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**C-3 AEROMEDICAL OPERATIONS**

The use of Aeromedical services is recognized as an alternative method of transportation for major trauma, burn and pediatric patients to the most appropriate facility. When requesting the use of Aeromedical, the Incident Commander shall exercise prudent judgement and consider factors such as the danger of helicopter landings and takeoffs in populated areas, the high cost of the service to the patient and if the degree of medical care provided by Aeromedical personnel would significantly change patient outcome.

Patients or guardians ultimately have the right to refuse air transportation.

Aeromedical services may be requested by the Incident Commander under the following circumstances:

- Medication or advanced procedure that may be delivered by Aeromedical and out of the scope of practice of San Diego I.C.U.P. (i.e., airway maintenance, chest tube, cricothyrotomy, needle thoracotomy, paralytics).
- Scenes involving Major Trauma Victims where treatment or transport will be delayed and where this delay may impact patient outcome.
- Multiple casualty scenes where the number of Major Trauma Victims exceeds the capabilities of available land-based providers.

The Incident Commander requesting helicopter emergency care services should provide the following information regarding the incident:

- Number of victims and description of injuries.
- Exact location and map reference.
- Location of nearest landing site.
- Weather conditions.
- Radio frequency of ground contact and unit number.

The helicopter will use the radio frequency assigned to it by the requesting agency at the scene to obtain further patient information and landing site instructions.

In the event of patient care, the Trauma Base Hospital Physician may direct that the patient be turned over to a paramedic unit for transport to the nearest appropriate Trauma Center, as in the instance of multiple casualty situations.

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**C-3 AEROMEDICAL OPERATIONS**SAFETY RULES:

- Full turnout and eye protection shall be utilized during helicopter landings and takeoffs.
- Always approach the helicopter from the front.
- Never approach the helicopter until signaled to do so by the pilot.
- No one is permitted near the tail of the helicopter at any time.
- No smoking
- No running or loose objects within 50 feet of the helicopter.
- Do not assist the Flight Crew in opening or closing the helicopter doors.
- The Flight Crew is responsible for loading and unloading equipment.
- The Flight Crew will direct loading and unloading of patients.
- Crowds must be kept back 200 feet from the helicopter at all times.

LANDING ZONE:

- An area at least 100 feet by 100 feet clear of wires, trees, brush, large rocks, emergency vehicles, signs and loose objects is required. If wind is a factor, a larger area is required.
- At night, a red flare may be placed 75 to 100 feet downwind of the landing zone or a vehicle may be positioned 100 feet downwind of the landing zone with its headlights shining into the wind and illuminating the landing zone.
- The pilot will, under most circumstances, have radio contact with the ground emergency unit.

The pilot will, at all times, be the final authority on determining the appropriateness of the landing site and on all matters concerning the aircraft and safety of the aircraft.

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