

Objectives

- Identify considerations for requesting aeromedical transportation according to local medical protocol.
- Packaging requirements for aero-medical transports
- List the criteria for requesting a NC National Guard hoist-equipped helicopter for rescue.
- List the capabilities of a NCNG winch equipped UH-60 Blackhawk helicopter, and criteria for packaging a patient for extraction by air.

Objectives

- Demonstrate setting up a safe landing zone (LZ) for day and night landings
- Demonstrate the proper hand signaling techniques, that are used to assist the helicopter pilot with making a safe landing and take-off.

Criteria for determining if a patient is a candidate for aero-medical transport.

- Conduct a good triage.
- What is the mechanism of injury?
- Local hospital equipped and staffed to treat major trauma?
- Time and distance to a trauma center via ground
- Time of day, anticipated traffic conditions, weather conditions.

Criteria For Trauma Center Candidates.

- Transport Time Greater Than 20 Minutes?
- Ratio Between The Number Of Patients
 And The Number Of Ground Transport
 Vehicles.

Candidates for transport by aeromedical helicopter:

- Falls from heights greater than 15'.
- Vehicle rollovers with unbelted passengers.
- Motor vehicle accident with death of another passenger in vehicle.
- Extrication time is greater than 20 minutes.
- Patient is ejected from vehicle.
- Pedestrian is struck by a vehicle at a speed greater than 10 mph.
- Motorcyclist or bicyclist is struck by motor vehicle.

The Indications For Aero-medical Transport

- Patient unresponsive resulting from injury?
- Patient has penetrating injuries with possible neurovascular compromise?
- Impaled object?
- Multiple fractures?
- Blood pressure of less than 90 after initial volume resuscitation?
- Inhalation injuries?
- Severe burns?
- Problems that may delay transport?

The Indications For Aero-medical Transport

- Pediatric multiple trauma?
- Penetrating trauma to head, neck, torso,
- Groin / pelvis or femur area?
- Blunt trauma to chest?
- Traumatic paralysis?
- Amputation near or of the upper or lower extremities?

- Helicopter evacuation requires a coordinated effort between ground crews and flight crews to insure the safety of everyone involved.
- Safety must be the overall goal of any aero-medical transport or helicopter rescue operation.

- All the trauma centers in North Carolina have developed their own (SOGs) for aero-medical helicopter transport.
- Eight (8) trauma centers providing aeromedical transport across the state.
- Review your local Aero-medical helo SOG's.

Requesting Aero-medical Transportation

- Which agencies that have the authority to request aeromedical transport?
- Emergency communications centers.
- Emergency Medical Service personnel.
- Rescue Squad personnel.
- Fire Department personnel.
- Law Enforcement personnel.

- Information That Will Be Requested By The Flight Communications Center
- Name of requesting agency or personnel.
- Patient's name, age and weight.
- Location of incident scene and nearest landing zone (LZ).
- Street, intersection, a landmark, or map grid coordinates.
- Radio frequencies and Unit ID numbers for contact of on-scene units.

Information that will be requested by the flight communications center

- Description Of The Incident
- Number Of Pt.'S
- Condition Of Patients.
- Scene Hazards
 - Power Lines
 - Weather
 - Elevated Structures
 - Terrain Features
- Need For Specialized Equipment Or Physician

Packaging A Patient; Prior to Transport

- The patient will be packaged in accordance with guidelines established by the responding agency.
 - Stabilize by using the ABCs.
 - Control major bleeding.
 - Stabilize spinal injuries.
 - Splint fractures.
 - Restrain as needed.
 - Maintain body temperature.
- Use of MAST trousers and the protocols of the aeromedical units reference their use. (Pressure changes with altitude.



Sizes of Landing Zones

- Vary widely with the area of the state that this program is being taught in.
- Requirements are dependent upon the type and size of the helicopter being used at a particular time.
- One LZ can be used for multiple aircraft.

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- 100'x 100' for aeromedical Daytime
- 100'x 200' for aeromedical Nighttime
- 200' x 200' for NCNG Blackhawks Day & Night

Setting Up A Safe Landing Zone

- NO ROAD FLARES or CONES!!!!
- Location of LZ.
- Aeromedical LZ's:
- Surface conditions of LZ.
- Type of terrain.
- Lighting requirements.
- Degree of slope for type of helicopter No more than 10 degree slope.
- Proper clearance for approach and departure routes.

Approach Zones & Safety

- Safety rules for working around a helicopter.
 - Always remain in the pilots view.
 - Never approach a helicopter from the rear.
 - No hats or ball caps unless secured by strap.
 - Never hold IV bags above head with rotors turning.
 - Always approach and depart from the downhill side.
 - No smoking within 100 feet of the helicopter.
 - Always provide victim's face with cover when rotors are turning.

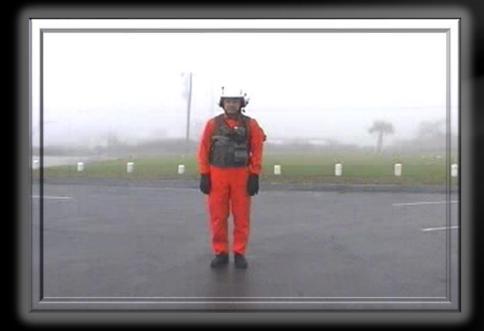
Safety Rules For Helicopter Landings

- Proper placement of lighting for nighttime operations.
- Proper placement of emergency equipment and personnel.
- Establish communications with helicopter by hand or radio if possible.

 NEVER ALLOW ANY LIGHTS TO SHINE TOWARD AN OPERATING HELICOPTER, ON THE GROUND OR IN THE AIR. Size of a landing zone will be dependent upon the size and type of helicopter.

 This makes it imperative that the local aeromedical and NCNG units be consulted to see what the minimums are for their craft.

- Generic hand signals used for assisting helicopters to land. (Least Preferred Method)
- Land here, my back is into the wind.
- Wave off, do not land.





- Most pilots flying hospital-based helicopters prefer not to depend on hand signals for landings and take-offs.
- Instead they depend on radio communications.
- There are times when hand signals may be the only alternative.
- During military aircraft use, hand signals should be discussed with the aircrew during a preincident briefing.

Landing Zone Needs

- A flat, preferably paved surface.
- Four vehicles equipped with emergency beacons positioned at each corner of the LZ.
- The use of low-beam headlights by two of the vehicles on the downwind side of the LZ, positioned so that the beams intersect in the middle of the LZ.

- Landing lights positioned at each corner of the LZ.
- Road flares positioned at each corner of the LZ.
 This is not a recommended practice and should only be considered as a last resort, due to the possibility of fire in brushy terrain.