Helicopter

MFR/EMT/SPECIALIST/PARAMEDIC

1. **Indications for Use – in the presence of one or any combination of the following:**

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.

A. Trauma Patients
   a. Priority I patient
      1. Long transport times
      2. Poor road conditions
      3. Entrapment with prolonged extrication

B. Medical Patients
   a. In rare circumstances, if in the estimation of the paramedic, that the use of helicopter resources would be beneficial to patient outcome.

C. Contraindications for Use
   a. Patients available for immediate ground transport (i.e., ejected victims, pedestrians) will be transported as soon as feasible.
   b. Patients in cardiac arrest can not be transported by helicopter.
      1. If the patient arrests after helicopter activation, notify the helicopter service.
      2. Initiate immediate ground transport for patients in cardiac arrest not meeting termination criteria (refer to appropriate treatment and procedure protocols).

2. **Procedure**

A. Request for helicopter service response may be made through the requesting agency's primary dispatch center.
   a. The senior licensed EMS provider on-scene is responsible for ensuring that a proper patient assessment has been performed, and that the helicopter activation is appropriate.
   b. The agency requesting the helicopter shall ensure that the responding ambulance is notified that a helicopter has been activated.
   c. 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 helicopter activation has been requested. The agency that activates the helicopter is responsible for immediate notification to Medical Control that a helicopter was activated.

C. When communicating with dispatch, the requesting agency will specify, and then repeat, the status of the request being made:
    a. Request for Availability: to inquire if the helicopter service is able to respond.
    b. Stand-by Status: the helicopter service has been notified to be ready to respond
    c. Activation: the helicopter is requested to respond to the scene.
D. Diversion: When activation has occurred and the patient becomes available for ambulance transport prior to helicopter arrival:
    a. Re-evaluate the helicopter's ETA to the scene.
    b. Consider ambulance transport to an appropriate emergency department if the helicopter ETA to scene is 5 minutes or more than transport time to the closest emergency department.
    c. The transporting agency paramedic will make a determination to cancel the helicopter response or to divert the helicopter to the emergency department for a rendezvous.
E. Patient should be prepared for transport by air in the following manner:
    a. Patient should be stabilized and immobilized with ground ambulance equipment per existing protocol.
    b. Ground ambulance personnel will stay with the patient until released by the helicopter personnel.
F. Communications:
    a. Communication with the helicopter dispatch should include information regarding location, identifying marks or vehicles and landing sites.
    b. Helicopter dispatch will request pertinent medical information to relay to the flight crew.
    c. Communications between the helicopter and ground ambulance shall be coordinated through dispatch.
G. Landing Site:
    a. Locate a level, 100 foot x 100 foot area clear of obstacles (i.e. wires, trees)
    b. Mark landing zone with a marker at each corner and one upwind.
    c. Public safety vehicles should leave on flashers to assist in identifying site from the air.
    d. Identify obstacles close to the landing zone and communicate all pertinent information about the landing zone to the flight crew.
    e. Landing zone personnel will communicate by radio with the flight crew.

H. Safety:
    a. Under no circumstances should the helicopter be approached unless signaled to do so by the pilot or flight crew.

b. 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.
c. Loading and unloading of the patient is done at the direction of the flight crew.
d. Crews should crouch down when in the vicinity of the main rotor blades.

I. Patient Destination:
   a. Patient will be transported to appropriate facility as directed by medical control.
   b. Patient or family requests will be honored when appropriate.

J. Quality Assurance:
   a. 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 activations for appropriateness.
   b. The licensed on-scene EMS provider that activated the helicopter shall forward a copy of the patient care report to the PSRO within 14 days of the incident.
      1. The patient care report must document the assessment findings that support the helicopter activation.
   c. If the patient was transported by ground ambulance, a copy of the patient care report must be forwarded to the PSRO within 14 days.