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## Use of Helicopter Ambulance in the Field

### **Policy**

A Department licensed and Wayne County Medical Control Authority approved helicopter ambulance may be utilized for patients in critical condition, when air transport will be advantageous because of the distance between the patient and the hospital, or where access to the patient is excessively delayed. Helicopter ambulance should be notified as soon as this service is determined to be necessary by on-scene EMS personnel, in coordination with Medical Control.

Ground transport will <u>not</u> be delayed if the air ambulance is not available or has not arrived and the patient is ready for transport to the nearest appropriate hospital, in accordance with the existing transport protocol. After consultation with Medical Control, on-scene personnel may consider directing the helicopter to continue to the closest appropriate hospital, to avoid delay of hospital care.

If arrangements are made for the EMS unit to meet the helicopter at a hospital facility to transfer patient care and the EMS unit arrives before the helicopter the EMS unit will transport the patient directly to the emergency department. Communication between the EMS unit and emergency department should be established as outlined in this protocol and in section I of the HEMS only protocol.

#### **Background Information**

If unsure of the need, place the helicopter service on standby status to decrease response time if required.

In summoning of helicopter resources, the EMS Provider must weigh patient care needs, timeliness of response and delivery of the patient to the hospital by helicopter or ground ambulance.

Patients may still be transported by ground ambulance at the helicopter Medical Control Physician's discretion.

The patient will be transported to the appropriate medical facility.

The flight team will strive for ground time of less than 15 minutes. Pre-packaging of the patient will minimize ground time.

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## Approved emergency scene response helicopter services

- 1. U of M Survival Flight
- 2. Medstar LifeFlight

### **Guideline for Utilization of Helicopter Transport**

Helicopter transport should be considered for patients meeting the trauma inclusion criteria and who have a projected ground transport time to the trauma center greater than 45 minutes.

#### Transport Helicopter Availability, Stand-by, and Activation Procedure

EMS personnel may request availability, stand-by information, or activation of a helicopter service through their service's dispatch agency, in coordination with Medical Control

After EMS personnel on scene request helicopter stand-by or activation they will then notify all appropriate personnel at the scene of this action.

The helicopter may be activated only by the highest appropriately licensed on-scene EMS personnel, or the designated EMS Medical Commander.

Once put on stand-by or activated, the helicopter may be cancelled only by the highest appropriate on-scene EMS personnel or the designated EMS Medical Commander in coordination with Medical Control.

#### Post Activation Responsibilities

When a request for helicopter has been made, EMS personnel will continue to follow patient care guidelines and protocols established by the Wayne County Medical Control Authority.

Once the helicopter is activated, EMS personnel on-scene will contact the closest appropriate Medical Control hospital for further patient care direction, when necessary.

The contacted medical control hospital will be responsible for the paperwork and drug replacement for the EMS crew on the scene.

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## **Patient/Scene Preparation**

Landing zone

- 1. Locate a level, 100' x 100' 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 identifying site from the air.
- 4. Identify obstacles close to the landing zone and communicate all pertinent information about the landing zone to the flight crew.
- 5. Landing zone personnel will communicate by radio with the flight crew.

### 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.

## Patient packaging

- 1. Essential procedures
  - (a) Secured airway
  - (b) Immobilization avoid splints that overhang back-board
  - (c) Needle decompression of tension pneumothorax
- 2. Procedures dependent upon ETA of helicopter
  - (a) IVs established

## **Communications**

Communications with helicopters from ground dispatch will be done by telephone using the following access numbers:

U of M Survival Flight (800) 822-2233 Medstar LifeFlight (888) 476-0005

Whenever possible, communications between helicopter and ground ambulances will be via the dispatch frequency of the ground ambulance. Alternately, such communication may be made through "HEMS Radio" on LZ 1/LZ 2 or other compatible frequencies/talk groups.

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#### On-Scene Ground Crew Coordination Responsibility

The highest licensed on-scene EMS personnel or the designated on-scene Medical Commander will coordinate activities between the flight team and on-scene EMS personnel, including:

- Which patient(s) need flight team care
- Briefing of the flight team

Communication with helicopter dispatch should include information regarding:

- Location
- Identifying marks on vehicles
- Landing sites
- Number of patients and pertinent medical information to relay to flight crew
- Coordination of frequency/talk group for flight crew to communicate with onscene Medical Commander
- Ground dispatch will relay to EMS personnel on scene the availability and ETA of helicopter. This information must be included when reporting to Medical Control.

#### **Medical Control**

When the helicopter arrives on scene, Medical Control will revert to the physician on the helicopter or the physician at the receiving hospital who is in radio contact with the helicopter.

On-scene ground crew (highest licensed EMS personnel or designated Medical Commander) will utilize the closest appropriate hospital to the scene for medical direction as indicated until the helicopter arrives on scene and Medical Control is turned over to the physician responsible for the helicopter response.

### Helicopter Trauma/Burn Scene Response – Destination Guide

Patients transported from a scene response will be transported to the nearest Level 1 Trauma Center. Level 1 Adult Trauma Centers are Detroit Receiving Hospital, Henry Ford Hospital – Detroit, Saint Joseph Mercy Hospital-Ann Arbor and University of Michigan Health System. Adult Burn Centers are Detroit Receiving Hospital and University of Michigan Health System. Pediatric Level 1 Trauma and Burn Centers are Children's Hospital and Mott Children's Hospital. Exceptions: There may be times that landing at Detroit Receiving Hospital may not be possible due to the need to coordinate ground transport from the landing site to the ED. Patients are then to be transported to Henry Ford Hospital or Sinai-Grace Hospital (Level 2). Patient/family request for transport to a specific facility may be a destination consideration if the facility has a landing site and the capability to treat the patient's condition.

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#### **Ouality Review Procedures**

WITHIN 72 HOURS OF THE INCIDENT, BOTH THE EMS SERVICE RESPONSIBLE FOR HELICOPTER ACTIVATION AND THE HELICOPTER SERVICE WILL FORWARD RUN REPORTS TO HEMS FOR REVIEW BY THE WAYNE COUNTY MEDICAL CONTROL ADVISORY BOARD'S QUALITY ASSURANCE COMMITTEE. RUN REPORTS OF STAND-BY'S AND CANCELLATIONS MUST ALSO BE SUBMITTED.

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