

Aeromedical Operations – 40.030

1. **PURPOSE:** The purpose of dispatching aeromedical resources at the time of ground unit dispatching is to minimize the delay a patient is on scene and maximize the effectiveness of air transport. The focus of this protocol is to identify a demographic of patients who would generally benefit from expedient air transport. First arriving units are to triage the patients and determine best mode of transit.

2. **OVERVIEW:** Auto-launch is not part of the medical priority dispatch system. If the incident is not geographically in a location where helicopter transport would improve patient transit time and outcome, then auto-launch is not recommended. Method of transport should be based on dispatch provided information, patient condition, and transport time to the nearest appropriate facility.

3. **CRITERIA:** When the following run cards are utilized based on extended geographical distance from a hospital, the dispatcher will notify the first due resource that an air medic is recommended for activation. It will be the discretion of the responding resources if the air medic is activated, placed on standby, or cancelled.

D - Animal Attack - Arrest	D - MVA - Major Incident
D - Assault	D - MVA - Pinned Victim
D - Assault - Arrest	D - MVA - Vehicle vs Building
D - Assault - Not Alert	D - Stabbing/Penetrating Trauma
D - Burns	D - Stabbing/Trauma - Arrest
D - Burns - Patient Arrest	D - Traffic Accident
D - Carbon Monoxide / Inhalation	D - Train Collision
D - CO / Inhalation - Arrest	D - Traumatic Injury
D - Cold/Heat Exposure	D - Traumatic Injury - Arrest
D - Drowning	D - Vehicle vs Building MVA
D - Electrocutation	D - Vehicle vs Pedestrian MVA
D - Entrapment Incident	D - Water Rescue
D - Extrication / Entrapment	E - Allergic Reaction
D - Fall - Patient Arrest	E - Choking - Not Breathing
D - Gunshot Wound	E - Drowning
D - Gunshot Wound - Arrest	E - Electrocutation - Arrest
D - Hemorrhage - Arrest	E - Ineffective Breathing
D - MVA	E - MVA
D - MVA - Auto vs Pedestrian	E - Overdose
D - MVA - Critical Injury	E - Person On Fire
D - MVA - Entrapment	E - Person on Fire (Outside)
D - MVA - High Mechanism	E - Unconscious Patient

4. **COMMUNICATION:** Air to Ground 92 (AG92) is a Simplex channel and the primary communications channel for interaction with regional air ambulances. All local law enforcement agencies have this channel in their radios as well as Airlink and LifeFlight. As a backup, State Fire Net can be used. The radio channel should be confirmed with dispatch upon activation.
5. **TRANSFER OF CARE-**The paramedic in charge (PIC) shall provide the flight crew with a detailed report including a brief history of events, treatments / medications administered, response to those interventions, and overall plan for the patient. It shall be documented the time the flight crew accepts care of the patient. The PIC and crew will transition to a supportive role and provide care directed by the flight crew.
6. **SAFETY:** At no point should a crew member approach the aircraft when it is in operational mode without authorization. Approval from the flight crew is required for a member to approach the helicopter unescorted. Landing zone (LZ) areas of 100' x 100' are preferred. Vehicle warning lights should be limited to only those necessary for safety during night operations to maximize the effectiveness of Night Vision Goggles (NVG). The flight crew shall provide a briefing prior to approaching the aircraft noting path and orientation for loading the patient. Avoid placing LZ's near soft dusty ground or areas with loose vegetation. If landing on a roadway, all traffic shall be stopped in all directions. An LZ manager shall be in radio contact with the flight crew and deny entry to unauthorized persons. Below are diagrams of the frequently used helicopters and common loading routes.

