

**Standard Operating Procedure # OPS-2**

**Approved by: Brunswick County Emergency Services Advisory Board**

**Subject: Medical Air Evacuation Procedures**

**PURPOSE & SCOPE:**

To establish a standard countywide procedure to transport critically injured or medically challenged patients in the most efficient and timely manner for sustaining life. This common procedure shall provide a framework for critical decision-making of these incidents pertaining to recognition, notification to communications center, landing zone management, and transfer of patient care.

**RESPONSIBILITY:**

It shall be the responsibility of all Brunswick County emergency responders to comply with the use of this standard operating procedure. All officers of each agency operating under this S.O.P. shall be responsible for enforcing compliance of these procedures.

**PROCEDURES:**

- I. Information to convey in request for helicopter (responder to communications center)
  - a. Nature of emergency (i.e. falls, MVC, or medical chief complaint)
  - b. Exact location of proposed landing zone, to include cross streets or state route/road numbers (9-1-1 address) or GPS coordinates if available
  - c. Radio number of the landing zone (LZ) coordinator (i.e. say "Unit # \_\_\_ will be "LZ"). After that transmission, **all traffic to and from this coordinator will be referred to as "LZ"**. It will not be a command function unless the incident commander has to serve as LZ in a dual role.
  - d. Advise communications if contact frequency is different from the Virginia Statewide EMS frequency
  - e. Number of patients to be transported by air
  
- II. Determination of need for Air Medical Evacuation:
  - a. Shall be made by a certified EMS provider that is functioning as the Attendant in Charge (AIC) at the time of decision, unless the Incident Commander is in a position to recognize (b) & (c) listed below in advance of a full medical evaluation
  - b. Inaccessible by ground medical units
  - c. Extended extrication (30 minutes or more)

- d. Acute medical emergencies for adult or pediatric patients, to include airway compromise, CVA and cardiac extensive burns, skeletal compromise, spinal cord injury, etc.
- e. Any traumatic injury warranting transport to a Level 1 trauma center per the ODEMSA Trauma Triage Protocol

III. Brunswick Communications Center responsibilities:

- a. To contact the air medical evacuation service that is requested by the incident commander (IC), based on information that is conveyed to him/her by the on-scene EMS Attendant in Charge (AIC)
- b. If the IC does not request a specific air medical service by name, communications shall prompt them for that information.
- c. When contact is established with the air medical service agency, the communications officers shall obtain and convey to the incident commander the availability status and estimated time of arrival (ETA) of the requested air service agency.

III. Landing Zone Requirements:

- a. The incident commander is responsible for assigning a responder (radio designation "LZ") to coordinate all landing zone activity and ensure that a safe and appropriate landing zone is established.
- b. The landing zone coordinator shall manage all on-scene radio traffic at the LZ and supervise other responders in the task of setting up the area. The LZ coordinator must have access to a radio on-scene that includes the Statewide EMS frequency.
- c. If there is no pre-established LZ, ensure a fire department or EMS unit is located at the landing zone to provide identification and radio capability for communication with the responding air transport unit.
- d. Helipads, heliports, and airports provide a safe unobstructed landing area for helicopters, so fire apparatus response is optional.
- e. Establish a landing zone 100' x 100' with an unobstructed approach and departure for the aircraft.
- f. For day operations, place three weighted traffic cones in a triangular configuration with cones pointing toward the center of the established landing zone.

- g. For night operations, three fully operable handlights shall be placed inside the three traffic cones using the same triangular configuration. All lights shall be pointed so as not to project toward the aircraft personnel. Approved landing zone kits may also be utilized.
- h. All landing zones shall be on level ground or a very slight grade. If uneven grade exists, all responders shall be aware of the dangers when approaching aircraft for loading and unloading.
- i. The designated ground radio contact shall convey all information regarding overhead obstructions and other dangers to the aircraft personnel.
- j. Ideal landing surfaces such as grass, concrete, and asphalt shall be chosen if available.
- k. Ground personnel shall ensure that the landing zone is clear of people, vehicles, and debris.
- l. Do not use flares to designate a landing zone. Specially designated LZ light kits can be used if approved by air evacuation services that will be landing in our county.
- m. All white lighting on emergency vehicles shall be turned off to eliminate direct projection of light into the aircraft. Do not manually project any spotlights, handlights, or other form of lighting toward the aircraft.
- n. Emergency personnel shall not approach the aircraft unless directed to do so by the flight crew. Follow the directions of the flight crew in regards to loading the patient. The flight crew will close and secure all doors and latches on the aircraft. Personnel shall exit the loading area in the same manner as you approached. Beware of flying debris as the aircraft lands or departs.