





## FLIGHT PARAMEDIC

POLICY NO: **2013**

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REVISED DATE: 06-01-17

APPROVED: Bryan Cleaver  
EMS Administrator

Dr. Mark Luoto  
EMS Medical Director

AUTHORITY: California Health and Safety Code, Division 2.5 EMS

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### 2013.1 LOCAL ACCREDITATION REQUIREMENTS

- a. Any individual practicing as a flight paramedic under the medical control of Coastal Valleys EMS Agency (CVEMSA) must be accredited by CVEMSA.
- b. CVEMSA flight paramedics accredited per the provisions of this policy are permitted to provide Advanced Life Support (ALS) as directed by the relevant Local EMS Agency policy, procedures and guidelines while on duty with an approved air ambulance provider agency authorized by CVEMSA.
- c. Flight paramedics practicing on duty with an ALS first response (non-transport), ground ambulance provider agency or ALS Air Rescue agency must comply with CVEMSA policy 2012, "Paramedic Accreditation."
- d. The following requirements must be met to obtain CVEMSA accreditation as a flight paramedic:
  1. Complete the CVEMSA electronic application form including the statement that the individual is not precluded from accreditation for reasons defined in Section 1798.200 of the Health and Safety Code.
  2. Pay the CVEMSA flight paramedic accreditation fee, which is non-refundable.
  3. Successfully complete an orientation to the response area served including:
    - a) Base Hospital/medical control orientation.
    - b) EMS communications/dispatch orientation.
    - c) CVEMSA's policy and procedures.

### 2013.2 LOCAL ACCREDITATION PROCESS

- a. Upon satisfactory completion of items 1-2 as outlined in Section 2013.1(d) above, CVEMSA shall issue an interim flight paramedic authorization, which shall be valid for not more than ninety (90) days.
- b. Flight Paramedics holding an Interim flight paramedic authorization may be released to independent duty upon completion of item 3 as outlined in Section 2013.1(d) above, and when deemed competent to practice independently by the air ambulance provider agency.

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- c. Upon submission of proof of completion of item 3 as outlined in Section 2013.1(d) above, CVEMSA will issue a flight paramedic accreditation with a renewal date concurrent with the applicant's California paramedic license.
  - d. Applicants must complete the accreditation application and air ambulance provider agency response area orientation process outlined above within ninety (90) calendar days of the initial date of application. Applicants not completing the process within ninety (90) days of initial application shall be required to complete a new application, including non-refundable application fee.
  - e. Failure to complete the local accreditation requirements shall result in suspension or revocation of accreditation to practice as a flight paramedic.

### **2013.3 MAINTAINING ACCREDITATION**

- a. Maintaining valid accreditation as a flight paramedic shall be contingent upon maintenance of current, valid California paramedic licensure, employment with a CVEMSA-approved air ambulance provider agency and timely submission of renewal documentation including a complete CVEMSA application form thirty (30) calendar days prior to the renewal date of the accreditation.
- b. Paramedics failing to maintain the requirements specified above shall be required to complete a new application, including non-refundable application fee.
- c. Individuals functioning as a flight paramedic without current valid accreditation will be reported as functioning outside of medical control to the California EMS Authority and may be subject to criminal and civil penalties.



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APPROVED: Bryan Cleaver  
EMS Administrator

Dr. Mark Luoto  
EMS Medical Director

AUTHORITY: California Health and Safety Code, Section 1797 et sec and California Code of Regulations, Title 22, Division 9, Chapter 8 "Prehospital EMS Aircraft Regulations".

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### 4007.01 DEFINITIONS

**Air Ambulance:** Any aircraft specifically 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 a minimum of two (2) attendants licensed in Advanced Life Support (ALS).

**Rescue Aircraft:** An aircraft which does not have a medical flight crew that meets minimum requirements established in regulations for classification as an air ambulance. Also, an aircraft that does not primarily function as 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 include ALS rescue aircraft, Basic Life Support (BLS) rescue aircraft and auxiliary rescue aircraft.

**EMS Aircraft:** Any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.

**Air Medical Resource Management:** A management system which makes optimum use of all resources, including but not limited to equipment, procedures, and personnel to promote safety and enhance the efficiency of flight operations.

**Authorizing Agency:** Local EMS agency which approves utilization of specific prehospital EMS aircraft within its jurisdiction.

**Classifying Agency:** Entity which categorizes the prehospital EMS aircraft into the groups identified in California Code of Regulations Section 100300 (c)(3). This shall be the local EMS agency in the jurisdiction of origin except for aircraft operated by the California Highway Patrol (CHP), the California Department of Forestry (Cal Fire) or the California National Guard which shall be classified by the EMS Authority.

**Emergency Landing Zone:** the term used to designate an "emergency landing site" of an EMS aircraft by a public safety official.

**ED:** Emergency Dispatch

**Flight Paramedic:** California-licensed paramedic accredited by Coastal Valleys EMS Agency as an approved paramedic to transport patients with an RN and operate to include flight paramedic optional scope. All terms not specifically defined in this section are provided in the California Code of Regulations, Division 9, Chapter 8: Prehospital EMS Aircraft Regulations."

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### **4007.02 AUTHORIZATION OF EMS AIRCRAFT**

- a. All EMS aircraft providing prehospital patient transport within the jurisdiction of CVEMSA must be authorized by the CVEMSA. Authorization will be provided by written agreements between the CVEMSA and EMS Aircraft provider.
- b. Notwithstanding the requirement for a written agreement set forth above, aircraft operated by California Highway Patrol, California Department of Forestry and California National Guard may be authorized to operate as an EMS aircraft by a designated dispatch center.
- c. A request to out of area EMS aircraft providers by a designated dispatch center shall constitute authorization to respond to that emergency only and does not provide ongoing authorization for operation within the LEMSA jurisdiction.

### **4007.03 COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, ORDINANCES, POLICIES & PROCEDURES**

- a. All EMS aircraft shall adhere to all federal, state and local statutes, ordinances, policies and procedures related to EMS aircraft operations, including the qualifications of flight crews, aircraft maintenance and equipment standards (CA Health and Safety Code 1797.18 and Title 22, Division 9: Prehospital Emergency Medical Services §100300 - §100306).

### **4007.04 MEDICAL STAFFING REQUIREMENTS**

- a. In accordance with state and local requirements- EMS aircraft shall be staffed at all times with medical personnel accredited by the appropriate CVEMSA Policy as follows:
  1. Air Ambulance – Minimum of two (2) attendants licensed in advanced life support, e.g., accredited flight paramedic, registered nurse, and physician.
  2. ALS Rescue – Minimum of one (1) attendant licensed in advanced life support, e.g., paramedic.
  3. BLS Rescue – Minimum of one (1) attendant certified as an EMT.

### **4007.05 MEDICAL CONTROL**

- a. Medical control for patients cared for and transported by EMS Aircraft from the scene shall be under the direction of the CVEMSA Medical Director.
- b. EMS aircraft medical crew members are subject to LEMSA Administrative Guidelines.
- c. The LEMSA Medical Director may provide medical direction in coordination with the EMS aircraft provider agency Medical Director through provider's LEMSA approved treatment guidelines and operational protocols for Inter-Facility Transfers.

### **4007.06 AUTHORIZED EMS AIRCRAFT DISPATCH CENTERS**

- a. EMS aircraft may respond to a prehospital scene emergency only upon the request and direction of the authorized EMS aircraft dispatch centers:
  1. Sonoma County – LEMSA Authorized Dispatch Center
  2. Mendocino County – LEMSA Authorized Dispatch Center

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### **4007.07 DISPATCH OF EMS AIRCRAFT**

- a. Authorized dispatch centers will simultaneously dispatch the appropriate EMS air ambulance along with the ground ambulance. In addition, rescue aircraft will also be dispatched when scene information indicates the need for rescue capabilities. Dispatch of EMS aircraft will occur for all scene locations greater than 30 minutes ground transport time to the closest receiving facility, in accordance with emergency dispatch determinate codes as defined by Medical Direction. All air resources responding to an incident must be dispatched by the authorized dispatch center.
  1. EMS aircraft shall remain en-route to an incident until an on-scene evaluation is conducted by highest level of medical personnel at scene and determines appropriate transport.
  2. An air resource cannot cancel another air resource unless there is a safety concern.
  3. All air resources, air ambulance and air rescue, entering and exiting Mendocino or Sonoma Counties shall notify the LEMSA -Authorized Dispatch Center for that County. Advisement shall include their intent and area of the county that they will be available to respond from.

### **4007.08 REQUESTING EMS AIRCRAFT BY RESPONDING UNITS**

- a. Emergency personnel that have knowledge of the scene or additional information beyond that provided by the dispatch center may request an EMS aircraft be dispatched. After assessing the scene the emergency personnel may cancel or ask for a continued response by the EMS aircraft. .
- b. The patient(s) meets CVEMSA prehospital trauma triage criteria and /or on-scene personnel determine the use of the prehospital EMS Aircraft will provide a significant reduction in transport time to a receiving facility capable of providing definitive care

### **4007.09 DETERMINING TYPE OF AIRCRAFT RESPONSE**

Authorized dispatch centers will request from an authorized air resource dispatch center to dispatch the closest most appropriate available air ambulance resource to the scene.

- a. In the event the primary aircraft is not available, the authorized air dispatch center shall send the next closest air ambulance.
- b. In the event that an ALS air rescue has a time savings of greater than 10 minutes that air rescue should be dispatched in addition to the air ambulance.
  1. The primary care paramedic (ground) will make the determination as to which aircraft to cancel based on the medical care needed and destination requirements of the patient.
- c. A rescue aircraft should be dispatched to any rescue incident.

Dispatch centers shall advise EMS aircraft and field personnel when multiple aircraft are responding

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### 4007.10 SCENE SAFETY & COORDINATION

- a. The responsibility for scene management and safety shall be under the control of the Incident Commander (the appropriate public safety agency having primary investigative authority; Health & Safety Code § 1798.6)
- b. Management of the scene shall be conducted in a manner that minimizes the risks to the patient and other persons while recognizing the importance of ensuring appropriate medical care and transportation.
- c. The Incident Commander shall consult with on-scene emergency medical personnel in making decisions regarding the use of or landing of an EMS aircraft. (HSC § 1798.6).
- d. The Incident Commander (or designee) shall have the authority for allowing an EMS aircraft to land. Notwithstanding this authority, the pilot of any EMS aircraft has the final discretion regarding the decision to respond to any incident if in his/her judgment such flight imposes undue risk or danger.
- e. If the EMS aircraft pilot questions safety, they shall have the final authority in the decision to continue or cancel the response. Air medical crew resource management and/or the pilot in command may deviate from LEMSA destination policy based on safety concerns.

### 4007.11 DESTINATION OF SCENE PATIENTS TRANSPORTED BY EMS AIRCRAFT

- a. The patient should be transported to the closest appropriate hospital per CVEMSA Point of Entry Guidelines with an Emergency Department that has an approved helipad or emergency landing site. Emergency Landing Sites (ELS) or heliport stops are acceptable landing locations when required by patient or weather conditions. If a patient is requesting to be transported outside of the CVEMSA region and the flight team believes there would be benefit, the base hospital should be contacted for a consultation.

### 4007.12 CANCELLATION OF EMS AIRCRAFT

- a. After a complete patient assessment, qualified on-scene personnel may cancel the aircraft if they determine that ground transport is more appropriate, through Incident Command.

### 4007.13 COMMUNICATIONS

- a. EMS aircraft shall have the capability of communicating with:
  1. The approved dispatch centers
  2. EMS ground units and first responders
  3. Designated base hospitals
  4. Receiving hospitals
  5. Other aircraft on air to air frequency 123.025mhz
  6. Other appropriate facilities and/or agencies as may be necessary

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### 4007.14 TRANSPORTATION OF EMERGENCY PERSONNEL

- a. When appropriate and necessary, EMS aircraft may be used to transport first responders, EMS personnel, or equipment/supplies to the scene of an emergency or other location.

### 4007.15 UNUSUAL OCCURRENCE REQUEST DOCUMENTATION

- a. When an EMS aircraft is requested for situations not meeting accepted criteria, the designated dispatch center receiving the request shall report the occurrence to the CVEMSA via CVEMSA EMS Event Reporting policy within 72 hours of the incident.

### 4007.16 CQI

- a. All EMS aircraft scene calls will be reviewed by CVEMSA to evaluate appropriate utilization, deviation from protocol, dispatch trends and to assess EMS system management.
- b. The CVEMSA may select a special review committee that will systematically review each EMS aircraft flight for appropriate utilization and adherence to policy standards.

Consistent with Chapter 12 of Title 22 of the California Code of Regulation, EMS aircraft service providers are to develop and participate in a CQI program in cooperation with the LEMSA as outlined in CVEMSA Administrative Policy 6002.

## SPECIAL CIRCUMSTANCES

### 4007.17 ON-SITE LANDING ZONE

- a. Field personnel may use on-site hospital helipads as landing zones for aircraft rendezvous when patient's condition requires transport to a specialty care center.
- b. The hospital with the helipad has no Emergency Medical Treatment and Active Labor Act (EMTALA) obligations to the patient as long as:
  1. The hospital is not the receiving facility.
  2. Neither the ground or air crew requests assistance, with patient care, from hospital staff. Hospital staff do not need to make contact with crew or patient.
- c. The incident commander (IC) or designee shall notify the hospital of the intended use of their helipad for transporting a patient to another receiving facility.

### 4007.18 LANDING SITE FOR INTER-FACILITY TRANSFER FLIGHTS

- a. Off-site landing determination for inter-facility transfers applies to Santa Rosa Memorial Hospital only. This determination is required pursuant to impacts and mitigation measures established in the Environmental Impact Report (EIR) for the Level II Trauma Center Designation at the hospital. In consultation with the sending physician, EMS

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Aircraft will use the following criteria to determine the appropriate on-site vs. off-site landing location for inter-facility transfer patients being transported by helicopter:

1. Is the patient intubated and /or requiring ventilatory assistance?
2. Does the patient have an unstable cervical spine fracture?
- b. Does the patient require any of the following emergent interventions:
  1. Active titration of cardiovascular or tocolytic agents
  2. Active treatment of cardiac related pain
  3. Active fluid resuscitation
  4. Emergent diagnostic and/or surgical interventions
- c. If the answer is "yes" to any of the above questions, the helicopter should land at Santa Rosa Memorial Hospital. If the answer is "no" to all of the above questions, the helicopter should land at an appropriate off-site landing location.
- d. The medical flight crew should discuss the decision regarding use of on-site vs. off-site landing as per the above criteria with the transferring physician prior to initiating transport. The medical flight crew may include the receiving physician at the destination hospital in that discussion.
- e. The helicopter flight crew shall contact the appropriate ground ambulance communications center to request a ground unit whenever an off-site landing location is utilized. Such contact will be initiated in a timely manner to ensure the availability and response of the ground unit to meet the helicopter at the off-site location.
- f. The transfer of care, if occurring, will be conducted in accordance with EMS policy and procedures. If at any time during transport of patient's condition deteriorates such that it poses a threat to life or limb, the flight crew may cancel the off-site landing and transport to the on-site location.
- g. In the event that a flight does not result in an off-site landing as specified above, an EMS Event Report documenting the circumstances, along with an electronic PCR shall be submitted by the flight crew to the LEMSA within 72 hours of the incident.