

FIELD AEROMEDICAL

Field access to aeromedical transport may enhance the probability of survival of a select, small percentage of patients. The objective of a field response to the scene of injury by an EMS helicopter is to utilize the speed of the helicopter or the advanced skills of the medical crew to supplement patient care.

All requests for scene helicopter responses will come through **Medical Command**. Inappropriate requests for a helicopter subject the flight crew and the patient to needless risk. **Medical Command** shall deny inappropriate requests for a helicopter. EMS personnel considering the need for a helicopter are encouraged to discuss their situation with **Medical Command**. If the drive time to a designated Level I or II Trauma Center is less than 30 minutes and there is no extrication delay at the scene, aeromedical transport is rarely indicated. Appropriate requests for a helicopter include the following:

A. Trauma Criteria:

1. Patient meets **Field Trauma Triage Protocol 9103** Immediate Transport: **OR**
2. Patient meets **Field Trauma Triage Protocol 9103 A** (P1 Criteria); **OR**
3. Patient meets **Field Trauma Triage Protocol 9103 B** (P2 Criteria).

Note: Patients meeting only **Field Trauma Triage Protocol 9103 C**. P2 (Mechanism Criteria) **may** need a helicopter, but require that you discuss the details with **MCP** for approval.

B. Medical Criteria:

1. Some non-trauma patients with life-threatening medical conditions and far from definitive care, may benefit from air evacuation. Such circumstances may include:
 - a. Acute stroke patients within the window of opportunity for thrombolytic or endovascular intervention at an appropriate hospital.
 - b. Acute myocardial infarction patients needing thrombolytics or angioplasty.
 - c. Major overdose patients with coma.
 - d. Major burns > 20% TBSA (second or third degree) needing flown directly to a Burn Center.

C. Environmental Criteria:

1. Patients in remote locations inaccessible by ground EMS.
2. Mass casualty incidents that totally overwhelm local agency capabilities

FIELD AEROMEDICAL

(industrial accidents, multi-vehicle crashes, hazmat incidents, etc.)

D. Procedure:

1. **Contact Medical Command.** If radio communication or cell phone service is not available, contact your local dispatch or 911 communications center to contact **Medical Command**. Discuss clearly the need for the helicopter based on the above criteria with **Medical Command**. Saying "I need a helicopter" is inadequate.
2. Identify agency, unit number, incident location, description of incident, and any other information requested.
3. Request either response or standby alert. Request can be made for helicopter to be placed on standby alert even before arrival on scene, which may shorten the helicopter's lift-off time if air transport is deemed necessary. Request response as soon as criteria is identified.
4. Give a brief description of incident and GPS coordinates if available, or an accurate location, including names of roadways, cross streets, and other pertinent landmarks. Names of nearby towns and your location in reference to them is helpful.
5. Advise **Medical Command** of the agency and radio frequency of the ground contact for the helicopter.
6. Remain in contact with **Medical Command** for information concerning availability of aircraft, estimated flight time, and/or other special landing zone or scene requirements.
7. **Medical Command** will coordinate dispatch of the closest appropriate helicopter based on location of incident and will coordinate destination notification.
8. Landing zone preparation:
 - a. Secure a level 100' X 100' area clear of power lines, trees, debris, and other obstructions.
 - b. Ensure all bystanders and personnel remain at least 100 feet from aircraft at all times.
 - c. At night, use of flashing blue, green, or amber lights is encouraged to mark the landing area since they interfere less with night vision technology. Red

FIELD AEROMEDICAL

lights of an emergency vehicle may be used; but use only the red lights on the vehicle (**NO** white lights or flood lights). Do not shine any lights at the aircraft either on approach or while on the ground. High intensity light sticks may be used but **NO** flares.

d. After landing, do not approach the aircraft.

9. Communications:

- a. Designate one (1) individual to monitor ground contact radio frequency and communicate with the aircraft. Do not change frequency unless instructed to do so by aircraft or **Medical Command**.
- b. Establish radio and visual contact with the aircraft and give a quick update of any LZ changes, hazards, and patient update information.
- c. When aircraft is making final approach to land, keep radio traffic to a minimum so as not to distract the pilot. Alert pilot immediately if new hazard or situation develops. Follow directions given by pilot.

10. Use of hospital based landing pads

- a. EMS shall be permitted to utilize hospital based landing pads in cases where it is more practical and safer to do so versus a field based landing zone created on or near the site of an incident.
- b. EMS agencies shall develop an MOU with the facility prior to utilizing the facilities landing pad for field operations.
- c. The hospital shall be contacted prior to use and permission given by the facility to utilize the hospital based landing pad.
- d. EMS is not required to enter the Emergency Room when simply utilizing the landing site for EMS field operations. This is subject the following:
 1. Medcom has been contacted and given a detailed patient assessment
 2. Patient has been determined stable for continued transport as evidenced by:
 - An easily maintained, patent airway with or without an advanced airway adjunct
 - Vascular access via IV or IO
 - A perfusing cardiac rhythm

FIELD AEROMEDICAL

3. Upon arrival the helicopter is on the pad awaiting EMS.
 4. Upon arrival the helicopter is in view preparing to land.
 5. Communications with the flight crew verify arrival time of less than two (2) minutes.
- e. Should EMS arrive at the hospital with the intention of simply utilizing the landing pad and the helicopter be delayed, EMS shall immediately divert to the Emergency Room for stabilization.