

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PREHOSPITAL EMS AIRCRAFT
OPERATIONS**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 514

PURPOSE: To establish minimum standards for EMS aircraft operations in the County of Los Angeles.

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 8, Section 100276-100306.

DEFINITIONS:

Advanced Life Support (ALS): Definitive prehospital emergency medical care approved by the local EMS Agency, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital or Ref. No. 806.1, Procedures Prior to Base Contact, or if an approved Standing Field Treatment Protocol provider, SFTPs as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the staff of that hospital.

Basic Life Support (BLS): Those procedures and skills contained in the EMT-I scope of practice, including emergency first aid and cardiopulmonary resuscitation.

Classifying and Authorizing EMS Agency: The Los Angeles County EMS Agency, which classifies EMS Aircraft into categories and approves utilization of such aircraft within its jurisdiction.

Continuation of 9-1-1 Call: In urban or other areas where helicopter landings may be unsafe, a hospital's State approved and licensed heliport or designated landing site is utilized for transfer of the patient from the ground crew to the medical flight crew for continuation of the 9-1-1 call.

Designated Dispatch Center: 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 or traumatic emergency within the jurisdiction of the local EMS Agency.

Emergency Medical Services (EMS) Aircraft: Any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.

Primary Provider Agency: The provider agency authorized to provide 9-1-1 emergency medical services within a city or unincorporated area of Los Angeles County by the governmental authority responsible for that geographic area.

EFFECTIVE: 5-1-91

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SUPERSEDES: 8-01-09

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APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

PRINCIPLES:

1. The Los Angeles County EMS Agency is responsible for the integration of EMS aircraft into the Los Angeles County EMS patient transport system and for the development of policies and procedures related to the integration of this specialized resource. EMS aircraft operating in Los Angeles County must be classified and authorized by the EMS Agency in order to provide prehospital patient transport.
2. EMS aircraft providers (excluding agencies of the federal government) who provide or make 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.
3. Availability and appropriateness of EMS aircraft transport shall be determined by the primary EMS provider agency on scene. This will be based on the patient's status, ground ambulance response time, and proximity to a receiving facility staffed and equipped to meet the needs of the patient(s), i.e., trauma centers, pediatric trauma center, etc. versus the most accessible receiving facility (MAR).
4. The base hospital directing the patient's care shall be the medical authority in determining patient destination and treatment in accordance with all applicable prehospital care policies.
5. No EMS aircraft shall respond to an incident without formal dispatch from a designated dispatch center or request from the primary provider agency responsible for the area in which the incident has occurred.
6. The primary provider agency requesting EMS aircraft response shall assume medical management responsibility at the scene, and shall be responsible for proper protection of the emergency landing site during its use in the event that a licensed heliport is not available. This shall include, but not be limited to, fire protection, rescue services, exclusion of extraneous individuals, control of duties performed in the immediate vicinity of the aircraft (special attention will be paid to the main rotor, the tail rotor, and the effects of rotor downwash) and patient protection during landing.
7. The authority for safety of the EMS aircraft and persons associated with the EMS aircraft shall rest with the pilot. This shall include the supervision of those persons directly involved in loading/unloading patients and/or supplies.

POLICY:

I. Dispatch Criteria

Availability and appropriateness of EMS aircraft transport shall be determined by the primary provider agency on scene with regard to, but not limited to, the following:

- A. The determination of ground versus air transport should be based on the time of day, incident location, weather conditions, traffic obstructions, etc.
- B. An EMS aircraft should be considered for dispatch to an incident any time ground response will result in an extended estimated time of arrival, and/or incident location

response will result in an extended estimated time of arrival, and/or incident location is inaccessible by ground ambulance.

- C. If aeromedical transport is indicated and the requested/most accessible EMS aircraft is unavailable, the next most accessible EMS aircraft provider should be requested until all resources have been exhausted.
- D. Patients meeting trauma center criteria should be transported by EMS aircraft when a trauma center cannot be accessed by ground within 30 minutes (Reference No. 506, Trauma Triage). Patients in **traumatic cardiopulmonary arrest** shall be transported as follows:

Blunt Trauma: Should be transported by ground to the MAR.

Penetrating Torso Trauma **Transport by helicopter to the designated trauma center if the patient has cardiac activity (PEA, V-tach, or V-fib).** Patients without cardiac activity (asystole or agonal rhythm) should be transported by ground to the MAR

- E. Patients meeting Pediatric Medical Center (PMC) criteria may be transported by EMS aircraft when a PMC cannot be accessed by ground within the timeframe specified in Reference No. 510, Pediatric Patient Destination. The decision to transport these patients via EMS aircraft should be made in consultation with the base hospital.
- F. For patients requiring ALS level care who do not meet specialty center (i.e., trauma center, PMC, or perinatal center) criteria or guidelines and whose condition is deteriorating and transport to a basic 9-1-1 receiving center is extended, transport by EMS aircraft may be considered.
- G. The designated dispatch center or primary provider agency requesting/dispatching EMS aircraft responses shall notify the following facilities/agencies as early as possible, and prior to patient/EMS aircraft arrival. Examples of these facilities/agencies include, but are not limited to the following:
 - 1. Local fire department
 - 2. Local law enforcement for scene jurisdiction
 - 3. Base hospital, if applicable, in accordance with established policies and procedures.
 - 4. Receiving hospital (when possible, the receiving hospital should be notified by both the EMS Aircraft and the base hospital handling the call).
 - 5. Medical Alert Center
- H. Dispatch of EMS aircraft may not be appropriate under certain circumstances and patients may require transport to the most accessible 9-1-1 receiving facility (MAR) staffed and equipped to handle the patient in compliance with State and local EMS policies and procedures.
 - 1. The patient has an uncontrollable life-threatening situation (e.g., unmanageable airway or uncontrolled hemorrhage).
 - 2. There are conditions not conducive to air transport such as inadequate landing

3. Air transport is not immediately available when the patient is ready for transport and the risks of delaying transport outweigh the risks of transporting by ground.

II. Cancellation

When an EMS aircraft response has been requested, the decision to cancel the EMS aircraft may be made by one or more of the following, as appropriate for the incident:

- A. Primary provider EMS personnel
- B. Incident commander
- C. Pilot in command of the EMS aircraft
- D. Requesting personnel and/or organization
- E. Base hospital physician

NOTE: The designated dispatch center or primary provider agency managing the request for an EMS aircraft shall notify all affected parties of the cancellation of an EMS aircraft.

III. Patient Destination/Landing Sites

- A. The base hospital directing the patient's care shall determine patient destination in accordance with the applicable patient destination policies, provided the receiving facility has a State approved and licensed heliport or designated landing site. Hospital diversion status is also a consideration in determining patient destination. The base hospital shall contact the receiving facility and relay all pertinent information concerning the patient's condition.
- B. If base hospital contact cannot be established or maintained, the decision for patient destination shall be made by the highest medical authority on scene. Hospital diversion status should be obtained from the MAC. Pertinent patient information and ETA should be relayed directly to the receiving hospital, through the MAC or the designated dispatch center.
- C. All applicable destination policies will be followed for patients treated under Reference No. 806.1, Procedures Prior to Base Contact, or SFTPs. Hospital diversion status and availability of a State approved and licensed heliport or designated landing site are factors that need to be considered. Paramedics shall contact the receiving facility directly and relay all required information concerning the patient's condition.
- D. All patient destinations, with respect to safety factors, shall be approved by the pilot in command.
- E. In all situations where temporary emergency landing sites are used, the pilot of each EMS aircraft will exercise primary authority and responsibility for the safe operation of the aircraft. If a hospital with a State approved and licensed heliport or designated landing site is in proximity to an incident requiring EMS aircraft transport, such heliport or landing site may be utilized for continuation of the 9-1-1 call.

IV. Communication/Record Keeping

- A. EMS aircraft shall have the capability of communicating with each of the following:
1. Designated dispatch center
 2. EMS ground units at scene of an emergency
 3. Designated base hospitals
 4. Receiving hospitals
 5. Other appropriate facilities or agencies
 6. Required FAA facilities

NOTE: Whenever possible, direct communication should be established.

- B. All EMS aircraft shall utilize appropriate radio frequencies for dispatch, routing and coordination of flights. This excludes use of Med 1-8 and Hospital Emergency Administrative Radio (HEAR) for these purposes.
- C. Each EMS aircraft shall establish base hospital contact with their assigned base hospital or the appropriate area base hospital pursuant to Reference No. 808, Base Hospital Contact and Transport Criteria.
- D. When receiving a patient(s) from ground units, the medical flight crew shall ensure that, if applicable, base hospital contact has been made and/or continued. Such contact shall not unnecessarily delay patient transport.
- E. In the event voice communication cannot be established or maintained with the base hospital, paramedics shall utilize Reference No. 806.1, Procedures Prior to Base Contact, or SFTPs if an approved SFTP provider.
- F. All applicable prehospital care policies and procedures related to record keeping shall apply to EMS aircraft operations.

V. Medical Control

- A. All EMS policies and procedures for medical control and patient destination shall apply to the medical flight crew.
- B. In situations where the medical flight crew is less medically qualified than the ground personnel from whom they receive patients, the medical flight crew may assume patient care responsibility only in accordance with policies and procedures established by the EMS Agency.
- C. Medical flight crewmembers who have an expanded scope of practice (Physicians/RNs) beyond Reference No. 803, Paramedic Scope of Practice, may only utilize specific treatments/procedures for which they are licensed, trained and qualified. In such cases, notification to the receiving facility shall be made and base hospital medical direction is not required.
- D. If a physician is aboard an EMS aircraft, under no circumstances will the presence of said physician endorse the violation of recognized limits of scope of practice of any EMT-I, paramedic or RN aboard the aircraft.

CROSS REFERENCES:

Prehospital Care Policy Manual:

- Reference No. 502, **Patient Destination**
- Reference No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
- Reference No. 504, **Trauma Patient Destination**
- Reference No. 506, **Trauma Triage**
- Reference No. 508, **Sexual Assault Patient Destination**
- Reference No. 510, **Pediatric Patient Destination**
- Reference No. 511, **Perinatal Patient Destination**
- Reference No. 512, **Burn Patient Destination**
- Reference No. 515, **Air Ambulance Trauma Transport**
- Reference No. 518, **Decompression Emergencies/Patient Destination**
- Reference No. 519, **Management of Multiple Casualty Incidents**
- Reference No. 520, **Transport of Patients from Catalina Island**
- Reference No. 606, **Documentation of Prehospital Care**
- Reference No. 802, **Emergency Medical Technician-I Scope of Practice**
- Reference No. 803, **Paramedic Scope of Practice**
- Reference No. 806.1 **Procedures Prior to Base Contact (Field Reference)**
- Reference No. 808, **Base Hospital Contact and Transport Criteria**
- Reference No. 813, **Standing Field Treatment Protocols**