

## HELICOPTER UTILIZATION

**Purpose:** To outline the appropriate use and activation of air ambulance services

**Note:** These guidelines are offered as examples of patients who might benefit from helicopter transport. Additional considerations would include the physical exam, additional contributing factors such as age, mechanism of injury and the level of care available in the area.

### I. Indications for Use-the presence of one or any combination of the following.

- A. Trauma: A helicopter air ambulance should be used for patients who meet the trauma inclusion criteria (as listed in Adult Trauma Triage and Pediatric Trauma Triage,) and one of the following:
  - 1. Patient evaluation/preparation and transport time to a comprehensive trauma hospital is more than 25 minutes or transport time alone is greater than 15 minutes
  - 2. Patient transport will be delayed over 15 minutes and ground transport time is greater than 10 minutes
  - 3. Special circumstance which require the services of the helicopter or its crew, such as chest tube insertion, rapid sequence intubation, transfusion, or spinal cord injury.
- B. Medical Patients: in rare circumstances, if in the estimation of the paramedic, that the use of helicopter resources would be beneficial to patient outcome.

### II. Contraindication for Use

- A. Patients available for immediate transport (i.e. ejected, pedestrians) will be transported as soon as feasible
- B. Patients in cardiac arrest can not be transported by helicopter
  - 1. If patient arrests after activation of helicopter, notify helicopter service.
  - 2. Initiate immediate ground transport for patients in cardiac arrest not meeting termination criteria.

### III. Procedure

- A. Request for helicopter service response will be made through the requesting agency's primary dispatch center.
  - 1. The senior licensed EMS provider on-scene is responsible for ensuring that a proper patient assessment has been performed, and that helicopter activation is appropriate.
  - 2. The agency requesting the helicopter shall ensure that the responding ambulance is notified that a helicopter has been activated.
  - 3. Once a helicopter has been activated, only the transporting agency paramedic is authorized to cancel the responding helicopter.
- B. Communication will be made to all responding and on scene agencies that a request has been made. The agency that activates a helicopter is responsible for immediate notification to Medical Control that a helicopter has been activated.
- C. When communicating with dispatch, the requesting agency will specify, and then repeat, the status of request being made.
  - 1. **Request for availability:** to inquire if helicopter service is able to respond
  - 2. **Stand-by status:** helicopter service has been notified to be ready to respond
  - 3. **Activation:** Helicopter enroute to scene
- D. Diversion: When activation has occurred and the patient becomes available prior to arrival of the helicopter
  - 1. Re-evaluate the helicopter's ETA to scene
  - 2. Consider transport to an appropriate hospital emergency department if helicopter ETA to scene 5 minutes or more than transport time to closest emergency department.
- E. Communications:
  - 1. Communication with the helicopter dispatch shall include information regarding location, identifying marks or vehicles and landing sites.
  - 2. Helicopter dispatch will request pertinent medical information to relay to the flight crew.
  - 3. Communications between the helicopter and ground ambulance shall be coordinated through dispatch.

## HELICOPTER UTILIZATION

- F. Landing Sites will primarily be the responsibility of the non-transporting agency on scene when available
  - 1. Locate a level, 100x100 area clear of obstacles (i.e., wires, trees)
  - 2. Mark landing zone with a marker at each corner and one upwind.
  - 3. Public safety vehicles should leave on flashers to assist in identify site from the air.
  - 4. Identify obstacles close to the landing zone and communicate all pertinent information about the landing zone to the flight.
  - 5. Landing zone personnel will communicate by radio with the flight crew.
- G. Safety
  - 1. Under no circumstances should the helicopter be approached unless signaled to do so by the pilot or flight crew.
  - 2. Always approach the helicopter from the front. Under no circumstances should the helicopter be approached from the rear due to the extreme danger of the tail rotor.
  - 3. Loading and unloading of the patient is done at the direction of the flight crew.
  - 4. Crews should crouch down when in the vicinity of the main rotor blades.
- H. Patient Destination:
  - 1. Patient will be transported to appropriate facility. Medical Control will be notified as soon as possible
  - 2. Patient will be transported to a comprehensive trauma hospital
  - 3. Patient or family requests will be honored when appropriate, provided the requested destination is a comprehensive trauma hospital
  - 4. Patients may be transport to other facilities when indicated.
- I. Quality Assurance:
  - 1. Helicopter services will forward copies of their patient care record to the Medical Control Authority for each scene call. The Medical Director will review all helicopter activation(s) for appropriateness (100% audit).
  - 2. The licensed on-scene EMS provider that activated the helicopter shall forward a copy of the patient care report to the Professional Standards Review Organization within 14 days of the incident.
    - a. The patient care report must document the assessment findings that support the helicopter activation.
  - 3. If the patient was transported by ground ambulance, a copy of the patient care report shall be forwarded to the Professional Standards Review Organization within 14 days.
- J. Patient preparation for transport by air:
  - 1. Patient should be stabilized and immobilized with ground ambulance equipment per existing protocol.
  - 2. Ground ambulance personnel will stay with the patient until released by the helicopter personnel.
  - 3. Helicopter personnel may request to accompany the patient during ground transport to provide continuing medial care if air transport becomes impractical or impossible.