

THE ROLE OF THE FLIGHT PARAMEDIC IN THE PREHOSPITAL ENVIRONMENT

A Position Statement of the National Flight Paramedics Association

Following the 1966 White Paper, "Accidental Death and Disability: The Neglected Disease of Modern Society", and concerns about the state of prehospital treatment and transportation, the Emergency Medical Services (EMS) Act of 1973 was presented and passed into law. This document provided financial incentives in the form of start-up and training funds for EMS systems across the country. Shortly afterwards, the Department of Transportation (DOT) published training guidelines for the Emergency Medical Technician (EMT) Basic, Intermediate, and Paramedic levels, creating new providers in the field of prehospital care. Throughout the United States, ambulance services began to adopt these procedures, and later incorporated EMT-Basics, Intermediates and/or Paramedics into their respective programs. It has been well documented that many lives have been saved and disabilities reduced since the introduction of these personnel into the EMS field.

In the late 1970s and early 1980s, a new form of transportation was adopted by the prehospital community, that of rotary and fixed wing aircraft. Although the first American non-military air medical program was staffed by paramedical personnel, hospitals were predominant as program providers. Since EMTs were not traditionally employed within the hospital setting, other providers were chosen from within the hospital's existing departments. Surgeons and emergency physicians were initially utilized as providers for many programs, but as time passed, physician providers were replaced due to lack of physician availability and cost constraints. Physicians were more valuable within the Emergency Department (ED), Critical Care Units (ICU/CCU), or Operating Suite than out in the field or on call at a ready room.

Looking further, hospitals soon found that Registered Nurses (RN) were a viable choice for this task. Although many lacked the necessary prehospital experience, they possessed emergency care and critical care skills necessary to function within their respective departments in the hospital environment.

Following training concerning prehospital environment issues and procedures, RNs soon became the predominant member of the prehospital flight care team. These providers were supplemented with other specialty hospital care providers such as pediatric care nurses, neonatal care nurses, respiratory technicians, etc.

Role of the Flight Paramedic

In the early 1980s, many programs turned to an additional resource, that of the EMT-Paramedic, to supplement their flight care team. Today, Flight Paramedics work in the majority of air medical programs operating within the U.S., either solo, with another Flight Paramedic, or with other allied health personnel. The Flight Paramedic is recognized as an individual who is a trained professional, and an expert in recognizing and intervening in life-threatening emergencies. Serving with prehospital protocols, standing orders, and communication with medical direction, the Flight Paramedic delivers a sophisticated standard of medical care.

The National Flight Paramedics Association was incorporated in 1986 to coordinate and further the goals of Flight Paramedics. NFPA, through its membership and the leadership of the Board of Directors, makes recommendations, develops guidelines, and takes positions on issues that directly affect the development and growth of emergency medical services and the air medical profession.

Much discussion has taken place over the years concerning air medical personnel within the following areas:

1. The optimal air medical team members
 2. The roles and responsibilities of each team member
 3. Training requirements for air medical personnel
 4. Experience levels of air medical providers
 5. State or Federal regulatory agencies
 6. Medical control and direction
 7. Air medical safety procedures
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In regard to the Flight Paramedic's role in the air medical community, the National Flight Paramedics Association takes the following positions:

- **NFPA** believes that the Flight Paramedic is a prehospital health care professional with experience in emergency medical services and in the air medical environment.
- **NFPA** believes that the Flight Paramedic is a well trained individual that is able to function as an Advanced Life Support care provider either solo or as a member of a flight care team through the support and direction of a Medical Director and a Medical Control Physician via protocols, standing orders, or direct voice communication.
- **NFPA** believes that minimal training standards for a Flight Paramedic should include the successful completion of an approved EMT-Paramedic course that utilizes DOT EMT-Paramedic course guidelines; successful completion and maintenance of an American Heart Association Advanced Cardiac Life Support Provider course; Pediatric Advanced Life Support course; a recognized Trauma Life Support course; and successful completion of an additional course of instruction designed for flight personnel that includes specific air medical issues and treatment modalities.

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- **NFPA** believes that Flight Paramedics should possess a minimum of three years experience in the field as an EMT-Paramedic working as an Advanced Life Support Provider prior to entering the air medical transport profession.
- **NFPA** believes that Flight Paramedics should take an active role in conducting safe air medical operations, and in coordinating operational safety programs designed for ancillary personnel (rescue squads, ground-based personnel, hospital personnel, and other personnel that may assist in patient handling in and around air medical aircraft).
- **NFPA** believes that the Flight Paramedic should be familiar with the appropriate safety measures to be taken when Hazardous Materials are involved in rescue or patient care situations.
- **NFPA** believes that operational safety is a team concept that should be a shared responsibility of all air medical team members (including Pilots, Flight Paramedics, Flight Nurses, Flight Physicians, Communication Specialists, etc.).
- **NFPA** believes that it is the responsibility of the Flight Paramedic to perform in the following capacity while delivering emergency prehospital care and treatment:
 - Ensure scene safety for all components of the rescue and health care teams.
 - Perform a rapid survey of life threatening conditions that may disrupt an effective airway, breathing effort or circulatory function.
 - Perform a thorough physical assessment and examination of the patient including pertinent medical history, current medications, allergies, etc.
 - Implement necessary treatment and care within training levels under specific protocols or direct physician order as required.
 - Coordinate rescue, triage, and treatment with other responding agencies and personnel.
 - Transport patients to the closest appropriate level facility as determined by each patient's illness or injury.
 - Maintain and utilize a working knowledge of HazMat to ensure a safe environment for all responding personnel.
 - Document any pertinent findings and treatments administered for inclusion to patient's medical record.
 - Participate in developing and instituting a system of quality improvement and utilize this system to enhance and critique performance of the air medical program and personnel.

Role of the Flight Paramedic

This document was compiled from the results of a questionnaire submitted to the membership of the National Flight Paramedics Association. All information within this document was derived from the composite results of the questionnaire. Any questions or inquiries regarding information contained within this document should be directed to **George Swindel - Air Med II, Acadian Ambulance/Air Med Services, PO Box 98000, Lafayette, Louisiana, 70509-9800.**

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