



Virginia Beach Department of Emergency Medical Services



OPERATIONS

**AIR AMBULANCE POLICY**

**PURPOSE:** The purpose of this policy is to establish a standard process for activation of Medevac Air Ambulances within the City of Virginia Beach.

**APPLICABILITY:** This policy applies to all members of the Virginia Beach Emergency Response System.

**POLICY STATEMENT:** It shall be the policy of the Department that the response of Air Ambulances to emergency medical scenes shall be closely coordinated to ensure effective resource utilization and operational safety.

**DEFINITIONS:**

**Attendant-in-Charge:** The EMS or Fire member in command of a response vehicle.

**EMS Chief 10:** EMS Shift Commander. Supporting designee EMS Supervisors include, but are not limited to, EMS1/2/3.

**Early Activation:** A medevac provider is requested to respond to a scene prior to arrival of first responders, based on the high index of suspicion that specialty services will be necessary.

**Launch:** A medevac provider is requested to respond to the scene after the arrival and patient assessment by first responders, based on the ground medic's determination that specialty services are necessary.

**Nightingale:** Privately operated air ambulance based at Sentara Norfolk General.

**Standby:** A state of heightened alertness and preparation for a medevac air ambulance regarding a possible mission.

## **AIR AMBULANCE DECISION MAKING – STANDBY**

EMS1/2/3 may order the Standby of a medevac air ambulance based on case comments. This will expedite response should arriving units confirm the need for air transport. Responding units are encouraged to recommend this action to an EMS Supervisor when appropriate.

EMS1/2/3 will notify responding ground crews that an air ambulance has been placed on Standby. Once medical personnel arrive on scene, the Attendant-in-Charge or incident commander shall direct a Launch or cancel the Standby.

## **AIR AMBULANCE DECISION MAKING – EARLY ACTIVATION**

Prior to arrival of ground units, EMS1/2/3 or his designee may launch a medevac air ambulance based on case comments indicating a high likelihood that air ambulance transportation will be necessary. This will expedite response should arriving units confirm the need for air transport.

EMS1/2/3 will notify responding ground crews that an air ambulance has been requested. Once medical personnel arrive on scene, the Attendant-in-Charge or incident commander has the option to cancel the medevac air ambulance if air ambulance transport is not required. If air ambulance transportation services are appropriate, the Incident Commander will initiate landing zone procedures.

## **AIR AMBULANCE DECISION MAKING - LAUNCH**

Whenever an on-scene Attendant-in-Charge determines that medevac air ambulance services are required and an aircraft has not yet been requested, he/she should issue a Launch order to the dispatcher. The landing zone should also be identified. An engine or ladder truck should be dispatched to establish the landing zone. If one is not yet assigned, a tactical channel should also be provided.

## **MEDEVAC DISPATCH PROCESS**

EMS1/2/3 or their designee may facilitate Standby and Launch coordination.

Nightingale activation: EMS1/2/3 will direct the EMS dispatcher to alert Nightingale. Once commitment or non-availability of Nightingale is confirmed, the

dispatcher will advise the requesting officer and the incident commander accordingly. In the event of delays due to dispatcher overload, an EMS Supervisor may contact the Nightingale dispatcher directly via phone.

*Note: If Nightingale turns down the request due to weather, a second agency WILL NOT be contacted. It is acceptable to call an alternate agency if the call is turned down due to maintenance or prior commitment to another call.*

Aircraft dispatchers will be advised the location of the incident, nature of the emergency, patient weight (if known) assigned tactical channel and the designated landing zone officer (if known at time of activation).

## **LANDING ZONE OPERATIONS**

A secure landing zone will be established at the scene. Ideally, an engine company should accomplish this, but other public safety members may establish it. A charged hose line is not required.

Landing zones should be large enough for the helicopter to land and take off safely. While minimum size is 60 ft x 60 ft (daytime) or 100 ft x 100 ft (night time), larger areas that allow longer approach and departure paths are ideal. Consider the need for helicopters to land and take off into the wind whenever possible. Approach and departure paths should be free of obstructions (wires, poles, antennae, trees, etc). Mark the landing zone with lights or cones as feasible. Do not use flares. Spotlights and high beams should not be pointed toward the aircraft or LZ. Medevac air ambulances should be provided a LZ hazard assessment (wires, poles, antennae, trees, etc) by the LZ officer prior to the air ambulance approach to the LZ.

Communications between the air ambulance and the Incident Commander/Landing Zone Coordinator will be conducted on an assigned 800 Mhz tactical channel. This can be the primary incident channel or a channel dedicated solely to air operations at the discretion of the Incident Commander (When more than one air ambulance is assigned, a dedicated air operations channel must be established). The Incident Commander or his designee will notify the EMS Dispatcher when the air ambulance has landed and when it has departed the scene. These times will be recorded in the case comments for data reporting purposes.

No one should approach a helicopter unless escorted by an aircrew member.

Once the patient is packaged and ready to load, Flight Medics may select two or more ground personnel to assist loading. Ground personnel will remain

with the stretcher under the direction of a Flight Medic at all times. Only flight crews may operate patient loading systems and stretcher mounts.

- Loading Nightingale: Nightingale patients are loaded from the rear utilizing a wheeled stretcher provided by the flight crew. This evolution takes place under the tail boom, but is well forward of the tail rotor. No personnel should step behind the bulbous antenna underneath the tail boom. Once loading is complete, a Nightingale crewmember will direct ground personnel away from the aircraft. Movement away should be toward the front of the aircraft.

## **MULTIPLE AIRCRAFT RESPONSE**

When more than one helicopter is requested to the same scene (i.e. both Nightingale and another agency), the EMS dispatcher will advise the individual aircraft dispatchers about the multiple aircraft response, including the assisting aircraft name. Both dispatchers will relay the information to their associated pilots.

A common 800 Mhz tactical channel will be utilized for aircraft-ground communications. The landing zone size should be increased to accommodate all aircraft simultaneously. Once the Landing Zone Coordinator makes initial radio contact with an air ambulance, he/she will verify that the pilot is aware that multiple aircraft are responding to the incident.

## **TRANSPORT**

The attendant-in-charge of the helicopter will determine the most appropriate receiving facility. This information will be relayed to the incident commander. Once airborne, the helicopter crew will shift from the tactical channel back to their primary communications frequencies.

## **CANCELLATION**

The medic responsible for the care of patient on scene has the option of cancelling an air ambulance prior to the aircraft's arrival if he/she later determines that air transport is no longer required. The incident commander will ensure cancellation notification is made via the appropriate dispatcher.

Flight Medics evaluate every patient to determine their suitability for flight. Sometimes patient size or condition may prevent them from flying. When this occurs, the Flight Medic will advise the incident commander and their pilot. Flight Medics may assist with the ground transport when necessary.

## GROUND CREW RESTOCK

Ambulance crews will report to the closest appropriate hospital to restock supplies and obtain any required physician signatures. This may require a EMS supervisor to assist with obtaining replacement medications. Flight crews will assist as feasible.

## NOTIFICATION

The Emergency Communications Center will activate the ESTAFF notification for every Air Ambulance scene flight in Virginia Beach.

## REFERENCES

- Virginia EMS Medevac Best Practices 1.1, 2.1.1 and 2.1.2
- Virginia Office of EMS Regulations 12VAC5-31

This policy shall become effective upon the approval of the Chief of Emergency Medical Services.

## ORDERED:



**03/01/2017**

EMS Chief

Date