Medical Helicopter Call-Out
Standard for Utah County

Purpose

To ensure that our patients are cared for and transported quickly and effectively.

To establish the steps for calling and canceling Air Medical Transport Service (AMTS).

General

All AMTS callouts will be awarded based on the closest available unit. The dispatcher and/or dispatch center will determine how to call the closest geographical unit and dispatch that agency. Then dispatch will relay needed information to the incident command or en-route units.

Who can request a helicopter:

1. An ALS responder.
2. BLS personnel when ALS is delayed or unavailable.
3. In the absence of any EMS responder, any emergency service responder or layperson may request the helicopter if it is believed to be medically necessary. Any request for a helicopter should be relayed to medical responders as soon as they are on the air.

Calling out the Helicopter:

Once a request comes into a dispatch center, the dispatcher will locate what AMTS is the closest geographical unit and dispatch that agency to the best of their abilities considering staffing, time constraints, and internal policies.

Selection will be made by locating the closest <u>in-service</u> helicopter.

Utah County dispatch center will then contact (or be contacted by) the dispatched agency and relay the following information:

- o The requesting entity
- o The location of the call, including GPS information
- o Medical type
- o Patient status and pertinent information
- o Any special capabilities requested
- o Which channel should AMTS use for contact
- o The radio call sign of the ground contact who will assist in landing the helicopter

After the helicopter has accepted the call to respond:

The dispatcher will relay the following to the incident commander and responding units:

- o Which helicopter service is responding and where it is responding from
- o Who requested the helicopter (if it was not the incident commander)
- o Estimated flight time to the scene
- o Radio channel for ground contact

Canceling a medical helicopter

County EMS protocols indicate the authority to cancel a medical helicopter lies with the responding EMS units. If a law enforcement officer requests the cancellation of the helicopter, the dispatcher will advise EMS responders of the cancellation request and the reason for cancelation. Cancelation must be approved by an EMS responder after the responding agency has assessed the patient and scene, per Utah County protocols.

General call out for Air Support (non-medical responses)

SAR (Search and Rescue) may request AMTS services to assist in searches for lost or missing persons. The dispatcher will contact the specified helicopter service request by the law officers and relay the information given by SAR.

In situations where a hoist and transport are needed, it is recommended to call two helicopters. One to hoist and one for medical transport to minimize scene time.

Operational Capabilities

All AMTS providers have the same or similar operational capabilities with a few exceptions:

- LifeFlight- Hoist
- LifeFlight-NICU (less than 30 Days old)
- AirMed- Field Amputations
- AirMed- NICU (less than 30 Days old)
- DPS (Utah Department of Public Safety Aero Bureau)- Hoist- This hoist unit can lighten their load and should be considered in high climates and/or heat of the day.

<u>Flight Boundary</u>

There will be no fight boundaries for AMTS in Utah County. The closest available AMTS will get the transport.

Current Air Medical Transport Service companies and base locations:

Air Med:

- Park City - Park City Hospital
- Tooele - Mountain West Medical Center

- SLC - University of Utah

Air Methods (AirLife):

- Ogden Regional Medical Center - Air Life 1
- Orem - Timpanogos Regional Hospital – move to West Lake ER Lehi – Air Life 2
- Cedar City Airport - Air Life 3

LifeFlight:

- Provo - Utah Valley Hospital
- Murry - Intermountain Medical Center
- SLC - Primary Children's Hospital
- Logan - Logan Regional Hospital
- Ogden - McKay Dee Hospital
- Roosevelt- Uintah Basin Medical Center
- Cedar City - Airport
- St George - St George Regional Hospital

Classic:

- Richfield - Sevier Valley Hospital

Tracking

The Air Medical Transport Committee will review AMTS incidents bi-monthly ensuring that the patients receive the appropriate units and care.

If the closest helicopter model needs to be reevaluated, this Committee will review and renew this policy.

The committee will track and review the following benchmarks.

Benchmarks

AMTS Provider: AMTS on the Incident

Location Responded from: The base or location of the helicopter when dispatched

Location of Incident: General location of the incident. The exact location will be on the report submitted.

Nature of Incident: Nature of illness or injury.

NEW Initial Contact: Time dispatch was contacted by Incident Command or unit in route to incident.

Dispatch made AMTS request: Documentation of the time dispatch requested an AMTS.

NEW Contact Dispatch: Time the AMTS contacts a dispatcher or vice versa.

Flight Accepted: The time flight was accepted by AMTS.

Time to acceptance: The time from the dispatch request to the flight accepted.

Lift off: The time stamp that the helicopter lifted off the pad.

Time to lift off/ lift time: Total time from the time the air company confirms the flight is a "go" or when the medical crew starts to move to the helicopter to lift off.

Arrival on-scene: Touchdown of the helicopter.

Time to arrival: Combined time from when the flight was accepted to when the AMTS arrived on scene. This time should be within 5 minutes (plus or minus) of the reported estimated time of arrival.

Time of air travel: Time from take-off to landing at the scene.

NEW Patient Contact (arrival to patient): When the air medical crew reaches the patient. Used when the location of the patient is not adjacent to the land zone.

Lift off from scene: Time AMTS lifted off the ground.

On-scene time: Time from arrival to lift off. Our goal is less than 15 minutes. Any time outside of time aloud should be reported. We understand that airway, extrication, or patients arriving at the landing zone area may increase this time.

Hospital transported to: Location the PT was transported to.

AMTS arrival at hospital: Arrival time on landing at the hospital.

Reason for delay: Any delay that slowed response, treatment, or transport.

Total time to definitive care: Time from the initial call to 911 to the time the patient arrived at a hospital.