



**Susquehanna Regional EMS Council, Inc.**  
Serving: Broome, Tioga, and Chenango Counties

## **REMAC Policy Statement**

Supersedes/Updates: New

No. 17-04

Date: 09/07/2017

Aeromedical Utilization

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### **Background:**

In April 2008, the American College of Emergency Physicians (ACEP) published a policy statement titled "Appropriate Utilization of Air Medical Transport in the Out-of-Hospital Setting." This policy takes a commonsense and evidence-based approach to out-of-hospital HEMS usage, stating, "Appropriate reasons to use an air medical helicopter in the out-of-hospital setting include: Patient has a significant potential to require high-level life support available from an air medical helicopter, which isn't available by ground transport; patient has a significant potential to require a time-critical intervention and an air medical helicopter will deliver the patient to an appropriate facility faster than ground transport; patient is located in a geographically isolated area, which would make ground transport impossible or greatly delayed; or local EMS resources are exceeded."

### **Purpose:**

The purpose of this REMAC policy is to provide guidance for providers and Medical Control in the appropriate use of air medical services.

### **Policy:**

- I. This is a guideline and is not intended to specifically define every condition in which air medical services may be requested. Good clinical judgment should be used at all times.
  - a. Key Points:
    - i. 911 Dispatch centers, Police, Fire or EMS will evaluate the situation/patient and if necessary place the helicopter on standby.
    - ii. The helicopter can be requested to respond to the scene when:
      1. ALS personnel request the helicopter
      2. BLS personnel request the helicopter, when ALS is delayed or unavailable
      3. In the absence of an EMS agency, any emergency agency may request the helicopter if felt to be medically necessary
    - iii. When EMS arrives, they MUST assess the situation. If it is determined by the most highly trained EMS provider ON THE SCENE that the helicopter is not needed, it should be cancelled as soon as possible.
    - iv. The most highly trained EMS provider ON THE SCENE (if needed, with consultation with medical control) has the final say if the patient should be transported by ground or air.
    - v. The Pilot has the final authority to determine if the mission can be safely flown.

## II. Criteria for considering use of air medical services

- a. Patient's condition requires expeditious transport to a hospital capable of providing definitive care.
- b. Patient's condition requires specialized services offered by the air medical crew, prior to the arrival at the hospital.
- c. The patient's condition is a "life or limb" threatening situation demanding intensive multidisciplinary treatment or care.
- d. Unstable trauma patients as defined by the physiologic criteria such as vital signs and physical findings.
- e. BURNS Protocol-Transportation consideration:
  - i. Burns associated with trauma should go to the closest appropriate trauma center.
  - ii. If there is any question about the appropriate destination of a patient, contract medical control.
- f. Acutely ill, unstable medical patients.
- g. When use of medical services is not specifically defined in protocols, the ON-SCENE Provider should consult with Medical Control.
- h. The destination facility will be determined by the air medical crew, based upon medical appropriateness, with consideration of patient preference and on-line medical direction.
- i. DO NOT DELAY ON THE SCENE FOR THE HELICOPTER.
- j. If it is considered critical for the individual patient and the patient is packaged and ready for transport, start enroute to the hospital and reassign the Landing Zone, either closer to the hospital or at the hospital's designated Landing Zone-the helicopter can intercept with you.