

**TRANSFER OF PATIENT CARE:
PARAMEDIC TO AIR AMBULANCE MEDICAL FLIGHT CREW****I. AUTHORITY:**

California Code of Regulations, Title 22, Division 9, Chapter 8. California Health and Safety Code, Division 2.5, Sections 1798. County of Orange Ambulance Ordinance.

II. APPLICATION:

This policy establishes a means to assure direct medical control over patients who are transported by air ambulance.

III. PROCEDURE:**A. Incident Commander:**

1. Upon determination of the need of an air ambulance, shall make request by established protocol.
2. Shall ensure that the BH radio channel assignment and frequency are provided to the responding medical flight crew.

B. EMT-Paramedic:

1. Shall provide a verbal report of the patient's condition to the air ambulance medical flight crew; including history, physical assessment, all treatments ordered (including those rendered and yet to be completed; e.g., oxygen, intravenous therapy, medications, etc.), and patient destination. If time and/or patient condition do not allow for completion of the PCR prior to the patient's departure from scene, the PCR will be completed for viewing by the receiving trauma center via their OC-MEDS dashboard as soon as possible.

NOTE: Transport of an unstable patient should not be delayed for the purpose of completion of a PCR.

2. Shall document the time and the name of the flight service receiving the patient in the PCR
3. Documentation shall be completed per OCEMS Policy # 300.10- OC-MEDS Documentation Standards.

C. Flight Nurse:

1. Shall assure that BH radio contact has been made prior to the transfer of the patient to the helicopter.
2. Shall accept a verbal report of the patient's condition from the paramedic on scene.
3. Shall assure that the assigned BH is notified at the time of liftoff by the ground paramedic, of the transfer before and after liftoff. The name of flight service, receiving hospital, unit #, incident number, patient number (e.g., Life Air continuing Medic 149's Run 24, patient #3), the patient status, and treatment orders completed and/or yet to be carried out.

Note: In-flight BH radio communication shall be attempted. The medical control of the patient will remain with the BH physician. If BH contact cannot be established, the flight nurse will function under the standing orders and protocols approved by the medical director

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of the air ambulance service provider. One in-flight report of patient's condition/response to treatment should be attempted if patient status allows.

4. Shall upon arrival to the receiving hospital, document landing time and the time the patient was received in the emergency/trauma department.
5. Shall provide a full verbal report to the receiving hospital staff along with the Flight Service Medical Record which shall include written documentation of the patient's condition, orders received from the BH, all orders completed with patient's response to treatment, vital signs, fluid intake, estimated blood loss, etc.
6. Shall call via land line to the BH MICN to ensure that all documentation and updates have been completed for their reporting system.

D. Receiving Center:

1. Upon request, will print a copy of the PCR for the air ambulance medical flight crew.

Approved:

OCEMS Medical Director

OCEMS Administrator

Effective Date: 04/01/2014
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