ALABAMA DEPARTMENT OF PUBIC HEALTH
ADMINISTRATIVE CODE

CHAPTER 420-2-2
ALABAMA STATEWIDE TRAUMA SYSTEM

420-2-2-AJ **Appendix J Guidelines For Helicopter Transport Of Trauma System Patients.**

Operations Guidelines **June 25, 2008**

GUIDELINES FOR HELICOPTER TRANSPORT OF TRAUMA SYSTEM PATIENTS	**7.10**

Purpose
Helicopter EMS services (HEMS) offer speed of transport and ALS personnel experienced in managing critical patients. The purpose of this Air Evacuation Protocol is to provide EMS personnel who are on scene, with guidelines for utilizing HEMS for transporting trauma system patients.

Process
Several factors must be considered before summoning HEMS for a trauma scene response. Stable patients who are accessible by ground vehicles and are within a reasonable distance from the designated trauma center are best transported by ground vehicles. Often, patients can be transported by ground ambulance and delivered to the appropriate trauma center before a helicopter can reach the scene. You must follow your Regional Aeromedical Plan when approved. If a question exists as to whether HEMS transport would be appropriate, Medical Direction should be consulted before summoning a helicopter for a scene response. HEMS are best used to transport critical trauma patients such as those entered into the trauma system because of physiologic or anatomic criteria. Those patients entered into the trauma system because of mechanism of injury or EMT discretion criteria are often more appropriately transported by ground ambulance.

The primary determinant should be to get the patient to the most appropriate facility in the shortest amount of time.

Emergency Medical Services personnel should request HEMS when transportation by air will SIGNIFICANTLY reduce actual transport time to the receiving facility and/or the patient needs potentially lifesaving prehospital interventions that cannot be provided by the responding EMS service. The following are some criteria when HEMS transport should be considered.

1. Transport time to the designated trauma center by ground ambulance is significantly greater than the response time and transport to the designated Trauma Center by air.

2. Ambulance access to the scene or away from the scene is significantly impeded by road conditions and/or traffic.

3. Prolonged patient extrication when a Level I facility is needed. Understand that some extricated patients are not injured and/or have sustained minor injuries and may not need HEMS.

4. Multi-system blunt or penetrating trauma with unstable vital signs.

5. Severe burns that require transport to a burn center (See Protocol 4.7).

6. Patients with severe respiratory distress or airway problems.

7. Multiple patient incidents that exceed ground ambulance service resources.

8. No ambulance available to transport the patient and/or no ALS service (if needed) within 30 minutes.

9. Discretion of Medical Direction or the on-scene EMS personnel.

When use of HEMS is not specifically defined by the protocol, the on-scene EMS personnel can establish communication with Medical Direction for advice.

Once the decision is made to use HEMS for a trauma patient, the service that can respond to the scene in the shortest time should be called. Because helicopters must go through a preflight protocol before lift-off, the shortest response time should be obtained by calling the HEMS first and then calling the TCC to decide on the proper destination hospital. When a decision is made on a destination hospital, the helicopter service should be immediately notified so they may develop their flight plan. If Early Activation was utilized, the responding HEMS service should be notified of the patient destination as soon as possible. If a HEMS service is unable to answer a call and a second service is requested, the requesting agency must notify the second service that the call has already been refused and why.

An EMS service should not wait on the scene or unduly delay transport waiting for HEMS to arrive. If the patient is packaged and ready for transport, the EMS service should reassign the landing zone to a mutually agreeable site that is closer to the hospital, and should initiate transport. The helicopter may intercept an ambulance at an agreed upon alternate landing site.

Cancellation
When EMS personnel arrive on scene, they should assess the situation. If HEMS has already been called and it is the professional judgment of the HIGHEST LEVEL LICENSED EMS PERSONNEL ON THE SCENE that the helicopter will not provide a significant benefit, it should be cancelled as soon as possible. A HEMS request by a BLS agency may be cancelled by the responding ALS agency only after an appropriate patient assessment has been conducted. A HEMS request by an ALS agency may be cancelled only by the agency making the initial request. If HEMS cancels a flight, they must inform the requesting agency ASAP.

If HEMS arrives on scene and determines that the patient does not meet criteria for helicopter transport or that patient, weather, or aircraft issues preclude use of the helicopter for transport, they may request ground transport of that patient. The request for ground transport does not preclude the HEMS crew from boarding the ground ambulance and continuing to provide advanced care as would be provided in flight. In situations where the HEMS crew determines that the patient does not have a medical need for HEMS transport, the transfer of this patient to a ground ambulance shall not constitute abandonment as defined by EMS regulations.

Quality Assurance/Improvement
As with all EMS responses in which HEMS is utilized, there should be QA/QI done in partnership with the responding helicopter service. Follow the Regional Aeromedical Plan when approved.

THIS IS A GUIDELINE AND IS NOT ALL INCLUSIVE. EMS PERSONNEL SHOULD USE GOOD CLINICAL JUDGMENT AT ALL TIMES. IF THERE ARE ANY QUESTIONS, OLMD SHOULD BE CONSULTED.

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