ACTIVATING HELICOPTER SERVICE TO ON SCENE OPERATIONS

1. Critically injured patients in uncommon situations
   a. Access to the patient or extrication is excessively delayed, (30 minutes or longer)
   b. When a physician is needed at the scene
   c. Disaster situations
   d. When a scene is inaccessible by land ambulance

Ground transport should not be delayed if helicopter is not available or has ETA greater than 15 minutes when patient is ready for transport. Patient is to be taken to closest appropriate hospital by land ambulance in these instances.

Procedure:

1. Upon arrival to a scene, it is imperative that an accurate patient count and extrication time be determined.
2. A complete patient assessment will be made on all patients. Patients falling into the following may be considered for helicopter evacuation:
   a. Multiple system injuries and priority 1 patients.
   b. Life threatening critical injuries requiring rapid special management (i.e. chest tube insertion, pericardiocentesis, spinal injury with neurologic defect, major burns, major head injuries).
   c. When transport to the closest hospital will be delayed or prolonged.
      1. When patient and scene evaluation, extrication time, and transport time to closest hospital exceeds 45 minutes.
3. Activating the helicopter system
   a. Patient should be stabilized with ground ambulance equipment, including backboarding, cervical spine precautions, intravenous fluids, oxygen, etc., this is a priority. At least one (1) ground ambulance will stay with patient(s).
   b. NO ACTIVATION OF THE HELICOPTER SYSTEM WILL BE MADE UNLESS AT LEAST ONE (1) PERSON WITH A LANDING ZONE TRAINING COURSE IS ON THE SCENE TO SUPERVISE THE HELICOPTER LANDING.
   c. Activation of the helicopter service will be made by the hospital only after the following have been completed.

Complete patient assessment had been made, and patient designated as a priority 1.

1. Hospital contact has been made and medical control approval has been given to activate system.

2. Ground ambulance crew procedure:
   a. Request Medical Control in cooperation with St. Clair County ER Physician to activate helicopter service.
   b. Relays following information
      1. Number of patients and priorities

2. Patient IPS findings
3. Location of scene, including major landmarks
4. Communications will follow the state MEDCOM Plan

c. Established a landing zone (LZ)
1. ONLY helicopter trained safety personnel are to establish the LZ.
2. ONLY one (1) helicopter safety person shall coordinate establishment and control of the LZ and ground to air communications.
3. LZ's shall be established according to St. Clair County standards.
4. Once helicopter has landed the above person makes contact with flight crew and directs flight crew to emergency scene, also makes provisions for crowd control and security for helicopter.

d. Coordination with first responders
1. All instructions, protocols and communications to the first responder will be through normal channels.

e. Landing Helicopter
1. Patients should be kept in ambulance until helicopter arrives, when possible.

2. Gurneys, stretchers or any loose articles should not be brought near a landing helicopter.

3. Keep your back toward the landing area until the dirt and dust have quit blowing.

a. Eye protection must be worn
b. No loose hats will be worn during landing or take off in LZ

4. Hang on tight to all stretchers, gurneys or moveable equipment as they can move or be picked up by the rotor wash.

5. NEVER move toward the helicopter until signaled by the flight crew.

f. Departing

1. Everyone remains clear of the takeoff area
2. Keep back from the take-off area until the dirt and dust stop blowing
   a. Eye protection must be worn
   b. No loose hats will be worn during departure
3. Hang on tight to loose items
4. Everyone remains clear of LZ until helicopter is well out of the area