency personnel, 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.
 - C. EMS aircraft requests received from providers still en route may be overridden by the IC at scene. Excluding safety reasons, the IC shall consult with the most medically qualified provider at scene to determine the necessity for EMS aircraft.
3. The PSAP shall utilize the following procedures, based on the type and availability of EMS aircraft resource requested:
 4. Verify the incident/LZ location, determine the latitude/longitude in degrees/minutes and identify the closest/most appropriate air ambulance per CAD mapping software. In areas where air ambulances are deemed co-located by Nor-Cal EMS, the PSAP will contact the dispatch center that is “up” on rotation for scene calls at that time and assign the incident if the resource is available.
 - A. 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.
 - B. Upon aircraft notification, the air ambulance pilot is allowed up to five (5) minutes to check weather conditions within an expected 15-minute lift window. If the air ambulance provider does not accept or decline the flight within five (5) minutes, the air ambulance requestor/PSAP will re-contact the air ambulance provider to confirm status prior to contacting the next closest air ambulance provider.
 - C. Relay the assigned air ambulance resource identifier and initial ETA to the requesting PSAP:
 - a. An aircrafts scene arrival time shall not exceed 15-minutes of the initial ETA given by the pilot upon flight acceptance. A timeframe greater than 15-minutes of the initial pilot ETA prompts submission of a fillable online Aircraft Clarity Report form by the air provider for NOR-CAL EMS review.
 - b. Initial ETAs shall be provided promptly to ground units once relayed to the PSAP. Excessive ETAs should prompt EMS ground units to begin transport to the nearest appropriate facility, and/or dispatch of a secondary aircraft for expediency of patient care.
 - D. If any air ambulance provider declines the flight for weather, the PSAP or air ambulance provider MUST relay this to the next air ambulance provider contacted.
 5. PSAPs are required to provide the following information to the air ambulance dispatch center or air rescue provider for all EMS aircraft resource requests:

- A. Incident or LZ location: the general geographic location will suffice.
 - B. Latitude and Longitude (if available)
 - C. Nature of call: type of incident and severity of injuries, if known
 - D. The designated LZ contact identified by incident name (i.e. "Douglas City LZ"). Individual personnel/unit identifiers should not be used as LZ contacts.
 - E. Any known aircraft hazards in the area, including; power lines, hazardous materials, other aircraft, or inclement weather conditions at the scene.
 - F. Patient weight (if available)
6. The requesting PSAP shall relay EMS aircraft response information to the IC
 7. All parties are responsible for informing EMS aircraft providers of inclement weather related to the response, including previous EMS aircraft providers who declined the flight due to weather conditions (at base, enroute, or at scene).

COMMUNICATIONS:

1. EMS aircraft providers shall be honest, open, ethical and responsible for accurately informing the air ambulance coordination center, or requesting 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, inter-facility transports, need for refueling, etc.).
2. EMS aircraft shall provide an updated ETA after 15-minutes of flight to the requesting PSAP and/or designated LZ contact when enroute.
 - A. An aircrafts scene arrival time shall not exceed 15-minutes of the initial ETA given by the pilot upon flight acceptance. A timeframe greater than 15-minutes of the initial pilot ETA prompts submission of a fillable online Aircraft Clarity Report form by the air provider for NOR-CAL EMS review.
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:
 - A. Required FAA facilities.
 - B. The requesting PSAP.
 - C. Ground units.
 - D. Base, modified base and receiving hospitals.
 - E. Nor-Cal EMS air to air EMS aircraft on frequency 123.025.
5. Air ambulance providers shall notify the local PSAP when entering and flying through their geographical area. The PSAP will inform air ambulance personnel of any other known aircraft activities in the area (fire suppression, other responding aircraft, etc.).

6. The responsibility of flight-following operations will be that 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 every 12 hours, and immediately with every change of aircraft status. Notes shall also be entered in the comments section such as, committed, avail returning from UC Davis, out of service due to operations, maintenance, etc.

AIR AMBULANCE PROVIDER DISPATCH DATA RECORDING AND REPORTING:

1. Air ambulance provider dispatch centers shall adequately record all air ambulance resource request activities.
2. Air ambulance provider dispatch centers shall provide air ambulance coordination data to Nor-Cal EMS upon request.

SPACE AND EQUIPMENT:

1. EMS aircraft shall be configured so that:
 - A. There is sufficient space 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. One (1) attendant is acceptable in on scene situations where climate or other unforeseeable lift concerns prohibit flight safety. In these circumstances, the highest level of care shall remain with the patient for transport.
 - B. There is sufficient space for medical personnel to have adequate patient access to carry out necessary procedures on the ground and in the air.
 - C. There is sufficient space for medical equipment and supplies required by applicable regulations and Nor-Cal EMS policies.
2. EMS aircraft shall have adequate safety belts and tie-downs for all personnel, patients, stretchers 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, and shall comply with the Nor-Cal EMS Minimum Equipment and Supply List.
4. EMS aircraft shall be equipped with a radio headset for each crew member, ride along and patient. Each crew member headset shall allow for communications with ground stations, base/modified base and receiving hospitals.

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 appropriate method of transport.
2. Patient destination shall conform to guidelines outlined in the California Code of Regulations, Title 13, § 1105, and Nor-Cal 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.

PERSONNEL:

1. Air ambulance medical flight crew(s) shall have a minimum of (2) two attendants. The medical flight crew must consist of one of the following categories:
 - A. Registered Nurse & Paramedic
 - B. Physician & Paramedic
 - C. Physician & Registered Nurse
 - D. Registered Nurse & Registered Nurse
2. All medical flight crew paramedics must be accredited with Nor-Cal EMS.
3. ALS and BLS rescue aircraft shall be staffed with a minimum of one (1) Nor-Cal EMS accredited paramedic or EMT medical flight crew member based on their level of classification.
4. 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.
5. Medical flight crews shall participate in such continuing education requirements as required by their license or certification.
6. 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 Nor-Cal EMS policies/protocols.
7. EMS aircraft that do not have a medical flight crew shall not transport patients except in accordance with Nor-Cal EMS policies/protocols.
8. Air ambulance services shall have a physician Medical Director that is Board Certified and licensed in the State of California. And 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.
9. Paramedics shall operate under Nor-Cal 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 Nor-Cal EMS.