Position Statement: Guidelines for the Prehospital use of Helicopter Emergency Medical Services

It is the position of the North Central Regional Trauma Advisory Council that helicopter EMS (HEMS) is an important piece of the trauma care system and should be used when appropriate to transport major trauma patients to the most appropriate trauma center.

Use of HEMS is not without risk, expense and controversy about its impact on patient outcome. Subsequently the NCRTAC recommends that HEMS be used with the following considerations addressed by the local EMS and medical control authorities:

I. Major trauma patients (as defined by the Wisconsin Trauma Field Triage Guidelines) should be transported to closest most appropriate Level I or II Trauma Center. If the Trauma Center is more than a 30 minute transport by ground ambulance (at safe driving speeds), the patient should be transported to the Trauma Center by HEMS. If HEMS is not available, the patient should be transported to the closest Level III or IV hospital. Basic Life Support providers should consider Advanced Life Support intercept when HEMS is not available.

II. All public safety responders including dispatch should be authorized to request the dispatch of the closest HEMS based on preliminary incident information prior to EMS arrival at the scene. The NCRTAC supports the following criteria as appropriate reasons to dispatch HEMS:
    a. Any incident where signs indicate that a person may be seriously injured, and the reporting party/ caller is not able to clearly relay the necessary information.
    b. Ejection from automobile during crash
    c. Altered mental status or unconsciousness
    d. Death of another occupant in the same vehicle
    e. Fall from 20 feet or higher (10 feet for a child)
    f. Any event with three or more critically injured patients
    g. Seriously ill or injured patient in an inaccessible area
    h. Pedestrian/ bicycle accidents where victim is thrown or run over
    i. Serious burns or injuries from an explosion
    j. Any penetrating injury to abdomen, pelvis, chest, neck or head (gunshot, knife wound, industrial accident)
    k. Crushing injuries to abdomen, chest or head

l. Drowning patients
m. Vehicle rollover
n. Any high speed motorcycle, snowmobile, or ATV crash
o. Large animal (rodeo, horse, bull, etc.) related injuries

III. Agencies should work with their dispatch centers and HEMS to use “auto-launch” protocols if such protocols would reduce the amount of time needed to activate HEMS

IV. HEMS may be canceled once ground EMS responders arrive on scene and assess the patient(s) or receive additional credible information that HEMS is not required.

V. Landing zone (LZ) safety is critical and a priority of the agency designated to establish the LZ
   a. Pre-designated landing zones should be established and used when possible
   b. LZ guidelines established by the HEMS are to be practiced and followed
   c. A dedicated LZ coordinator with reliable communication on MARC II will be appointed. (EMS-C is the alternative frequency)

VI. EMS agencies using HEMS should have a process improvement plan in place to review all major trauma patients for appropriate triage, mode of transport, destination and outcome. Rates of overtriage and undertriage should be monitored with goals of keeping overtriage to 25-50% and undertriage less than 5% (ACS-COT, 2006). HEMS should work with the EMS agencies to review transports and patient outcomes.

Approved by NCRTAC General Membership 17 January 2013.