



Guidelines for the Operation of Air Medical Services

Approved by EMS Board July 17, 2002

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I. Introduction

On November 3, 2000, HB 138 became effective. Among the many new and revised sections of the ORC, this act amended ORC § 4765.09, directing the EMS Board to prepare recommendations for the operation of air medical services. The EMS Board delegated the development of a draft document for their consideration to the newly formed state Trauma Committee. In January of 2001, the Trauma Committee developed an Air Medical Subcommittee to begin work on this project. The Air Medical Subcommittee completed their draft recommendations and submitted these to the Trauma Committee on November 7, 2001. The State Trauma Committee reviewed this document on December 12, 2001 and voted to forward it on to the State Board of Emergency Medical Services.

II. Air Medical Subcommittee

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Lisa	Love	RN, BSN, CEN
Jim	Brooks	RN, EMT-P
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* Subcommittee chair

The minutes of all Air Medical Subcommittee meetings have been posted on the EMS web site.

III. Ohio Revised Code

§ 4765.09 Recommendations for operation of ambulance and emergency medical service organizations; compliance reports.

Text of Statute

The state board of emergency medical services shall prepare recommendations for the operation of ambulance service organizations, air medical organizations, and emergency medical service organizations. Within thirty days following the preparation or modification of recommendations, the board shall notify the board of county commissioners of any county, the board of township trustees of any township, the board of trustees of any joint ambulance district, or the board of trustees of any joint emergency medical services district in which there exist ambulance service organizations, air medical organizations, or emergency medical service organizations of any board recommendations for the operation of such organizations. The recommendations shall include, but not be limited to:

- (A) The definition and classification of ambulances and medical aircraft;
- (B) The design, equipment, and supplies for ambulances and medical aircraft, including special equipment, supplies, training, and staffing required to assist pediatric and geriatric emergency victims;
- (C) The minimum number and type of personnel for the operation of ambulances and medical aircraft;
- (D) The communication systems necessary for the operation of ambulances and medical aircraft;
- (E) Reports to be made by persons holding certificates of accreditation or approval issued under section [4765.17](#) of the Revised Code and certificates to practice issued under section [4765.30](#) of the Revised Code to ascertain compliance with this chapter and the rules and recommendations adopted thereunder and to ascertain the quantity and quality of ambulance service organizations, air medical organizations, and emergency medical service organizations throughout the state.

IV. AIR AMBULANCES

Definitions

The Following definitions apply throughout this article:

- 1) "Air Medical Program" means to furnish, operate, conduct, maintain, advertise, promote, or otherwise engage in providing emergency medical services, as a rotorcraft or fixed-wing ambulance service provider as part of a regular course of doing business.
- 2) "Air medical personnel" means a person who is licensed and/or certified by the State of Ohio as a paramedic, a registered nurse, respiratory therapist, or physician with an unlimited license to practice medicine.
- 3) "Medical director of an air medical program" means a licensed physician within an air ambulance service who is ultimately responsible for patient care during each transport. The Medical Director shall have an active role in the delivery of emergency care and has knowledge of air medical transport and flight physiology. The medical director is responsible for directly overseeing and assuring that appropriate air-medical personnel, and equipment are provided for each patient transported by the air medical program within the air-medical services as well as the clinical performance of air medical personnel.
- 4) "Rotorcraft ambulance" means a helicopter or other aircraft capable of vertical take offs and landings with the capability of hovering.
- 5) "A rotorcraft ambulance service provider" means a service provider, based in the State of Ohio or providing transport services within the State of Ohio, that utilizes rotorcraft aircraft to respond directly to the scene of a medical emergency and are utilized to air lift critically ill or injured patients directly to or between definitive care facilities or to a point of transfer with another more appropriate form of transportation and has a minimum staff of at least one RN and a second licensed and /or certified medical crew member which may be physician, nurse, paramedic, or respiratory therapist.
- 6) "Fixed-wing ambulance" means a propeller driven or jet airplane with appropriately licensed and or certified medical personnel as determined by the medical director.
- 7) "Fixed-wing ambulance service provider" means a service provider, based in the State of Ohio or providing transport services within the State of Ohio, that utilizes fixed-wing aircraft to provide airport to airport transports where the patient(s) involved requires a stretcher or cot and are being transported to or from a definitive care medical setting.
- 8) "Licensed" or "licensure" means authorization in written form issued by the State of Ohio to an air medical program.
- 9) "CAMTS" means the Commission on Accreditation of Medical Transport Systems.
- 10) "14 CFR, Part 135 & 119" means air carriers with reference to Federal Aviation Regulations, Part 135 & 119, and holding a current FAA Air Carrier certificate, with approved "Air Ambulance Operations-Helicopter," or "Air Ambulance Operations-Airplane" operations specifications.
- 11) "F.A.A." means the Federal Aviation Administration.
- 12) "F.A.R." means the Federal Aviation Regulations including but not limited to Title 14 CFR.
- 13) "Base of operation" means a location at which an aircraft and crew are stationed to respond to transport requests.
- 14) "Mutual aid" means an agreement between two or more air medical programs to respond to the scene of an emergency or interfacility transport when the original service requested is unable to respond.
- 15) "Flight Physiology" means the physiological stress of flight encountered during air medical operations to include, but not be limited to, the Boyle's, Charles', Dalton's, Henry's, and Universal Gas Laws, and stressors of barometric pressure changes, hypoxia, thermal and humidity changes, gravitational forces, noise, vibration, and fatigue.

V. Rotorcraft Ambulance Service Provider

SECTION 1

1) Who needs to be licensed as a rotorwing provider?

- a) Base of operations in Ohio, or
- b) Program providing, or seeking to provide rotorcraft ambulance services within the State of Ohio, or
- c) Responding directly to the scene of a medical emergency in the State of Ohio,

2) Licensure not needed for the following:

- a) Assisting in a major catastrophe, disaster, when existing emergency medical services are insufficient are unable to cope with the situation.
- b) An air medical program responding in a mutual aid capacity
- c) An agency or instrumentality of the United States.

3) Other aviation requirements:

- a) Meet all applicable parts of F.A.A regulation, and shall
- b) Hold a valid 14 CFR , Part 135 Air Carrier certificate, or shall have a contract with the holder of a 14 CFR Part 135 Air Carrier certificate to provide aviation services under their certificate.
- c) Either must also have current FAA approved Air Ambulance Operations-Helicopter specifications.

4) Rotorcraft ambulance service provider organizations will have:

- a) Continuing education.
- b) Audit and review.
- c) Scene response utilization consistent with the American College of Surgeons as defined in Resources for Optimal Care of the Injured Patient.
- d) Performance Improvement.
- e) Qualified Medical control and direction.
- f) Safety and survival programs and education.

5) Medical Director requirements:

- a) Ohio licensed medical director with a current unlimited Ohio License
- b) The duties and responsibilities of the medical director include, but are not limited to:
Assuming medical authority over any and all patients treated and transported by the rotorcraft ambulance service.
 - (i) Providing liaison with physicians.
 - (ii) Assuring that the drugs, medications, supplies, and equipment are appropriate
 - (iii) Monitoring and evaluating overall clinical operations.
 - (iv) Assisting in the coordination and provision of clinical continuing education.
 - (v) Participating in a quarterly audit and review of cases treated by air medical personnel
 - (vi) Attesting to the competency of air medical personnel affiliated with the rotorcraft ambulance service provider organization.
 - (vii) Each medical director shall register with the EMS Board on an annual basis.

6) Responsibility for in-service training

- a) Program will designate one (1) person licensed and/or certified as a paramedic, a registered nurse, or a licensed physician, and have appropriate knowledge of patient care during air ambulance transport.

7) Public Safety

- a) Service will not engage in conduct or practices detrimental to the health and safety of emergency patients or to members of the general public while in the course of business or service as a rotorcraft ambulance service provider.

8) Coordination with EMS and Law enforcement

- a) Will have area wide plan to provide safety education and coordinate rotorcraft ambulance service with emergency medical services rescue, law enforcement, and mutual aid back-up systems

9) Required personnel resources

- a) Adequate number of trained personnel and aircraft to routinely provide continuous twenty-four (24) hour services.

10) Safety committee to include:

- a) Pilot(s)
- b) Air-medical personnel
- c) Aircraft maintenance technician(s)
- d) Communications personnel.
- e) The safety committee shall meet at least quarterly and may be concurrent and in conjunction with the audit/review committee.

11) Who can request rotorcraft?

- a) Hospitals and health care facilities,
- b) Emergency medical services organizations,
- c) Fire departments and
- d) Law enforcement agencies
- e) Industrial safety departments.

12) Destinations

- a) Appropriate medical facility in accordance with protocols approved by the Air Medical Program Medical Director.
- b) Trauma patients will be transported to the most appropriate trauma center based upon, but not limited to the following factors
 - i) Time to definitive care
 - ii) Capabilities of receiving hospitals
 - iii) Patient wishes and family continuity
 - iv) Maximizing utilization of resources

SECTION 2

1) Application requirements:

- a) Aircraft types and identification numbers.
- b) A listing of all personnel, and their qualifications by category, who will regularly serve as pilots, and air medical personnel.
- c) A copy of the patient care transport record to be utilized on each transport.
- d) Documentation of medical education as approved by the Medical Director
- e) A listing of all on-board life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.
- f) A copy of all treatment protocols and standing orders (if applicable) under which all non-physician personnel operate.
- g) Documentation of appropriate aircraft liability coverage in accordance with State guidelines.
- h) Insurance coverage for each and every aircraft owned and/or operated .
- i) Valid for a period of two (2) years.

SECTION 3

1) Rotorcraft ambulance characteristics:

- a) Equipment and operations
 - i) Performance inherent in the type of aircraft selected by the rotorcraft ambulance service provider.
 - ii) Aircraft and its equipment and operations shall be in compliance with prevailing F.A.R for the type of aircraft in question and flying conditions under which the aircraft will be operated as specified in the 14 CFR, Part 135 air carrier certificate of the air ambulance service provider.
- b) Capable of carrying a minimum of one (1) patient on a litter in a horizontal position located so as not to obstruct the pilot's vision or interfere with the performance of any member of the flight crew or required air medical personnel.
- c) Means of securing each litter and attached patient securely to either the floor (deck), walls (bulkhead), seats, or specific litter rack or any combination thereof which will comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a field approval or, supplemental type certificate (STC) shall be obtained.
- d) Demonstrable unobstructed vertical space at the head and thorax areas of the upper surface of a litter(s) to allow for performance of advanced life support cardiac care.
- e) Both the head and thorax of a secured patient shall be accessible by a minimum of two (2) air-medical personnel at one (1) time.

- f) Lighting available for patient observation (a minimum of forty (40) foot-candles at the level of the patient is recommended). Lighting shall be such as to not interfere with the pilots vision and will be focused, shielded, diffused, or colored illumination.
- g) Temperature regulation to assure the comfort of all persons on board.
- h) Door access demonstrably large enough for ease of patient litter loading and unloading in the supine position.
- i) Electrical system of the aircraft capable of supporting all of the ancillary equipment without the threat of overload or systems failure.
- j) Other specialized equipment may be required to conduct certain operations. The installation of this equipment shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a field approval or, supplemental type certificate (STC) shall be obtained.
- k) Searchlight rated as a minimum of four hundred thousand (400,000) candlepower or greater, manipulated by the pilot with a minimum movement of ninety (90) degrees vertical and one hundred eighty (180) degrees horizontal with the capability of illuminating the proposed landing site.
- l) Air to ground communication capability to allow the pilot to communicate with all of the following ground personnel:
 - i) Law enforcement,
 - ii) Fire/rescue,
 - iii) Ambulances,
 - iv) Hospital(s).
- m) Adequate patient restraint(s) to preclude interference with the crew or aircraft flight controls.
- n) Intercommunications system.

SECTION 4

1) Documentation:

- a) Maintain accurate records concerning the emergency care provided to each patient within the state.
- b) Participate in Ohio EMS Incident Reporting System and the Ohio Trauma Registry as required.
- c) Premises maintained, suitable to the conduct of a rotorcraft ambulance service, with provision for adequate storage, and/or maintenance of rotorcraft ambulances and the on-board equipment.
- d) Have a periodic maintenance program as outlined for each specific aircraft in compliance with F.A.A. guidelines and manufacturer's service recommendations (MSR) as a minimum to assure that each rotorcraft ambulance, including equipment, is maintained in good, safe working condition and that rigid sanitation conditions and procedures are in effect at all times.
- e) Premises, records, hangars, padding, and tie-down facilities, and rotorcraft ambulances will be made available for inspection.
- f) A determination of non-compliance with F.A.R. may result in immediate suspension of licensure as a rotorcraft ambulance service provider.
- g) Each rotorcraft ambulance service provider shall make available for inspection at place of operation during regular business hours any manual of operations required under F.A.R.
- h) Licensure as a rotorcraft ambulance service provider may be terminated upon the date specified in the notice.
- i) Establish equipment checklist procedures to insure the following:
 - i) Electronic and mechanical equipment are in proper operating condition.
 - ii) Rotorcraft ambulances shall be maintained in safe operating conditions at all times.
 - iii) Emergency patient care equipment maintained in minimum quantities either directly on board the rotorcraft ambulance or available at the time of patient transport.
 - iv) Insure that rigid sanitation conditions and procedures are in effect at all times.
 - v) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.
 - vi) Freshly laundered linens are used on all litters, and pillows and linen shall be changed after each patient is transported.
 - vii) When the aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft must be cleansed and all contact surfaces be disinfected.
- j) Provider may operate, for a period not to exceed one hundred eighty (180) consecutive days, a temporary replacement rotorcraft ambulance if the temporary replacement rotorcraft ambulance is used to replace a certified rotorcraft ambulance that has been temporarily taken out of service for repair or maintenance, providing the following:
 - i) The replacement rotorcraft ambulance must meet all certification requirements of this article.

SECTION 5

1) Staffing

- a) Will be staffed by no less than three (3) people and include the following requirements:
- b) The first person must be a properly certified pilot who shall complete an orientation program covering flight, and air medical operations as prescribed by the holder of the 14 CFR Part 135 Air Carrier certificate under which the Air Medical Program operates.
- c) The second person shall be an Ohio-licensed registered nurse with air-medical oriented training as prescribed by the program medical director.
- d) The third person shall be any appropriate, licensed or certified medical personnel required to properly care for the medical needs of the patient at the discretion of the program medical director.
- e) The air medical personnel on board the aircraft must be trained in air transport issues and flight physiology.
- f) Notify in writing within thirty (30) days of any change in the services provided.

SECTION 6

1) Equipment

- a) Portable suction with appropriate catheters and tips capable of a minimum of three hundred (300) mm mercury.
- b) Oropharyngeal airways (adult, child, and infant sizes).
- c) Nasopharyngeal airways (small, 20-24 french; medium, 26-30 french; large, 30 french or greater).
- d) 1 adult, & 1 child/infant bag, with adult, child, infant, and neonate masks.
- e) Portable oxygen w/appropriate cannulas, or mask, etc.
- f) Blood pressure cuffs (adult, child, and infant sizes)
- g) Stethoscope (carried in the aircraft or by air medical personnel)
- h) Bandages and dressings to include, but not limited to the following:
 - i) Sterile gauze pads (4x4).
 - j) Airtight dressings.
- k) Tape/bandage shears (shears may be carried in aircraft or by air-medical personnel).
- l) Rigid extrication collars in pediatric, small, medium, and large (or adjustable to fit the sizes indicated) for each patient transported.
- m) Portable defibrillator with self-contained cardiac monitor and E.C.G. strip writer with adult and pediatric paddles, or hands-free adapter, which will not interfere with the aircraft's electrical and radio system.
- n) Endotracheal intubation equipment to include laryngoscopes with spare batteries and bulbs, with laryngoscope blades, and endotracheal tubes in adult, child, and infant sizes.
- o) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities.

- 2) **Controlled drugs shall not be left on unattended aircraft unless adequate security precautions have been taken.**

SECTION 7

1) Communications – rotorcraft provider will have maintain the following:

- a) Communications equipment required under 14 CFR Part 135 for the type of aircraft and service provided.
- b) Radio communications equipment that allows it to communicate directly with Ohio hospitals and EMS.
- c) Transmitters are to operate with an output power not to exceed ten (10) watts as applicable to F.C.C. rules and regulations.
- d) A dispatch and tactical communications system with the capability to provide a coordinated voice communications linkage within the flying area of the rotorcraft ambulance service provider.

VI. Rotorcraft Ambulance Service Provider Licensure Application with Accreditation by CAMTS (Commission for Accreditation of Medical Transport Systems).

SECTION 1

1) Deemed status - CAMTS Accredited programs

- a) Required info:
 - i) Base of operations and a level of care to be provided.
 - ii) A description and general location of each aircraft to be used as an air ambulance, including the make, model, year of manufacture, insignia, name or monogram, or other distinguishing characteristics.
 - iii) Documentation of appropriate aircraft liability coverage in accordance with State guidelines.
 - iv) The insurance coverage specified shall be for each and every aircraft owned and/or operated by or for the fixed wing ambulance service provider.
 - v) Proof of current critical care transport accreditation by the Commission for Accreditation of Medical Transport Systems (CAMTS), including the date of accreditation expiration.
 - vi) Other information as requested.
- b) Will be licensed by the commission for a period of up to three (3) years, or the expiration date of the CAMTS accreditation (whichever occurs first), and a certificate will be issued.
- c) Must comply with all applicable F.A.A regulation(s), and
- d) Hold a valid 14 CFR Part 135 Air Carrier certificate, or
- e) Have a contract with the holder of a 14 CFR Part 135 Air Carrier certificate, to provide aviation services under their certificate.
- f) Hold a current FAA approved EMS Operations Specifications certificate.

VII. Fixed Wing Ambulance Service Provider

SECTION 1

- 1) Who needs to be licensed as a Fixed Wing Provider?**
 - a) Base of operations in Ohio, or a program.
 - b) Providing, or seeking to provide fixed wing ambulance services within the State of Ohio.

- 2) Licensure not required for the following:**
 - a) Assisting in a major catastrophe, disaster, when existing emergency medical services are insufficient or are unable to cope with the situation.
 - b) An air medical program responding in a mutual aid capacity.
 - c) An agency or instrumentality of the United States.

- 3) Other Aviation Requirements:**
 - a) Meet all applicable parts of F.A.A regulation, and
 - b) Hold a valid 14 CFR , Part 135 Air Carrier certificate, or
 - c) Have a contract with the holder of a 14 CFR Part 135 Air Carrier certificate to provide aviation services under their certificate.
 - d) Either must also have current FAA approved Air Ambulance Operations-Helicopter specifications.

- 4) Fixed wing ambulance service provider organizations will have:**
 - a) Continuing education.
 - b) Audit and review.
 - c) Performance Improvement.
 - d) Qualified Medical control and direction.
 - e) Safety and survival programs and education.

- 5) Medical Director requirements:**
 - a) Ohio licensed medical director with a current unlimited Ohio License, meeting all of the minimum RPAB medical director standards.
 - b) The duties and responsibilities of the medical director include, but are not limited to:
Assuming medical authority over any and all patients treated and transported by the fixed wing ambulance service.
 - i) Providing liaison with physicians.
 - ii) Assuring that the drugs, medications, supplies, and equipment are appropriate.
 - iii) Monitoring and evaluating overall clinical operations.
 - iv) Assisting in the coordination and provision of clinical continuing education.
 - v) Participating in a quarterly audit and review of cases treated by air medical personnel.
 - (viii) Attesting to the competency of air medical personnel affiliated with the fixed wing ambulance service provider organization.
 - (ix) Each medical director shall register with the EMS Board on an annual basis.

- 6) Responsibility for in-service training**
 - a) Will designate one (1) person licensed and/or certified as a paramedic, a registered nurse, or a licensed physician, and have appropriate knowledge of patient care during air ambulance transport.

- 7) Public safety**
 - a) Service provider will not engage in conduct or practices detrimental to the health and safety of emergency patients or to members of the general public while in the course of business or service as a fixed wing ambulance service provider.

- 8) Safety committee to include:**
 - a) Pilot(s).
 - b) Air-medical personnel.
 - c) Aircraft maintenance technician(s).
 - d) Will meet at least quarterly and may be concurrent and in conjunction with the audit/review committee.

9) Patient Destination:

- a) Transport to an appropriate medical facility in accordance with protocols approved by the Air Medical Program Medical Director.

SECTION 2

1) Application Requirements:

- a) Aircraft types and identification numbers.
- b) A listing of all personnel, and their qualifications by category, who will regularly serve as pilots, and air medical personnel.
- c) A copy of the patient care transport record to be utilized on each transport.
- d) Documentation of medical education as approved by the Medical Director.
- e) A listing of all on-board life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.
- f) A copy of all treatment protocols and standing orders (if applicable) under which all non-physician personnel operate.
- g) Documentation of appropriate aircraft liability coverage in accordance with State guidelines.
- h) Insurance coverage specified shall be for each and every aircraft owned and/or operated by or for the fixed wing ambulance service provider.
- i) Valid for a period of two (2) years from the date of issue.

SECTION 3

Fixed Wing ambulance characteristics:

1) Equipment and operations

- a) Performance characteristics inherent in the type of aircraft selected by the fixed wing ambulance service provider.
- b) Equipment and operations shall be in compliance with prevailing F.A.R for the type of aircraft in question and flying conditions under which the aircraft will be operated as specified in the 14 CFR, Part 135 air carrier certificate of the air ambulance service provider.
- c) Capable of carrying a minimum of one (1) patient on a litter in a horizontal position located so as not to obstruct the pilot's vision or interfere with the performance of any member of the flight crew or required air medical personnel.
- d) Means of securing each litter and attached patient securely with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a field approval or, supplemental type certificate (STC) shall be obtained and kept on file.
- e) Demonstrable unobstructed vertical space at the head and thorax areas of the upper surface of a litter(s) to allow for performance of advanced life support cardiac care.
- f) Both the head and thorax of a secured patient shall be accessible by a minimum of two (2) air-medical personnel at one (1) time.
- g) Lighting available for patient observation (a minimum of forty (40) foot-candles at the level of the patient is recommended). Lighting shall be such as to not interfere with the pilots vision and will be focused, shielded, diffused, or colored illumination.
- h) Temperature regulation to assure the comfort of all persons on board.
- i) Door access demonstrably large enough for ease of patient litter loading and unloading in the supine position.
- j) The electrical system of the aircraft capable of supporting all of the ancillary equipment without the threat of overload or systems failure.
- k) Other specialized equipment may be required to conduct certain operations.
- l) The installation of this equipment shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a field approval or, supplemental type certificate (STC) shall be obtained.
- m) Equipped with adequate patient restraint(s) to preclude interference with the crew or aircraft flight controls.
- n) The aircraft must have air to ground communications capabilities to allow medical personnel to communicate with medical control.

SECTION 4

- 1) Maintain accurate records concerning the medical care provided to each patient within the state.
- 2) Premises will be maintained, suitable to the conduct of a fixed wing ambulance service, with provision for adequate storage, and/or maintenance of fixed wing ambulances and the on-board equipment.
- 3) Have a periodic maintenance program as outlined for each specific aircraft in compliance with F.A.A. guidelines and manufacturer's service recommendations (MSR) as a minimum to assure that each fixed wing ambulance, including equipment, is maintained in good, safe working condition and that rigid sanitation conditions and procedures are in effect at all times.
- 4) Premises, records, hangars, padding, and tie-down facilities, and fixed wing ambulances will be made available for inspection by the director or the director's authorized representative at any time during regularly scheduled business hours.
- 5) A determination of non-compliance with F.A.R. may result in immediate suspension of licensure as a fixed wing ambulance service provider.
- 6) Each fixed wing ambulance service provider will make available for inspection at place of operation during regular business hours any manual of operations required under F.A.R.
- 7) Licensure as a fixed wing ambulance service provider may be terminated upon the date specified in the notice.
- 8) Establish equipment checklist procedures to insure the following:
 - 9) Electronic and mechanical equipment are in proper operating condition.
 - 10) Fixed wing ambulances shall be maintained in safe operating conditions at all times.
 - 11) Emergency patient care equipment required for fixed wing ambulance certification is maintained in minimum quantities either directly on board the fixed wing ambulance or available at the time of patient transport.
 - 12) Insure that rigid sanitation conditions and procedures are in effect at all times. The following sanitation standards apply to all fixed wing ambulances:
 - 13) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.
 - 14) Freshly laundered linens are used on all litters, and pillows and linen shall be changed after each patient is transported.
- 15) When the aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft must be cleansed and all contact surfaces be disinfected.

SECTION 5

Fixed Wing Staffing

- 1) Staffed by no less than three (3) people and include the following requirements:
- 2) The first person must be a properly certified pilot who shall complete an orientation program covering flight, and air medical operations as prescribed by the holder of the 14 CFR Part 135 Air Carrier certificate under which the Air Medical Program operates.
- 3) Minimum of 2 appropriate, licensed or certified medical personnel required to properly care for the medical needs of the patient at the discretion of the program medical director.
- 4) The air medical personnel on board the aircraft must be trained in air transport issues and flight physiology.

SECTION 6

Equipment

- 1) **Required on all flights:**
 - a) Portable suction with appropriate catheters and tips capable of a minimum of three hundred (300) mm mercury.
 - b) Oropharyngeal airways (adult, child, and infant sizes)
 - c) Nasopharyngeal airways (small, 20-24 french; medium, 26-30 french; large, 30 french or greater)
 - d) 1 adult, & 1 child/infant bag, with adult, child, infant, and neonate masks as appropriate for the flight.
 - e) Portable oxygen w/appropriate cannulas, or mask, etc.
 - f) Blood pressure cuffs (adult, child, and infant sizes)
 - g) Stethoscope (carried in the aircraft or by air medical personnel)
 - h) Bandages and dressings to include, but not limited to the following:
 - i) Sterile dressings
 - j) Airtight dressings.
 - k) Tape/bandage shears (shears may be carried in aircraft or by air-medical personnel).
 - l) Rigid extrication collars in pediatric, small, medium, and large (or adjustable to fit the sizes indicated) for each patient transported.

m) Minimum of AED must be carried on transports.

2) Equipment based on mission/patient condition

- a) Alternative to the AED is Portable defibrillator, which may be used by appropriately trained medical personnel as specified by the medical director. Monitor should include self-contained cardiac monitor and E.C.G. strip writer with adult and pediatric paddles, or hands-free adapter which will not interfere with the aircraft's electrical and radio system
 - b) Endotracheal intubation equipment to include laryngoscopes with spare batteries and bulbs, with laryngoscope blades, and endotracheal tubes in adult, child, and infant sizes.
 - c) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities
- 3) Controlled drugs shall not be left on unattended aircraft unless adequate security precautions have been taken.
- 4) Additional equipment/supplies as specified by the medical director based on crew medical training and patient need.
- 5) Medical equipment will not interfere with aircraft electrical and radios system.

SECTION 7

1) Communications:

- a) All communications equipment required under 14 CFR Part 135 for the type of aircraft and service provided
- b) Radio communications equipment that allows it to communicate directly with medical control.
- c) Transmitters are to operate with an output power in accordance with applicable F.C.C. rules and regulations.

VIII. Fixed wing Ambulance Service Provider Licensure Application with Accreditation by CAMTS (Commission for Accreditation of Medical Transport Systems).

SECTION 1

1) Deemed status - CAMTS Accredited programs

- a) Required info:
 - i) Base of operations and a level of care to be provided.
 - ii) A description and general location of each aircraft to be used as an air ambulance, including the make, model, year of manufacture, insignia, name or monogram, or other distinguishing characteristics.
 - iii) Documentation of appropriate aircraft liability coverage in accordance with State guidelines.
 - iv) The insurance coverage specified shall be for each and every aircraft owned and/or operated by or for the fixed wing ambulance service provider.
 - v) Proof of current critical care transport accreditation by the Commission for Accreditation of Medical Transport Systems (CAMTS), including the date of accreditation expiration.
 - vi) Other information as requested.
- 2) Will be licensed by the commission for a period of up to three (3) years, or the expiration date of the CAMTS accreditation (whichever occurs first), and a certificate will be issued.
- 3) Must comply with all applicable F.A.A regulation(s), and
- 4) Hold a valid 14 CFR Part 135 Air Carrier certificate, or
- 5) Have a contract with the holder of a 14 CFR Part 135 Air Carrier certificate, to provide aviation services under their certificate.
- 6) Hold a current FAA approved EMS Operations Specifications certificate.