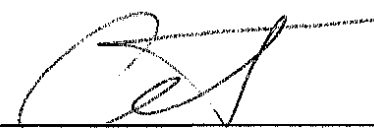




## USE OF EMS AIRCRAFT

APPROVED:

  
\_\_\_\_\_  
EMS Medical Director

  
\_\_\_\_\_  
Interim EMS Administrator

1. Definitions
  - 1.1 Air ambulance means any aircraft specifically constructed, modified or equipped, and staffed for the primary purpose of responding to emergency medical calls and transporting critically ill or injured patients.
  - 1.2 Rescue aircraft means an aircraft whose usual function is not prehospital emergency medical transport but which may be used, for prehospital transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft may be ALS or BLS capable.
  - 1.3 PSC means the San Mateo County Public Safety Communications.
2. Applicability and Compliance With Requirements
  - 2.1 Each air ambulance provider, routinely responding within the County, shall have a written agreement with the County.
  - 2.2 A request to other air ambulance providers by the PSC to respond to an emergency constitutes authorization to respond to that emergency.
3. Medical Staffing Requirements
  - 3.1 Authorized Air Ambulances will be staffed by a minimum of one registered nurse and one paramedic.
  - 3.2 All members of the medical flight crew will be trained in aeromedical transportation as listed in Title 22, Chapter 8, Article 3, Section 100302.
  - 3.3 Rescue aircraft are not required to be staffed by medical personnel. However, if a patient has been assessed or treated by a paramedic at the incident scene, the rescue aircraft will either:
    - 3.3.1 Have a San Mateo County paramedic accompany the patient during air transport to a receiving hospital, or

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3.3.2 Rendezvous with an air ambulance as soon as possible and transfer the patient to the air ambulance for transport to the receiving hospital.

4. Space and Equipment

- 4.1 All air ambulances shall be configured with sufficient space to accommodate at a minimum one (1) patient on a stretcher and two (2) patient attendants.
- 4.2 All authorized air ambulances will meet or exceed all equipment and supplies specified by the San Mateo County EMS Agency.
- 4.3 Whenever feasible, air ambulances will exchange equipment with the ground personnel when their equipment will be taken to the hospital with the patient. If this is not possible, equipment belonging to ground personnel will be returned by the air ambulance provider in a timely manner.

5. Patient Management

- 5.1 Air ambulances staffed by registered nurses will utilize the standard operating procedures of the air ambulance service. These standardized procedures will be submitted to the EMS Medical Director for review upon request.
- 5.2 Prehospital care records will be submitted to the EMS Agency by the air ambulance service within two working days of each incident.

6. Request and Response

- 6.1 Requests for an air ambulance response are made to the PSC who will dispatch and coordinate the response.
- 6.2 All authorized air ambulances will be capable of communicating via radio with the PSC, fire service first responders, the California Highway Patrol, emergency ground ambulances, and receiving hospitals.
- 6.3 Landing zones shall be established and operated by public safety personnel trained in aircraft landing zone operations.
- 6.4 When dispatched, the air ambulance service or rescue aircraft service will give an estimated time of arrival (ETA).

7. Destination by Air

- 7.1 Destination should be the closest appropriate hospital able to accept the patient. The pilot will have the final decision as to destination based on weather and air safety considerations. Due to pilot discretion, receiving hospitals with licensed FAA helipads are not listed in this policy.
- 7.2 Major trauma patients will be taken to Stanford University Hospital.

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- 7.3 If Stanford is on diversion due to internal disaster (black) the next closest trauma center will be utilized.
  - 7.4 Burn patients not meeting trauma criteria will be transported to the appropriate burn center.
  - 7.5 Patients age 14 and younger will be taken to Stanford. Oakland Children's' Hospital may be utilized if Stanford is unavailable.
  - 7.6 The air ambulance and/or its dispatch center will contact the PSC with receiving hospital destination. En route, the air ambulance will relay pertinent patient information to the receiving hospital.
8. Requesting an Air Ambulance
- 8.1 Air transport is recommended for medical patients if the time from the initial incident to the patient's arrival at an appropriate hospital is expected to exceed one hour using a ground ambulance. Examples of patient conditions in which air transport should be considered include, but are not limited to, the following:
    - 8.1.1 Air transport is recommended for major trauma, STEMI, and acute stroke victims if the time from the initial incident to the patient's arrival at a trauma center is expected to exceed 30 minutes using a ground ambulance, and the length of ground transport would pose additional risk to life or limb.
    - 8.1.2 Third trimester vaginal hemorrhage
    - 8.1.3 Inadequate ventilation and/or severe respiratory distress
    - 8.1.4 Stroke
    - 8.1.5 Severe allergic reaction (with respiratory distress or cardiovascular compromise).
    - 8.1.6 Unconsciousness
    - 8.1.7 Status epilepticus
    - 8.1.8 Obstetrical emergencies
      - 8.1.8.1 Abnormal fetal presentation (leg, arm, buttocks)
      - 8.1.8.2 Prolapsed umbilical cord
      - 8.1.8.3 Severely distressed neonate
  - 8.2 An air ambulance may be dispatched to an incident by PSC if EMD reveals any condition listed in 8.1 occurring in the following areas:
    - 8.2.1 Any area contained within the following:
      - 8.2.1.1 San Mateo Coast, from ocean to Skyline Boulevard (Highway 35),
      - 8.2.1.2 From Tunitas Creek Road to Santa Cruz County line.
  - 8.3 An air ambulance may also be dispatched to an incident by PSC if the ground ambulance response time to the incident is known or expected to exceed 30 minutes and the EMD believes the patient has a condition listed in 8.1.

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- 8.4 The Incident Commander, in consultation with the highest medical authority on scene, will decide whether to launch, continue, or cancel an activated air ambulance. Whenever possible, a decision to cancel should be made after obtaining an ETA of incoming ground transport unit(s).
9. Patient and Crew Management
    - 9.1 On-Scene Landing Zones
      - 9.1.1 The preferred landing zone is in immediate proximity of the emergency scene. Flight crew/equipment transportation to and from the landing zone and the incident is the responsibility of the Incident Commander.
      - 9.1.2 Designation of a landing zone should occur early in the scene response, especially at night. This will prevent long holding patterns for aircraft.
    - 9.2 Rendezvous Landing Zones
      - 9.2.1 Rendezvous sites may be utilized whenever safety considerations or other factors preclude landing in the immediate proximity of the emergency scene.
      - 9.2.2 A rendezvous should expedite, never delay total travel time to the receiving hospital. Ideally the rendezvous site should lie between the incident location and the receiving hospital. Generally, it is not a good idea to transport a patient further away from the receiving hospital for rendezvous purposes.
      - 9.2.3 The Incident Commander should contact the PSC to activate this rendezvous procedure as soon as ground-based ALS personnel contact the patient.
10. Utilization of Air Medical Resources
    - 10.1 Life Flight Helicopter will be the first contacted resource.
    - 10.2 Cal-Star Helicopter will be the secondary resource.
    - 10.3 If Life Flight and Cal-Star are unable to respond within 45 minutes from the initial contact, PSC will ascertain an ETA that includes flight time to the incident, and advise the Incident Commander.
    - 10.4 If the response time is unacceptable to the incident commander in consultation with the senior medical resource on scene, an out of area air ambulances should be contacted.
    - 10.5 If the response from any air ambulance is unacceptable then a rescue aircraft should be contacted to determine their availability.