

SUBJECT: AIR AMBULANCE TRANSPORT

PURPOSE: To ensure air ambulance transport is utilized appropriately and safely for critically ill and injured patients

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 8, 100289.

PRINCIPLES:

1. Appropriateness of air ambulance transport shall be determined by the primary EMS provider agency on scene. The first responder on scene should be responsible for the prompt request for dispatch of EMS aircraft, if needed.
2. Air ambulance transport should be considered for critically ill or injured patients when there is extended ground transport time. Transport modality is determined, based on the estimated transport times, mode of transport available, or incident location so that the prolonged ground transport time does not put the patient at higher risk.


POLICY:

- I. Critically ill or injured patients who are transported by air ambulance shall be transported to the most appropriate 9-1-1 receiving center with a licensed helipad, per destination policies, with the following considerations:
 - A. All patient destinations with respect to air safety factors shall be approved by the pilot in command.
 - B. Patients exhibiting an unmanageable airway should be transported to the most accessible receiving facility regardless of specialty need, if applicable.
 - C. When critically ill or injured pediatric and adult patients are transported together in one aircraft, the receiving facility shall also be a Pediatric Medical Center or Pediatric Trauma Center.
- II. Communications
 - A. Base hospital contact with the anticipated receiving facility should be made on all patients requiring air ambulance transport. If the receiving facility is not a paramedic base hospital, the receiving facility should be notified of impending air ambulance transport by the EMS provider and base hospital contact will be made per protocol.

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

- B. In the event of communication failure with the base hospital, paramedics shall make every effort to contact the Medical Alert Center (MAC). MAC shall notify the receiving facility of the impending air ambulance transport.
- III. Quality Improvement
- A. The EMS Agency, base hospitals, receiving facilities, and provider agencies shall conduct regular review of all EMS air ambulance responses.
 - B. Documentation on the EMS Report Form and Base Hospital Form should include an explanation for the use of an air ambulance (i.e., mountain rescue).

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 502, **Patient Destination**
- Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS/BLS Patients**
- Ref. No. 504, **Trauma Patient Destination**
- Ref. No. 506, **Trauma Triage**
- Ref. No. 510, **Pediatric Patient Destination**
- Ref. No. 511, **Perinatal Patient Destination**
- Ref. No. 512, **Burn Patient Destination**
- Ref. No. 513, **ST-Elevation Myocardial Infarction (STEMI) Patient Destination**
- Ref. No. 518, **Decompression Emergencies/Patient Destination**
- Ref. No. 519, **Management of Multiple Casualty Incidents**
- Ref. No. 521, **Stroke Patient Destination**
- Ref. No. 814, **Determination/Pronouncement of Death in the Field**
- Ref. No. 1302, **Medical Control Guideline: Airway Management and Monitoring**