



Standard Specification for National Air Medical Transport Units Resources Catalog¹

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INTRODUCTION

Committee F30 was established on a voluntary basis to edit, update, and create, where necessary, voluntary standards for all facets of emergency medical services (EMS).

Task Group F30.01.02 is responsible for water and air vehicles and has prepared standards that cover the medical transport units for the three levels of general patient care, namely basic, advanced, and specialized.

This specification complements these standards in that it presents a unique method of cataloging EMS resources. It consists of a format that, when completed and submitted by the air ambulance providers, will give a complete catalog of medical air transport capabilities. The catalog will be known as the “National Air Medical Transport Units Resources Catalog.” The short title “Resources Catalog” may be used when the meaning is clear.

The “Resources Catalog” is designed for use by planners, particularly in the time of a major national emergency. The format contained in this specification provides a standard method of presenting the key data so that communications during a stressful time will be quicker and easier.

Special attention has been taken to identify that information that is needed for immediate reference. For example, the concern during an emergency will be for the numbers of patients that can be carried, and at what level of care, rather than the commercial details about a particular name brand.

1. Scope

1.1 This specification provides the format and guidelines for producing a catalog of current resources of air medical transport units, showing the patient care capability of each, in standard form.

1.2 This specification applies to all the air transports involved in patient care that meet one or more applicable ASTM medical transport unit specifications.

1.3 This specification incorporates only the information that is considered essential for use by the planners during an emergency. The intent is to provide information on what is available, what level of care it can provide, where it is, and the earliest it can respond, so that the most efficient use can be made of each unit, in accordance with the emergency plans.

1.4 Information contained in the unit’s operations manual,² such as the weight and balance calculations for the “Specialized Medical Resources” listed in Appendix X1, is not included in the catalog but it will be available to the planners, on request.

2. Significance and Use

2.1 The intent of the “Resources Catalog” is to tabulate the national capability for medical air transportation and to enumerate the level of patient care that each unit can provide. The level of care is based on the ASTM Specifications related to each type of medical air transport.

2.2 The “Resources Catalog” will provide a resource with which the emergency planners can identify the capability, availability, and response times for those units outside their local areas. With such up-to-date information, they can request the air medical transport unit that most closely meets the mission profile within the time frame required.

¹ This specification is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.01 on EMS Equipment.

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² See FAA Advisory Circular 135-14 for recommended content and layout of the unit operation manual. Available from Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

2.3 This catalog will increase public awareness of the availability and the high standard of emergency medical transportation.

3. Format

3.1 Appendix X1 is the format to be completed for each individual unit that meets one or more of the ASTM rotary wing or fixed wing medical transport standards. The format will be completed by the air ambulance provider and the unit's medical director and submitted to the state EMS director (or equivalent official).

3.2 Using this same procedure, the format will be updated by the air ambulance provider³ annually and each time signifi-

cant changes occur that affect operational or patient care capability. (This does not include temporary changes such as maintenance down-time.)

3.3 The completed formats will be reviewed by the state EMS director (or equivalent official) and, with state (or equivalent) approval, will be submitted to the F30.01.02 Task Group Chairman for consolidation into this specification. Annual updates will be forwarded to the Task Group Chairman prior to the Committee F30's regular year-end meeting.

3.4 The task group will assemble the formats, as submitted, provide a comprehensive index and a map showing the locations and declared areas.

3.5 The catalog will be updated by the task group at the regular year-end meeting and will be published annually by ASTM.

4. Keywords

4.1 air-medical; national resource catalog

³ *Air Ambulance Provider*—The individual or entity that holds the air ambulance provider certificate and is responsible for and manages the operation of the fixed wing medical transport unit.



APPENDIX

(Nonmandatory Information)

X1. RESOURCES CATALOG FORMAT
EMERGENCY MEDICAL SERVICES
NATIONAL AIR MEDICAL TRANSPORT UNITS RESOURCES CATALOG

Date _____

- 1. State _____
2. City _____
3. Unit N Number _____

4. Role
(a) EMS Level (Check each that apply)

(i) Unit Category
Basic _____ Advanced _____ Specialized _____
(As per ASTM Standard Specifications)

(ii) Dedicated EMS _____, or
Multi-mission
Police _____ Fire _____ Rescue _____
Other _____

(b) EMS Capability

(i) Number of stretcher patients that can be carried at one time:
Normal _____ Maximum _____

(ii) Number of seated patients that can be carried at one time: _____

(iii) Comments on the adaptability of the configuration for patient transport in a multi incident situation.

(iv) Number and titles of Transport Personnel normally on board:
Flight crewmembers, _____

Air-medical crewmembers, _____

(c) Specialized Medical Resources

(If applicable)

(i) Neonatal Capability
(Including number and type of isolettes) _____

(ii) Special Cardiac Capability
(Including number and type of intra-aortic balloon pumps) _____

(iii) Hyperbaric Capability
(Including number and type of chambers) _____

(iv) Other _____

(d) Specialized Air-Medical Personnel

(If applicable)

(e) Rescue Equipment

(i) None _____

(ii) Hoist _____ Capacity _____

(iii) Rescue nets (number and size) _____

(iv) Sling load capability _____

(v) Other _____

5. Dispatch Information

(a) Emergency Notification Phone Numbers

() _____ - _____, () _____ - _____

- (b) Radio Contact Frequencies for the Unit _____
 - (c) Specialized Communications Equipment on Board, Such as Frequency Agile Radios, Cellular Telephones, etc. _____
 - (d) Time Normally Required Between Mission Acceptance and Liftoff of the Unit _____
 - (e) Cruise Speed _____
 - (f) N Number _____ Call Sign _____
 - (g) Logo (Identifiable Markings) _____
6. Operational Capabilities
- (a) IFR Day Yes _____ No _____
Night Yes _____ No _____
 - (b) Night Yes _____ No _____
 - (c) Over Water Yes _____ No _____
 - (d) Mountain Experience Yes _____ No _____
 - (e) Normal Days/Hours of Operation _____
 - (f) Declared Effective Service Range _____
_____ (attach map when applicable)
 - (g) Aircraft Gross Weight When On:
Skids _____ Wheels _____ Floats _____
(Weight and balance calculations for the practical combinations of specialized equipment and personnel, contained in the unit's operations manual, will be available on request)
 - (h) Rotary Wing Minimum Landing Area Diameter _____
 - (i) Fixed Wing Runway Landing/Takeoff Minimums at Gross Weight _____
 - (j) Transient Deviations (if applicable) _____

7. Contacts
- (a) Program Director
Name _____
Phone _____
Address _____
 - (b) Medical Director
Name _____
Phone _____
Address _____
 - (c) Air Ambulance Provider³
Name _____
Phone _____
Address _____

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