

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **AUTHORIZATION AND CLASSIFICATION  
OF EMS AIRCRAFT**

REFERENCE NO. 418

PURPOSE: To define the criteria that must be met in order to be approved and classified as an EMS aircraft provider in the County of Los Angeles.

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 8, Section 100276-100306.  
Los Angeles County, Code of Ordinances, Title 7, Business Licenses, Division 2, Chapter 7.16, Ambulances

DEFINITIONS:

**Advanced Life Support (ALS):** Definitive prehospital emergency medical care approved by the local EMS Agency including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital or utilization of Los Angeles County Treatment Protocols, as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the staff of that hospital.

**Basic Life Support (BLS):** Those procedures and skills contained in the EMT scope of practice, including emergency first aid and cardiopulmonary resuscitation.

**Air Ambulance:** Any aircraft which has been designated, constructed, modified or equipped, and is used for the purpose of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has a minimum two (2) attendants whose scope of practice authorizes them to function at the ALS level.

**Air Ambulance Service:** Air transportation service, public or private, which utilizes aircraft specially constructed, modified or equipped to transport critically ill or injured patients. This includes the provision of qualified flight crews and aircraft maintenance.

**Air Rescue Service:** Air Service used for the purpose of responding to emergency calls, requiring special equipment and/or expertise due to the terrain and or circumstances of the incident, i.e., mountain rescue, water rescue, etc.


**Air Ambulance or Air Rescue Service Provider:** The individual or group that owns and/or operates an air ambulance or air rescue service and which is authorized by the EMS Agency as a provider.

**Back-Up Air Ambulance Provider:** An agency which has been designated by the local EMS Agency to provide back-up or second call emergency air ambulance service when requested to do so by the designated primary provider agency or the designated primary air ambulance provider.

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PAGE 1 OF 10

APPROVED:   
Director, EMS Agency

  
Medical Director, EMS Agency

**Emergency Medical Services (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.

**Rescue Aircraft:** An aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transfer when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS, BLS, and auxiliary rescue aircraft.

**Auxiliary Rescue Aircraft:** A rescue aircraft which does not have a medical flight crew or whose medical flight crew does not meet the minimum requirements of an EMT.

**Classifying and Authorizing EMS Agency:** The Los Angeles County EMS Agency, which classifies EMS aircraft into categories and approves utilization of such aircraft within its jurisdiction.

**Designated Dispatch Center:** An agency which has been designated by the local EMS agency for the purpose of coordinating air ambulance or rescue aircraft response to the scene of a medical or traumatic emergency within the jurisdiction of the local EMS agency.

**Medical Flight Crew:** The individual(s), excluding the pilot, specifically assigned to care for the patient during the aircraft transport.

**Primary Provider Agency:** The provider agency authorized to provide 9-1-1 emergency medical services within a city or unincorporated area of Los Angeles County by the governmental authority responsible for that geographic area.

**Immediately Available:** Medical flight crew within the specified area of the EMS aircraft and responding without delay when dispatched to a patient response.

**Advanced Cardiac Life Support (ACLS):** Credential received after completing a course approved by either the American Heart Association (AHA) or American Red Cross (ARC)

**Pediatric Advanced Life Support (PALS):** Credential received after completing a course approved by either the American Heart Association (AHA) or American Red Cross (ARC).

**International Trauma Life Support (ITLS):** Credential received after completing a course approved by the American College of Emergency Physicians (ACEP).

**Prehospital Trauma Life Support (PHTLS):** Credential received after completing a course approved by National Association of Emergency Medical Technicians (NAEMT).

**Advanced Trauma Life Support (ATLS):** Credential received after completing a course approved by the American College of Surgeons (ACS).

PRINCIPLES:

1. The Los Angeles County EMS Agency is responsible for the integration of EMS aircraft into the Los Angeles County EMS patient transport system and for the development of

policies and procedures related to the integration of this specialized resource. EMS aircraft operating in Los Angeles County must be classified and authorized by the EMS Agency in order to provide prehospital patient transport.

2. EMS aircraft providers (excluding agencies of the federal government) who provide or make available prehospital air transport or medical personnel, either directly or indirectly, or any hospital where an EMS aircraft is based, housed, or stationed permanently or temporarily, shall adhere to all applicable federal, state, and local statutes, ordinances, policies, and procedures related to EMS aircraft operations, including qualifications of flight crews and aircraft maintenance.
3. No EMS aircraft shall respond to an incident without formal dispatch from a designated dispatch center or request for the primary provider agency responsible for the area in which the incident is located.
4. A planned and structured initial and recurrent training program specific to the air ambulance/air rescue service mission and scope of care of the medical flight crew must be ensured and documented for all regularly scheduled medical flight crew members.
5. Any privately owned/operated air ambulance service providing EMS services in Los Angeles County shall be licensed in accordance with Los Angeles County Code, Chapter 7.16, Ambulances.

POLICY:

I. General Provisions

- A. No person or organization shall provide or hold themselves out as providing prehospital EMS aircraft or EMS air rescue services unless that person or organization has aircraft which have been designated by the EMS agency.
- B. EMS aircraft shall be classified by the EMS Agency into one of the following categories:
  1. Air Ambulance
  2. ALS Rescue Aircraft
  3. BLS Rescue Aircraft
  4. Auxiliary Rescue Aircraft
- C. EMS aircraft classification will be reviewed in accordance with this policy and reclassification may occur anytime there is a transfer of ownership or a change in the aircraft's capability.
- D. The EMS Agency shall maintain an inventory of authorized EMS aircraft providers. This inventory shall include, but not be limited to, the number and type of authorized EMS aircraft, the patient capacity of each EMS aircraft, and the level of patient care provided by EMS aircraft personnel for each authorized EMS aircraft provider.
- E. The EMS Agency shall have written agreements with air ambulance providers routinely serving Los Angeles County which may be incorporated and considered a part of the medical control agreements. These agreements shall specify the

conditions under which air ambulance designation is maintained and assurance of compliance with all local, state and federal rules and regulations.

- F. When prehospital aircraft are routinely requested from outside Los Angeles County, interagency agreements shall be executed between the County of Los Angeles and County in which the air ambulance provider is operationally based. The air ambulance provider shall attend a Los Angeles County EMS Agency orientation to include review of policies, procedures and interface with the Medical Alert Center (MAC). Pilot flight orientation to helipads shall be arranged by the EMS Agency with a currently approved Los Angeles County Air Operations Provider.
- G. When aeromedical prehospital response is occasionally requested from outside Los Angeles County, the medical flight crew may perform their basic scope of practice provided that medical control is maintained by the jurisdiction of origin, and an intercounty agreement exists between the County of Los Angeles and the County in which the air ambulance provider is operationally based. The air ambulance provider shall attend a Los Angeles County EMS Agency orientation to include review of policies, procedures and interface with the Medical Alert Center. Pilot flight orientation to helipads shall be arranged by the EMS Agency with a currently approved Los Angeles County Air Operations Provider.
- H. Auxiliary rescue aircraft shall not transport patients unless all other resources have been exhausted and there are no other acceptable means for patient transport to an appropriate receiving facility. The EMS Agency shall be notified in writing of all such occurrences. Such notifications shall include the date, time, sequence number, and events surrounding the incident.
- I. Each provider agency shall submit quarterly data on all EMS responses utilizing the EMS Agency approved data reporting template. Data is due no later than 30 calendar days after the end of each quarter.
- J. In situations where the medical flight crew is less medically qualified than the ground personnel from whom they receive patients, they may assume patient care responsibilities only in accordance with local policies and procedures within their local scope of practice.

II. Personnel/Training

- A. The medical flight crew of an EMS aircraft shall be immediately available and have as its primary responsibility the treatment and transport of EMS patients when the aircraft is available for EMS response for a given shift. The EMS aircraft provider shall ensure that the medical flight crew has met all initial and recurrent training requirements.
- B. The medical flight crew of an air ambulance shall, at minimum, consist of two attendants in any combination of the following, whose scope of practice authorizes them to function at the ALS level:
  - 1. A physician board eligible or certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine in Emergency Medical Services and/or Emergency Medicine.

2. A physician currently licensed in the state of California and who is current in the following:
    - a. ACLS and PALS, or equivalent curriculum; and
    - b. ITLS, or PHTLS, or ATLS, or equivalent curriculum
  3. A registered nurse currently licensed in the State of California who meets the qualifications of an authorized registered nurse as defined in the Health and Safety Code, Chapter 2, Section 1797.56 and who is current in the following:
    - a. ACLS and PALS, or equivalent curriculum; and
    - b. ITLS, or PHTLS, or ATLS, or equivalent curriculum
  4. A paramedic currently licensed in the State of California and accredited in Los Angeles County who meets the qualification of an Emergency Medical Technician-Paramedic as defined in the Health and Safety Code, Chapter 2, Section 1797.84 and who is current in the following:
    - a. ACLS and PALS, or equivalent curriculum; and
    - b. ITLS, or PHTLS, or ATLS, or equivalent curriculum
- C. Medical flight crew members of an EMS Aircraft shall complete the provider agency's approved Aeromedical Program which includes, but is not limited to, the following topics:
1. General patient care in-flight assessment/treatment/preparation/handling/equipment);
  2. Changes in barometric pressure, decompression sickness, and air embolism;
  3. Changes in partial pressure of oxygen;
  4. Other environmental factors affecting patient care;
  5. Aircraft operational systems relating to patient care;
  6. Day and night flight protocols;
  7. Aircraft emergencies and safety;
  8. Care of patients who require special consideration in the airborne environment;
  9. Extrication devices and rescue operations (rescue aircraft only);
  10. EMS system and communication procedures;
  11. The Los Angeles County prehospital care system, including all applicable policies, procedures and protocols;

12. Use of onboard medical equipment; and
13. Additional topics specific to the mission statement and scope of practice of the air ambulance provider.

**Course content may be reduced with the approval of the EMS Agency, and documentation of prior training in specific areas is available.**

- D. All medical flight crew members shall receive a minimum of eight (8) hours annually of continuing education/staff development specific to aeromedical transportation based on the agency's identified QI needs (approved topics include, but are not limited to, those listed in C. 1-13).
- E. Medical flight crew members (nurse, paramedic) shall have no less than one successful live, cadaver, human patient simulator or static manikin airway management experience per quarter.

III. Policies and Procedures

- A. Policies shall be established by each prehospital EMS aircraft program which addresses, at a minimum, the following topics:
  1. Patient loading and unloading procedures;
  2. Refueling procedures with medical transport personnel or patient(s) on board which includes a requirement that at least one medical transport person shall remain with the patient at all times during refueling or stopover;
  3. Combative patients;
  4. Patient care and transport alternatives in the event that the aircraft must use alternative landing facilities due to deteriorating weather;
  5. Response to hazardous materials request or unanticipated contact with hazardous materials;
  6. Visual flight rules (VFR) "response" weather minimums; and
  7. Emergency Procedures.
- B. Each provider agency shall have a Post Accident Incident Plan (PAIP), also known as an Emergency Response Plan (ERP) in place and exercised at minimum, twice/year; one daylight and one night time drill.

IV. Aircraft Specifications/Required Equipment

- A. Air ambulances shall have sufficient space in the patient compartment to accommodate a minimum of one (1) patient and two (2) ALS patient attendants. If more than one patient can be accommodated, there must be written guidelines

- describing types of patients that can be transported in a two-patient litter configuration if the aircraft does not allow for full access to the second patient.
- B. Sufficient space in the patient compartment for the medical flight crewmembers to access the patient in order to carry out necessary procedures, including childbirth and CPR.
  - C. EMS aircraft shall have on board the required medical supplies and equipment as specified in Ref. No. 706, ALS EMS Aircraft Inventory.
  - D. Sufficient space for all required medical supplies and equipment.
  - E. Additional aircraft equipment as specified in the minimum equipment list for the applicable Federal Aviation Regulations (FARs).
  - F. EMS aircraft configuration shall ensure that the following requirements are met:
    - 1. For ALS patients, the upper surface of the stretcher is not less than 30 inches from the ceiling of the aircraft or the under surface of another stretcher.
    - 2. Stretchers, equipment and attendant's seats are arranged so as not to block a rapid exit by personnel or patient from the aircraft.
    - 3. Adequate seat belts and tie-downs, which meet FAA standards or equivalent, for all personnel, patient(s), stretchers and equipment to prevent inadvertent movement.
    - 4. A cargo door or entry that allows a stretcher to be loaded without excessive manipulation or rolling patient from side to side.
    - 5. Adequate interior lighting for patient care arranged so that it does not interfere with the pilot's vision.
    - 6. Each crewmember shall be provided with hearing protection and radio headsets for intra-aircraft communication.
    - 7. Hearing protection shall be available for each patient transported and used whenever applicable.
    - 8. Survival gear appropriate to the coverage area and the number of occupants.
    - 9. If appropriately sized helmets are not worn (by all personnel on the aircraft except the patient), the interior modification of the aircraft must be clear of objects/projections or the interior of the aircraft must be padded to protect the head strike envelope of the air medical personnel and patients.

V. Quality Improvement (QI)

A. At minimum, the QI program shall include: (Refer to Ref. No. 620)

1. A statement of QI program goals and objectives.
2. A description of how the QI program is integrated into the organization.
3. A description of those processes used in conducting QI activities, action plans and results.
4. Methods to document those processes used in QI activities.
5. Methods used to retrieve data regarding patient care and outcomes.
6. Description of how the QI program is integrated into the Los Angeles County EMS system.

B. Provider Agency Responsibilities:

1. Implement and maintain a Quality Improvement (QI) Program in conjunction with the assigned base hospitals and receiving hospitals.
2. Evaluate prehospital care performance standards.
3. Designate a representative to participate in the LA County EMS QI program.

C. Records of QI activities shall be maintained by the provider and available for review by the EMS Agency.

VI. Designated Dispatch Center

A. A designated dispatch center is an agency which has been designated by the local EMS agency to coordinate air ambulance or rescue aircraft response to the scene of a medical emergency within the jurisdiction of the Los Angeles County EMS Agency.

B. Agencies dispatching EMS aircraft or auxiliary aircraft to the scene of a medical emergency for the purpose of transporting a patient(s) to medical facilities shall be designated by the Los Angeles County EMS Agency. Dispatch agencies shall be classified as follows:

1. Primary dispatch center – a dispatch center designated as first responder in a jurisdiction area.
2. Back-up dispatch center – a dispatch center designated to serve as back-up provider or second-call response when the primary dispatch center requests response.

C. No EMS or auxiliary EMS aircraft shall respond to an incident without formal dispatch from the designated dispatch center or request from the primary EMS provider



agency dispatch center. An EMS aircraft provider receiving a request for service from an agency other than the designated dispatch center or jurisdictional EMS primary dispatch center shall notify the appropriate primary EMS provider agency of the call and shall only respond upon instructions from that agency.

- D. Each designated primary dispatch center shall establish a back-up list or enter into a mutual aid agreement with another designated responder for the purpose of providing back-up EMS aircraft service when the primary provider agency is unable to respond. The list shall contain approved prehospital EMS aircraft providers.
  
- D. If the designated dispatch center has no EMS aircraft available when requested, they shall determine the availability of other EMS aircraft identified in their back-up provider list. Based on availability, the dispatch center shall consider dispatch of a back-up EMS aircraft in an effort to ensure timely delivery of the patient to the most appropriate receiving facility. The dispatcher shall inform the agency requesting service of unavailability or any delay in dispatch of an EMS aircraft and the reason(s) for the delay. If a request for services is refused by a given provider (e.g. weather), the reason for the flight refusal will be conveyed to any subsequent recipient of the request for service.

#### VII. Record Keeping

- A. Existing EMS policies and procedures for record keeping including, but not limited to, documentation of patient care, shall be adhered to.
  
- B. Each designated dispatch center shall maintain an assignment record which contains all EMS aircraft dispatches. The record shall be retained for seven (7) years and shall include at a minimum the following:
  - 1. Time and date of request and requesting agency;
  - 2. Incident number and/or EMS sequence number;
  - 3. EMS incident location;
  - 4. Time of dispatch and EMS aircraft scene arrival time;
  - 5. Person receiving the request;
  - 6. Patient destination.

#### VIII. Designation Process

- A. The designation process shall include the following:
  - 1. Completion and submission of the approved EMS Aircraft/Dispatch Center Application (Reference No. 418.1).
  - 2. Current accreditation by the Commission on Accreditation of Medical Transport Systems (CAMTS) (or a similar professional organization approved by the EMS Agency) or successful completion of a site review

by CAMTS in conjunction with the local EMS Agency and based on the criteria contained herein.

3. Program evaluation and site visit/inventory inspection.
4. Written agreement between the EMS aircraft provider and the County of Los Angeles.
5. For private, non-governmental EMS aircraft provider agencies, must be licensed by the EMS Agency as an air ambulance provider.

B. Designation is valid for a minimum of three (3) years.

CROSS REFERENCES:

Prehospital Care Manual:

Reference No. 406,	<b>Authorization for Paramedic Provider Status</b>
Reference No. 408,	<b>Advanced Life Support (ALS) Unit Staffing</b>
Reference No. 418.1,	<b>EMS Aircraft/Dispatch Center Application</b>
Reference No. 514,	<b>Prehospital EMS Aircraft Operations</b>
Reference No. 602,	<b>Confidentiality of Patient Information</b>
Reference No. 606,	<b>Documentation of Prehospital Care</b>
Reference No. 608,	<b>Disposition of Copies of the EMS Report Form</b>
Reference No. 610,	<b>Retention of Prehospital Care Records</b>
Reference No. 612,	<b>Release of EMS Reports</b>
Reference No. 620,	<b>EMS Quality Improvement Program Guidelines</b>
Reference No. 706,	<b>ALS EMS Aircraft Inventory</b>
Reference No. 1200	<b>Treatment Protocols</b>
Reference No. 1300	<b>Medical Control Guidelines</b>

**Emergency Medical Services Authority Guideline 144, Pre-hospital EMS Aircraft Guidelines**