Maryland Institute for EMS Systems and the Maryland State Police Aviation Command

Expediting Helicopter Dispatch for Scene Medevac Response

The following guidance is the result of system-wide cooperative efforts to streamline and expedite the process of requesting scene medevac response in Maryland. It is provided from the perspective of each of the prehospital participants in our statewide EMS System.

From the perspective of the EMS Scene Responder:

1. All requests for scene medevac must be made through SYSCOM.
   You must provide the following information to your dispatch, for them to relay to SYSCOM:
   -Number of patients
   -Patient priority and category

2. Notify your dispatch to request medevac response as soon as you determine it is indicated, even if medical consultation is necessary. Although consultation approval is required for Category C/D patients and Specialty patients, (see Maryland Medical Protocols), SYSCOM will still notify the closest appropriate aircraft to begin essential tasks necessary for launch while awaiting the consultation decision.

3. Provide a consulting Trauma/Specialty Center with the estimated ground transport time for Category C/D and Specialty patients. Consultation will determine destination and mode of transport.

4. If a helicopter has been dispatched based on 911/Public Safety information prior to your arrival, quickly assess the patient and determine the need for air transport. Cancel the response if not needed. Medical consultation will still be required for air transport approval if the Patient is Category C or D.

From the perspective of the PSAP:

1. All requests for scene medevac must be made through SYSCOM.

2. Initial information needed by SYSCOM when EMS Responders are on-scene:
   a. PSAP and Operator Name
   b. Incident location
   c. Geocoding reference (ADC and/or Latitude/Longitude)
   d. Incident type

e. Number of patients
f. Patient priority and category
g. Remaining data can be collected while dispatch is occurring (See Appendix A)

3. A PSAP Operator may use information obtained from a 911 caller or a non-EMS Public Safety Officer to request helicopter dispatch prior to EMS Responder arrival when:
   -Mechanism is Trauma, **AND**
   -Incident is in a location where medevac would normally be needed, **AND**
   one of the following is present:
   -An Emergency Medical Dispatch determinant listed in Appendix B or when the patient is otherwise determined to have one or more of the following:
   -Unconsciousness
   -Ineffective breathing
   -Gunshot or stab wound to the head, neck, torso, shoulder, or groin
   -Complete amputation of hand, arm, foot, or leg

4. Initial information needed by SYSCOM with no EMS Responders on-scene:
   a. PSAP and Operator Name
   b. Incident location
   c. Geocoding reference (ADC and/or Latitude/Longitude)
   d. Incident type
   e. Number of patients
   f. EMD determinant and card number
   g. Remaining data can be collected while dispatch is occurring (See Appendix A)

5. Once EMS Providers arrive on scene, confirm whether helicopter transport is needed, and update SYSCOM.

From the perspective of SYSCOM:

1. SYSCOM personnel should use judgment in determining whether the patient meets criteria for trauma Category A or B regardless of whether the caller specifically refers to those categories.

2. For Category C and D requests, SYSCOM will notify the closest appropriate aircraft to begin essential tasks necessary for launch while awaiting the consultation decision.

3. When honoring a PSAP request for dispatch prior to EMS arrival, SYSCOM will notify the involved PSAP to direct EMS Responders to confirm as soon as possible whether medevac is needed. Category C and D patients will still require medical consultation before helicopter transport.

From the perspective of the flight crew:

1. When dispatched by SYSCOM for a category A or B patient, the flight crew will perform the essential tasks necessary for launch and respond.

2. When informed by SYSCOM of a pending request for a category C or D patient, the flight crew will begin the essential tasks necessary for launch while awaiting the medical consultation decision.

3. When dispatched prior to arrival of EMS on-scene, the flight crew will request that ground EMS Responders perform medical consultation for a category C or D patient while the aircraft is enroute if approval has not yet been obtained.

Appendix A: Medevac Data Request Form

(Taken from 2010 Maryland Medical Protocols, pg. 198-3)

1	Identify Call Origin & Operator ID
2	Identify Request Type: **Medevac, Search & Rescue, Airborne Law Enforcement**
3	Jurisdictional Incident Number & 911 Dispatch Time

Medevac Dispatch

1	Incident Type
2	Incident Location: Community & Site
3	Landing Zone
4	ADC Map Page/Grid OR Lat/Lon
5	Primary Condition
6	Severity, Category & Priority
7	Adult or Pediatric or Estimated Age?
8	Multiple Patients?
9	ALS Unit & LZ Contact Info
10	Additional Relevant Information

Search & Rescue Dispatch

1	Incident Type
2	Incident Location: Community & Site
3	ADC Map Grid OR Lat/Lon Info for LZ
4	Primary Target Description
5	Time Last Observed
6	Ground Contact Unit
7	Additional Relevant Information

Airborne Law Enforcement Dispatch

1	Incident Type:
2	Incident Location: Community & Site
3	ADC Map Grid OR Lat/Lon Info for LZ
4	Primary Target
5	Time Last Observed
6	Ground Contact Unit
7	Additional Relevant Information

Appendix B: EMD Determinants for Consideration of Early Helicopter Dispatch

Dispatch Card Number	Dispatch Card Name	Determinant
0	Case Entry Card	Patient unconscious, **or** Absent or ineffective breathing
3	Animal Bites/Attacks	D 1 - Unconscious D 3 - Chest or Neck injury (with difficulty breathing)
4	Assault/Sexual Assault	D 1 - Unconscious D 3 - Chest or Neck injury (with difficulty breathing)
7	Burns/Explosions	D 2 - Unconscious D 3 - Not alert D 4 – Difficulty speaking between breaths
15	Electrocution/Lightning	D 1 - Unconscious D 4 - Extreme fall (≥30ft/10m) D 5 - Long fall D 6 - Not alert D 7 - Abnormal breathing
17	Falls	D 1 - Extreme fall (≥30ft/10m) D 2 - Unconscious D 4 - Chest or Neck injury (with difficulty breathing)
27	Stab/Gunshot/Penetrating Trauma	D 1 - Unconscious D 3 - Central wounds
30	Traumatic Injuries	D 1 - Unconscious D 3 - Chest or Neck injury (with difficulty breathing)