

AIR MEDICAL MUTUAL AID (revised April 1, 2014)

A medevac helicopter is an air ambulance that responds as mutual aid to the local ambulance corps. They are accountable to, and under the direction of the EMS Command (Branch Director). After years of requiring field providers to request air medical mutual aid in circumstances deemed necessary, Saratoga County implemented an automatic helicopter dispatch policy on April 1, 2001. There were several suppositions supporting these Automatic Helicopter Standby Criteria:

- ◆ Mechanism of Injury (MOI) has been a poor predictor of actual need for air medical transport in Saratoga County. Correlation of MOI with patient condition is necessary and can be done by the Emergency Medical Dispatcher (EMD).
- ◆ Automatic Helicopter Standby Criteria do not apply to Clifton Park-Halfmoon and Waterford Rescue jurisdictions. The only acceptable helicopter requests in those locations would be extrication exceeding 15 minutes, burns, CO poisoning, or other specific medical problem requiring direct transport to distant specialty hospitals. These should be determined once EMS providers have made patient contact, and should involve on-line medical direction.
- ◆ Communications will automatically place the helicopter on standby for all jurisdictions except Clifton Park-Halfmoon and Waterford when any of the Automatic Helicopter Standby Criteria are satisfied.
- ◆ EMS Command has the option of canceling a helicopter standby or requesting a flight once they arrive and assess the patient.
- ◆ Helicopter requests will continue to be accepted outside of the situations listed in the Automatic Helicopter Standby Criteria. Any EMS, Fire, or Law Enforcement responder may request a helicopter by contacting the Saratoga County Sheriff's Department Communications Center. Requests should not be made prior to patient contact and assessment.
- ◆ After a helicopter standby or response has been requested, cancellation will only be accepted from EMS Command at the incident scene. All additional requests and inquiries for the helicopter must go through EMS Command at the scene or a County EMS Coordinator.

LANDING ZONE PROCEDURES

Helicopters require secure landing zones for the safety. Moving the LZ is a complex endeavor that requires coordination of multiple agencies operating in emergency mode and is inherently dangerous.

- ◆ There are several controlled LZ locations in Saratoga County: Wilton Fire Department, Saratoga Hospital, Saratoga County Airport (Ballston Spa) and the Malta Med Emergent Care (Northway, Exit 12). For safety, use of a controlled LZ is preferred whenever possible.

- ◆ Select an LZ only when personally certain that the patient ETA and helicopter ETA closely coincide. Flight requests stating, “LZ not yet determined” provide time to ascertain the most ideal LZ location and are appropriate while awaiting information about ETA.
- ◆ For personnel and scene safety, the County Communications Center will automatically dispatch the jurisdictional fire department to any uncontrolled LZ. By agreement with local ambulance corps, the fire department may also assume duties of LZ coordination with the helicopter when the ambulance corps is unable to do so.
- ◆ Communications will not automatically dispatch the fire department of jurisdiction to a controlled LZ except for the Wilton Fire Department LZ. If needed for LZ coordination or patient movement, fire response to controlled LZs at Saratoga Hospital, Saratoga County Airport or Malta Med Emergent Care can be obtained by special request of the EMS agency utilizing the LZ at the time.
- ◆ Responsibilities and duties of Incident Commander for air medical requests:
 1. Choose a safe LZ (preferably at a controlled site), depending on helicopter ETA.
 2. Assign LZ Coordinator (if uncontrolled site selected) and determine operational radio frequency (preferably 155.715).
 3. Assure relay of preliminary patient information to County Communications Center.
- ◆ Responsibilities and duties of Landing Zone Coordinator at uncontrolled sites:
 1. Proceed immediately to designated LZ and determine if safe/adequate.
 2. Secure LZ perimeter.
 3. Mark LZ.
 4. Establish communications with EMS Branch Director or Incident Command and:
 - a) Advise LZ established.
 - b) Verify operational radio frequency and determine helicopter ETA.
 - c) Obtain brief patient report, if available.
 - d) Determine ETA of patient to LZ.
- ◆ Malta Med Emergent Care (MMEC) Responsibilities:
 1. MMEC will directly arrange flights for patients originating at MMEC.
 2. On receipt of a field request to use the MMEC LZ, Air Methods Dispatch will notify the MMEC charge nurse phone (518-886-5431) or desk (886-5450), including ETA.
 3. MMEC will send a representative to the LZ the area is secure and necessary lighting activated (Malta Fire will not be dispatched).
 4. Ambulances can access the LZ directly (gate is not locked).
- ◆ Once established, the LZ should not be moved unless critical for safety. If, on arrival at the LZ, the helicopter is not there, determine its ETA from the LZ Coordinator or County Communications Center. If the ETA is unreasonable, initiate transport per REMO protocol. Establish a new LZ only if critical for patient care.

Criteria for Automatic Helicopter Standby (effective 4-1-01, revised 11-1-05):

Communications will automatically place the helicopter on standby for all jurisdictions except Clifton Park-Halfmoon and Waterford (these areas are within driving range of the trauma center and do not meet state or REMO protocols for air medical transport) when any of the following criteria are satisfied:

Category (v 11.2 and later)	Card	Presenting Problem
Burns	7-D-2	Unconscious/arrest
“	7-D-#-E	Explosion (any Delta # with suffix E)
“	7-C-3	Burns \geq 18% Body Surface Area
CO/Inhalation/Hazmat	8-D-1	Unconscious or arrest
Cardiac Arrest	9-E-6	Underwater
Drowning	14-D-1	Unconscious
“	14-D-3	Diving or suspected neck injury
“	14-D-4	SCUBA
Electrocution/Lightning	15-D-1	Unconscious
Fall	17-D-2	Long Fall AND Unconscious
Inaccessible Incident/Entrapments	22-D-1	Mechanical/Machinery Entrapment
Pregnancy/Childbirth/Miscarriage	24-D-5	High Risk Complications (see list)
Stab/GSW/Penetrating Trauma	27-D-1	Unconscious or arrest
Traffic/Transportation Accidents	29-D-4	Pinned AND Unconscious
“	29-D-2	High Mechanism AND Unconscious