

	06-0105	EMS Aircraft Utilization
Nor-Cal EMS Policy & Procedure Manual	EMS Aircraft	
Effective Date: 04/15/2020	Next Revision: 04/15/2023	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

1. California Health and Safety Code, Division 2.5, § 1797.218, 1797.220, 1798.2, 1798.170.
2. 1798.172, 1798.200, and 1798.206.
3. California Code of Regulations, Title 22, Division 9, Chapter 8, § 100276 – 100306.
4. California Code of Regulations, Title 22, Chapter 12, § 100400, 100402.

Purpose

To establish criteria for requesting/utilizing EMS aircraft for prehospital patient care and transport.

Policy

1. It is important that EMS personnel utilize consistent and appropriate criteria when requesting an EMS aircraft for assistance with patient care and transport.
2. A patient being transported by EMS aircraft should be critically ill and/or injured (life or limb). Special circumstances related to a particular area will drive decisions related to EMS aircraft utilization.
3. Utilization should be based upon the time closest/most appropriate level of care.
4. Time savings will be influenced by a number of factors, including but not limited to, a patient's condition, the type of aircraft and current environmental conditions.
5. The use of EMS aircraft should provide a significant reduction in arrival time to a receiving facility capable of providing definitive care, including designated specialty care centers. If the total estimated receiving facility arrival time for EMS aircraft exceeds the ground ambulance use, air transport should not be used unless other special circumstances apply (the need for airway stabilization, higher level medical procedures, etc.).
6. Utilization of EMS aircraft should be considered in the following situations:
 - A. Patients who meet trauma triage criteria.
 - B. Time critical medical patients (STEMI, stroke, etc.).
 - C. Multiple Casualty Incidents (MCIs).
 - D. The patient is inaccessible by any other means.
 - E. Utilization of existing ground transport services threatens to overwhelm the local EMS system.
 - F. When additional or critical care provider resources are needed.
7. The decision to cancel a responding EMS aircraft is at the discretion of the Incident Commander. The decision should be made collaboratively with at-scene medical personnel, after assessing the incident location/conditions and patient needs. The patient should receive an ALS assessment before the cancelling of EMS aircraft.
8. The pilot shall have the final authority in decisions to continue or cancel the response. The pilot may also dictate the need to identify an alternate LZ/rendezvous location or deviate from destination policy.
9. EMS aircraft transportation should not be used for the following:
 1. Patients with CPR in progress.

It is acceptable to launch an air ambulance in these instances should ROSC be achieved or the need for critical care exists.
 2. Patients contaminated by hazardous materials that cannot be completely decontaminated prior to transport in the aircraft.

If the patient is in need of critical care that can be provided by the air medical crew, consideration may be given to continuing the aircraft with the air medical crew assisting in ground transportation.