



The Pre-Hospital Healthcare Team
for
Saginaw and Tuscola Counties

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MEMORANDUM #2011-5

FROM: Office of the Medical Director
Saginaw Valley Medical Control Authority (SVMCA)
1000 Houghton Ave.
Saginaw, MI 48602

SUBJECT: Clarification of the **Helicopter Protocol** (System Protocol #6-10)

Recently, the Saginaw Valley Medical Control Authority adopted a new Helicopter protocol for Saginaw and Tuscola Counties. This protocol contains three significant changes that deviate from past practices:

- **Canceling a Helicopter**
 - Paramedic level providers are no longer the only ones that may cancel a helicopter response.
 - Both EMTs and Paramedics have the ability to cancel a helicopter on standby or scrambled after an assessment of the patient and scene.
 - Additionally, a Paramedic may cancel a helicopter prior to their arrival based on the recommendation of a first responder who is on-scene and fully assessed the situation.
- **Ground Distance to Definitive Care**
 - Typically, helicopters should not be used when a patient's predicted transport to definitive care is less than 15 minutes.
 - In situations where the expected transport time is 15 minutes but less than 30 minutes; crews should not wait for a helicopter to arrive. Transport should be initiated immediately.
 - For transports expected to exceed 30 minutes, crews may elect to wait a reasonable amount of time for helicopter transport. The decision to wait is based on highly variable circumstances and should be thoroughly documented. When in doubt transport should be strongly considered.
- **Auto Scramble**
 - Helicopters can now be "auto-scrambled" by dispatch personnel during the pre-arrival phase of the response based on predetermined criteria listed in the protocol.
 - The criterion is based largely on predicted severity of injuries and the distance from definitive care.

Most of this protocol is self-explanatory and needs little interpretation or guidance. However, in recent weeks, there has been some confusion regarding the *Auto-Scramble* portion. The intended spirit of the *Auto-Scramble* is to activate a helicopter when there is a high likelihood of severe injury based solely on pre-arrival information. Therefore, there are a couple points to emphasize:

- ***Auto-Scramble* criteria should not be used when SVMCA active personnel are on-scene and requesting a transporting EMS response for an injury/illness.**
- **In situations when there is SVMCA active personnel on-scene, a helicopter should not be activated by a dispatcher, responding paramedic or EMT unless specifically requested by the provider on-scene and with the patient.**

A handwritten signature in black ink, appearing to read 'Noel Wagner'.

Noel Wagner, MD
Medical Director, SVMCA

Attachment(s): System Protocol - 6-10 Helicopter

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Helicopter

Purpose: To provide for an efficient and effective utilization of Air Medical Services within the system in a way that will maximally benefit the EMS patients while being safe, cost-effective, and fully integrated with the rest of the EMS System.

1. Definitions

- a. *Stand-by* - The air medical service agency is alerted of a potential, impending request for services.
 - i. The agency will be prepared for an immediate response, without actually lifting the aircraft.
 - ii. If the scene is greater than 25 miles away from the launch point, the crew of the helicopter may choose to launch and start towards the scene. This is at the discretion of the crew based on dispatch information, potential time savings, safety, etc.
- b. *Scramble* – A request for an air-medical service to respond to a scene. The helicopter is dispatched, lifts and flies to the scene.
- c. *Auto-Scramble* – An air-medical service is requested to a scene by dispatch specialists based on predicted injuries, distance, or resources requested.

2. General Stipulations

- a. The primary benefit derived from air-medical transport is time saved in reaching definitive care. Therefore, when considering whether air-medical transport is indicated, patient acuity and the distance to a specialty care center need to be a primary focus of the responder.
- b. Early activation of air-medical resources saves considerable time. EMS providers, responders, and dispatchers should consider placing helicopter resources on stand-by or scramble status in the pre-arrival phase of response.

3. Indications for Using Helicopters

- a. **Patients**
 - i. Critically injured trauma patients who require transport to a specialty care or trauma center.
 - ii. Critical medical patients who can benefit from earlier definitive care.
- b. **Distance**
 - i. Under normal circumstances helicopter transport should not be considered when the estimated ground transport time is less than 15 minutes.
 - ii. For ground transport times less than 30 minutes, transporting ambulance crews should not wait on-scene for a helicopter to arrive. If the patient is packaged and ready for transport, the ground unit shall proceed immediately to the destination without delay.
 - iii. In cases where the estimated ground transport time exceeds 30 minutes, EMS crews may wait on-scene for helicopter arrival.



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c. Other

- i. Poor road conditions.
- ii. Patients who are in areas that are inaccessible.
- iii. Multi-casualty incidents where resources are depleted.
- iv. Patients that may require definitive care that is only available at a specialty care center located outside of the MCA.

4. Auto-Scramble

- a. In some situations, based on distance to definitive care, number of patients and/or resources needed along with the Medical Priority Dispatch System[®] (MPDS[®]) determinant, dispatch may Auto-Scramble an air-medical service to a scene during the pre-arrival phase of response.
- b. **Criteria**

Distance	16-30 minutes from definitive care	> 30 minutes from definitive care
Required Resources	≥ 3 ambulances requested or ≥ 4 patients predicted	≥ 2 ambulance requested or ≥ 3 patients predicted
MPDS[®] Determinant	<u>Burns (Call type 7)</u> D1-Multiple Victims D2-Unconscious/arrest D3-Not alert D4-Diff. speaking between breaths C2-Difficulty breathing C4-Significant facial burns <u>Inaccessible Incident (Call type 22)</u> D1-Entrapped D2-Trench collapse D3-Structural Collapse D4-Confined Space D5-Inaccessible terrain D6-Mudslide/avalanche B1-Not trapped/unknown injury B2-Perpheral entrapment only B3-Unknown <u>Traffic/Transportation Incidents (Call type 29)</u> D1-Major D2-High mechanism D3-HAZMAT D4-Pinned D5-Not alert <u>Traumatic Injuries (Call type 30)</u> D1-Unconscious/Arrest D2-Not alert D3-Chest/Neck with difficulty breathing	<i>Any determinant listed in the 16-30 minute column or one of the following:</i> <u>Falls (Call type 17)</u> D1-Extreme (>30 feet) D2-Unconscious/Arrest D3-Not alert D4-Chest/Neck with difficulty breathing D5-Long fall (10-29 feet) <u>Stab/Gunshot/Penetrating trauma (Call type 27)</u> D1-Unconscious/Arrest D2-Not alert D3-Central wounds D4-Multiple wounds D5-Multiple victims



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5. Procedure

- a. Public Safety (police, fire, EMS, dispatch) may request an air-medical service be placed on either stand-by, scramble, or auto-scramble using the criteria listed earlier in this protocol as a guide by contacting either Saginaw Medical Communication (MedCom) or Saginaw/Tuscola Central Dispatch via radio.
- b. As there are more than one air-medical service within the MCA, helicopters will be dispatched on a rotational basis and thus each will be sent on every-other request. This is only for helicopters based inside the SVMCA zone.
- c. Information critical to the air-medical crew should also be relayed as soon as possible:
 - i. Scene location
 - ii. Number of patients (weight if possible)
 - iii. Landing Zone information
- d. The responding air-medical service will need a landing zone set up and contact with the landing zone officer via radio. Talkgroup for communications will be designated at the time of dispatch.

6. Cancellation

- a. Helicopter response shall only be cancelled by the following:
 - i. A SVMCA EMT or paramedic that is on-scene and evaluated the patient(s).
 - ii. A SVMCA paramedic prior to arrival based on information received from first responders.

