

Helicopter

MFR/EMT/Specialist/Paramedic

1. Indications for use – in the presence of one or any combination of the following.

Major trauma patients need to be delivered to a comprehensive trauma hospital as soon as possible. These guidelines are designed to minimize the elapsed time until the patient arrives at a comprehensive trauma hospital. Stable patients who are accessible to ground vehicles are best transported by ground. The following guidelines indicate which patients are likely to benefit from helicopter air ambulance transport.

A. Trauma Patients

1. Patient evaluation/Patient prep/Transport > 30 mins.
2. Poor road conditions
3. Patient requiring one or more of the following procedures:
 - a. Rapid Sequence Intubation
 - b. Chest tube placement
 - c. Blood transfusion
 - d. Entrapment with prolonged extrication (>30mins)
4. Burn patients requiring burn center care
5. Pediatric trauma patients (age < 15)
6. Multiple critical patients

B. Medical Patients

- a. If in the estimation of the paramedic, that the use of helicopter resources would be beneficial to patient outcome, such as:
 1. Extensive delay in getting the patient to the transporting unit. Example “A patient in a remote location not accessible by road having a STEMI”.

2. Procedure

A Jackson County MCA approved responder may activate a helicopter air ambulance while enroute to a scene if they feel the above criteria exist. If the ALS unit arrives on the scene and the helicopter is not needed, or if the patient will arrive to the closest Emergency Department faster by ground than by air, the helicopter should be cancelled.

- A. 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.

- B. 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.

- C. Landing Site:
 - a. Locate a level, 100' x 100' 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.

- D. 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 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.

- E. Patient Destination:
 - a. Patient will be transported to the closest appropriate facility as directed by medical control.
 - b. **Helicopter crew must contact medical control prior to transporting a patient to a facility outside of Jackson County.**

- F. Quality Assurance:
 - a. Helicopter services will forward copies of their patient care record to Jackson County Medical Control Authority for each scene call. The Medical Director will review all helicopter activations for appropriateness.
 - b. Identifying landing zone from the air.
 - c. Identify obstacles close to the landing zone and communicate all Public Safety vehicles should leave on flashers to assist in pertinent information about the landing zone to the flight crew.
 - d. Landing zone personnel will communicate by radio with the flight crew.