Helicopter Utilization

I. 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, the level of care available in the area, and ground service availability.

A. Trauma Patients that meet the red criteria per **Adult/Pediatric Trauma Triage-Treatment Protocol** and one or more of the following:
   1. Long transport times
   2. Poor road conditions
   3. Entrapment with prolonged extrication

B. Medical Patients
   1. If in the estimation of the paramedic, that the use of helicopter resources would be beneficial to patient outcome.

NOTE: Appropriate helicopter utilization is determined by a combination of factors with the goal of responsible resource utilization for the seriously ill or injured to reach definitive care in the least amount of time.

II. Procedure

A. Request for helicopter service response may require prior medical control approval per MCA selection:

☑ **YES** - Online Medical Control pre-approval required

☐ **NO –** Online Medical Control pre-approval not required. Follow established Medical Control guidelines

B. Patient should be prepared for transport by air in the following manner:
   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.

C. Communications
   1. Communication with the helicopter dispatch should include information regarding location.
   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 and preferentially take place on AirLZ1 or AirLZ2 as dictated by local policies and procedures.

D. Landing Site
   1. Utilize trained personnel whenever possible.
   2. Locate a level, 100’ x 100’ area clear of obstacles (i.e. wires, trees)

3. Mark landing zone with a marker at each corner and one upwind.
4. Public safety vehicles should leave on flashers to assist in identifying site from the air.
5. Identify obstacles close to the landing zone and communicate all pertinent information about the landing zone to the flight crew.
6. Landing zone personnel will communicate by radio with the flight crew.

E. Safety
1. Under NO circumstances should the helicopter be approached from the rear due to the extreme danger of the tail rotor.
2. The flight crew will direct all actions around a helicopter including personnel approach/departure of the helicopter, and loading/unloading of patients and/or equipment.
3. Personnel should be in a crouched position in the vicinity of the helicopter and NEVER near the tail rotor.

F. Patient Destination
1. Patient will be transported to appropriate facility as directed by medical control.

G. Quality Assurance
1. Upon request, helicopter services will forward copies of their patient care record(s) to the Medical Control Authority. The Medical Director may review all helicopter activations for appropriateness.