

Delaware County Emergency Medical Service Standard Operating Guidelines

Subject	Effective	Supersedes	This Sheet	Total
Air Medical Transport	August 1, 2007	All	1	2

Members shall follow the strictest operational guidelines to protect themselves, other personnel, and patients when working near, with, and in air medical transportation aircraft. Members shall become familiar with and use the provisions of this policy, and refresh themselves as necessary to maintain their effectiveness.

Air medical transportation of a patient will be completed when established patient care guidelines, standing orders, and/or medical control dictates the necessity. Also, such transportation can deliver medical personnel, special equipment, blood, etc., to the patient(s) site in special circumstances. While air medical transportation adds another dimension to the treatment of patients, it shall not be totally relied upon as the only method of transportation. Aircraft availability, weather, and site conditions are just a few circumstances that can prevent the use of air transportation.

Incident Command procedures shall be implemented at an incident requiring air medical transportation. As soon as the Incident Commander knows the possible or actual need for air medical transportation exists, this fact shall be communicated to Central. Central will be responsible for establishing contact with the appropriate air medical transport organizations to determine their availability and estimated response time. Should the possibility exist for use, the aircraft will be placed into a standby mode. When in standby mode, the Incident Commander shall communicate as quickly as practical the actual need to activate or cancel the aircraft.

At the time of the request for air medical transportation, Central shall provide as much patient information as may be available at that time, as well as known information about the incident location and confirmation of radio communication talk group. At the time that air medical transportation is requested at the incident, Central shall dispatch an additional engine company. This apparatus and personnel will be used as command so directs.

During helicopter operations, the Incident Commander shall assure that an adequate number of members have been deployed to establish a safe landing zone (LZ), which should include a person to act as the LZ officer. The LZ Officer will be the individual responsible for establishing the safe landing zone, and will be the one and only individual from the scene communicating with the aircraft until it lands safely on the ground.

During un-restricted daylight hours, an LZ at least 75 feet in diameter will be established. During night and low visibility periods, an LZ at least 100 feet in diameter shall be established. The LZ shall be on firm, smooth, relatively level ground that is free of overhead and ground obstructions (wires, trees, brush, buildings, etc.). An LZ established on sloping ground shall not have a slope greater than ten degrees. Means to illuminate the LZ, as needed, shall be carefully considered before deployment. Items or equipment not properly secured, or of insufficient weight, may become airborne as a helicopter approaches and lands on the ground.

The LZ officer shall communicate to the pilot of the air medical transport craft any hazards in the immediate LZ area. When manpower allows, at least one person will be deployed to maintain a safety

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zone around the rear of helicopter type craft. Steps shall be taken to prevent the entry of any unauthorized persons into the LZ. Members shall take steps to protect themselves and others from the effects of helicopter downwash. These steps may include, but are not limited to, donning eye and face protection, facing away from aircraft, not using or deploying lightweight articles or objects, holding or securing bags, medical equipment, loose clothing, and protecting patients with appropriate shielding.

Strict air medical transportation safety procedures that shall be adhered to at all incidents are:

- To minimize exposure to hazards, the maximum number of EMS members assisting the helicopter crew with patient loading shall be two, unless requested otherwise by the helicopter crew.
- No person shall be allowed to approach a helicopter while the rotor blades are in motion, unless directed to do so by the pilot.
- No person shall approach a helicopter from the rear or side. Approach a helicopter from the front and remain in full view of the pilot.
- Approach a helicopter from the downhill side of a slope.
- Do not watch a helicopter that is landing or taking off as debris is easily blown by the helicopter downwash and can result in eye injuries and/or inhalation and/or ingestion injuries.
- There shall be no open flames or other obvious sources of ignition (road fusees, smoking, etc.) within 200 feet of a helicopter.
- When working adjacent to or in close proximity to a helicopter, lift nothing any higher than one's head to avoid a rotor striking the item or object.
- No vehicles are to be driven within 30 feet of a helicopter.
- No unauthorized (including civilians) persons are to be allowed within 200 feet of a helicopter during incident operations.

Issuing Authority:



DCEMS Chief Rob Farmer

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Date