POLICY #155: EMERGENCY MEDICAL SERVICE HELICOPTER OPERATIONS

I. PURPOSE

A. To establish standardized procedures for prehospital utilization and evaluation of Emergency Medical Service (EMS) Helicopters operating in the County of San Luis Obispo (SLO) as a specialized resource providing EMS and prehospital patient transport.

II. SCOPE

A. This policy EXCLUDES EMS helicopter operations limited to search and rescue, and interfacility transfers.

III. DEFINITIONS

- Emergency Medical Services Aircraft - "Emergency Medical Services Aircraft" or "EMS Aircraft" or "EMS Helicopter" as used in this policy means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft (Title 22, Division 9, Chapter 8, Article 1, §100279).

- Air Ambulance - An "Air Ambulance" as used in this policy 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 (2) attendants certified or licensed in advanced life support (Title 22, Division 9, Chapter 8, Article 1, §100280).

- Rescue Aircraft - "Rescue aircraft" as used in this policy means an aircraft whose usual function is not prehospital emergency patient transport, but which may be utilized, in compliance with EMS policies, 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. (Title 22, Division 9, Chapter 8, Article 1, §100281).

- Advanced Life Support Rescue Aircraft - An "Advanced Life Support Rescue Aircraft" or "ALS Rescue Aircraft" as used in this policy means a rescue aircraft whose medical flight crew has, at a minimum, one attendant certified or licensed in advanced life support (Title 22, Division 9, Chapter 8, Article 1, §100282).

- Basic Life Support Rescue Aircraft - A "Basic Life Support Rescue Aircraft" or "BLS Rescue Aircraft" as used in this policy means a rescue aircraft whose medical flight crew has, at a minimum, one attendant certified as an Emergency Medical Technician-IA (EMT-IA) with at least eight hours of hospital clinical training and whose field/clinical experience specified in Section 100074(c) of Title 22, California Code of Regulations, is in the aeromedical transport of patients (Title 22, Division 9, Chapter 8, Article 1, §100283).
Auxiliary Rescue Aircraft - An "Auxiliary Rescue Aircraft" as used in this policy means a rescue aircraft which does not have a medical flight crew, or whose medical flight crew do not meet the minimum requirements established for BLS rescue aircraft (Title 22, Division 9, Chapter 8, Article 1, §100284).

Expedited Launch Zone: Areas identified as having a 30-minute or greater ground transportation time to a Specialty Care Center with a heliport/helisop, where transportation by EMS helicopter would result in a timesaving of at least ten (10) minutes over the ground transport. SLU ECC and the County of SLO EMS Agency (EMS Agency) retain and regularly update the County of SLO Expedited Launch Zone (Attachment A and B).

Heliport/Helisop: An area of land, water, or structure used or intended to be used for the landings and takeoffs of helicopters and includes its buildings and facilities, if any, as approved by the State of California, Department of Transportation, Division of Aeronautics.

Incident Commander (IC): The highest-ranking representative or designee, on scene, of the public safety agency statutorily responsible for incident or scene management.

SLU ECC: The San Luis Obispo Unit Emergency Command Center which coordinates the response of all EMS helicopters to the scene of all medical and trauma emergencies within the County of SLO where the patient’s location is known and a nearby landing zone can be reasonably assured.

Specialty Care Center: A hospital designated and/or approved by the EMS Agency that provides specialized medical services.

Time and Need: Considerations defined for quality improvement purposes in EMS Agency Policy #100: Continuous Quality Improvement.

IV. POLICY

A. The designated ordering point for all EMS helicopters is SLU ECC.

B. SLU ECC will coordinate EMS helicopter requests and cancellations.

C. EMS helicopters must have the capability to communicate and maintain communications with SLU ECC, EMS providers (responding and on-scene), base hospitals and other appropriate facilities or agencies.

D. Patient transport by EMS helicopter must meet BOTH the time AND need criteria outlined in this policy.

E. EMS helicopter service providers must develop and participate in a QI program in cooperation with the EMS Agency and other EMS system participants as outlined in the EMS Agency Policy # 100: Continuous Quality Improvement. This includes active participation in the EMS Agency Quality Improvement Work Group.

1. All 9-1-1 EMS helicopter medical responses will be reviewed both clinically and operationally.
V. PROCEDEURE

A. The closest available EMS Helicopter that is fully staffed, fueled, supplied, and
prepared to immediately respond to an EMS helicopter request shall be dispatched
except in the following circumstances:

1. When there is known or high likelihood for need of an EMS Rescue Helicopter,
or when a nearby landing zone CAN NOT be reasonably assured, then an EMS
Rescue Helicopter should be dispatched.

2. If more than one EMS Helicopter is located at the same location (e.g. Paso
Robles Airport) and the response does not require an EMS Rescue Helicopter,
then SLU ECC shall dispatch using the following priority:
   a. Air Ambulance
   b. ALS Rescue Helicopter
   c. BLS Rescue Helicopter
   d. Auxiliary Rescue Helicopter

B. SLU ECC will initiate the dispatch process of EMS helicopters with other EMS
responding agencies when an incident is located within an Expedited Launch Zone
AND there is a credible report of one (1) or more of the following conditions:

1. High-risk motor vehicle accidents.
   a. Major damage to vehicle e.g. head-on/entrapment.
   b. Patient ejection (partial or complete) from an automobile.
   c. Greater than three (3) patients.
   d. Motor vehicle rollover.

2. Motorcycle or like vehicle, crash with injuries.

3. Other situations not covered, but dispatcher believes condition of patient is
critical.

C. Cancellation of EMS helicopter response.

1. SLU ECC may cancel an EMS helicopter when:
   a. The IC, in consultation with the most medically qualified first responder on
      scene, determines it is no longer needed.
   b. Once an EMS helicopter has been dispatched, and a second EMS
      helicopter becomes available that reports an ETA at least five (5) minutes
      less than the ETA of the first EMS helicopter, SLU ECC may cancel the
      first EMS helicopter.

2. SLU ECC will notify the transport provider(s) and/or responding personnel of
   any cancellation or situational updates.

D. Responding or on-scene first responders may request an EMS helicopter when it is
determined BOTH Time AND Need Criteria are met.

1. Time Criteria must meet one (1) or more of the following:
a. Transport by EMS helicopter would result in a savings of at least ten (10) minutes over ground transport. (Destination criteria for Specialty Care Centers should be taken into consideration.)

b. The scene location is difficult or inaccessible by ground transport, which could result in a prolonged response and transport.

2. Need Criteria must meet one (1) or more of the following:
   a. Responding first responders may request with a credible report of one (1) or more of the following conditions:
      (1) Conditions as outlined under section V Procedures B, 1-3 above.
   b. On-scene responder's assessment determines one (1) or more of the following conditions (some conditions may require advanced life support level of training):
      (1) Patient assessment meets the criteria of EMS Agency Policy #153: Trauma Patient Triage and Transport.
      (2) Patient assessment meets the criteria of EMS Agency Policy #152: STEMI Patient Triage and Destination.
      (3) Patient assessment identifies any of the following:
          (a) Altered mental status with no response to prehospital treatment.
          (b) Severe respiratory compromise or respiratory arrest.
          (c) Complications of childbirth, e.g., breech, abnormal presentation, massive blood loss, neonatal distress.
          (d) Signs and symptoms of medical hypotension unresponsive to treatment.
      (4) EMS provider judgment

E. EMS helicopter transportation may not be suitable in the following situations:
   a. Medical or traumatic cardiac arrest not responding to prehospital therapy consistent with EMS Agency Policy #125: Prehospital Determination of Death/Do Not Resuscitate (DNR) End of Life Care.
   b. Patients contaminated by hazardous material
   c. Patients who are violent or have behavioral emergencies

F. The EMS helicopter medical flight crew must turn over the patient transport to ground transport if criteria for EMS helicopter transport are not indicated by patient condition, unless the patient is assessed, treated, and packaged for transport and the ground transport unit is not yet on scene.

G. Patient destination must be in accordance with the EMS Agency destination and triage policies including Policy #151: Destination, Policy #152: STEMI Triage and Destination, and Policy #153: Trauma Patient Triage and Destination.

VI. AUTHORITY
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- California Health and Safety Code, Division 2.5, Section 1798.169.
- California Code of Regulations, Title 22, Division 9, Chapter 12 and 8; Section 100300(c) (3).
- California Emergency Medical Services Authority Prehospital Emergency Medical Service Aircraft Guidelines #144, December 1, 2010.

VII. ATTACHMENTS

A. Expedited Launch Zones.
B. Expedited Launch Zones Map.
C. Flight Times and Landing Zone Selection.
D. EMS Helicopter Request and Destination.
E. County Division Map for Paso Robles and Santa Maria Air Bases.