



<b>REGION 11 CHICAGO EMS SYSTEM POLICY</b>	Title: Helicopter Emergency Medical Services (HEMS) Utilization
	Section: Transportation
	Approved: EMS Medical Directors Consortium
	Effective: March 1, 2016

## **HELICOPTER EMERGENCY MEDICAL SERVICES (HEMS) UTILIZATION**

### **I. PURPOSE**

- A. To minimize loss of life and disability by ensuring timely air medical resources for Region 11.
- B. To define the scope in which the Region 11 EMS System will use HEMS for emergency transport of critically injured patients.
- C. To provide for safe and coordinated air medical operations with ground responders and hospital resources.

### **II. POLICY**

#### **A. Availability of HEMS**

- 1. HEMS response shall be made available to critically injured persons in Region 11 whenever it is safe, appropriate, and necessary to optimize the care of the patient.
- 2. The pilot in command of the HEMS aircraft shall have the full authority to abort or decline response to any request for service when mechanical, geographic, weather, or flight conditions might endanger the crew or others.

#### **B. Authorization of HEMS service providers**

- 1. All HEMS operators routinely offering service to or from hospitals located within Region 11 should follow local policies and protocols for patient transport.
- 2. The closest providers include UCAN (University of Chicago Aeromedical Network) and Lifestar Chicago.

#### **C. Medical Crew Requirements**

- 1. All members of a HEMS medical flight crew must meet training requirements and continuing education as defined in the State of Illinois Administrative Code Section 515.940 "Aeromedical Crew Member Training Requirements."

#### **D. Ground Crew Requirements**

- 1. All providers operating in the vicinity of helicopters must be trained in helicopter safety operations.



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2. Any scene requesting HEMS activation shall have an identified Incident Commander to coordinate the response.

#### E. Patient Management

1. Ground patient management should follow Region 11 policies and protocols until care is transferred to the flight crew.
2. Medical control for the flight crew members shall be supplied by the HEMS program's Medical Director.
3. Helicopters that do not have a medical flight crew should not transport patients outside of search and rescue operations.

#### F. HEMS Aircraft Requirements

1. All HEMS aircraft should follow State of Illinois Administrative Code in regards to licensure (515.900, 515.920), medical oversight requirements (515.930), vehicle specifications and operations (515.945), aircraft medical equipment and drugs (515.950).
2. EMS pilot specifications should be in accordance with section 515.935.

#### G. Authorized Landing Sites

1. HEMS aircrafts shall only land at landing sites meeting one of the following criteria:
  - a. Heliports permitted by the Illinois Department of Transportation.
  - b. Emergency helispots (landing zones) near the scene of a multi-casualty incident, disaster, or other critical incident. The Incident Commander (IC) shall designate appropriate landing zones at emergency scenes.

#### H. Communication Policy

1. HEMS should maintain the capacity to communicate with Landing Zone Operations, OLMC, and Receiving Hospital.
2. The designated CFD fire tactical frequency to be used to maintain contact with Landing Zone Operations during an incident will be Ops Channel 8.
  - a. Ops Channel 8 is a simplex local tactical channel, which is limited to the proximity of the incident.



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**III. PROCEDURE**

A. There are two field situations which may potentially require HEMS response:

1. Scene response with a critically injured patient (such as prolonged extrication). Activation criteria must include ALL of the following:
  - a. Patient meeting Level 1 Trauma triage criteria.
  - b. Estimated ground transport time > 25 minutes OR inaccessibility to ground transport.
  - c. Anticipation that the transport time would pose additional risk to life or limb.
2. Multiple victim incident
  - a. Situations involving multiple patients with severe trauma or burns where the closest receiving centers or local EMS resources are overwhelmed.

B. Initiating HEMS Response

1. The ranking EMS Chief may activate HEMS for a scene response involving a critically injured patient meeting all activation criteria.
2. During a multiple victim incident, the Incident Commander is in charge of all emergency operations on scene. The decision to request EMS aircraft is based on both:
  - a. The advice of on-scene ranking EMS Chief in consultation with the Resource Hospital or Regional Hospital Coordinating Center (RHCC); and
  - b. The suitability of the scene for helicopter operations.

C. Requesting HEMS

1. The ranking EMS Chief or Incident Commander on scene identifies the need for air medical transport.
2. The OEMC is contacted with the request for HEMS and provided with the scene information.
3. The OEMC will contact the HEMS agency with the response request.
4. EMS field crews shall not call for HEMS directly.



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**D. Activation**

1. The primary air medical response will be the University of Chicago Aeromedical Network (UCAN).
2. If UCAN is unavailable, the UCAN communications center will immediately call Lifestar to determine their availability and connect the OEMC to their dispatch center.
3. The Incident Commander will be notified of the responding helicopter.

**E. Required HEMS Request Information**

1. The following information must be provided to the OEMC by the Incident Commander (IC) or designee:
  - a. Location of incident: Intersection, landmarks, latitude/longitude
  - b. Location of anticipated landing zone
  - c. Ground contact and designated tactical frequency
  - d. EMS Resource Hospital (medical control of scene)
  - e. Brief (A MINI) patient report (if the situation permits) that includes the following:
    - i. Age of patient(s)
    - ii. Mechanism of injury
    - iii. Injuries (known or suspected)
    - iv. Neurological findings /vital signs
    - v. Intervention (intubation, IVs, etc.)

**F. Mobilization**

1. HEMS will respond within a 15 minute call to arrival time interval. If a 15 minute ETA is not possible, the OEMC will be notified.
2. When HEMS is mobilized, the OEMC will notify the ground crew.

**G. Ground Crew Deployment**

1. For scenes requesting HEMS, the Incident Commander will determine and activate appropriate ground crew deployment.
2. The Incident Commander will coordinate the Landing Zone (LZ) support.
3. The Incident Commander or designee shall communicate with HEMS on Ops Channel 8 once in the proximity of the incident.



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H. Destination

1. Determined by the HEMS crew as the closest appropriate trauma or specialty center that is capable of receiving helicopter transports.
2. The EMS aircraft will contact the receiving hospital with pertinent patient information.

I. Air-to-Ground Communications

1. The OEMC will contact the UCAN Communications center with HEMS request.
2. Landing zone operations to/from EMS aircraft will be by the designated tactical frequency (based on the proximity to the incident) identified by Incident Commander.

J. Standby Request

1. For field situations potentially needing HEMS activation, a 'standby request' can be made. This allows for early determination of aircraft availability, weather check, and a prompt response.
2. The OEMC or Ranking EMS Chief may place HEMS on standby.

K. Quality Improvement

1. Activation of HEMS is a sentinel event and the M.A.R.C. office will notify the Region 11 EMSMD Continuous Quality Improvement (CQI) Committee for case review.