

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.

FIELD AEROMEDICAL

2. Mass casualty incidents that totally overwhelm local agency capabilities (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.

FIELD AEROMEDICAL

- 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 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 sites
- a. EMS shall be permitted to utilize hospital based landing sites in cases where it is more practical and safer to do so verses a field based landing site created at or near an incident scene.
 - b. EMS shall develop an MOU with the facility prior to utilizing section 10 of this protocol.
 - c. The hospital shall be contacted prior to use and permission granted by the facility to utilize the hospital based landing site. This shall assure that the landing site is clear and there are no other inbound flights due to arrive.
 - d. EMS shall not be required to enter the emergency room when simply utilizing the landing site for EMS field operations subject to the following:
 - 1) Medical Command has been contacted and given a detailed patient assessment
 - 2) The Hospital has been contacted and permission granted to utilize the facility

FIELD AEROMEDICAL

- 3) The patient has been determined to be stable for continued transport evidenced by:
 - An easily maintained, patent airway with or without an advanced airway adjunct
 - Vascular access via IV or IO
 - A perfusing cardiac rhythm

11. Should aeromedical not be at the landing site upon arrival of EMS, contact should be made with the flight team to verify an ETA. If communication with the flight team verifies an extensive delay in arrival of the aircraft; earnest consideration should be given to divert the patient to the Emergency Room.