

# Washington Township Fire Department Standard Operating Procedure

**Division 200:** Emergency Operations  
**Section 202:** Emergency Medical Services (EMS)  
**Subject 202.09:** EMS Operations - Air Medical Transport  
**Supersedes:** Directive 202.09 dated 5/31/05



## Approved By:

Date: December 1, 2005

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## PURPOSE:

To provide an operational guideline for the use and safety of all personnel and air medical transportation craft.

## RESPONSIBILITY:

Members shall follow the strictest operational guidelines to protect themselves, other personnel, and patients when working near, with, and in air medical transportation craft. Members shall become familiar with and use the provisions of this policy, and refresh themselves as necessary to maintain their effectiveness.

## PROCEDURES:

For purposes of this policy, when referring to air medical transportation, it is intended to mean the use of a specially designed helicopter. Other forms of air medical transportation exist, but at the time of this writing, are not practical for the community environment. Helicopter availability exists as:

CareFlight – Miami Valley Hospital  
AirCare – University of Cincinnati  
LifeFlight – Grant Hospital (Columbus)

Air medical transportation of a patient will be completed when established medical protocol, standing orders, and/or medical control dictates the necessity. Also, such transportation can deliver medical personnel, special equipment, blood, etc., to the patient(s) site in special circumstances. While air medical transportation adds another dimension to the treatment of patients, it shall not be totally relied upon as the only method of transportation/removal. Craft availability, weather, and site conditions are just a few circumstances that can prevent the use of air transportation.

Incident Command procedures shall be implemented at an air medical transportation incident. As soon as the Incident Commander knows the possible or actual need for air medical transportation exists, this fact shall be communicated to the Fire Alarm Operator (FAO). (A responding law enforcement agency may also make the request for air medical transportation.) The FAO will contact the closest available craft to determine their availability and estimated response time. Should the possibility exist for use, the craft will be placed into a standby mode. When in standby mode, the Incident Commander shall communicate as quickly as practical the actual need or cancellation of the craft.

At the time of the request for air medical transportation, the FAO shall provide as much patient information as may be available at that time, as well as known information about the incident location and confirmation of radio communication talk group (see next paragraph). At the time that air medical transportation is requested at the incident, the FAO shall dispatch an additional engine company. This

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apparatus and personnel will be used as command so directs. As soon as practical, the FAO shall complete an alpha-numeric pager transmission, as outlined in the Fire Alarms Manual procedures, to the designated persons.

Radio communications for incidents involving EMS helicopters shall be completed according to the Miami Valley Public Safety Interoperability Plan (the Plan). Communications will normally occur on one of the two designated mutual aid operational talkgroups. If needed, alternative/additional talkgroups will be used according to the Plan. Incidents involving mutual aid response from other departments shall also use the Plan components for incident communications.

During helicopter operations, the Incident Commander shall assure that an adequate number of members have been deployed to establish a safe landing zone (LZ), which should include a person to act as the LZ officer/manager. During un-restricted daylight hours, an LZ at least 75 feet in diameter shall be established. During night and low visibility periods, an LZ at least 100 feet in diameter shall be established. The LZ shall be on firm, smooth, relatively level ground that is free of overhead and ground obstructions (wires, trees, brush, buildings, etc.). An LZ established on sloping ground shall not have a slope greater than ten degrees. Means to illuminate the LZ, as needed, shall be carefully considered before deployment. Items or equipment not properly secured, or of insufficient weight, may become airborne as a helicopter approaches and lands on the ground (see Safety Procedure Bullet Points below).

The LZ officer/manager, shall communicate to the pilot of the air medical transport craft any hazards in the immediate LZ area. At least one person will be deployed to maintain a safety zone around the rear of helicopter type craft. Steps shall be taken to prevent the entry of any un-authorized persons into the LZ. Members shall take steps to protect themselves and others from the effects of helicopter downwash. These steps may include, but are not limited to, donning eye and face protection, facing away from helicopter craft, not using or deploying lightweight articles or objects, holding or securing bags, medical equipment, loose clothing, and protecting patients with appropriate shielding (see Safety Procedure Bullet Points below).

If the helicopter patient treatment crew indicates additional medical assistance is needed in flight during transportation, the Incident Commander may allow an EMT to assist in transport. The member used will be certified as a paramedic, possess the most patient knowledge, and not be from any other on scene apparatus/equipment assignment. When a patient is transported to a hospital where normal patient removals are made, the EMS medic unit, that now has a member of their crew in flight, will proceed to that hospital. The EMS medic unit will re-supply their medic unit and pick up the member that was in flight with the air medical transportation craft. When multiple patients are removed to the same hospital, it will be necessary that only one EMS medic unit proceed to that site to obtain re-supply for all medic units, and pick up all members that accompanied patients during flight.

Strict air medical transportation safety procedures that shall be adhered to at all incidents are:

- To minimize exposure to hazards, the maximum number of EMS members assisting the helicopter crew with patient loading shall be two, unless requested otherwise by the helicopter crew.
- No person shall be allowed to approach a helicopter while the rotor blades are in motion, unless directed to do so by the pilot.

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- No person shall approach a helicopter from the rear or side. Approach a helicopter from the front and remain in full view of the pilot.
- Approach a helicopter from the downhill side of a slope.
- Do not look at a helicopter that is landing or taking off as debris is easily blown by the helicopter downwash and can result in eye injuries and/or inhalation and/or ingestion injuries.
- There shall be no open flames or other obvious sources of ignition (road fusees, smoking, etc.) within 200 feet of a helicopter.
- When working adjacent to or in close proximity to a helicopter, lift nothing any higher than one's head to avoid a rotor striking the item or object.
- No vehicles are to be driven within 30 feet of a helicopter.
- No un-authorized (including civilians) persons are to be allowed within 200 feet of a helicopter during incident operations.

### **References:**

Miami Valley Public Safety Interoperability Plan, SOG 2, 3/1/05