

AEROMEDICAL TRANSPORT PROTOCOL

This procedure will provide guidelines for the use of Aeromedical transport services in conjunction with emergency medical services provided by JPASD. It will define the circumstances, which would necessitate the use of Aeromedical response, stipulate compulsory landing zone preparation and safety precautions, and prescribe interagency coordination and patient transfer procedures.

Indication for Aeromedical Use

- Requests for Aeromedical transport should be limited to those instances where transport time is critical to patient care and outcome, and the use of such Aeromedical support would appreciable shorten that transport time.
- Consideration must be given to factors such as the patient's condition, availability and round-trip travel time of air verses ground transport, as well as weather and terrain conditions.
- A response time of 15-30 minutes can be expected for Aeromedical response within Jackson Parish. Weather conditions or prior flight commitments may prohibit or delay flights.
- Assuming the patient's condition is serious enough to warrant Aeromedical transport, the following examples might be reason for requesting Aeromedical transport.
 - A. When ground transport units are not available.
 - B. When time consuming extrication is involved.
 - C. When terrain is such that it is more easily reached by air.
 - D. When there are multiple serious patients involved (MVA).
 - E. When air transport provides a travel time advantage over ground.
 - F. Transport time to the Trauma Center is greater than 15 minutes by ground units.

Notification of Aeromedical Service

- Aeromedical transport services, operated as Pafford Air One, Life Air Rescue and Acadian.
- The request to dispatch Aeromedical support shall be made by the incident commander. The senior paramedic should advise the incident commander if the situation is appropriate for Aeromedical transportation upon arrival. The IC will make the request through 911 to respond the helicopter.
- It may be advantageous in cases where the need for Aeromedical support is possible but not yet known, to request the helicopter to be placed on "Stand By". This will reduce the response time for the helicopter, if it is needed, by allowing the flight crew to proceed to the pad and prepare for the flight. Lift off will not occur until a request to respond has been made.
- A "Stand By" request may be initiated by the senior responding paramedic, fire district personnel, JPSO or by 911, based on known information.
- All requests for Aeromedical response will be directed to 911 over the 911 channel. Pafford or Life Air will then be notified which JPSO unit will handle the landing and which channel the officer will be on.
- Cancellation of the Aeromedical response can occur at an point. There is no obligation to use the helicopter even though it has been called, is enroute, or is on scene. The only obligation is to provide the most appropriate service to the patient.

Medical and Scene Control

- When an Aeromedical transport service has been called, scene control will fall under the IC (normally a senior fire district personnel) and patient care will follow established JPASD Standard Operating Guidelines and Treatment Protocols, which have been approved. The Incident Commander will direct scene activities, while patient care responsibilities will be directed by the senior JPASD paramedic, subject to on-line medical control. If the patient is to be transported by air, flight personnel will



assume patient care and responsibility once the patient is loaded into the helicopter. Interagency coordination and cooperation are essential to the smooth transition of responsibilities and quality patient care.

- Upon landing, a member of the flight crew will report to the incident commander and/or the senior paramedic to receive patient status and treatment/transport strategies.
- JPASD Supervisor, who are on duty, may be asked by the fire district to provide IC at any time during the incident. Otherwise, the on duty EMS supervisor will act as Senior medical officer on scene.

Landing Zone (LZ)

- It is the responsibility of the incident commander to ensure that a proper landing zone is established. A Landing Zone Officer (usually JPSO deputy) shall be assigned to identify and prepare LZ using the following criteria:

Daylight Landings

The site should measure approximately 75' x 75' (appendix B).

Night Landings

- One flashlight or a vehicle if possible should be placed in each corner of and appropriate 100' x 100' area (appendix B).
- If possible, make use of a flashing beacon from an emergency vehicle to mark the landing site.
- If auxiliary lighting, such as floodlights, or headlights, should be pointed toward the center of the landing zone. NEVER shine lights towards the helicopter before it lands, as this may blind the pilot.
- The flight crew will come to the patient with the helicopter stretcher. The patient is not to be moved toward the helicopter until directed by the flight crew.

Communications

The Landing Zone Officer shall establish air-to-ground communications with the helicopter before it is cleared for final approach. This communications should be established on a Tech channel that does not interfere with other activities at the scene.

Safety Rules

- Never approach the helicopter unless signaled to do so by the pilot or flight crew.
- Always approach the helicopter from the front; Never approach from the rear.
- NEVER approach the helicopter when the blades are in motion unless assisted by the flight crew.
- Do not assist the flight crew in opening and closing the helicopter doors.
- AT NO TIME is anyone permitted near the tail of the helicopter unless under the direction of the flight crew.
- The flight crew will direct the loading and unloading of the patient.
- Do Not Smoke within 50 feet of the helicopter.
- Care should be taken to secure loose items such as hats and loose linen on the stretchers.
- Do not lift anything higher than your head.

