

Guidelines and Constraints Update

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| Created by: | Scott Parker | Issue Date: | September 25, 2007 |
| Revision Contact: | sparker@mfaems.org | Review Period: | Ends October 31, 2007 |
| Implementation: | This guideline shall be implemented immediately allowing the crews to provide input and advice up until the review period end date. Upon completion of the review period, the standard will be revised and published for 10 days. During the revision phase crews will continue to follow this guideline. After the revision period, the guideline will be published and be fully implemented on November 15, 2007. | | |

Air Ambulance Utilization

I. Purpose

The purpose of this standard is to establish a consistency in requesting and interfacing with air ambulance assets. Use of the air ambulance helicopter is a vital part of the continuum of care in the community. Having an air ambulance stationed within our primary response area greatly improves the care we provide. There are three other air ambulance helicopters within 30 minutes of area, which further improves our care capability.

II. Requesting

The request for the helicopter can come from any number of different public safety providers in many different circumstances. The request for the helicopter may come from law enforcement, first responders, fire personnel or other trained people at the scene. This request is made through the appropriate agency dispatch. It is important for the ambulance providers to state "Scene Request" or "Rendezvous at Base" when requesting the air ambulance helicopter.

Any MFAEMS personnel en route or assigned to the call may request the helicopter. On duty, it is encouraged that, if the scene information, location, mechanism of injury and/or the nature of illness may dictate use of the air ambulance helicopter, the request should be made as early as possible in the response. It is appropriate to start the helicopter to the scene and cancel the asset if it is not needed.

When requesting or updating the responding air ambulance helicopter, please include patient weight and general complaint. If any request is made for a helicopter that does not go through an MFAEMS dispatch agency, every effort should be made to update the appropriate MFAEMS communication center of the status of the helicopter request.

III. Canceling

Although any trained person at the scene may request the air ambulance helicopter, care should be taken in cancellation. Because of this, the request for cancellation should come from an MFAEMS credentialed provider at the scene only after a physical assessment of the patients.

Responding MFAEMS ambulances will not cancel air ambulance helicopters prior to arrival at the scene unless there is clear indications, through communication with providers at the scene, that the asset is not necessary.

If a provider at the scene suggests to the MFAEMS responding unit that a helicopter may be necessary, the responding unit shall make the request. MFAEMS units shall not deny this request unless they are on-scene.

The helicopter may be canceled at any time during response or care, including once the helicopter has landed. It is at the discretion of the MFAEMS providers. If the helicopter crew makes initial contact, however, the decision must be made with the consent of the patient and the flight crew.

IV. Air Ambulance Standby & Availability

Placing the air ambulance helicopter on standby should not occur. “Standby” was utilized to improve response times by having the asset ready to lift-off and be en route to the scene. It is more appropriate, however, to request the asset to the scene when it is first recognized that the resource may be needed. This standard has been reviewed and is supported by the air ambulance helicopter service providers in our area.

It is appropriate, during response or treatment, to determine the availability and location of the local helicopter. This is important for determine whether to transport to the helipad or to use a closer landing zone for an air ambulance arriving from an outside area.

V. Rendezvous vs. Scene Access

Air ambulance helicopters should be requested to the scene whenever possible. The exception to this is for patients within the city limits of Marble Falls that can be transported directly to the helicopter base located in the city.

It is not appropriate to drive to meet a helicopter at a different location than the scene unless weather or landing zone access dictates this. Flight time differences from one side of our service area to another are less than 8 minutes. Therefore, driving a patient code 3/emergency traffic towards the hospital does not make a significant difference in time as compared to allowing the helicopter to make access to you.

If weather around the lakes presents a hazard, requesting a helicopter to rendezvous in Spicewood may be appropriate. Any delay in transportation, like a prolonged wait at the landing zone, should be weighed against the time saved by air transport.

Movement from the scene to a better landing zone is appropriate. Use of the fire and first responder personnel in coordination with the helicopter shall determine the closest, most appropriate site. MFAEMS will utilize predefined landing zones throughout our service area.

VI. Clinical Considerations

The MFAEMS Clinical Operating Guidelines discuss appropriate use of the air ambulance helicopters. It is appropriate to request multiple helicopters for multiple patients, especially when dealing with pediatric patients. Although some air services have multiple patient capabilities, MFAEMS will generally request a helicopter for each patient requiring air transport. A service may take additional patients/riders at their discretion.

VII. Responsibility of Care

The MFAEMS Clinical Operating Guidelines will be followed for a patient in a MFAEMS unit. It is appropriate to transition care to the air ambulance helicopter crew while still in the ground ambulance but the ultimate responsibility for scene times, medications, procedures, etc. is the primary MFAEMS care provider.

VIII. Landing Zone Responsibilities

Landing Zone (“LZ”) selection, management and coordination is not the primary responsibility of the MFAEMS crew. Provision of care is the priority of the crew. The fire department, first responder organization and/or law enforcement should provide assistance to the air ambulance helicopter. Final selection and safety of the LZ is, ultimately, the responsibility of the helicopter pilot and crew.

IX. Reporting and Review

To continuously improve the care that is provided in our community, every request for air ambulance service, including inability to fly, cancellations, and transports will be reviewed by MFAEMS. In order to effectively provide feedback, it is necessary for each crew that requests an air ambulance helicopter to document the following information in the Patient Care Record:

- Type of Request (Scene Response or Rendezvous at Base)
- Time of Request
- Air Ambulance Helicopter Service Responding
- Location of LZ (At Scene or Predetermined Site)
- Time Departed Scene for Rendezvous
- Time of Ambulance at LZ, if Rendezvous
- On-Scene Information for Helicopter
- Time Helicopter Crew Makes Contact with the Patient
- Time Helicopter Lifted-Off
- Destination of Helicopter

A further request will be made from both the air ambulance helicopter service and the receiving hospital for the following information:

- Time of Arrival at Receiving Hospital
- Disposition of Patient, including findings, procedures and admission/discharge status

The data collected will be shared and reviewed with the air ambulance providers servicing our area. There will be quarterly evaluation of data with these services with consideration for all recommendations made by this group.

X. Tracking and Accountability

The Field Commander(s) will be responsible for the collection, correlation, and coordination of the sharing of data as it relates to the use of air ambulance helicopters. It is the responsibility of the Field Commander(s) to provide the Medical Director this information and to facilitate clinical and operational changes to further improve care.