



# Air Transport

## Policy:

For the purposes of this policy, air transport refers to rotary wing aircraft or helicopter (HEMS). HEMS should be considered whenever time-dependent conditions in patient care can be improved by decreasing transport time or by giving advanced care not commonly available from ground EMS services (i.e. blood products, advanced procedures, or advanced monitoring).

## Purpose:

The purpose of this policy is to:

- Improve patient care in the prehospital setting by decreasing out of hospital time in time-dependent conditions.
- Allow for expedient transport in time-dependent conditions or mass casualty settings.
- Provide life-saving treatment such as blood products or advanced monitoring.
- Provide more timely access to interventional care in acute Stroke and ST-elevation myocardial infarction (STEMI) patients.
- Time-dependent conditions:
  - ST Elevation Myocardial Infarction (STEMI)
  - Stroke and Large Vessel Occlusion Stroke
  - Moderate to Severe traumatic conditions

## Procedure:

There is no clear evidence that define strict criteria as to which patients may benefit or time consideration benefit when assessing the need for HEMS.

Patient transportation via ground EMS should not be delayed to wait for HEMS transportation. If the patient is packaged and ready for transport and HEMS is not on scene, or within a reasonable distance, transportation should be initiated by ground EMS.

Air transport should be considered if any of the following criteria apply:

- High priority patient with > 30 - 45 minute transport times.
- High priority patient with geographic hospital transport distance > 45 miles.
- Entrapped patients with > 20 minute estimated extrication time.
- Multiple casualty incident with red/ yellow tag patients.
- Multi-trauma or medical patient requiring life-saving treatment not available in prehospital environment (i.e., blood transfusion, invasive procedure, operative intervention).
- Time dependent medical conditions such as acute ST-elevation myocardial infarctions (STEMI) or acute Stroke that could benefit from the resources at a specialty center as per the EMS System's Stroke and STEMI Plans.

If a potential need for HEMS is anticipated, but not confirmed, HEMS can be placed on standby (*this significantly decreases flight time without the need for auto-launch*).

If scene conditions or patient situation improves after activation of HEMS, and later determined not to be necessary, ALS personnel or administrative personnel may cancel the request for HEMS.

Minimal Information which should be provided to HEMS include:

- Number and Age of patient(s)
- Weight of patient(s)
- Mechanism of injury or nature of illness.
- Potential hazards or HazMat involvement.