
	Department of Public Safety	
	Standard Operating Guidelines	
	Subject:	Air Ambulance Utilization Guideline
	Section:	Operations
	Guideline Number:	311
	Effective Date:	June 16, 2010
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Signature of Approval:	Charles R. Pruitt Director 	

PURPOSE

Air ambulance services are a valuable, yet limited resource. It is important that Fire Medics use consistent and appropriate criteria for using air ambulance services.

SCOPE

This SOG applies to all operations personnel.

DETERMINATION OF NEED FOR EMS HELICOPTER

An air ambulance should be considered when the use of the helicopter would speed a patient’s arrival to the hospital capable of providing definitive care and this is felt to be significant to the patient’s condition. It shall be the Attendant-In-Charge’s (AIC) job to evaluate and determine the appropriate mode of transportation for the patient.

At no time should a Fire Medic wait on the scene or delay transport waiting for the helicopter to arrive. The helicopter may intercept or rendezvous with the ground ambulance during transport at an alternate landing zone (LZ).

HELICOPTER INTERCEPT / RENDEZVOUS

If the responding air ambulance has a delayed response to the scene, the AIC shall initiate transport by ground. The AIC may elect to meet the helicopter at an alternate LZ.

At no time shall the AIC bypass a hospital to meet an air ambulance without authorization from Medical Control. This includes using the helipad at Riverside Shore Memorial.

CANCELING AN AIR AMBULANCE

The AIC may cancel an air ambulance at any time he/she may no longer deem it necessary. This includes air ambulances that have been “auto-launched” by the dispatch center.