Basic Life Support Rescue Aircraft Policies and Procedures (10003.00)

I. General Provisions:

A. The purpose of this document is to define the requirements for BLS rescue aircraft designation, operation, training and minimum medical equipment/supply requirements for Kern County in accordance with California Code of Regulations Title 22, Division 9, Chapter 8, entitled Prehospital EMS Air Regulations.

B. A BLS rescue aircraft is a rescue aircraft with a medical flight crew consisting of at least one attendant who is certified as an EMT-I with training in accordance with Section IV of these policies.

C. A BLS rescue aircraft is an auxiliary patient transport resource for use in limited circumstances in accordance with these policies.

D. A BLS rescue aircraft shall not be construed to replace or provide a higher or equivalent level of patient transport to an air ambulance or an ALS rescue aircraft. As such, the BLS rescue aircraft shall be operated by (or under contract with) a government entity, and it shall be demonstrated that the primary function of the aircraft is for purposes other than patient transport.

E. The mandatory inventory requirements are listed in a separate document titled: “Mandatory Provider Inventory List”

II. BLS Rescue Aircraft Designation:

A. A BLS rescue aircraft designation must be obtained from the Kern County EMS Division (EMS Division) prior to operating an aircraft in a BLS rescue aircraft capacity in Kern County.

B. A written request shall be submitted to the EMS Division when seeking a BLS rescue aircraft designation, and the written request shall include the following information:

1. Name of the organization, address and contact information;

2. Location of the base of operations, hours of availability and staffing;

3. Type of aircraft and any special equipment (lighting, hoist or other rescue equipment);

4. Primary purpose of the aircraft and the relationship to the applicant organization’s mission;

5. A description of training of assigned personnel in accordance with Section IV of these policies; and
6. An inventory of medical supplies and equipment that will be on-board the aircraft when used in a BLS rescue aircraft capacity.

C. The medical flight crew and pilots shall complete training in accordance with Section IV of these policies to be eligible for BLS rescue aircraft designation.

D. The aircraft provider shall successfully complete a BLS rescue aircraft inspection by the EMS Division to be eligible for BLS rescue aircraft designation.

E. BLS rescue aircraft designation will be effective when the EMS Division issues written designation to the aircraft provider.

F. BLS rescue aircraft designation will be continuous unless designation is placed on probation, suspended or revoked by the EMS Division. The aircraft provider shall be in compliance with these policies at all times.

G. BLS rescue aircraft designation may be placed on probation, suspended, or revoked for any non-compliance with these policies, at the discretion of the EMS Division.

III. **BLS Rescue Aircraft Use:**

A. All requests for BLS rescue aircraft response shall be directed to or coordinated through the Kern County Emergency Communications Center (ECC) that is designated as the County EMS Aircraft Dispatch Center. The BLS rescue aircraft provider may have arrangements for direct BLS rescue aircraft dispatch, radio communications, and flight following through another communications center. However, all BLS rescue aircraft responses shall be coordinated through ECC.

B. A BLS rescue aircraft may be requested by a law enforcement agency, fire department, ambulance service within their assigned operating area, or requested by the EMS Division. A BLS rescue aircraft shall only be used for patient transport in the following situations:

1. Short-haul transport from an inaccessible area rescue situation requiring patient extraction by a hoist.

2. Short-haul transport from an inaccessible area rescue situation when neither a ground nor air ambulance can traverse the terrain to safely access the patient.

3. Short-haul transport from a remote area rescue situation when the condition of the patient would be compromised waiting on the ground ambulance.

In all three situations described above, rendezvous with a ground ambulance or air ambulance assigned to the incident shall occur
immediately following the rescue. If an ALS to BLS Air Rescue hand-off has occurred, the rendezvous shall be with an ALS ambulance.

In an extreme and dire situation, direct transport from the scene to a hospital may be considered if the incident commander in consultation with the highest medical authority at the scene believe the medical condition of the patient is of such severity that failure to use the BLS rescue aircraft places the patient’s life in imminent danger; and no other reasonable emergency medical transport alternatives exist. However, no such transport shall occur until the incident commander has obtained the concurrence of the on-call EMS Coordinator to validate that the BLS rescue aircraft is the most appropriate transport mode, considering all aspects of patient condition, time, distance, and resource availability.

C. In accordance with the California Code of Regulations, Title 22, Section 100302 (e), a ground ALS crew may transfer a patient to the flight crew of an aircraft with lower level of certification/care capabilities when it is determined that rapid transport is the primary treatment of choice for a critical patient. The attending paramedic shall make the determination as to whether the treatment needs of the patient will be best served by rapid transport via aircraft, or whether the medical care limitations of the flight crew pose too great a risk to the patient, and shall determine the appropriate mode of transport. Each incident will be reviewed on a case by case basis.

D. In instances where a patient is transported, the BLS rescue aircraft provider shall not charge the patient a fee or any patient payor source for such services.

IV. **BLS Rescue Aircraft Personnel Training:**

A. The medical flight crew of a BLS rescue aircraft shall have and maintain the following minimum training and/or certification:

1. Valid EMT-1 certification with accreditation for automatic external defibrillation (AED) and supralaryngeal airway devices (King Airway)

2. A minimum of eight (8) hours in aeromedical transportation training with the following subjects:
   a. The Kern County EMS system including hospital care capability, locations, providers, and communications;
   b. BLS Rescue Aircraft Policies and Procedures;
   c. The Kern County Med-Alert system and trauma care system;
   d. General patient care in-flight;
e. Changes in barometric pressure, and pressure related maladies;

f. Changes in partial pressure of oxygen;

g. Other environmental factors affecting patient care in air transport;

h. Aircraft operational systems;

i. Aircraft emergencies and safety;

j. Care of patients who require special consideration in the airborne environment; and

k. Use of onboard medical equipment.

B. The EMS Division may issue continuing education requirements for medical personnel assigned to a BLS rescue aircraft.

C. All pilots assigned to a BLS rescue aircraft shall have training in the locations, use, and functional limitations of all hospital helipads in Kern County.

V. Medical Control:

A. The BLS rescue aircraft provider and medical crew shall maintain compliance with EMS Division requirements.

B. The EMS Division may revise, modify, or delete these policies at the discretion of the EMS Division.

C. Each incident involving BLS rescue aircraft dispatch, response, or utilization will be subject to EMS Division review on a case-by-case basis.

D. Required medical supplies inventory are located in a separate document titled “provider mandatory inventory list”

VII. Staffing and Availability:

A. The aircraft will be staffed by a minimum of one EMT-1 that is automatic external defibrillation (AED) and supralaryngeal airway accredited through the EMS Division.

B. The BLS rescue aircraft provider shall maintain a written BLS rescue aircraft deployment plan that defines the aircraft location, hours of availability, all staffing, any off-site on-call coverage, and the estimated time duration from response request to lift-off with on-site and off-site staffing. The deployment plan and any changes shall be submitted to the EMS Division and ECC.

VIII. Reporting and Documentation:
A. The provider shall complete all forms and data reports required by the Division, including field-assessment forms and standardized data requests and shall cooperate and participate in field research as requested including special medical and trauma studies.

B. The provider shall maintain an active list of EMT-1 employees assigned to the air program including their qualifications, certificates, and licenses with expiration dates. Such list will be available for review by the Division.

C. The provider shall, upon a request by the Division, prepare and submit written reports on any incident arising out of services provided.

D. The provider shall submit monthly operations reports to the Division by the 20th of the month, for the previous month, in a format specified by the Division. The monthly activity report shall include each of the following:

1. All responses to rescue incidents, regardless of whether or not the crew made contact with the patient.

2. The following data items shall be submitted for each rescue response:
   a. Incident date
   b. ECC call time for deployment of rescue aircraft
   c. EMD code
   d. Incident location description
   e. Map key and section coordinates of the incident
   f. Incident type
   g. Unit identifier of the aircraft deployed to the incident
   h. Location aircraft was deployed from (map key-section)
   i. Aircraft scene arrival time
   j. Patient contact (Y/N)
   l. Location of rendezvous with ambulance company (map key-section)
   m. Ambulance company performing rendezvous
   n. Response notes (as appropriate) to include all other relevant details of the response.
**Revision Log:**

06/02/2004 – Implemented with approval by EMCAB for KCFD H-408
11/21/2005 – Change availability of H-408 per request from KCFD
02/23/2009 – Revised draft to include Sheriff’s Office Air-5 for BOS approval; policies applicable to any potential BLS rescue aircraft provider.
03/05/2009 – Revised draft refining patient transport decisions and adding reporting requirement.
03/17/2009 – BOS approved policy and formally designated Sheriff Air 5 and Fire Dept H-408 as BLS Rescue Aircraft
03/07/2012 – Included ALS to BLS hand-off in Section III. B.; changed Combitube to supralaryngeal airway.
12/01/2015 – Removed mandatory inventory table and placed in a separate document: updated cover page