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TO: All Saratoga County EMS Agencies

In the interests of safely providing the highest quality patient care while considering the safety of our EMS providers, aeromedical crews, and LZ crews (usually firefighters or law enforcement personnel); I am making changes to the Aeromedical Mutual Aid section of the Saratoga County EMS Mutual Aid Plan, effective October 2004. These changes follow recommendations of the EMS Council and have been reviewed by Albany MEDFLIGHT/Life Net and the REMAC Chair. I am indebted to many County EMS providers who took time to contact me with their concerns and comments as well as to review and help revise these changes. Particular thanks goes to Dr. Michael Dailey, our REMAC Chair who lent considerable help finalizing these changes. Aeromedical mutual aid support is critically important to patients in Saratoga County. I believe the majority of Saratoga County EMS providers use helicopters appropriately and with excellent judgment. Our automatic helicopter policy has vastly improved aeromedical utilization appropriateness and become a model for other systems in the US and Canada. My goal is to improve our accuracy when intercepting with aeromedical mutual aid by clarifying the process for requesting a helicopter and for selecting the most appropriate landing zone (LZ). In doing so, I have been extremely careful not to create barriers or roadblocks to providers seeking aeromedical support for their patients. Our prime goal is to assure field providers ready access to resources they need for the best possible care of patients.

For reference, I've attached copies of the revised pages 4 and 5 of the MA Manual highlighting the significant aeromedical changes. The second bullet on page 4 now contains added flight criteria for consideration in the "no fly" areas of Clifton Park-Halfmoon and Waterford Rescue jurisdictions. These include burns and CO poisoning that, after arrival and assessment, are deemed to require direct transfer to distant specialty hospitals. LifeNet suggested these criteria and Dr. Dailey contributed the reminder to obtain medical direction before choosing a distant specialty hospital destination.

Given the extremely high sensitivity and specificity of the Automatic Helicopter Standby Protocol, bullet 5 now has an added clarification reading, *"Requests should not be made prior to patient contact and assessment."* Communications use of our physician driven automatic protocol with the most complete available patient information from the scene has consistently and will assuredly continue to yield the most accurate assessment of aeromedical need before certified EMS providers make their patient assessment.

Between June 7 and June 14th, 2004 there were 4 instances when EMS crews moved their landing zone at least 3 times prior to meeting with the helicopter. In one instance, the helicopter landed and had to lift off and land a second time to intercept with the ground ambulance. Discussion with County and LifeCom dispatchers confirmed that these data were not isolated and seemingly reflects a trend. Repeatedly moving the LZ can be dangerous not only to the aeromedical crew and public, but also to the multiple fire departments dispatched to establish landing zones. The serial delays and interruptions in patient care resulting from repeated changes in routes of travel destination are potentially injurious to patients and seem contrary to the primary EMS objective of prompt transport to a hospital.

To address the LZ issue, two additional changes appear. First, to improve accuracy in LZ selection at the outset, rather than making serial attempts to find the best intercept point, bullet point 7 at the bottom of page 4 of the Mutual Aid Manual is inserted to read, *"Select an LZ only when personally certain that the patient ETA and helicopter ETA closely coincide. Flight requests stating, "LZ not yet determined" provide added time to ascertain the most ideal LZ location and*

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are appropriate while awaiting information about ETA." In the past, providers have felt compelled to name an LZ when requesting a flight. This is not required – the helicopter can be sent to the vicinity of a scene and provided with a specific LZ once enroute. Communications Center Officers have been made aware of this. Please feel free to make an assessment of packaging/transport time as well as helicopter ETA before deciding on your LZ. This should assure that you will meet the helicopter at the first LZ you select.

Secondly, the last bullet, *"Once established, the LZ should not be moved unless critical for safety,"* now has an added sentence clarifying actions necessary for patient care, *"If on arrival at the LZ, the helicopter is not there, determine its ETA from the LZ Sector Chief or County Communications Center. If the ETA is unreasonable, initiate transport per REMO protocol. Establish a new LZ only if critical for patient care."* In some cases (for example, an unmanageable airway) REMO protocol suggests diverting to the closest hospital.

One other addition to this policy appears under duty #2 of the EMS IC. *"Assign LZ Sector Chief and determine operational radio frequency"* now indicates preference for 155.715 MHz. Use of 715 facilitates communication between the two parties (LZ Sector Chief and EMS IC). Note that the EMS Incident Commander may appoint a Fire Chief or Officer as the LZ Sector Chief but cannot relinquish responsibility for the overall aeromedical ambulance intercept operation.

If a copy of the Saratoga County EMS Mutual Aid Plan (October 2004) is included with this memo, it compiles all revisions since the Mutual Aid Plan was last published and contains the aeromedical changes discussed above. The entire manual and this memo can be obtained from the downloads section of the EMS Council website at www.saratogaems.org.

Working together, we can continue to improve the prehospital care delivered to nearly 30,000 patients each year in Saratoga County. These changes are designed to do just that, and I'm certain they will take some time to digest and implement. I am always available to answer questions or discuss your concerns, as are my EMS Deputy Coordinators. I would appreciate your distributing this memo to each provider in your agency responsible for aeromedical mutual aid intercepts. I would also request each agency initiate a QI focus on their aeromedical requests to optimize accuracy in delivering this valuable resource to their patients.

Sincerely,

Mike McEvoy

Attachment: Aeromedical Mutual Aid

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