

EMS Operations**Date: 10/10/2022****Air Ambulance Activation****Policy # 4240****I. Purpose:**

- A. To establish a standardized Imperial County policy, for requesting and dispatching air ambulances in the pre-hospital setting.
- B. To provide reliable coordination between EMS aircraft and ground EMS responders.
- C. To ensure that patients are transported to the most appropriate facility.

II. Authority:

- A. California Emergency Medical Services, Health and Safety Code Division 2.5 [179.178–1798)
- B. California Code of Regulations, Title 22 – Division 9, Chapter 8
- C. Centers for Medicare & Medicaid Services, Memo – Ref: S&C-08-15, March 21, 2008.

III. Definitions:

- A. Air Ambulance – any aircraft specially 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 a minimum two (2) attendants certified or licensed in advanced life support, one (1) Registered Nurse and one (1) County and CA State accredited Registered Nurse, Paramedic, or Physician.
- B. Rescue Aircraft – any aircraft who’s usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and auxiliary rescue aircraft.
- C. Air Ambulance Coordinator – a position within the Incident Command System (ICS) that, when assigned, is designated with responsibility to coordinate tactical or logistical air operations. For the purpose of this policy, the Air Ambulance Coordinator would typically coordinate with the Incident Commander, EMS aircraft, and the EMS personnel providing patient care. This position may be designated as the ground contact for incoming EMS aircraft. This individual can be a primary EMS or Fire provider, as long as they have received their agency’s approved training for Air Ambulance Coordination, and have made every effort to communicate with other agencies responding to the incident.

IV. Policy:

- A. Determination of need for an air ambulance

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1. The decision to use an air ambulance involves the use of both medical and scene management decisions.
2. Need for an air ambulance should be determined by the responding and on scene providers based on activation criteria provide in this policy.
3. An air ambulance may be considered if one (1) of the following conditions apply:
 - i. The use of an air ambulance will provide a significant reduction in transport time to a facility capable of providing definitive care.
 - ii. The patient is inaccessible by other means.
 - iii. Utilization of a ground ambulance threatens to overwhelm local resources (i.e. multi-casualty incidents).
 - iv. The patient's condition may benefit by the higher level of care offered by an air ambulance not otherwise available from a ground EMS providers on-scene.
 - v. Patient and EMS personnel safety.
 - vi. Dispatch is concerned for a profound life or limb-threatening injury that would be significantly aided by an air ambulance team.
4. Dispatching of an air ambulance should generally occur only after an on-scene assessment has been made with the following exceptions:
 - i. The victim is located in an area which is inaccessible to ground ambulance.
 - ii. Prolonged response time to the scene of a traumatic injury for a ground ambulance is greater than 30 minutes, and patient's condition may worsen due to long response time of ground ambulance.
 - iii. Designated dispatch center may dispatch an air ambulance in conjunction with first responders when the above conditions are present.
5. Helicopter transports shall be considered for life threatening illness or injury, when distance or delay is a critical factor in patient outcome.
 - i. The Trauma Triage #4210 and Burn Triage #4200 should be utilized.
 - ii. A Base Hospital Physician Order is required for patients that do not meet the criteria established in Policy #4020.
6. The transport provider agency shall contact a designated Base Hospital Physician to resolve any disagreement between providers on scene with medical control,

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treatment, or transportation decisions. If a consensus cannot be reached, the Base Hospital Physician shall make the final decision, unless prehospital provider safety is a concern.

B. Patient Destination

1. Patients presenting with conditions requiring acute intervention including but not limited to impending loss of airway or who are critically unstable, should be transported to the closest and most accessible hospital emergency room.
2. Patient destination will be determined by the following factors:
 - i. Air safety factors, which will be approved by the pilot, and all crew members
 - ii. Patient's need for a specific or specialty hospital
 - iii. Appropriately credentialed and approved helipad for the aircraft
 - iv. The capabilities of the aircraft and fuel availability
 - v. Patient or family request, if the request is reasonable and none of the previous factors exists

C. Dispatching of Air Ambulance

1. Imperial County EMS Agency shall designate an assigned PSAP as the air ambulance requesting dispatch center.
2. The Air Ambulance Coordinator shall be the single point of contact for requesting an air ambulance and for providing information from the scene to the air ambulance. The point of contact can be a EMS or fire provider.
3. Dispatch will determine the most appropriate air ambulance resource using information based on location of incident, time to patient, aircraft and crew availability, and most appropriate level of care (air ambulance, rescue aircraft, etc.) for the incident. In county resources will be prioritized, if this would not result in a significant delay in care to the patient.
 - i. For Air Ambulance dispatching purposes, the county will be divided into North and South zones. Keystone Road will be the dividing line.
 - a. The closest resource available within a zone will be utilized.
 - b. If no zone specific resources are available, resources will be utilized from outside the incident zone.

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- ii. The designated dispatch center shall contact the air ambulance dispatch to request an air ambulance.
 - a. Resources will be focused in-county when possible. The dispatching center will be granted discretion to consider out-of-county resources if their availability would significantly improve patient outcome compared to in-county resources. In county accredited resources are prioritized.
- iii. Selection of air ambulance at the time of service shall be final; all disputes shall be made in writing to Imperial County EMS Agency within 2 weeks of the incident.
- iv. At no time shall a helicopter self-dispatch to an incident.
- v. If an air ambulance has been chosen to launch but will be unable to launch in a time similar to that originally provided to the assigned PSAP, this updated or delayed time should be communicated as soon as the potential lag is identified. This allows the assigned PSAP to determine if another air ambulance would better be able to respond to the active incident.
- vi. If any air ambulance provider declines a flight for weather, or other safety concerns, this information shall be relayed by the assigned PSAP to the other agencies contacted for the same incident, at the time of ETA request.
- vii. It is the air ambulance unit's responsibility to communicate to the assigned PSAP when the unit is:
 - a. in-service and available for calls
 - b. temporarily out of service, or
 - c. when it will be unavailable due to events such as mechanical issues, training, or inter facility transfers
 - d. Notification shall include unit designator and specific base responding out of

D. Dispatch Guidelines

1. A requesting agency (EMS or Fire) shall contact the central dispatch center to request an air ambulance.
2. The Air Ambulance Coordinator shall complete the following tasks:

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- i. Establish and maintain communications with the designated air ambulance dispatch center
 - ii. Provide the incident address, incident location, or GPS/GIS coordinates
 - iii. Nature of the incident and patient condition
 - iv. Ground contact unit number or identification
 - v. The radio frequency which the ground contact can be reached
 - a. The primary frequency shall be IM Med/Air
 3. The Air Ambulance Coordinator will coordinate with the air ambulance provider to:
 - i. Provide approximate age, weight, and airway status of the patient.
 - ii. Establish an appropriate landing zone and provide this information:
 - a. Location of the landing zone and scene conditions
 - b. Hazards
 - c. Obstructions
 - d. Terrain
 - e. Surface
 - f. Animals/People
 - g. Wind/weather conditions
 - iii. Establish and maintain communications with ground EMS personnel providing patient care, or designated ICS staff if a Mass Casualty Incident exists.
 - iv. Coordinate with ground EMS personnel to move patients to the landing zone.
 - a. Suggest appropriate ground and air routes to scene to prioritize ingress and egress.
 - b. Each landing zone should be approximately 100 x 100 ft.
 4. If not already present, a ground ambulance shall always be dispatched in conjunction with an air ambulance and continue to the scene as directed.
 5. The dispatch of an air ambulance shall not preclude the dispatch of a ground ambulance; however, the air ambulance can be dispatched in conjunction with ground ambulance.

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6. If multiple providers are available at the same location within the same geographic zone air ambulances shall be dispatched on a rotational basis of odd and even days with alternating calls after first dispatch.
 - a. **Odd Days: REACH**
 - b. **Even Days: Mercy Air**
 - i. Air ambulance providers providing the designated dispatch center with an estimated time of arrival (ETA) to the scene shall utilize the following formula:
 - a. $ETA = Estimated\ Time\ to\ Lift\ Off\ (ETLO) + Flight\ Time\ to\ Scene$
 - b. Estimated Time of Lift Off will be a standard 10 minutes for all air ambulances.
 - ii. The ETA, actual flight time, and time to arrival should be documented by dispatch, and the air ambulance agency.
 - iii. Other time units of measurement are not acceptable. These include but are not limited to ETE (Estimated Time En-Route).
 - iv. Upon arrival on scene, the air ambulance provider should contact the assigned PSAP to note their arrival time. Generally, this is when the air ambulance is directly overhead the scene or landing zone.
 - v. The Air Ambulance Coordinator shall document the air ambulance arrival time on scene (overhead) on the ground agency's ePCR.
7. An air ambulance may cancel a ground ambulance when either of the following circumstances are met:
 - i. The air ambulance crew determines they can transport the patient(s) before the ground ambulance arrives on scene, or
 - ii. The ground ambulance is unable to access the scene of the incident.

E. Documentation

1. ETAs should be documented real-time by Air Ambulance provider, the assigned PSAP and ground crew
2. Discrepancies should be noted in ETA documentation

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- i. Disputes should be reported within 2 weeks of the incident through the Imperial County EMS Agency Incident Reporting website. EPCR documentation should accompany report whenever possible.
 3. Reason for air ambulance dispatch should be included in all ePCRs.
- F. Rendezvous with Air Ambulance
 1. If the Incident Commander/Air Ambulance Coordinator determines that for safety or scene management purposes it is more appropriate to rendezvous at an alternate location, the Incident Commander/Air Ambulance Coordinator shall coordinate with the air ambulance and ground ambulance personnel to transport to the nearest pre-designated landing zone, including a local airport or local hospital helipad.
 - i. If a local hospital is selected as the rendezvous point, it is the responsibility of the Incident Commander/Air Ambulance Coordinator to establish contact with the selected hospital to ensure the helipad is available.
 2. It is not required to perform a medical screening exam (MSE) on a patient being transported through an emergency department to use the helipad for “scene transport” for air ambulance. This is only if patients fulfill criteria listed in policy for scene transports. A MSE is required if specifically requested by EMS personnel, the patient, or a legally responsible person acting on the patient’s behalf. If an MSE is initiated, EMTALA is invoked.
- G. Withdrawal from Operations:
 1. Imperial County EMS Agency reserves the right to suspend, place on probation, or restrict air ambulance services for cause, following an investigation and establishment of a practice that is outside the parameters set forth in this policy, or failure to meet contractual obligations.
 2. Quality assurance will specifically include ETA metrics, appropriateness of air ambulance use, clinical care and other aspects deemed necessary to appropriate air ambulance operations.

APPROVED:

Signature on FileKatherine Staats, M.D. FACEP
EMS Medical Director

EMS Operations

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