



HVREMSCO and HVREMAC Policy and Procedures Manual

Policy Name: Aeromedical Utilization	
Policy Number: CP-1	
Approved by: REMAC	Effective Date: 6/5/2017
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Purpose: To provide a set of standard guidelines for the use of aeromedical transport.

Aeromedical Transport should be considered for:

- Patient's condition requires expeditious transport to a hospital capable of providing definitive care.
- Patient's condition requires specialized services offered by the air medical crew, prior to arrival at the hospital.
- The patient's condition is a "life or limb" threatening situation demanding intensive multidisciplinary treatment and care.
- Unstable trauma patients as defined by the physiologic criteria such as vital signs and physical findings.
- Critical burn patients as defined in the Trauma: Burn Care Consideration protocol.
- Acutely ill, unstable medical patients as defined in the medical protocols.
- When use of air medical services is not specifically defined by the protocols, the on-scene provider should consult with a physician.
- The destination facility will be determined by the air medical crew, based upon medical appropriateness, with consideration of patient preference and on-line medical direction. (when Medical Control Physician has been consulted by ground EMS)
- Do not delay on the scene for the helicopter.
- If it is considered critical for the individual patient and the patient is packaged and ready for transport, start enroute to the closest most appropriate trauma hospital and reassign the Landing Zone to the hospital's designated Landing Zone.

Aero-medical evacuation should be a primary consideration for pediatric patients that meet the CDC Anatomic or Physiologic Criteria for Major Trauma *unless*:

1. They are too unstable to do so (imminent or respiratory / cardiac arrest).
2. Transport would take too long as to cause imminent decompensation of the patient.
3. Ground transportation time to the pediatric trauma center is less than 30 minutes.

Key Considerations:

- This is a guideline and is not intended to specifically define every condition in which air medical services may be requested. Good clinical judgment should be used at all times.
- Police, Fire or EMS will evaluate the situation/patient condition and if necessary place the helicopter on standby.
- The helicopter can be requested to respond to the scene when:
 - o ALS personnel request the helicopter.
 - o BLS personnel request the helicopter, when ALS is delayed or unavailable.



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o In the absence of an EMS agency, any emergency agency may request the helicopter if felt to be medically necessary.

- When EMS arrives, they must assess the situation. If it is determined by the most highly trained EMS provider ON THE SCENE that the helicopter is not needed, it should be cancelled as soon as possible.

Hospitals in the Region may elect to allow their helipads to be used for medical evacuation of patients from the scene, where the ground ambulance personnel transfer care to the helicopter personnel without taking the patient into the hospital emergency department. When hospitals elect to do so as a part of the regional air medical utilization plan, the hospital with the helipad does not have an EMTALA obligation to the patient unless EMS, the patient, or the patient's legal representative on behalf of the patient specifically requests evaluation by the hospital with the helipad. Those hospitals that allow use of their helipad for medical evacuation will release, in advisory form, information regarding how EMS can utilize their helipad.