



Section 1: Administrative / Medical Control

GUIDELINE/PROCEDURES: AEROMEDICAL TRANSPORT

The following principles regarding on-scene use of a helicopter have been adopted by the Cuyahoga County EMS Advisory Board, and are endorsed by these protocols. Air transport should be utilized whenever patient care can be improved by decreasing transport time, due to extended extrication or by giving advanced care not available from ground EMS.

PURPOSE

- Provide life - saving treatment by improving patient care in the prehospital setting.
- Allow for expedient transport in serious, mass casualty settings.

INDICATIONS FOR AEROMEDICAL TRANSPORT

1. Aeromedical services may be requested directly to the scene by:
 - An On - Scene EMS organization
 - Hospitals and healthcare facilities
2. A request for aeromedical service response may be initiated when one or more of the following conditions exists:
 - The patient's airway, breathing, or hemorrhage / circulation **cannot** be controlled by conventional means and the estimated arrival time of the air medical service is less than the time required for ground transport to the nearest hospital.
 - High priority patient with > 20 minute transport time.
 - Entrapped patients with > 10 minute estimated extrication time.
 - Access hard to reach victims for whom the helicopter will have a special advantage.
 - When sufficient other Mutual Aid resources are not available.
 - To assist in dispersing multiple, serious victims to more distant hospitals. It is recognized that in major emergency incidents, the Cuyahoga County Emergency Management Plan permits no direct communications by squads with On - Line Medical Direction.
 - To bring a physician and equipment resources to a patient who specifically needs these on the scene. (Physician not available on all helicopter services).
 - Multiple casualty incident with red / yellow tag patients.
 - Multi-trauma or medical patient requiring life -saving treatment not available in prehospital environment (i.e., blood transfusion, invasive procedure, operative intervention).
3. If a potential need for air transport is anticipated, but not yet confirmed, an air medical transport service can be placed on standby.
4. If the scene conditions or patient situation improves after activation of the air medical transport service and air transport is determined not to be necessary, paramedic or administrative personnel may cancel the request for air transport.
5. Minimal Information which should be provided to the air medical transport service include:
 - a. Number of patients
 - b. Age of patients
 - c. Sex of patients
 - d. Mechanism of injury or complaint (MVC, fall, etc)



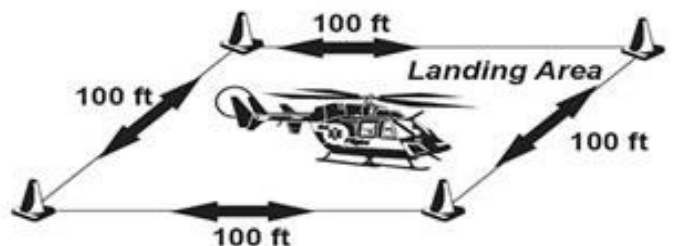
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GUIDELINE/PROCEDURES: AEROMEDICAL TRANSPORT-cont.

- Recognize that it is safer to transport a patient from a well - lit, specially designed helipad than it is from an accident scene. EMS must be aware of the potential danger presented by poor lighting and potential scene hazards such as electrical wires or fire. Limit helicopter scene loading to the few cases where it is essential.
 - Patient transportation via ground ambulance will not be delayed to wait for helicopter transportation. If the patient is packaged and ready for transport and the helicopter is not on the ground, or within a reasonable distance, the transportation will be initiated by ground ambulance.
 - Time estimation should be made from the time the patient is ready for transport to arrival at the medical facility / the most appropriate trauma center. This should include aircraft response to the scene.
 - The helicopter physician shall use his / her best judgment, at the suggestion of On - Line Medical Direction, and / or prior guidelines agreed to with Off - Line Medical Direction to determine the destination hospital.
 - A flight physician on the scene assumes care of the patient. If a physician on the scene asks a squad member to perform beyond the squad member's level of authorization, the squad member should inform the physician that he / she is unable to do so.
- EMS should request aeromedical transport of the patient to the closest most appropriate hospital, based upon location, patient or family request, and the capabilities of the hospitals (i.e.: Trauma Center, OB Unit, etc.).

AEROMEDICAL LANDING ZONE (LZ) SET UP PROCEDURE

1. LZ area should be free of obstructions. Eliminate these hazards:
 - Wires (surrounding the landing area and High Tension power lines within 1/2 mile)
 - Towers (TV, Radio, Cellular within 1/2 mile)
 - Trees
 - Signs and Poles
 - Buildings
 - Vehicles
 - People
2. LZ area should be 100' X 100' if possible.
3. LZ should have as little of a slope as possible (less than 5 degrees).
4. LZ area should be a hard surface (concrete, asphalt, gravel, lawns, etc.).
5. LZ corners should be marked with highly visible devices (cones, flairs, strobes).
6. No debris on landing surface and within 100' of landing area.
7. Land the helicopter(s) a safe distance from the scene / patient.
8. Never point bright lights directly at the aircraft!
9. Maintain security of LZ while helicopter is present.
10. Landing Zone Briefing.
11. Type of LZ surface and size
12. How LZ is marked (cones, flairs, strobes, etc.).
13. All noted obstructions (see list above).



**NEVER ASSUME A FLIGHT CREW MEMBER WILL SEE A HAZARD
NEVER APPROACH A HELICOPTER UNLESS DIRECTED BY FLIGHT CREW**