



# McLean County Area EMS System

**TITLE: GUIDELINE FOR THE USE OF AEROMEDICAL RESOURCES**

**GOAL/PURPOSE:**

To provide guidelines for the appropriate and safe use of aeromedical resources.

**POLICY:**

Aeromedical resources should be used in the following situations.

1. When emergency personnel determine that the time needed to transport the patient by ground to an appropriate facility poses a threat to the patient's recovery.
2. When weather, road or traffic conditions would seriously delay the patient access to ALS care.
3. When critical care equipment and personnel are not available but deemed necessary to care for the patient during transport.
4. When a critically injured patient is entrapped and an extended extrication time is expected.
5. When a critically injured patient is in a location not easily accessed by ground vehicles

## Dispatch Standby Criteria

1. Unless the ground transport time is less than 20 minutes, aeromedical resources should be placed on standby at the time of dispatch for the following MOI:
  - Ejection from the vehicle at highway speed
  - Pedestrian struck by a vehicle at highway speed
  - Motorcycle crash (rider/bike separation) at highway speed
  - Crush/pinning of head, neck or torso
  - GSW to head, neck or torso
  - Falls greater than 20 feet
2. It shall be the responsibility of the personnel requesting the standby to cancel or launch the aeromedical resource after the patient and scene have been properly assessed.

## General Guidelines and Considerations

1. In general when ground transport of a seriously injured or ill patient will exceed 20 minutes, aeromedical resources should be considered.
2. All requests for aeromedical resources shall be made through the agency's dispatch center. Personnel making the request will provide all necessary information that is available.
3. If aeromedical resources are dispatched, an ALS ground unit shall be dispatched at the same time (if not already on scene or enroute).
4. Medical control must be kept informed of any situation in which aeromedical resources are used.
5. Aeromedical transport is contraindicated for patients in cardiac arrest

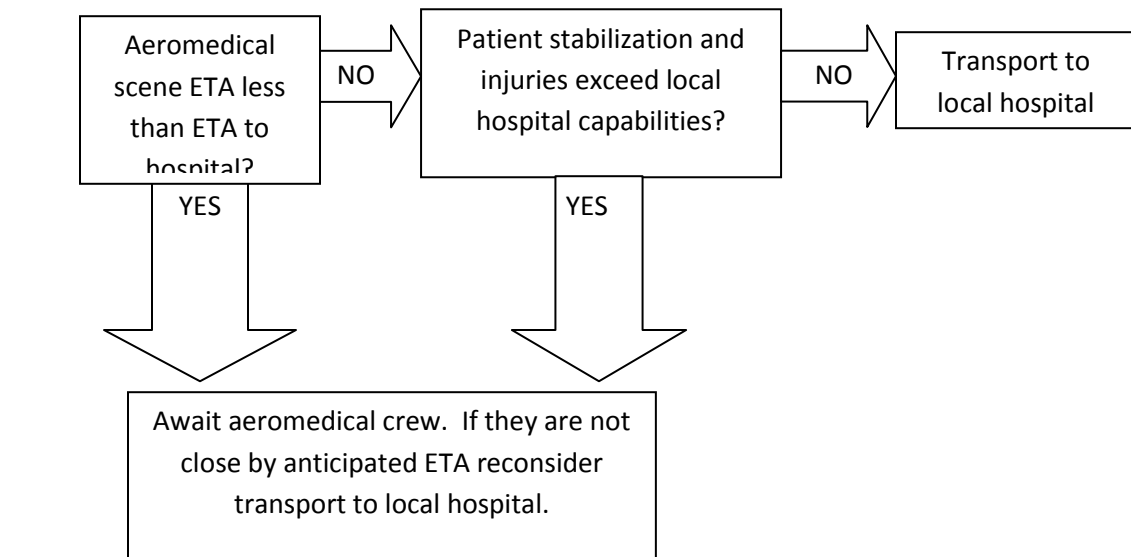


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## Landing Zone Safety Precautions

1. The landing zone (LZ) should be a minimum of 100 foot by 100 foot level (less than 5° of slope) area clear of trees, wires and loose debris. For night time operations the LZ should optimally be 150 foot by 150 foot.
2. The four corners may be marked with flares. If flares are used, crews must ensure they are well secured and do not pose additional risks to scene safety.
3. Vehicles may be used to mark the LZ. Position the vehicles at two corners of the LZ with the headlights crossing in the center in the direction of the wind
4. Monitor statewide MERCI or other frequency as assigned prior to landing as the pilot may select a different landing zone due to safety, wind or other considerations.
5. Personnel shall remain at least 100 feet away from the aircraft during landing and takeoff.
6. Care should be taken to protect eyes from flying debris during landing and takeoff.
7. All loose objects such as blankets shall be secured prior to takeoff and landing.
8. Vehicle strobe lights should be turned off prior to the aircraft landing.
9. Never approach a running helicopter unless accompanied by a core crewmember.
10. When approaching a running aircraft with a core member escort you will always approach and depart from the front of the aircraft after making eye contact with the pilot and being acknowledged, maintaining a crouched position in full view of the pilot. **Never approach or depart aircraft from the rear.**
11. Long objects shall be carried horizontally and no higher than waist high
12. All IVs should be placed in a pressure bag and secured to the patient

## Aeromedical Consideration Algorithm



(revised 5/10)