

CHESTER COUNTY EMS COUNCIL, INC.  
Policies and Procedures  
Air Ambulance Utilization

**TITLE:** Air Ambulance Utilization for Patients in Chester County.

**PURPOSE:** The utilization of air ambulances for patients in the Chester County pre-hospital care system has in certain circumstances the potential to both decrease the evacuation time of a critically injured patient to a tertiary facility and to decrease the time necessary to initiate pre-hospital Advanced Life Support (ALS).

**POLICY:** In order to appropriately utilize air ambulance resources, pre-hospital personnel in conjunction with a medical command physician, need to appropriately determine medical necessity for air ambulance transport of the critically injured patient in accordance with Statewide BLS Protocol 180 – Trauma Patient Destination.

**PROCEDURE:**

**I. Stand-by and Response Request**

A. Any public safety official (EMS, Fire, Police) may request that an air ambulance be placed on stand-by or respond to the scene.

B. Upon receiving a request for an air ambulance, the Chester County 9-1-1 Communications Center (9-1-1 Center) Telecommunicator shall:

1. Determine that a ground ALS unit is assigned to the incident (unless the air ambulance is requested as the primary ALS unit);
2. Notify the first due air ambulance, as designated by Chester County computer-aided dispatch (CAD) system. When the 9-1-1 Center Telecommunicator contacts the air ambulance service, they will ascertain a specific aircraft's availability. It is expected that this will be a "yes" or "no" response. If available\*, that aircraft will be assigned to the incident. If unavailable, the Telecommunicator will proceed with contacting the next due aircraft and no additional information will be provided at that time.

\*Available implies that the aircraft specifically requested is staffed, fueled and prepared to respond from its designated base of operation. Deviations from this will be relayed to the 9-1-1 Center Telecommunicator (i.e. need to refuel or not at designated base). All air ambulance services will be given reasonable time to verify current weather conditions when necessary to determine availability;

3. Provide the following information to the responding service:
  - a. Name of the County;
  - b. Request type: standby or response;
  - c. Incident Location and grid, if available;
  - d. Nature of incident;
  - e. Number of Patients;
  - f. Incident Command or LZ Officer ID;
  - g. Zone INTEROP channel (see “F” below);
4. Notify the requesting person/unit as well as the assigned EMS unit(s) of the air ambulance assigned and their ETA (See X. Standard Language).

C. For standby status, the designated air ambulance shall prepare for response and/or respond toward the scene at their own discretion. Aircraft on standby will not encroach the scene or make radio contact with ground units or the 9-1-1 Center, unless requested.

D. The responding air ambulance shall contact the Incident Commander or LZ Officer on the assigned frequency.

E. Air ambulances are required to maintain active status while performing pre-hospital flights dispatched by the 9-1-1 Center (i.e. enroute, on scene, enroute to which facility and arriving at which facility) on the assigned frequency.

F. Radio communications with the 911 Center and ground units will be on the Chester County radio system. Landing zone operations will be conducted on the appropriate zone INTEROP channel, unless otherwise directed.

INTEROP 1:	RX: 866.5125	TX: 821.5125	PL: 110.9
INTEROP 2:	RX: 867.0125	TX: 822.0125	PL: 110.9
INTEROP 3:	RX: 867.5125	TX: 822.5125	PL: 110.9
INTEROP 4:	RX: 868.0125	TX: 823.0125	PL: 110.9

## II. Transport Guidelines for Air Ambulance Evacuation

A. Trauma patients who meet the Category 1 criteria of Statewide BLS Protocol 180 – Trauma Patient Destination and are > 30 minutes ground transport time to a trauma center may be transported by air ambulance without prior medical command approval.

B. Trauma patients who meet the Category 2 criteria of Statewide BLS Protocol 180 – Trauma Patient Destination and are > 30 minutes ground transport time to a trauma center should contact medical command (as per Protocol 180) for assistance in determining the most appropriate destination and mode of transportation. Medical command must authorize air ambulance transport for Category 2 trauma patients.

- C. EMS personnel requesting approval for air ambulance evacuation of a patient shall provide the Medical Command Physician with at least the following:
  - 1. Unit calling and location of incident;
  - 2. Patients age and sex;
  - 3. Type of incident/mechanism of injury; mechanism of injury;
  - 4. Patient's injuries;
  - 5. Level of consciousness and/or Glasgow Coma Score;
  - 6. Vital signs;
  - 7. Estimated ground travel time to closest trauma center;
  - 8. Special circumstances: entrapment, inaccessible area, etc...
  
- D. If medical command denies permission for the patient to be flown; the patient shall be transported by ground to the most appropriate facility (as ordered by medical command). The 9-1-1 Center Telecommunicator shall be notified of the denial and the air ambulance notified that their services will not be necessary.
  
- E. After appropriate transfer of care from ground EMS to flight team, medical command is also transferred to the air ambulance Medical Command Physician.

### III. Cancellation of Stand-By or Response

- A. Recall/cancellation of an air ambulance standby or response may occur by any of the following:
  - 1. The ALS or BLS crew after assessment of the patient determines that the appropriate trauma triage category has not been met or ground transport has already commenced;
  - 2. The Medical Command Physician consulting with ALS/BLS on the scene determines that the appropriate trauma triage category has not been met;
  - 3. The pilot of the responding aircraft aborts for weather, mechanical or other safety reasons.
  
- B. The 9-1-1 Center Telecommunicator will be notified of all instances where air ambulance standby or response has been canceled so that appropriate notifications can be made.
  
- C. Recall/cancellation of the air ambulance service shall be documented in the patient care report along with the reasons for the recall/cancellation. This information will also be provided to the assigned air ambulance.

### IV. Destination Determination

- A. When an air ambulance is utilized, patient destination will be determined by the air ambulance service in accordance with the Statewide Air Ambulance Trauma Patient Destination Protocol.

- B. The air ambulance shall communicate the intended receiving facility to one of the following: Incident Commander, LZ Officer or 9-1-1 Center Telecommunicator. The air ambulance service shall notify the 9-1-1 Center Telecommunicator when the aircraft has reached its intended destination.
- V. Continuing Quality Improvement
- A. The Medical Director of the ALS/BLS unit(s) requesting air ambulance evacuation shall be responsible for ongoing review of all charts of those patients.
  - B. Patients that are evacuated by an air ambulance service who do not meet the appropriate trauma triage category shall be identified by each service medical director and will be discussed at the Medical Advisory Committee bi-monthly meeting.
  - C. Remediation will take place on the service level by that service's medical director.
  - D. All Chester County ground EMS organizations will be educated to the policy and procedure of air ambulance evacuation. EMS providers (both ground and air based) should direct any problems to the Field Services Division for review after attempting to resolve any problems directly.
  - E. Upon request, the air ambulance service and/or ground EMS service(s) shall forward an appropriate copy of the patient care report to the regional council for review.
  - F. Air medical evacuation of medical patients will be evaluated on an individual basis, as needed.
- VI. The Regional Medical Advisory Committee is charged with the responsibility for:
- A. Evaluating the effectiveness and appropriateness of air ambulance utilization;
  - B. Specifically evaluating any cases that are determined to be inconsistent with this policy.
- VII. Safety
- A. Aircrew, ground emergency service personnel, bystander and patient safety is of paramount importance, especially in the landing zone area.
  - B. Ground safety instruction shall be provided to all area emergency services personnel upon request, from their primary air ambulance services.

VIII. Inter-hospital Utilization

- A. The inter-hospital utilization of air ambulance services shall not be addressed in this policy, as the air ambulance service is not acting as a pre-hospital ALS unit.

IX. Standard Language

- A. When the 9-1-1 Center Telecommunicator calls an air ambulance service for a pre-hospital emergency flight or standby, the air ambulance dispatcher will provide the following:

An Estimated Time of Arrival (ETA) that includes actual receipt of a request for an air ambulance service until the air ambulance arrives at the scene. This process may be standardized by all air ambulance services by adding five minutes to the actual flight time, if accurate.

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