

Arizona Emergency Medical Systems, Inc.

**RED BOOK
CHAPTER 6**

Air Medical

Guidelines for Air Medical Transportation

DISCLAIMER

This Manual sets forth procedures and protocols deemed by AEMS to be within the acceptable standard of medical care. It is specifically recognized that there are acceptable variations from these procedures and protocols, which may also satisfy the standard of care. Therefore, variations from these procedures and protocols are not necessarily deemed to be outside the standard of care. This manual does NOT define, limit, expand or otherwise purport to establish the legal standard of care.

AEMS Guidelines for Air Medical Transport

Approved by AEMS Board of Governors: 2001

Complete Chapter Contents - Reviewed, Amended, and Approved by Board April 20, 2005

I. Utilization

- A. Response by helicopter air ambulance to emergency medical situations shall be governed by medical necessity. Procedures for initiation of requests, medical responsibility and destination coordination shall conform to this rule.
- B. Medical necessity-helicopter air ambulance response is appropriate when the information available at the time of the transport indicates:
 - 1. The patient has an anticipated medical or surgical need requiring transport or transfer and without helicopter transport, the patient would be placed at significant risk for loss of life or impaired health; and
 - 2. Available alternative methods may impose additional risk to the life or health of the patient; or,
 - 3. Available alternative methods would make ambulance services unavailable or severely limited in the community service area.
- C. Medical necessity for scene flights and interfacility transfer may be established under the following circumstances:
 - 1. Where speed and critical care capabilities of the helicopter are essential; or,
 - 2. Where the patient is inaccessible to ground ambulances or distance to a hospital from the scene would require unnecessary prolonged ground travel time; or
 - 3. Where patient transfer is delayed in entrapment, traffic congestion, or other barriers; or
 - 4. Where advanced life support is unavailable or subject to excess response time.
- D. Specialty missions with specialized medical care personnel, medical products and equipment, emergency supplies, and special assistance for major casualty incidents or disasters, or mutual aid to other air medical services are medically necessary when their availability might decrease the risk of aggravation or deterioration of the patient's condition.

II. Request for Air Medical Transport

The following are recognized agencies that may request a helicopter:

- A. Public safety agencies including all law enforcement agencies and their members, and fire departments and their communication centers.
- B. EMS agencies, i.e. all privately owned ambulances and emergency response teams.
- C. Base station medical control or physician giving on-line medical direction to prehospital personnel.

III. Dispatch

It is the intent to strive to have one call to the helicopter rescue services be sufficient so that requesters would not be required to make multiple phone calls to obtain services.

- A. In the event of a medical emergency, the closest appropriate available helicopter to the scene will be requested by the notified helicopter dispatching service. In the event of equidistant scene sites, there will be a rotation between helicopter services.(1)
- B. In the event the requested agency does not have resources readily available to meet the needs of the requestor, collaboration assistance between local agencies is recommended.

IV. Cancellation/Abort

- A. Cancellation of a helicopter shall occur only after conferring with the Incident Commander. When medical care at the scene is non-ALS, the Incident Commander shall confer with the responding ALS unit. The following guidelines regarding cancellations and aborted transports are commended:
 - 1. Prior to cancellation, the decision shall be communicated to the agency that requested the helicopter.
 - 2. The helicopter shall not be cancelled unless the requesting and the canceling agencies communications centers have conferred with their units on the scene and agree with the cancellation.
 - 3. The helicopter agency shall be notified through the original dispatcher, or when possible, by the agency that originally requested the helicopter.
 - 4. In situations when the agreement to cancel is not confirmed, the helicopter will continue to respond.

B. In the event a flight/mission is aborted due to weather* or mechanical issues while enroute, the helicopter service provider shall request the next closest appropriate available helicopter. If the initial air medical responder declines or aborts the transport due to weather, the requesting agency shall advise alternative air medical provider(s) of the weather concerns at the time of request.

V. On Scene Patient Care

Transfer of patient care at the scene shall follow present AEMS guidelines. As higher levels of EMS personnel arrive, they shall confer with the incident command and/or on-scene care providers and medical control as appropriate prior to assuming any patient care.

VI. Destination Guidelines

The patient shall be taken to the closest appropriate categorized facility following the current AEMS destination guidelines for ground ambulances.

VII. Problem Clearance

The problem clearance procedures shall be consistent with AEMS problem clearance procedures currently adopted.

VIII. Quality Assurance

A. Quality assurance shall be maintained at all levels; prehospital (EMS and air medical transport), hospital, and system.

IX. Minimum Standards for Air Medical Transport Services

The minimum standards for Air Medical personnel qualifications, equipment/medications, and safety/maintenance schedules shall conform with those established by the Commission on Accreditation of Medical Transport and Surface Systems (CAMTS) unless otherwise determined by the rules and regulations of the Arizona Department of Health Services.

* specific terminology -- refer to end of document