



DOH
New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: New

No. 05-05

Date: 9/12/05

**Re: Guidelines for
Helicopter Utilization
Criteria for Scene
Response**

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Purpose:

Air Medical Services (AMS) are a valuable, yet limited resource in New York State. It is important that Emergency Medical Service Personnel utilize consistent and appropriate criteria when requesting an air medical service for assistance with patient care and transport. The following represents a combination of the current criteria in use throughout the state. These criteria are consistent with national AMS utilization criteria. It is important that review of appropriate helicopter utilization be a part of EMS training, as well as a component of the agency and regional level retrospective quality assurance process.

Criteria:

1. The helicopter is an air ambulance and an essential part of the EMS system. It may be considered in situations wherein:
 - The use of the helicopter would speed a patient's arrival to the hospital capable of providing definitive care and this is felt to be significant to the patient's condition, or;
 - If specialized services offered by the air medical service would benefit the patient prior to arrival at the hospital.

2. The following criteria should be used when considering use of an air medical service:
 - The patient's condition is a "life or limb" threatening situation demanding intensive multidisciplinary treatment and care. This may include but not be limited to:
 - Patients with ***physical findings*** defined in the adult and pediatric major trauma protocols (see attached)
 - Critical burn patients (see attached)
 - Critically ill medical patients requiring care at a specialized center to include, but not be limited to: acute stroke or ST elevation MI as defined by NYS protocol (see attached); and/or
 - ***Patients in cardiac arrest who are not hypothermic should be excluded from these criteria***

3. Dispatch, Police, Fire or EMS will evaluate the situation/condition and if necessary, may place the helicopter on standby.

4. The helicopter may be requested to respond to the scene when:
 - ALS personnel request the helicopter.
 - BLS personnel request the helicopter, when ALS is delayed or unavailable.
 - In the absence of an EMS agency, any emergency service may request the helicopter, if it is felt to be medically necessary.
5. When EMS arrive, they should assess the situation. If the MOST HIGHLY TRAINED EMS PERSONNEL ON THE SCENE determine, that the helicopter is not needed, it should be cancelled as soon as possible.
6. When use of air medical services is not specifically defined by the protocol, the on scene EMS provider should establish communication with medical control to discuss the situation with the on line physician.
7. Air medical services may be considered in situations where the patient is inaccessible by other means or, if utilization of existing ground transport services threatens to overwhelm the local EMS system.
8. The destination facility will be determined by the AMS crew based upon medical appropriateness with consideration for patient preference and on line medical direction, in compliance with regional protocols.
9. An EMS service should not wait on the scene or delay transport waiting for the helicopter to arrive. If the patient is packaged and ready for transport, the EMS service should initiate transport to the hospital and reassign the landing zone. The helicopter may intercept with an ambulance during transport at an alternate-landing site.

THIS IS A GUIDELINE AND IS NOT INTENDED TO SPECIFICALLY DEFINE EVERY CONDITION IN WHICH AIR MEDICAL SERVICES SHOULD BE REQUESTED. EMS PERSONNEL SHOULD USE GOOD CLINICAL JUDGEMENT SHOULD BE USED AT ALL TIMES

Transfer of Patient Care, Documentation and Quality Assurance:

- As with other instances where care of a patient is transferred, it is expected that all patient related information, assessment findings and treatment will be communicated to the flight crew.
- At the completion of the EMS call, all of the details of the response, including, but not limited to all patient related information, assessment findings and treatment must be documented on a Department approved Patient Care Report (PCR).
- As with all EMS responses, helicopter utilization, the treatment and transportation of patients will be reviewed as a part of a Quality Assurance process.

ADULT MAJOR TRAUMA

1. GCS less than or equal to 13
2. Respiratory Rate less than 10 or more than 29 breaths per minute
3. Pulse rate is less than 50 or more than 120 beats per minute
4. Systolic blood pressure is less than 90mmHg
5. Penetrating injuries to head, neck, torso or proximal extremities
6. Two or more suspected proximal long bone fractures
7. Suspected flail chest
8. Suspected spinal cord injury or limb paralysis
9. Amputation (except digits)
10. Suspected pelvic fracture
11. Open or depressed skull fracture

PEDIATRIC MAJOR TRAUMA

1. Pulse greater than normal range for patient's age
2. Systolic blood pressure below normal range
3. Respiratory status inadequate (central cyanosis, respiratory rate low for the child's age, capillary refill time greater than two seconds)
4. Glasgow coma scale less than 14
5. Penetrating injuries of the trunk, head, neck, chest, abdomen or groin.
6. two or more proximal long bone fractures
7. flail chest
8. combined system trauma that involves two or more body systems, injuries or major blunt trauma to the chest or abdomen
9. spinal cord injury or limb paralysis
10. amputation (except digits)

CRITICAL BURNS

1. Greater than 20% Body Surface Area (BSA) second or third degree burns
2. Evidence of airway/facial burns
3. Circumferential extremity burns

**Note that for patients with burns and coexisting trauma, the traumatic injury should be considered the first priority and the patient should be triaged to the closest appropriate trauma center for initial stabilization.

CRITICAL MEDICAL CONDITIONS

1. Suspected acute stroke
 - Positive Cincinnati Pre-hospital Stroke Scale
 - Total prehospital time (time from when the patient's symptoms and/or signs first began to when the patient is expected to arrive at the Stroke Center) is less than two (2) hours.
2. Suspected Acute Myocardial Infarction
 - Chest pain, Shortness of breath or other symptoms typical of a cardiac event
 - EKG findings of
 - ST elevation 1mm or more in 2 or more contiguous leads
 - OR
 - LBBB (QRS duration >.12msec and Q wave in V1 or V2)