

SUBJECT: **EMS Aircraft Services**
Transport Criteria

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures
 - D. County Ambulance Ordinances

- II. Purpose:
To establish consistent guidelines to determine need for EMS aircraft transport of patients in the North Coast EMS Region.

- III. Criteria for Prehospital EMS Aircraft Utilization
 - A. General Considerations
 1. In general, consideration should be given to requesting a prehospital EMS aircraft whenever the patient's condition appears to be life or permanent disability threatening and total ground transport time exceeds thirty minutes.
 2. A ground ambulance will always be dispatched to a scene in the event an EMS aircraft is dispatched to a scene.
 3. A prehospital EMS aircraft shall be dispatched (if available) when requested by trained EMS personnel, certified or accredited within the NCEMS region, who determine that a prehospital EMS aircraft is essential for rapid patient transport regardless of any specific medical considerations.
 4. In the event a bystander attempts to dispatch a prehospital EMS aircraft, the dispatching agency will function as incident command and authorize request based on information provided by bystander.
 5. A prehospital EMS aircraft shall be dispatched (if available) upon the request of any public safety personnel, fire personnel, law enforcement officer, first responder, scene or medical commander according to the **following criteria:**

Trauma Patients

1. General consideration should be given to requesting a prehospital EMS aircraft whenever the patient/incident involves one or more patients who meet trauma triage criteria requiring expeditious transport to nearest trauma center per policy #6543.

Non Trauma Patients

1. Conditions that may be considered for utilizing a prehospital EMS aircraft include, but are not limited to:
 - a. Critical respiratory, cardiac, or neurological patients.

SUBJECT: EMS Aircraft Services
Transport Criteria

- b. Patients where time to definitive care will possibly enhance survival or decrease morbidity.
- c. Patients with deteriorating vital signs.

Other Factors

- 1. Ground ambulance is not available or will have delayed/prolonged response.
- 2. The incident scene is not accessible or is difficult to access by ground ambulance
- 3. Multi-casualty incidents.

Special Conditions or Circumstances

- 1. The primary responding ground ambulance is BLS level only and the aircraft helicopter would arrive on scene prior to the closest available ALS ground ambulance.
- 2. On scene EMS personnel may request rescue aircraft upon direct verbal orders from the Base Hospital Physician.
- 3. EMS personnel may request aircraft helicopter after determining that the special capabilities (technical rescue, water rescue or specialized equipment of capabilities of the aircraft helicopter) and/or the personnel on the aircraft helicopter may benefit the patient.

IV. On scene Transfer of Patient Care

- A. The highest medical authority on scene shall provide the EMS aircraft crew with a patient report. Including but not limited to: patient and scene assessment, treatment and pertinent findings.
- B. Transfer of care by ground personnel shall be made to an EMS aircraft crew with equal or higher medical training; except,
 - 1. A BLS rescue aircraft arrives on scene (USCG/CDF) and is unable to take the highest medical authority on the ground onboard. If this situation shall occur the following will be accomplished:
 - a. The highest medical authority on scene shall attempt contact with the Base Hospital Physician and seek direction.
 - b. If the Base Hospital cannot be contacted (radio failure), the highest medical authority on scene shall decide whether or not to transport the patient via the BLS rescue aircraft on scene. All considerations regarding the “best interest of the patient” will be taken by the highest medical authority on the ground.

Approved: _____

Date: _____

Approved as to Form: _____

Date: _____