

EMS Aircraft Utilization and Field Operations

I. PURPOSE

- A. To identify procedures for use by public safety agencies when requesting an air ambulance or rescue aircraft for an EMS system response.
- B. To specify criteria for patient transport by air ambulance and to outline coordination of field operations at incidents involving air ambulance response.
- C. To assure the safest, most appropriate, and cost effective method of transport based on the needs of the patient.

II. REQUEST FOR AIR AMBULANCE OR RESCUE AIRCRAFT

- A. The Incident Commander (IC) or designee is responsible for initiating an air ambulance or rescue aircraft response through the IC's fire/medical dispatch center after consultation with the primary paramedic on-scene
- B. Requests should include if known:
 - 1. Number of patients requiring helicopter transport;
 - 2. Current weather conditions; and
 - 3. Haz-Mat information if pertinent.

III. EMS AIRCRAFT UTILIZATION CRITERIA

- A. Air ambulance transport should be used when it provides a significant advantage over ground transport in terms of timely delivery of the patient from the scene to the emergency department.
- B. The helicopter estimated time of arrival, the time it takes to ground transport a patient to a helicopter rendezvous site, the helicopter scene time, and the helicopter off-load time are factors to be considered when determining whether or not a helicopter is the most expeditious and appropriate method of transport.
- C. Clinical Criteria
 - 1. Patients who meet the following clinical criteria may benefit from air ambulance transport:
 - a. Trauma patients who meet trauma activation criteria according to EMS trauma triage policy except for:
 - i. Stable patients with isolated extremity trauma
 - ii. Patients with mechanism but no significant physical exam findings.
 - b. Trauma patients who do not meet trauma activation criteria but by evaluation of mechanism and physical exam findings, appear to have potential significant injuries that merit rapid transport.
 - c. Patients with specialized needs available only at a remote hospital such as major burn victims or critical pediatric patients.
 - d. Critically ill or injured patients whose conditions may be aggravated or endangered by ground transport (e.g., limited access via ground ambulance or unsafe roadway) may be appropriate for helicopter transport.



EMS Aircraft Utilization and Field Operations

IV. ALS RESCUE AIRCRAFT (CHP) PARAMETERS

- A. If a patient meets below criteria, consider using CHP ALS Aircraft for patient transport to receiving hospital:
1. Primary Care paramedic believes patient will be adequately and effectively cared for by a single paramedic resource; and
 2. Time savings must be ≥ 10 minutes in favor of CHP versus Air Ambulance asset.

V. HELICOPTER UTILIZATION AND CANCELLATION DECISION

- A. The IC shall cancel the helicopter response when air ambulance transport criteria is not met. The following information is important for the IC to consider in making the best possible decision regarding mode of transport:
1. Patient need: The paramedic with primary patient care responsibility will have the best information regarding the patient meeting clinical criteria.
 2. Estimated ground transport time versus air response and transport: The ground transport crew will be the best resource for determining whether or not there will be a transport time savings based on the travel time considering current traffic/weather conditions particularly when time savings by helicopter is minimal.
 3. Proximity of a helispot or need for a helicopter/ambulance rendezvous site: A significant amount of time may be added to overall transport time if a helicopter is unable to land in proximity to the patient.
 4. ETA of the helicopter: If the patient is packaged and ready for transport, ground transport may be the fastest mode of transport overall if a helicopter has not arrived on-scene.
- B. The ground ambulance responding to, or at the scene, should not be canceled until:
1. The helicopter has left the scene with the patient aboard, or
 2. The senior medical personnel with primary patient care responsibility on-scene have determined that no patient transport is required.

VI. COMMUNICATIONS

- A. CALCORD should be utilized for air-to-ground communication. The IC or designee, in conjunction with the fire/medical dispatch will designate an alternate frequency if necessary.
- B. The IC or designee may cancel a helicopter response at any time prior to patient transport through the fire/medical dispatch center or by direct communication to the responding helicopter.

VII. GROUND PROVIDER RESPONSIBILITIES

- A. The IC or designee shall assure Base Hospital contact is made as soon as possible to provide early notification of patient arrival.
- B. A ground ambulance paramedic who accompanies a patient in a rescue aircraft must assure the presence of appropriate medical equipment and must obtain orientation to the aircraft and to medical air transport procedures prior to transport.



EMS Aircraft Utilization and Field Operations

VIII. HELICOPTER RENDEZVOUS

- A. If a helicopter rendezvous is deemed appropriate, including the consideration of added transport time, a helispot (rendezvous site) as close as possible to the scene should be established.
- B. A first-responder paramedic may elect to maintain primary patient care responsibility by accompanying the patient in transport to the helispot in order to facilitate communication with the treating helicopter crew.

IX. MULTICASUALTY INCIDENT (MCI) RESPONSES

Detailed roles and responsibilities for EMS helicopter providers during MCI are specified in the County MCI Plan. Helicopters:

- A. Respond to an incident only when requested.
- B. Prepare to stage at closest airport or location designed by the IC.

X. INCIDENT REVIEW AND QUALITY IMPROVEMENT (QI)

- A. Helicopter providers shall participate in LEMSA QI activities.
- B. The LEMSA maintains oversight of helicopter utilization and works with helicopter provider agencies in assuring appropriate use of helicopter resources.

