** Air Medical Transport**

**Appropriate Utilization**

1. **Air Medical Transport may be the preferred mode of primary scene transport for the following logistical factors:**
2. Time/distance factors:
   1. Transportation time to anticipated hospital by ground

greater than Air Medical response time.

b. Anticipated patient extrication time greater than 20 minutes.

1. Regional Response factors:
   * 1. Some patients that may require highly specialized care that may not be available at the nearest facility or within the response range of a rotary wing transport. Examples of such injuries would include patients with major burns requiring stabilizing care and transport to a burn center, unstable pelvic fractures, and amputations of an extremity that may be a candidate for reimplantation. Ground transport to the closest facility such as BGH with stabilizing care followed by air medical transport (such as fixed wing transport) to the most appropriate facility might be considered.

b. Some patients present with medical conditions which are extremely

time sensitive and are managed at regional hospitals identified as

Stroke or STEMI centers. Air medical transport is appropriate when

time from EMS contact to arrival at the specialty center is significantly

shorter than that which might be expected from ground transport.

c. Utilization of local ground ambulance leaves local community without ground ambulance coverage for an extended period of time.

3. Difficult access situations:

a. Wilderness rescue of patients in poorly accessible terrain for surface

transport.

* + 1. Ambulance egress or access may be impeded at the scene by road conditions, weather, traffic, or island situations.

4. System considerations:

a. Disaster and mass casualty incidents offer important opportunities for

air medical transport participation.

1. Utilization of air medical transport should be considered if an area’s

sole ALS unit might be occupied for an extended “uncovered” period while participating in an extended transport out of the service area.

**B.** **Trauma Guidelines:**

1. Primary scene air medical transport may be considered if patients meet

Trauma Triage criteria and should be transported and managed according to the System Trauma Triage Plan (1011).

1. Prehospital providers should attempt to identify the most seriously injured

patients that should be preferentially transported to the highest level of Trauma Center within the system.

1. Pre-hospital providers should incorporate logistical considerations, clinical

judgment, and Medical Control in determining whether primary air transport

is appropriate for patients with trauma diagnoses.

**C. Medical Guidelines:**

1. Primary scene air medical transport may be considered if patients present

with clinical conditions requiring time-sensitive treatment, when time to receiving these treatments is significantly reduced by air transport.

1. As additional indications for air medical transport of non-trauma patients are

identified, the EMS Medical Director, in mutual agreement with BGH Medical Control, will develop and implement guidelines and training for the care and transport of these patients.

1. Pre-hospital providers should incorporate logistical considerations, clinical judgment, and Medical Control in determining whether primary air transport is appropriate for patients with non-trauma diagnoses.

**D. Special considerations and logistics:**

1. Patient transportation via ground ambulance should not be unnecessarily

delayed in order to wait for air medical transport. If the patient is medically evaluated and ready for transport and the helicopter is not on the ground, or within a reasonable distance (15-20 minutes out) the transportation will be initiated by ground ambulance to the closest appropriate facility. Every effort should be made to avoid unreasonable delays to wait for the helicopter at alternative landing zones.

1. If an EMS provider activate air medical transport, BGH does not have an

EMTALA obligation if they are not the recipient hospital unless a request is made by EMS personnel, the individual or a legally responsible person acting on the individual’s behalf for the examination or treatment at BGH.

3. When possible, patients at a scene within 20 minutes of BGH by

ground transport (including extrication and scene time), should be promptly transferred to BGH where air transport can meet the patient. If, in the opinion of the senior treating provider at the scene that air medical transport will be needed, that request should be discussed in detail with Medical Control at BGH. If all parties are in agreement, the BGH emergency room will initiate air medical transport. Transport may be initiated as a “Hot Load” when deemed necessary by all parties, or otherwise as a facilitated transfer when time permits.

* 1. A “Hot Load” would require that the helicopter be on the hospital

helipad with rotors turning and the critical care transport team be

awaiting the arrival of the patient in the emergency department

A “Hot Load” should be requested by EMS field personnel

with the appropriate contact of on-line Medical Control. A

pertinent report on the patient’s condition and indication for air medical transport to the receiving facility would be expected.

* 1. A facilitated transfer occurs when patients arrive at the BGH Emergency Department by EMS ground transport prior to the arrivalof Air Medical Transport and receive stabilizing care by Emergency Department personnel while waiting for air transport to arrive.

1. EMS providers should contact on line-Medical Control if the patient(s)

meets field triage for preferential transport to a Trauma Center, Stroke Center, or STEMI center within the system, and the incident is within the core response area or the anticipated Landing Zone (LZ) will be BGH. A pertinent report on the patient’s condition and indication for primary air medical transport to an appropriate receiving hospital would be expected. The Medical Control physician will contact Air Medical Transport and relay pertinent clinical information and coordinate either a scene rendezvous, a facilitated transfer or a “Hot Load” on a case by case basis.

**E. Requesting Air Medical Transport:**

1. All requests for the use of Air Medical Transport shall be coordinated through

911 dispatch and when indicated on-line Medical Control.

2. The primary Air Medical Transport unit for Bonner County is Life Flight, staged at the Sandpoint airport. Medstar, located in Spokane, Washington, will be the secondary Air Medical Transport facility, and either facility may be used depending on availability.

3. Responders should keep in mind that they may request for a helicopter to be placed on standby (ready to be launched but not en route) if it appears that the helicopter may be needed based on dispatch information.

1. The decision to request a helicopter may be made by the Incident

Commander, on-scene paramedic, or in their absence, the senior certified medical provider. While the paramedic is en route, dispatch can be contacted along with on-line medical control concerning the decision to request standby and/or launch of the helicopter. However, as much as possible, the decision should be made by those personnel on-scene that are in the best position to judge the patient’s condition as well as the surrounding scene.

1. Once the Air Medical Transport has been placed on standby or launched, any

decision to cancel the helicopter will be made by the on-scene paramedic, senior certified medical provider or the Incident Commander.

**criteria FOR exclusion of air transport**

**A. Field personnel should refrain from calling for Air Medical Transport when any of the following conditions are met:**

1. There are obvious signs of death (decapitation, presence of rigor mortis) or

poor outcome predictors such as medical or traumatic cardiac arrest.

2. The patient appears to be clinically stable with minor traumatic injuries.

3. The presence of any circumstance at the scene that unnecessarily jeopardizes

the patient, providers or helicopter crew.

1. The patient or a legally responsible person acting on the individual’s behalf refuses transportation by the helicopter.
2. Extrication plus transport time to closest appropriate hospital is less than the estimated response time to the scene by the helicopter. Request for the helicopter to be placed on standby may be appropriate. On-line Medical Control should be contacted concerning the decision to request or launch the helicopter when these concerns occur. Alternately, a helicopter may be dispatched to BGH for a “hot load” or facilitated transfer as appropriate.
3. The weather is too poor to fly safely.
4. If no time will be saved by air medical transport, ground transport will be preferred.
5. The receiving facility must be available to accept the patient.
6. Hazardous materials should not be flown if possible.

**COMMUNICATIONS**

**A. Requests for Air Medical Transport**

1. All requests for air medical transport should be directed through Bonner

County 911 Dispatch.

2. Requests should be based on physiologic findings, not mechanism of injury.

**B. Information to be given at time of request for Air Medical Transport:**

1. Type of incident.
2. Landing zone location or GPS (Latitude/longitude) coordinates, or both.
3. Scene contact unit, scene landing zone officer or scene incident commander or all of the above.
4. Number of patients if known.
5. Special needs for equipment.
6. Radio frequency for contact.
7. Scene weather conditions/hazards.

**C. The following entities are to be notified when requesting Air Medical Transport:**

1. Bonner County Dispatch Center
2. State EMS Communications Center (via dispatch)
3. Receiving hospital

**POTENTIAL LANDING ZONES**

1. **Core sites**
   1. Bonner General Helipad is the preferred site for patient who can be transported there within 20 minutes of scene arrival.
   2. Sandpoint Airport
   3. Sandpoint High School
2. **North sites**
   1. Schweitzer Resort Landing Pad
   2. Samuels Conoco
   3. Road South of Northside School
3. **South sites**
   1. Sagle Station 1
   2. Carreywood clearing off Rt. 95
4. **East sites**
   1. Sam Owen Fire Station
   2. Clark Fork High School
5. **West sites**
   1. Westside Fire, Laclede Station
   2. Priest River Airport
6. **Priest Lake**
   1. Priest Lake Airport

**Landing Zone Safety**

**A. Main Landing Zone:**

1. When a patient is transported to BGH, with the anticipation of requiring air

transport, the main landing zone will be the helipad on top of Bonner General Hospital unless otherwise decided by paramedic, senior certified medical provider or the Incident Commander together with on-line Medical Control.

**B. The following will be used when setting up a landing zone:**

1. Designate a qualified landing zone officer.
2. Select a safe landing zone area based on the following:
   1. Required size of landing zone (minimum of 100’ X 100’)
   2. Clear area.
   3. Allowable surface area (smooth and flat).
   4. Absence of hazards and obstructions.
   5. Available marking and lighting of site.
   6. Available communications between ground and air.
   7. Safe available approach and departure path of helicopter.
3. Marking of the Landing Zone

a. Overhead lights on emergency vehicles

b. Portable strobes or cones

c. Turn off all white flashing lights.

d. Mark overhead hazards (power poles and or lines) with spotlights.

**C. Safety Issues**

1. Secure all loose clothing or equipment.

2. Protect everyone from the rotor wash.

3. Consider traffic control of vehicles and bystanders around the landing zone.

1. Let the helicopter crew come to the landing zone officer.
2. Keep everything outside the 75’ zone area of the helicopter.
3. Maintain a visual contact with the pilot.
4. The pilot has the final say on whether the weather and conditions are safe to fly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QA All Air Medical Transport patient run reports will be evaluated in the QA process for appropriateness and timeliness of care.