

Article 4

Air Medical Regulations, Rotor and Fixed Wing Operations

12VAC5-31-870. Application for agency licensure.

A. General provisions. Air medical public service agencies will meet or exceed Federal Aviation Regulations, 14 CFR Part 91, and commercial operators will meet or exceed 14 CFR Part 135.

B. Interruption of service (rotor wing only). The air medical service shall notify the Office of EMS of temporary discontinuation of service from any base expected to last 24 hours or greater.

12VAC5-31-875. Operations and safety.

Operational policies must be present to address the following areas pursuant to medical flight personnel:

1. Hearing protection.
2. Protective clothing and dress codes relative to:
 - a. Mission type; and
 - b. Infection control.
3. Flight status during pregnancy.
4. Flight status during acute illness.
5. Flight status while taking medications.

12VAC5-31-880. Air medical service personnel classifications.

Air medical service personnel classifications are as follows:

1. Air medical crew (rotary).
 - a. A pilot-in-command in accordance with current Federal Aviation Administration (FAA) requirements.
 - b. An attendant-in-charge shall be an air medical specialist who must be one of the following:
 - (1) Physician;

(2) Registered nurse or physician assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent training as identified in 12VAC5-31-885;

(3) Paramedic, certified for a minimum of two years with specialized air medical training; or

(4) Other health care personnel with equivalent training or experience as approved by the Office of EMS.

c. An attendant shall have specialized air training as identified in 12VAC5-31-885.

2. Air medical crew (fixed wing).

a. A pilot-in-command in accordance with current FAA requirements.

b. An attendant-in-charge shall be an air medical specialist who shall be one of the following:

(1) A physician;

(2) A registered nurse or physician assistant licensed for a minimum of two years with specialized air medical training;

(3) An emergency medical technician certified for a minimum of two years with specialized air medical training; or

(4) Any other health care personnel with equivalent training or experience as approved by the Office of EMS.

c. An attendant shall be a Paramedic or an equivalent approved by the Office of EMS.

3. Specialty care mission providers.

a. The agency shall have in place policies that identify the crew composition for each specialty mission type that it is willing to perform and are consistent with industry standards. These policies shall be approved by the agency OMD and have a method of continuously monitoring adherence to those policies.

b. The specialty care team must minimally consist of a physician, registered nurse or other specialists as the primary caregiver whose expertise must be consistent with the needs of the patient, per the agency's policy required in subdivision 3 a of this section.

c. All specialty care team members must have received an orientation to the air medical service that includes (i) in-flight treatment protocols, (ii) general aircraft safety and emergency procedures, (iii) operational policies, (iv) infection control, and (v) altitude physiology annually.

d. Specialty care mission personnel must be accompanied by at least one regularly scheduled air medical staff member of the air medical service.

4. Staffing for specific mission types.

a. Prehospital scene responses - consists of the pilot-in-command, attendant-in-charge who shall be a Paramedic and an attendant.

b. Inter-facility transports.

(1) ALS - consists of the pilot-in-command, attendant-in-charge, and an attendant.

(2) For fixed wing, the attendant may be a BLS provider.

(3) Critical care - consists of the pilot-in-command, attendant-in-charge, and an attendant.

A member of the medical crew shall be a physician, physician assistant, or a registered nurse.

12VAC5-31-885. Training.

A. The air medical agency shall have a planned and structured program in which all medical transport personnel must participate. Competency and currency must be ensured and documented through relevant continuing education programs or certification programs listed in this section. Training and continuing education programs will be guided by each air medical transport service's mission statement and medical direction. Measurable objectives shall be developed and documented for each experience.