Helicopter

MFR/EMT/SPECIALIST/PARAMEDIC

1. **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 and the level of care available in the area.

A. Trauma Patients
   a. Priority I patient
      1. Long transport times
      2. Poor road conditions
      3. Entrapment with prolonged extrication

B. Medical Patients
   a. In rare circumstances, if in the estimation of the paramedic, that the use of helicopter resources would be beneficial to patient outcome.

2. **Procedure**

A. Request for helicopter service response may be approved by medical control or by medical control pre-approved guidelines.
B. Requests for helicopter by medical control or dispatch procedure.
C. 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.
D. 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.
E. 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.

F. 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 the 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.
G. Patient Destination:
   a. Patient will be transported to appropriate facility as directed by medical control.
H. Quality Assurance:
   a. Helicopter services will forward copies of their patient care record to the Medical Control Authority for each scene call. The Medical Director will review all helicopter activations for appropriateness.