



# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

*Virginia Hastings, Executive Director  
Reza Vaezazizi, M.D., Medical Director*

**DATE:** October 29, 2009

**TO:** Hospital CEO's  
Hospital ED Directors

**FROM:** Virginia Hastings  
ICEMA Executive Director 

**SUBJECT: DEVELOPMENT OF EXCLUSIVE OPERATING AREAS FOR AIR AMBULANCES**

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The Inland Counties Emergency Medical Agency (ICEMA) is expanding the transportation component of its State Mandated EMS Plan to include development of Exclusive Operating Areas for Air Ambulances. Health and Safety Code, Division 2.5, Chapter 4, 197.224, provides that a local EMS Agency may create one or more exclusive operating areas (EOA) in the development of a local plan if a competitive process is utilized to select the provider or providers of the services pursuant to the plan.

We are seeking your comments on system design and performance standards to include in a Request for Proposal to Select an Air Ambulance Provider(s) to serve San Bernardino County. The California Code of Regulations defines an air ambulance as "any aircraft specially constructed, modified, or equipped and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has a minimum of two (2) attendants certified or licensed in advanced life support." These regulations include helicopters and fixed wing aircraft. The final RFP will include interfacility transports and 9-1-1 transports.

Please have knowledgeable individual(s) on your staff complete the attached questionnaire and return by e-mail or FAX to ICEMA: [vhastings@cao.sbcounty.gov](mailto:vhastings@cao.sbcounty.gov) or FAX 909-388-5825 by November 15. We welcome comments from all interested hospital staff. Comments will be compiled and presented to a Countywide stakeholders committee for review.

Thank you for your comments.

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## SURVEY TO DEVELOP AIR AMBULANCE EOA'S

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**Hospital:**

\_\_\_\_\_

**Name of Individual Completing Survey:** \_\_\_\_\_

**Contact E-mail/Phone Number:** \_\_\_\_\_

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### INTERFACILITY TRANSPORTS (IFT)

1. Number of helicopter IFTs requested each year: \_\_\_\_\_
2. Number of helicopter IFT's received each year: \_\_\_\_\_
3. Number of fixed-wing IFT's requested each year: \_\_\_\_\_
4. Number of fixed-wing IFT's received each year: \_\_\_\_\_
5. Response time standards (rotor and fixed wing) for following categories:
  - a. Immediate \_\_\_\_\_
  - b. Non-emergency (delayed) \_\_\_\_\_
  - c. Other \_\_\_\_\_
6. Recommended performance standards for IFTs:

7. Recommendations concerning communications between air ambulance provider and hospital:

**9-1-1 TRANSPORTS**

**1. Recommended response time standards for air ambulance transporters:**

Dispatch to scene: \_\_\_\_\_

Scene to receiving hospital: \_\_\_\_\_

**Consider urban vs. rural in your recommendations**

**2. Recommendations concerning communications between air ambulance and receiving hospital:**

**ADDITIONAL COMMENTS/SUGGESTIONS ON AIR AMBULANCE  
TRANSPORTATION:**

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FAX 909-388-5825 by November 15.*