

WREMAC Air Medical Utilization Guideline

Purpose:

Air Medical Services (AMS) are a valuable, yet limited resource in New York State. It is important that Emergency Medical Service Personnel utilize consistent and appropriate criteria when requesting an air medical service for assistance with patient care and transport. The following represents a combination of the current criteria in use throughout the state. These criteria are consistent with national AMS utilization criteria. It is important that review of appropriate helicopter utilization be a part of EMS training, as well as a component of the agency and regional level retrospective quality assurance process.

THIS IS A GUIDELINE AND IS NOT INTENDED TO SPECIFICALLY DEFINE EVERY CONDITION IN WHICH AIR MEDICAL SERVICES SHOULD BE REQUESTED. EMS PERSONNEL SHOULD USE GOOD CLINICAL JUDGMENT AT ALL TIMES

Criteria:

1. The helicopter is an air ambulance and an essential part of the EMS system. It may be considered in situations wherein:
 - The use of the helicopter would speed a patient's arrival to the hospital capable of providing definitive care and this is felt to be significant to the patient's condition, or;
 - If specialized services offered by the air medical service would benefit the patient prior to arrival at the hospital.
2. The following criteria should be used when considering use of an air medical service:
The patient's condition based on **Physical Findings and clinical judgment** is a "life or limb" threatening situation demanding intensive multidisciplinary treatment and care. This may include but not be limited to:
 - Critically injured adult and pediatric major trauma patients (see attached)
 - Critical burn patients (see attached)
 - Critically ill medical patients requiring care at a specialized center to include, but not be limited to: acute stroke or acute myocardial infarction as defined by NYS protocol (see attached)
 - Patients in cardiac arrest normally should be excluded from these criteria.
 - If the estimated time from initial patient assessment by the first arriving unit until arrival at the destination facility would result in a time savings. The time estimate should consider extrication, patient packaging, scene interventions and drive time to the destination facility. If this is not the case the patient should be transported by ground unless there is specific patient care needs that can be provided by an air medical service.

3. Dispatch, Police, Fire or EMS should evaluate the situation/condition/mechanism of injury and if necessary, may place the helicopter on standby (airborne or ground).
4. The helicopter may be requested to respond to the scene when:
 - ALS personnel request the helicopter.
 - BLS personnel request the helicopter, when ALS is delayed or unavailable.
 - In the absence of an EMS agency, any emergency service may request the helicopter, if it is felt to be medically necessary.
5. When EMS arrive, they should assess the situation. If the **MOST HIGHLY TRAINED EMS PERSONNEL ON THE SCENE** determine, that the helicopter is not needed, it should be cancelled as soon as possible.
6. When use of air medical services is not specifically defined by the protocol, the on scene EMS provider should establish communication with medical control to discuss the situation with the on line physician.
7. Air medical services may be considered in situations where the patient is inaccessible by other means or, if utilization of existing ground transport services threatens to overwhelm the local EMS system.
8. The destination facility will be determined by the WREMAC Destination policy based upon medical appropriateness with consideration for patient preference and on line medical direction.
9. An EMS service should not wait on the scene or delay transport waiting for the helicopter to arrive. If the patient is packaged and ready for transport, the EMS service should initiate transport to the preferred destination hospital and reassign the landing zone. The helicopter may intercept with an ambulance during transport at an alternate-landing site in order to expedite transport to definitive care or provide specialized services offered by the air medical service.

Transfer of Patient Care, Documentation and Quality Assurance:

- As with other instances where care of a patient is transferred, it is expected that all patient related information, assessment findings and treatment will be communicated to the flight crew.
- At the completion of the EMS call, all of the details of the response, including, but not limited to all patient related information, assessment findings and treatment must be documented on a Department of Health approved Patient Care Report (PCR).
- As with all EMS responses, helicopter utilization, the treatment and transportation of patients will be reviewed as a part of a Quality Assurance process.