



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

NATE CHECKETTS
Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

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Utah Air Ambulance Activation Guidelines for EMS Field Response

Purpose

Provide guidance to ground EMS (GEMS) providers and first responders who respond to on-scene emergencies in determining circumstances when helicopter EMS (HEMS) activation and transport may be utilized to best assist local emergency responders in the care of an ill or injured patient.

These guidelines do not apply to interhospital patient transfers. The medical staff at the sending and receiving hospitals determine the optimal method of patient transportation between hospitals.

General guideline

The primary determination for mode of transport should be to safely get the patient to the most appropriate facility in the shortest amount of time.

In general, HEMS should be considered when:

1. A patient has a significant need of equipment or medical personnel for critical care (i.e., to prevent or manage ongoing deterioration that is an imminent threat to life, limb, or organ) available from an air medical transport and which cannot be provided via ground transport.
2. A patient has significant potential to require a time-critical intervention and an air medical transport will deliver the patient to an appropriate facility in an expedited manner in order to improve the patient's outcome.
3. A patient is located in a geographically isolated area that makes ground transport impossible or greatly delayed.
4. Local EMS resources are exceeded (such as, in a mass-casualty event) or are unavailable to transport to the closest appropriate facility without compromising response to the primary service area.

Once the decision is made to utilize HEMS service, the service that can respond to the scene in the shortest amount of time and with appropriate capabilities and equipment should be

dispatched. Helicopter services must provide dispatch with the best estimate of arrival time to the scene. Ideally, air ambulance agencies will provide real-time location information to dispatch centers. This information should be transmitted to the EMS crew on-scene to assist in planning the patient's transportation.

These are intended to be general guidelines and are not all-inclusive. EMS personnel may use their best judgment at each scene to determine the optimal transportation plan for each patient, including specialty-care resources. On-line medical control should be consulted in difficult situations.

Specific guidelines

Trauma

Local and regional trauma transportation plans should be considered in all cases. The National Guideline for Field Triage of Injured Patients should be used to guide air activation and patient destination decisions to the most appropriate level of designated trauma center. Patients who fall in the red criteria should be considered for air transport to the highest level trauma center within reasonable distance/time. On-line medical control should be consulted in difficult cases.

More stable patients, those who fall in the yellow category who are accessible by ground vehicles and are within reasonable distance of a trauma center (or local medical facility, if a designated trauma center is not reasonably available) are best transported by GEMS.

Stroke

EMS personnel should use appropriate stroke screens and stroke severity screens to guide air activation and patient destination decisions to get the patient to an appropriate designated stroke center. Patients who are identified with a possible large vessel occlusion (LVO) should be considered for expedited air transport to an endovascular-capable stroke facility.

Cardiac

Patients who are identified as having an ST-Elevation Myocardial Infarction (STEMI) by prehospital ECG should be transported directly to a STEMI/percutaneous coronary intervention (PCI) center. HEMS should be considered to facilitate expeditious transport. This decision should be made after direct consultation with the destination STEMI/PCI center (including transmission and review of field ECG, when possible).

Cardiac arrest patients who achieve return of spontaneous circulation (ROSC) should be similarly considered for HEMS transportation to a STEMI/PCI center for advanced care.

HEMS cancellation

1. After EMS personnel arrive and assess the overall situation and patient condition, HEMS may be canceled by the EMS provider who has the highest level of certification at the scene.
2. A HEMS request made by an ALS agency may only be canceled by the same agency.

HEMS assistance with ground transportation

If HEMS arrives on scene and determines the patient does not meet criteria for helicopter transport and weather or aircraft issues preclude safe use of the helicopter for transport, they may request ground transport of that patient. The request for ground transport does not preclude the HEMS crew from boarding the ground ambulance and continuing to provide advanced care.

Reviewed and approved by the Utah State Air Ambulance Committee 9/20/23.