

HALIFAX FIRE DEPARTMENT SOG 28	AEROMEDICAL TRANSPORT
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28.0 POLICY

The following protocol has been established by the Halifax Fire Department for use in determining need and appropriate methods in summoning the Med Flight Helicopter. Protocol essentially follows that accepted by Med Flight.

Whenever possible Med Flight will be placed on Standby-Alert status by dispatcher while ground personnel are responding to the scene.

- A. When pacing Med Flight on Standby, the dispatcher should forward the following information:
 1. Name of requesting agency or department
 2. Call back telephone number
 3. Assigned frequency (453.1875) and channel guard frequency (203.5 MHz)
 4. Scene location
 5. Incident description with number and types of injuries, when known.
- B. Once the situation has been assessed by on scene personnel, Med - Flight may then be activated if needed or notified they are not required.

Trauma or medical patients will be stabilized according to local treatment protocol while awaiting arrival of Med Flight.

28.1 INDICATIONS FOR USE

- A. Trauma score of 12 or less
 1. Isolated chest trauma, including blunt, penetrating or flail
 2. Multiple system trauma
 - a. Head injury and abdominal trauma
 - b. Head injury and chest trauma
 - c. Abdominal and chest trauma
- B. Head injury with lateralizing signs, posturing
- C. Spinal cord injury
- D. Severe burn patient greater than 25% BSA
 1. Respiratory involvement
 2. Circumferential burns of head, neck, chest, or extremities.
 3. Burns involving face, hands, genitalia, or feet.
- E. Pediatric patient age less than 14 with major system injury
- F. Near drowning with or without hypothermia, or diving injury, or risk of C-spine injury.
- G. Amputated limb

H. Preterm labor

I. Extrication or transport time greater than 20 to 30 minutes to nearest definitive facility and ALS care needed at scene.

J. To transport patients with potential lethal injury as indicated by severe mechanism of injury, including accidents involving great force, patient thrown or death of another person in the accident.

EMS personnel on the scene will assess the patient(s). If Med Flight is indicated, EMS personnel will contact dispatch and direct them to request Med Flight to the scene.

28.2 GROUND SUPPORT OPERATIONS

Ground personnel should also indicate a probable landing site. The following information should be provided by the Public safety dispatcher to Boston Med Flight:

- A. Name of requesting agency or department
- B. Call back telephone number
- C. Assigned frequency (453.1875) and channel guard frequency (203.5)
- D. Scene location
- E. Landing site location and coordinates, if known
- F. Local weather conditions, if appropriate
- G. Incident description with number and types of injuries, when known.

Once aircraft is enroute, air to ground communications should provide landing zone description and markings, update on patient's condition and vital signs, and any other pertinent information that would assist the flight crew.

The landing site shall be a minimum of 100 feet x 100 feet.

Halifax Fire Department shall staff the landing site with an Engine whenever possible, however this is not required.

Members on scene shall be in full PPE and a hose line shall not be deployed.

28.3 GROUND SAFETY

All Landings:

1. Area should be clear of debris (trash cans, barriers, cones, dry hose lines etc.)
2. Obstructions should be noted and relayed to the pilot (wires, tall trees, light stanchions, antennas, etc.)
3. Crowd control should be ensured prior to our arrival

During a night landing:

1. No lights should be pointed toward the sky.
2. Emergency lights should be on to help locate the LZ.
3. Two vehicles should be stationed at the corners to make an "x" with their low beam lights.
4. Any obstructions should be illuminated.

5. Crews routinely use night vision goggles. Emergency vehicles may be asked to shut off emergency lights.

28.4 AFTER LANDING

1. Crew will ask ground personnel to monitor general area around aircraft and to secure the LZ from bystanders.
2. Aircraft engines will remain running (rotor blades may or may not be turning) while on the ground unless unusual circumstances exist.
3. No one should approach the aircraft without permission from the flight crew and must be accompanied by a flight crew member at all times.

28.5 LOADING PROCEDURE

When moving the patient from the scene to the helicopter certain rules need to be followed:

1. Crew will assign 4 personnel to help carry the stretcher to the aircraft – crew will brief personnel on procedure.
2. All chinstraps should be secured. Unsecured hats, such as baseball caps are hazardous.
3. It is important to follow the instructions of the crew at all times.
4. Remember to exit in the same direction that you approached the aircraft.
5. Loading the patient in the aircraft varies with each helicopter.
6. Approach and departure from the aircraft will always occur at the 3 or 9 o'clock position.