



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Aircraft Classification		Policy Number 1203	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2026	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: July 1, 2026	
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- I. PURPOSE: To define criteria for patient transport via helicopter
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, and 1798. California Code of Regulations, Title 22, Division 9, Chapter 7
- III. POLICY: Patients shall be transported to hospitals via ground ambulance unless such transport is unavailable or if ground transport is significantly longer than air transport, and this difference in time would negatively impact the patient's condition. For the purposes of this policy, significantly is defined as at least a 15-minute ground transport time.
- IV. PROCEDURE:
  - A. If a helicopter is being considered for patient transport, early recognition (including request for a helicopter while enroute to the call) will help decrease delay in patient transport.
  - B. Helicopter transportation of patients will be considered for cases that meet all three of the following criteria. Transport decisions will be determined jointly by the Base Hospital (BH), if BH contact is established, and on-scene personnel.
    - 1. A minimum of 15 minutes ground travel time to the *appropriate* hospital,
    - 2. The helicopter can deliver the patient to the hospital in a shorter time than the ground unit based on the time that the patient is ready for transport. This decision should be based on the following formula:

___ minutes for ETA of the helicopter to the scene
+ ___ minutes for air transport time to the hospital
+ 10 minutes for loading/unloading/transfer of patient to ED
_____
= ___ ETA to hospital for the helicopter

- 3. Any one or more of the following patient conditions:
  - a. Medical-related complaints:
    - 1) Hypotension/shock (non-traumatic)
    - 2) Snake bite with signs of significant envenomation
    - 3) Unstable near drowning

- 4) Status epilepticus refractory to medications
  - 5) Cardiovascular instability (chest pain with dysrhythmias or post-resuscitation)
  - 6) Critical burns or electrical burns
  - 7) Critical respiratory patients (use caution with altitude)
  - 8) SCUBA-related emergencies or barotrauma (use caution with altitude)
  - 9) Any other medical problems in areas inaccessible to, or with prolonged ETA times, for responding ground units
  - 10) Other conditions subject to the approval of the BH physician or the highest medical authority on-scene
- b. Traumatic injuries – Patients with traumatic injuries who are to be transported by helicopter shall be triaged prior to transport according to VCEMS Policy 1405 (Trauma Triage and Destination Criteria)
- 1) Trauma Step 1-3 criteria:
    - a) All trauma patients to be transported by helicopter that meet Step 1-3 criteria will be transported to a designated trauma center.
    - b) Helicopter personnel may determine on a case-by-case basis which trauma center is the closest and most appropriate destination.
    - c) BH contact with the destination trauma center shall be initiated by the caregiver(s) staffing the helicopter and coordination with the ground units.
    - d) On rare occasion, the most appropriate destination hospital may be outside the county. However, it is preferred that trauma patients involved in incidents within Ventura County are transported to a designated Ventura County trauma center.
  - 2) Trauma Step 4 criteria:
    - a) An on-scene paramedic shall contact the base hospital in whose catchment area the incident occurred
    - b) A BH order is required for all patients meeting Step 4 criteria, unless the patient is located within an inaccessible area or if patient transport will be prolonged.

- c) If the patient is directed other than to the regular catchment base hospital, the MICN will notify the receiving hospital or trauma center of an inbound patient and relay paramedic report.
  - c. Multi-Casualty Incidents (MCI) or multi-patient incidents
    - 1) Helicopter transport may be utilized during MCI responses
    - 2) Patient transport should be coordinated between the Medical Communications Officer (MEDCOMM) at the scene and the managing base hospital.
    - 3) The highest priority patients should be transported by helicopter and be taken to a farther facility(ies), allowing for ground providers to transport lower category patients to the closer facility(ies)
- C. Contraindications to air transport
  - 1. Patients contaminated with hazardous materials regardless of decontamination status.
  - 2. Violent or potentially violent patients who have not been sedated.
  - 3. Stable patients (except in backcountry areas inaccessible to ground units or if patient transport will be prolonged).
  - 4. When ground transport time is shorter than air transport time
    - a. Circumstances exist in which the lack of an established landing zone and/or the risk of additional approach and landing maneuvers are deemed unsafe by the pilot and flight crew. In these events, the patient may be transported to the most appropriate receiving facility by air. It should be noted that these events should be the exception to the standard (ground transport) and not the rule.
- D. Relative contraindications to transport
  - 1. Asystole, not responding to appropriate therapy and not meeting any criteria of an exceptional situation (e.g., cold water drowning, lightning strike or electrocution)
  - 2. Transports from heavily populated areas
  - 3. Pilot and/or flight crew at the scene are unable to determine conditions at the receiving facility prior to initiating transport.
    - a. Factors influencing this could include weather conditions, helipad status, lighting, etc.
  - 4. Other safety conditions as determined by pilot and/or flight crew

- E. BH contact will be attempted to establish standard medical control. If ALS personnel are unable to establish BH contact, Standing Order Protocols will be followed per VCEMS Policy 705.
- F. Provider agencies that utilize medical flight crew members who have an expanded scope of practice beyond the paramedic scope of practice may utilize specific treatments/procedures only upon prior written approval by the VCEMS Medical Director.
- G. A minimum of one independent practice paramedic must accompany the patient if ALS procedures are initiated and no physician is present.
  - a. Exception - In an MCI situation, a patient who has had an IV started that does not contain any additives may be transported/monitored by a BLS flight crew. Destination will be determined by the pilot and flight crew, taking into consideration the patient(s) condition, flight conditions, and any other factors necessary
- H. Complications during patient transport via helicopter:
  - 1. If a helicopter is transporting a patient to the hospital and is unable to complete the transport due to weather, mechanical/safety issues, or any other factor that was impossible to predict prior to the helicopter lifting from the scene, the helicopter will notify FCC as soon as possible to arrange an alternate LZ and for a ground ambulance to rendezvous with the helicopter
  - 2. Medical personnel staffing the helicopter shall retain responsibility for patient care until transfer of care to ground ambulance personnel is accomplished. If the final destination for the helicopter was to be a trauma center, ground personnel shall complete the transport to the designated trauma center within that catchment area.