GENERAL SYSTEM OPERATIONS

PURPOSE
To define general system operational issues common to all providers within the system.

POLICY
A. Fire Department personnel will be dispatched as first response agencies on all levels of medical response.
B. The ALS unit of the zone provider will be dispatched according to EMD.
C. The first on-scene paramedic will assume responsibility for care of the patient(s) and may relinquish care to another paramedic with mutual agreement.
D. All persons requesting medical attention will be evaluated and treated according to Marin County BLS or ALS Treatment Guidelines. Following an appropriate examination, the paramedic may determine that ALS intervention is not indicated and request BLS transport (based on provider agency policies). ALS personnel will remain in attendance with the patient until BLS transport personnel assume the responsibility for patient care. If there is a Code 3 incident dispatched and the attending ALS unit is the nearest responder, the patient may be left with the non-transport BLS personnel.
E. Patients will be transported to a receiving facility according to Marin County policies.
F. Transport units will proceed to the receiving facility in the manner (Code 2 or 3) deemed appropriate by the patient care provider.
AMBULANCE SUPPLY/EQUIPMENT REQUIREMENTS

PURPOSE
To establish minimum requirements for ambulance vehicles, equipment and supplies.

AUTHORITY
A. California Administrative Code, Title 13, Chapter 2
B. Marin County Ambulance Ordinance

POLICY
A. Vehicles
   1. Ambulance vehicles shall meet all standards specified in the California Administrative Code, including the possession of a valid emergency vehicle permit issued by the California Highway Patrol.
   2. Vehicles will be maintained cleanly and in good mechanical and body condition at all times.
   3. All ambulances will have adequate space in the patient care compartment as described in the Ambulance Ordinance.
   4. Equipment to enable communication with the County Communications Center (i.e., MERA), provider dispatch dispatch center (i.e., company radio), and receiving hospital
   5. Cell phone
B. Safety Equipment: Safety Equipment to be carried on ambulances and maintained in good working order shall include all items listed in the current equipment checklist.
C. Emergency Care Equipment and Supplies: Ambulances will carry all items listed in Policy 5010.
D. If staffed at an ALS level, ambulances must, in addition, carry drugs, solutions and equipment as listed in Policy 5010.
E. If staffed at a Critical Care Transport level, ambulances must, in addition, carry drugs, solutions and equipment as listed in Policy 5011.
DRUG SECURITY POLICY

PURPOSE
To establish guidelines for controlled substances carried on ALS and CCT units.

POLICY
A. Medications carried on ALS and CCT units must comply with the County approved drug list (See Policy # 5002, Appendix B).

B. EMS approved controlled substance inventory checks must be done daily and permanent record of this count kept on file by the provider according to their department drug security policy.
   1. One signature is required to confirm accuracy of inventory.
   2. Any discrepancy must be reported to the Provider Medical Director for further investigation and an EMS Event form shall be completed and forwarded to the EMS Agency.

C. Controlled substances must be kept secure by the following means:
   1. Must be kept in a double-locked system when not in use.
   2. When stored in the ALS or CCT unit, must be kept in a locked cabinet/compartment.
   3. Shall be attended at all times by an authorized crew member when in use.

D. If the unit is out of service, all controlled substances must be removed and secured.

E. Security of and access to controlled medications must be consistent with current applicable laws and regulations.
DESCRIPTION AND FUNCTION OF BASIC, ADVANCED LIFE SUPPORT, AND CRITICAL CARE TRANSPORT UNITS

PURPOSE
To define basic, advanced life support, and critical care transport units, their staffing and functions within the Marin County EMS system.

DEFINITIONS
A. Emergency Medical Technician (EMT) refers to an individual currently certified to the EMT level in the state of California.
B. Paramedic - refers to an individual currently licensed as a paramedic in the state of California and accredited to practice in Marin County.
C. ALS indicated refers to patients for whom Advanced Life Support (ALS) treatment is appropriate due to complaint and/or symptoms present.

STAFFING AND DESIGNATION
A. Basic Life Support (BLS) units will be staffed by two EMTs and will be referred to as an “Ambulance” or “A” unit followed by a number indicating the agency.
B. ALS units will be staffed by a minimum of one EMT and one paramedic.
C. Fire department owned units will be referred to as “Medic” or “M” units followed by a number indicating the agency.
D. Privately owned units will be referred to as "Paramedic" or "P" units followed by a number indicating the agency.
E. Critical Care Transport (CCT) units will be staffed by a minimum of two EMTs and an R.N. and will be referred to as a CCT unit followed by a number indicating the agency.

PROVISION OF SERVICES
A. Pre-hospital ALS response
   1. Provided by units having a primary zone provider contract or subcontract according to the Marin County EMS Plan.
   2. If the above unit(s) is unavailable for dispatch, an alternate ALS unit will be dispatched by the usual dispatching agency when provided for by contract/agreement with the primary zone provider.
   3. If the primary zone provider and alternate provider are unavailable, the nearest ambulance will be dispatched by the usual dispatching agency and will function according to Marin County Policies and Procedures.
B. If a unit not authorized to provide service in that ALS zone encounters a patient needing ALS intervention, that unit shall do the following:
   1. Immediately contact County Communications.
   2. Request EM/AO number and dispatch of primary zone provider.
3. If time to hospital is less than ETA of primary zone provider ALS unit, initiate treatment and transport.
4. If time to hospital is greater than ETA of primary zone provider ALS unit, initiate treatment and wait for contract provider.

C. If a unit is not staffed or equipped to provide the level of care needed by a patient, that unit shall do the following:
   1. Immediately contact County Communications.
   2. Request EM/AO number and dispatch of primary zone provider.
   3. If time to hospital is less than ETA of primary zone provider ALS unit, initiate transport.
   4. If time to hospital is greater than ETA of primary zone provider ALS unit, treat and wait for zone provider.

D. Transfers from one care facility to another are addressed in policy GPC 5, Inter-facility Transfer.

E. Critical Care Transport units will be used to provide an enhanced level of care during transfers. They are not routinely utilized in the pre-hospital setting.
ALS NONTRANSPORT SUPPLY/EQUIPMENT REQUIREMENTS

PURPOSE
To establish minimum requirements for supplies and equipment to be maintained by ALS staffed non-transport vehicles.

DEFINITION
A. For the purposes of this policy, “ALS staffed non-transport vehicle” shall be defined as follows:
   1. Vehicle must be owned and maintained by an approved provider agency
   2. Vehicle must have the capability to respond Code 3
   3. Vehicle must be staffed by an on-duty paramedic employed by an approved provider agency.
   4. Vehicle must be responding to an incident in conjunction with an ALS transport vehicle.

POLICY
A. Vehicle must carry equipment to enable communication with the County Communications Center, the appropriate receiving hospital, and the transport unit reasonably expected to arrive on-scene.
B. ALS non-transport vehicles must reasonably expect to
   1. Carry or have immediate access to supplies and equipment as listed in Policy 5010.
   2. Have access to an ALS transport vehicle within 20 minutes.
C. If an ALS vehicle cannot reasonably expect to meet the criteria listed, they must carry a full complement of ALS equipment and supplies as listed in Policy 5010.
ALS FIRST RESPONDER

PURPOSE
To define the role and function of the ALS First Responder within the Marin County EMS system.

DEFINITION
A. The ALS First Responder is a licensed paramedic, accredited in Marin County and working for an ALS provider. This policy is applicable only when the paramedic is not staffing an ALS transport unit and is assigned to a first response vehicle.

B. First Response vehicle refers to a fire department vehicle dispatched by an official dispatching agency in response to a request for medical assistance.

ROLE
To augment the currently operating ALS system by initiating defined ALS skills prior to the arrival of the ALS transport unit.

POLICY
A. The ALS First Responder will carry the ALS equipment as listed in Policy 5010 (ALS First Responder level).

B. The ALS First Responder will comply with all Marin County ALS Treatment Guidelines and all pertinent EMS policies and procedures. If ALS skills are initiated prior to arrival of the ALS transport unit, the name of the ALS First Responder will be documented on the PCR as defined in the Prehospital Patient Care Record policy #7006.
FIRELINE PERSONNEL

PURPOSE

To establish policy for EMTs and paramedics to function as Fireline personnel when requested through the statewide Fire and Rescue Mutual Aid System to respond to and provide Basic Life Support (BLS) and Advanced Life Support (ALS) care on the fireline at wildland fires.

DEFINITION

Fireline Emergency Personnel – An EMT or Paramedic who meets all pre-requisites established by FIRESCOPE and is authorized by their department to provide treatment on the fireline.

POLICY

A. Under the authority of State regulations, EMTs or paramedics may render care during mutual aid operations as long as the following conditions are met:
   1. They are in possession of a valid California Paramedic License or EMT certificate
   2. They are accredited by a local EMS agency
   3. They are affiliated with a Marin provider approved by the local EMS Agency
   4. They may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting local EMS agency

B. When requested for an out of county assignment, personnel may utilize the scope of practice for which they are trained and accredited according to the policies and procedures established by the Marin EMS Agency.

C. This policy is not intended to replace existing EMS or circumvent the established response of EMS within any jurisdiction.

OPERATIONS

A. Marin County personnel are authorized to provide pre-hospital care within the scope of practice allowed by the State of California and the Marin EMS Agency.

B. Marin County personnel will be equipped with the items on the EMT or paramedic inventory list as well as any required firefighting equipment.

C. It is recognized that the Fireline personnel cannot carry the same amount of equipment and supplies as would normally be stocked on a BLS/ALS vehicle. The inventory is based on the anticipated needs while considering the size and weight of the equipment and supplies.

D. Marin County personnel shall comply with all Marin County EMS Agency policies, procedures when functioning as a Fireline EMT or paramedic.

E. The personnel shall present their credentials (paramedic license or EMT certificate, accreditation card and department identification) to the Medical Unit Leader who will forward that information to the local EMS Agency having responsibility for the area being affected by the incident.
F. The Fireline personnel are expected to check in and obtain a briefing from the Logistics Section Chief, or the Medical Unit Leader if established at the Incident.

G. Documentation of patient care will be in accordance with Marin County EMS Policy 7006. Fireline personnel should utilize the Marin EMS Field Transfer Form (FTF) for all patients encountered at the incident. Documentation on the FTF must include the incident number assigned to the specific incident (e.g. CA Scu 00025123). The original copy will be retained by the Fireline personnel employing agency, one copy will accompany the patient (if transported) and one copy will go to the Medical Unit Leader.

H. Upon returning to the incident base, cover station, or back to Marin County an electronic patient care record shall be completed.

I. All PCR’s at the incident or cover assignment will be reviewed through the home agency CQI process.

J. Controlled substances shall be stored and handled in accordance with Marin EMS and local agency policies.

QUALIFICATIONS, CERTIFICATION AND TRAINING

Designation by a BLS or ALS Provider Agency as Fireline personnel must include verification that the Fireline personnel have completed the requirements outlined in the FIRESCOPE Position Manual for FEMT and FEMP.

RELATED POLICIES

Provider Equipment List, 5010
PARAMEDIC INTERNSHIPS

PURPOSE
The purpose of this policy is to provide guidance and to establish minimum standards for paramedic internships offered by ALS providers in Marin County.

POLICY
A. Provider Agency
   1. Approved ALS providers may offer field internships for paramedic students from a LEMSA-approved training program to complete the required field portion of their training.
   2. The Provider Agency shall give notice to the Marin County EMS Agency in advance of the following:
      a. Paramedic student’s name
      b. Sponsoring Paramedic Training Program
      c. Start date of internship
      d. Assigned paramedic preceptor
   3. The Provider Agency shall have a current, written agreement to provide internships with the Paramedic Training Program with which the student is affiliated.

B. Preceptors
   1. Assigned preceptors shall meet the following minimum qualifications:
      a. Two years experience as California EMT-P.
      b. Possession of a current and active (non-probationary) California EMT-P license and local accreditation in Marin County for at least one year.
      c. Preceptors shall complete training as outlined/required by the Provider Agency and/or Paramedic Training Program.
      d. Formal preceptor designation by the Provider Agency.
   2. Preceptors shall complete all evaluations of student performance as may be required by the Paramedic Training Program.

C. Paramedic Students
   1. Students shall be subject to all Marin County EMS Agency policies, protocols and procedures
   2. Students also required to:
      a. Complete the approved Marin County EMS Agency internship application/form.
      b. Work only in basic scope of practice unless approved for optional scope procedures.
      c. Work only under the direct supervision of their assigned preceptor(s). In the absence of their preceptor(s), student may only work in the basic EMT scope of practice.
      d. Receive authorization from the Marin County EMS Agency.

D. EMS Agency
   1. EMS Agency will:
a. Issue a temporary paramedic intern authorization number.
b. Activate access for intern in ePCR database.
CRITICAL CARE TRANSPORT DRUG, SOLUTION, AND EQUIPMENT LIST

IN ADDITION TO ITEMS LISTED IN POLICY 5010 (ALS TRANSPORT), UNITS STAFFED TO PERFORM CRITICAL CARE TRANSPORTS MUST INCLUDE THE FOLLOWING:

A. A minimum of two personnel, appropriate to individual patient care needs (refer to Interfacility Transfer policy #8107) must be available to attend the patient.

B. All transports must occur in accordance with federal and local laws, including the Consolidated Omnibus Budget Reconciliation Act (COBRA) and its amendments (OBRA).

C. Communication equipment must be present that will allow contact between the transporting vehicle and the transferring and receiving hospitals.

D. The equipment and medications listed in #5011a recommended by the Guidelines Committee of the American College of Critical Care Medicine; the Society of Critical Care Medicine and American Association of Critical Care Nurses Transfer Guidelines Task Force and is recommended for use in Marin County.

E. Upon written request from a provider medical director, exceptions to the recommended equipment and medications may be made by the EMS Agency Medical Director.

   Equipment and medications shall be additionally tailored to meet all anticipated needs of the individual patient being transported.
CRITICAL CARE TRANSPORT
DRUG, SOLUTION AND EQUIPMENT LIST

The following items are required in addition to the BLS/ALS equipment. On a case by case basis, upon written request from a provider medical director, an exception may be made to a requirement by the EMS Agency Medical Director.

<table>
<thead>
<tr>
<th>Description of Item</th>
<th>On Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Airway equipment:</strong></td>
<td></td>
</tr>
<tr>
<td>50 ml flex tube with patient adapter</td>
<td></td>
</tr>
<tr>
<td>Infant medication concentration mask with tubing</td>
<td></td>
</tr>
<tr>
<td>Booted hemostat</td>
<td></td>
</tr>
<tr>
<td>Heimlich valve</td>
<td></td>
</tr>
<tr>
<td>Scalpel with blade for cricothyrotomy</td>
<td></td>
</tr>
<tr>
<td>Positive end-expiratory pressure valve (PEEP)</td>
<td></td>
</tr>
<tr>
<td>Pressure gauge with airway adapter tubing and test lung</td>
<td></td>
</tr>
<tr>
<td><strong>IV Administration sets:</strong></td>
<td></td>
</tr>
<tr>
<td>3-way stopcocks with extensions</td>
<td></td>
</tr>
<tr>
<td>Pedi-drip sets</td>
<td></td>
</tr>
<tr>
<td>Blood tubing</td>
<td></td>
</tr>
<tr>
<td>IV catheters up to 24 gauge</td>
<td></td>
</tr>
<tr>
<td>Butterfly needles or IV Catheters, pediatric sizes</td>
<td></td>
</tr>
<tr>
<td>Irrigating syringes</td>
<td></td>
</tr>
<tr>
<td>Infusion pumps</td>
<td></td>
</tr>
<tr>
<td>Arterial line tubing and monitoring equipment</td>
<td></td>
</tr>
<tr>
<td><strong>IV Solutions:</strong></td>
<td></td>
</tr>
<tr>
<td>1000 Lactated Ringers solution</td>
<td></td>
</tr>
<tr>
<td>250 cc D5/W</td>
<td></td>
</tr>
<tr>
<td><strong>Equipment:</strong></td>
<td></td>
</tr>
<tr>
<td>Arm boards</td>
<td></td>
</tr>
<tr>
<td>Pulse oximeter</td>
<td></td>
</tr>
<tr>
<td>Salem sump nasogastric tubes, assorted sizes</td>
<td></td>
</tr>
<tr>
<td>External pacing</td>
<td></td>
</tr>
<tr>
<td>Infant, pediatric electrodes</td>
<td></td>
</tr>
<tr>
<td>Transport ventilator</td>
<td></td>
</tr>
<tr>
<td>Neonatal isolette</td>
<td></td>
</tr>
<tr>
<td><strong>Medications:</strong></td>
<td></td>
</tr>
<tr>
<td>Dexamethasone</td>
<td></td>
</tr>
<tr>
<td>Diazepam</td>
<td></td>
</tr>
<tr>
<td>Digoxin</td>
<td></td>
</tr>
<tr>
<td>Heparin</td>
<td></td>
</tr>
<tr>
<td>Lopressor</td>
<td></td>
</tr>
<tr>
<td>Mannitol</td>
<td></td>
</tr>
<tr>
<td>Magnesium</td>
<td></td>
</tr>
<tr>
<td>Nitroglycerin for IV use</td>
<td></td>
</tr>
<tr>
<td>Phenytoin</td>
<td></td>
</tr>
<tr>
<td>Procainamide</td>
<td></td>
</tr>
<tr>
<td>Solumedrol</td>
<td></td>
</tr>
<tr>
<td>Verapamil</td>
<td></td>
</tr>
</tbody>
</table>
INTERFACILITY TRANSFERS

PURPOSE
To provide direction and policy for interfacility transfers by certified EMS providers in Marin County.

RELATED POLICIES
5200, Medical Mutual Aid, Multiple Patient Management Plan

AUTHORITY
Health & Safety Code 1797.200, 1797.218, 1797.222; Marin County Code of Ordinances, Chapter 7.60, “Ambulance Transportation Services”; Marin County Board of Supervisors Resolution 96-41

DEFINITIONS
1. **Interfacility Transfer** – The movement of a patient by ambulance from one healthcare facility to another healthcare facility.
2. **Rapid Re-triage** – An emergent interfacility transfer of a trauma patient from an Emergency Department to a designated Trauma Center.
3. **Certificate of Operation** – Annual certificate issued by the Marin County EMS Agency to a private ambulance company doing business in Marin that has met all regulatory requirements.
4. **Certified EMS Provider** – A private ambulance company with a current certificate of operation, authorized by the County to provide ambulance services.
5. **Permitted Ambulance** – An ambulance with a current permit from the Marin County EMS Agency.
6. **Emergent Transfer** – Patient requires immediate transportation by ambulance to another facility for a higher level of care (e.g., STEMI, stroke, trauma, etc.).

POLICY
In Marin County, interfacility transfers must be conducted by a certified EMS provider except for the following cases:

B. An immediate interfacility transfer of a rapid re-triage or confirmed STEMI patient may be conducted by a Fire Department provider that provides 911 ambulance services.
C. Interfacility transfers requiring ALS, CCT, or other level of specialty care (e.g., neonatal, bariatric, infectious disease, etc.) must use a unit staffed and equipped for that level of care.
D. For outgoing interfacility transfers requiring the use of an air ambulance, the transferring hospital shall contact Sheriff’s Communication Center to dispatch appropriate fire department units to secure the emergency landing zone.
E. Receiving interfacility transfers by air ambulance directly to the facility is not allowed in Marin except under extraordinary circumstances.
F. In cases of an emergent transfer request when a requested certified EMS provider does not have a permitted ambulance available, the hospital or provider may:
   1. Contact other certified EMS providers to conduct the transfer.
   2. Utilize a non-permitted ambulance from any certified EMS provider,
   3. Request an ambulance from a non-certified EMS provider and submit an EMS Event Form
to the EMS Agency for CQI review.

G. In the case of a disaster where no certified EMS provider is available, non-permitted ambulances from a non-certified EMS provider may be used to transfer patients.

H. A list of current certified EMS providers shall be maintained on the Marin EMS Agency website at: www.MarinEMS.org
EMS AIRCRAFT

PURPOSE
To provide policy for integrating dispatch and utilization of aircraft into the Marin County EMS system as a specialized resource for prehospital response, transport, and care of patients. Aircraft utilization provides a valuable adjunct to the Marin County EMS System by minimizing the time to definitive care in prescribed circumstances.

RELATED POLICIES
Emergency Medical Dispatch Policy, #4200; Trauma Triage and Destination Guideline Policy, #4613; Prehospital/Hospital Contact Policy, # 7001

AUTHORITY
California Administrative Code, Title 22, Divisions 2.5 and 9.

APPLICABILITY
All aircraft providing prehospital patient transport within the Marin County EMS System must be authorized by the EMS agency in their county of origin, or by the EMS Authority, or by a United States Government agency.

POLICY
A. The patient’s condition, available ground resources, incident location in relation to receiving facility and call circumstances will be evaluated by caregivers in the field to determine if air transport is appropriate.

B. The type of aircraft to be requested will be determined by the Incident Commander and/or the County Communications Center based on provider availability, response time criteria and nature of the service needed. See Appendix A.

PROCEDURE FOR AIRCRAFT DISPATCH
A. Aircraft will be dispatched simultaneously with ground units for specific circumstances as follows:
   1. Area of the call is inaccessible to ground unit(s) or ground access is compromised;
   2. Air assistance may be needed with rescue activities; or
   3. Ground transport time to the hospital is > 30 minutes and the applicable Emergency Medical Dispatch Protocol (policy #4200, Appendix A) recommends simultaneous dispatch.
   4. Reported traumatic injury and Level III Trauma Center is on trauma diversion.

B. Aircraft Dispatch may also occur in the following manner:
   1. Upon request of the responding unit while en route to the scene.
   2. Upon request of onscene personnel following patient assessment.

PROCEDURE FOR AIRCRAFT USE
A. Consider use of an EMS aircraft where:
   1. A patient meets Trauma Triage Tool anatomic or physiologic criteria and the time closest facility is a Level II Trauma Center.
   2. Ground transport time is greater than 30 minutes.
B. Procedural Considerations
   1. EMS aircraft should not transport patients in cardiac arrest. Aircraft crew shall have discretion to transport patients receiving CPR in certain situations (refractory VF, unsafe scene conditions, hypothermia, etc.).
   2. Marin County Communications Center will notify law enforcement and fire agencies with jurisdiction over the landing zone.
   3. The EMS aircraft may be canceled by the on-scene Incident Commander.

C. Medical control
   1. Treatment decisions will be made according to medical control policies and procedures governing the provider agency having responsibility for care.

GENERAL AND RELATED PROCEDURES
A. Marin County personnel may accompany a patient in an EMS aircraft during transport if all of the following conditions are met:
   1. Personnel have been providing care for the patient prior to arrival of the aircraft;
   2. Aircraft pilot and crew request that personnel accompany the patient during transport to assist with care.

B. Patient care records will be kept as follows:
   1. Marin County personnel will complete a Marin County PCR as per policy/procedure, and when known, forward it to the receiving hospital.
   2. EMS aircraft crew will complete a PCR as required by policy/procedure within their county of origin, and forward a copy to Marin County EMS Agency.

C. The following times, when available, will be relayed to and recorded by Marin County Communications Center:
   1. ETA at time of original dispatch request
   2. When airborne, en route to scene
   3. Arrival at scene
   4. Departure from scene
   5. Destination hospital
   6. Arrival at receiving hospital

D. As part of the Quality Improvement Program, the EMS Agency will review all aircraft dispatches.

E. Aircraft may be utilized by acute care hospitals for interfacility transfers.
   1. Hospitals will contact EMS aircraft providers directly.
   2. The hospital requesting an EMS aircraft will notify the Marin County Communications Center of aircraft activity so fire and law enforcement agencies can be notified of the probable aircraft landing site.
   3. Hospitals shall notify the Marin County EMS Agency of interfacility transfers by EMS aircraft on an annual basis.
## APPENDIX A
### PROVIDER LIST AND CLASSIFICATION DEFINITIONS

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Classification</th>
<th>Function</th>
<th>Staffing</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stanford University Hospital Helicopter (LIFEFLIGHT)</td>
<td>Air Ambulance</td>
<td>Medical</td>
<td>Pilot Flight Nurses (2)</td>
<td>Palo Alto</td>
</tr>
<tr>
<td>California Shock/Trauma Air Rescue (CALSTAR)</td>
<td>Air Ambulance</td>
<td>Medical</td>
<td>Pilot Critical Care Nurses (2)</td>
<td>Concord</td>
</tr>
<tr>
<td>Redwood Empire Air Care Helicopter (REACH)</td>
<td>Air Ambulance</td>
<td>Medical</td>
<td>Pilot Critical Care Nurse/EMT-I</td>
<td>Santa Rosa and Concord</td>
</tr>
<tr>
<td>Sonoma County Sheriff's Department helicopter (Henry 1)</td>
<td>ALS Rescue</td>
<td>Law, Medical, Long-line rescue</td>
<td>Pilot Paramedic</td>
<td>Santa Rosa</td>
</tr>
<tr>
<td>California Highway Patrol Helicopter (H-30)</td>
<td>ALS Rescue</td>
<td>Law, Medical</td>
<td>Pilot Paramedic</td>
<td>Napa</td>
</tr>
<tr>
<td>U.S. Coast Guard Helicopter</td>
<td>Auxiliary</td>
<td>Water rescue, Long-line rescue</td>
<td>2 Pilots Crew includes 1 EMT-I rescue swimmer</td>
<td>San Francisco Airport</td>
</tr>
</tbody>
</table>

### CLASSIFICATION DEFINITIONS

A. “Air Ambulance” means any aircraft specifically constructed, modified, or equipped and used for the primary purpose of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at least two attendants certified or licensed in advanced life support.

B. “Rescue Craft” means an aircraft whose usual function is not prehospital emergency medical transport but which may be utilized for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable.

C. “ALS Rescue Aircraft” means a rescue aircraft that is equipped to provide ALS service, staffed with a minimum of one ALS medical flight crew member.

D. “Air Rescue Service” means an air service used for emergencies including search and rescue.

E. “BLS Rescue Service” means a rescue aircraft whose medical crew has, at a minimum, one attendant certified as an EMT-1.

F. “Auxiliary Aircraft” is a rescue aircraft which does not have a medical flight crew or whose flight crew does not meet the minimum requirements of a BLS Rescue Aircraft.