LOVELAND FIRE RESCUE AUTHORITY	**MEDICAL HELICOPTER USE**	**2016**
AUTHORED BY: Captain Eric Klaas	**FESSAM #** 5F.2	**EFFECTIVE DATE:** 05/23/2016
APPROVED BY: Mark Miller		**REVISION DATE:** 05/01/2019

Procedure:

To help ensure the appropriate use of Air Medical Transport (AMT). This can be a challenge for Thompson Valley EMS (TVEMS) and Loveland Fire Rescue Authority (LFRA). AMT is an situational option and should be used when an advantage for flying the patient can be identified. As with any resource request, the incident commander (IC), the first due officer and/or the responding Battalion Chief has the responsibility of requesting AMT if needed.

A collaborative decision on the use of AMT will occur between the LFRA IC, first due officer and/or responding Battalion Chief and the TVEMS paramedic supervisor. LFRA's IC and/or responding Battalion Chief will evaluate the need for AMT based on the rescue resource needs of the incident. The TVEMS paramedic supervisor will evaluate the utilization of AMT based on patient condition. The expectation is that a collaborative decision on the utilization of AMT will be reached. In the event that a collaborative decision is not reached, the request for AMT through Dispatch must include the specific agency requesting the AMT, for example – *200, Battalion 1 is requesting a Medical Helicopter go for the County Road 31 incident.*

In the rare instance that a collaborative decision was not reached by the responding personnel, the incident will be reviewed by the LFRA Operations Division Chief and the Chief of Thompson Valley EMS.

Medcial Helicopter Indications:

- Patient is overtly unstable, has an emergency condition in which hospital intervention is likely to make a positive difference and significant time can be saved (at least 10-15 minutes).
- Reasonable presumption that the patient will require specialty trauma services and a potential time savings (at least 10-15 minutes).
- Specialty Care
  - Pediatric hospitals
  - Hyperbaric chambers
  - Limb reimplantation
  - Neurosurgical capabilities
- Weather (road conditions)
- Mass casualty incidents and/or lengthy extrication
- Geographic issues
  - Certain areas are difficult to access and significant time and patient comfort may be appropriately and positively impacted by use of air transport.

Limited Aircraft Utilization Zone:

- A Limited Aircraft Utilization Zone (LAUZ) has been established within the TVEMS response district. There should be no "automatic go" within the designated LAUZ. The LAUZ is defined as south of County Road 38 and east of County Road 29.

Medical Heilcopter Stand-by:

The following Medical Heilcopter Stand-by's can be utilized by the responding Battalion Chief

- Ground Stand-by – Heilcopter crew goes to the heli-pad and can launch in 2-3 minutes
- Air Stand-by – Heilcopter crew will launch and head toward scene but will not land until requested

Medical Heilcopter "GO": Heilcopter crew launchs and responds to the scene. Heilcopter will make contact with ground contact as soon as they have visual of the scene.

- IC or Responding Battalion Chief shall request a Medcial Heilcopter "GO" through Dispatch and request the helicopter utilize STACD for air-to-ground communication. *NOTE* - Radio traffic will only occur with line-of-sight to helicopter. Dispatch will have to relay to the medical helicopter dispatch center until visual contact is made with the helicopter.
- If possible, IC should give coordinates for the landing zone (latitude and longitude in hours, minutes and seconds).
- IC shall assign a ground contact.

Ground Contact Responsiblities:

- Select Landing Zone (LZ) that is 100'x100'
- Firm ground
- Less than 5 degree slope
- Grass no taller than 1 foot
- Remove loose debris

- Communicate hazards to pilot (i.e., light poles, powerlines, etc)
- Turn off overhead emergency lights at night once radio contact is made with pilot
- Communicate wind direction and speed
- Approach helicopter from the front of the aircraft with visual contact with pilot

Revision History:

References:

LFR MCI Playbook - V:\Fire\Policies and Procedures\LFR Playbook\EMS
TVEMS Protocols (J5) -
http://www.tvems.com/component/com_dropbox/Itemid,172/id,13/view,dropbox/
Air Link LZ Presention - V:\Fire\Training\LFR Training Materials\Power point presentations