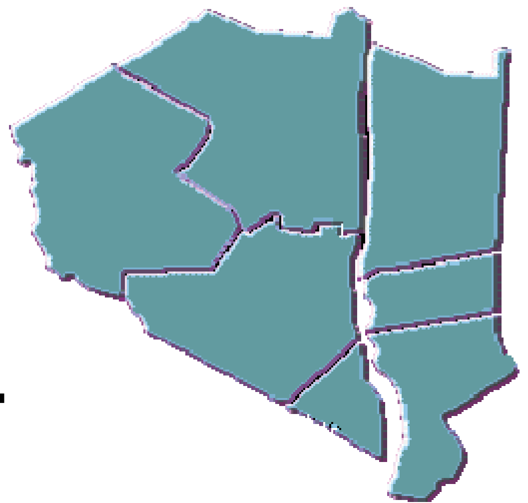

Regional Air Medical Service (AMS) Utilization Guidelines

For all first responders and EMS agencies in the Hudson Valley & Westchester EMS Regions

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INTRODUCTION

This document was created by the Hudson Valley – Westchester Helicopter Committee, an inter-regional advisory group established by the Hudson Valley and Westchester Regional EMS Councils and the local Air Medical Services (AMS). Its purpose is to serve as a guide for all emergency service agencies – law enforcement, fire departments and EMS – in the lower seven counties of the Hudson River Valley (geographically north to south, west to east) – Sullivan, Ulster, Dutchess, Orange, Putnam, Rockland, and Westchester. In today's environment of increasingly scarce EMS resources, appropriate use of air-medical services is of the utmost importance. Adherence to the practices included in this handbook will help to ensure that the proper resources are provided to the right patients at the right time while maintaining safe and efficient EMS operations.

CRITERIA FOR EMS REQUESTING AIR MEDICAL SERVICES

Air Medical Services (AMS), like Helicopter Transport, is an air ambulance and an extension of EMS. It should be considered in situations wherein:

1. The transport of critically ill or injured patient(s) to an appropriate facility will be faster by AMS than by ground ambulance, if time is determined to be a factor in patient care.
2. If specialized services offered by the AMS would benefit the patient(s) prior to arrival at the hospital.

The following criteria should be used when considering use of AMS:

- The patient's condition is a "life or limb" threatening situation demanding intensive multidisciplinary treatment and care. This may include but not be limited to:
    - Patients with ***physical findings*** defined in the adult and pediatric major trauma protocols[1]
    - Critical burn patients
    - Critically ill medical patients requiring care at a specialized center to include, but not be limited to: acute stroke or ST elevation MI as defined by NYS protocol

  NOTE: *Patients in cardiac arrest who are not hypothermic should be excluded from these criteria.*

Police, Fire, or EMS will evaluate the situation or condition and if necessary, request that AMS be dispatched. This is done anywhere in the region by radio with the **appropriate** County Communication Center (ECC).[2]

AMS can be requested to respond to the scene when:

a. ALS personnel request air medical transport.

OR

b. BLS personnel request air medical transport when ALS is delayed or unavailable.

OR

c. In the absence of an EMS provider, any emergency agency may request AMS

[1] See "**MEDICAL ALGORITHM FOR AMS TRANSPORT**"

[2] See **APPENDIX A**

I M P O R T A N T

When EMS arrives, they should assess the scene. If it is later determined by the **HIGHEST TRAINED EMS PROVIDER** on the scene that the AMS is not needed, it must be cancelled as soon as possible.

If an AMS crew is already on the scene, the **ONLY** agency that may cancel any additional AMS resources is the AMS agency on the scene.

AN EMS SERVICE SHOULD NOT WAIT ON THE SCENE OR DELAY TRANSPORT WAITING FOR AMS TO ARRIVE. If the patient is packaged and ready for transport, the EMS service should initiate transport to the hospital. If possible, a landing zone will be reassigned and AMS directed to intercept with an ambulance during transport at an alternate-landing site.

ESTIMATED TIME OF ARRIVAL (ETA) Vs ACTUAL TIME OF ARRIVAL (ATA)

Upon request for air medical transport, the dispatch center will issue an **Estimated Time of Arrival (ETA)** based upon operational startup of the aircraft and travel time from point of origin to the call scene. If the ETA provided by the dispatch center is greater than the time needed to secure and transport the patient to the **nearest appropriate hospital**[3] by ground ambulance**, TRANSPORT SHOULD BE COMPLETED BY GROUND AMBULANCE.**

Once a helicopter is airborne, the pilot will use the aircraft's onboard computer to calculate a more accurate ETA based upon a global positioning system (GPS) coordinates and wind conditions. The crew will attempt to communicate this updated ETA to the scene personnel. In the event that contact cannot be made, the dispatch center will be requested to regain radio communications with the ground units and provide them the updated ETA. If the updated ETA provided by the helicopter crew or dispatch center is greater than the time needed to secure and transport the patient to the **nearest appropriate hospital**[4] by ground ambulance**, TRANSPORT SHOULD BE COMPLETED BY GROUND AMBULANCE.**

The **Actual Time of Arrival (ATA)** is when the helicopter has reached the location of the scene (at high orbit.) All communications and times should be recorded by scene personnel for their records, especially when care of the patient was transferred to the air medical personnel.

OPERATIONAL CRITERIA FOR HELICOPTER TRANSPORT

The following operational criteria **MUST** be met prior to requesting a helicopter for direct pickup of patients:

1. Ground transportation to the appropriate critical care facility will exceed **thirty (30) minutes**.
2. The helicopter can be airborne and return to the **nearest appropriate**[5] hospital faster than an ambulance can transport the patient(s) to the **nearest appropriate** hospital.
3. A proper helicopter-landing site is available.[6]

[3] See **APPENDIX C**
[4] See **APPENDIX C**.
[5] See **APPENDIX C**.

Appropriate utilization of helicopter resources at an emergency scene includes, but is not limited to:

1. A patient's condition warrants transportation to a specialty care facility as indicated by specific State or Regional Protocols and the helicopter can complete such transportation faster than ground transportation.
2. A Multiple Casualty Incident (MCI) threatens to overload local capabilities.
3. Ground transportation is compromised.
4. Difficult access situations such as wilderness rescue, ambulance access or egress impeded at the scene by road conditions, weather or traffic, or other situations cleared by the flight team.

Ground providers should notify dispatch if more than one patient requires air transport. If available, one helicopter will be dispatched per critical patient requiring air transport.

Note: *Patients in cardiac arrest* ***WILL NOT*** *be transported by helicopter - unless a situation exists where air transport would be faster than ground transport to the* ***nearest*** *hospital.*

MEDICAL CRITERIA FOR AMS TRANSPORT

The following medical criteria **MUST** be met prior to requesting AMS at a scene of patients:

ADULT MAJOR TRAUMA

1. GCS less than or equal to 13
2. Respiratory Rate <10 or >29 breaths per minute
3. Pulse rate < 50 or > 120 beats per minute
4. Systolic blood pressure < 90mmHg
5. Penetrating injuries to head, neck, torso or proximal extremities
6. Two or more suspected proximal long bone fractures
7. Suspected flail chest
8. Suspected spinal cord injury or limb paralysis
9. Amputation (except digits)
10. Suspected pelvic fracture
11. Open or depressed skull fracture

[6] See **Landing Zone Criteria**

PEDIATRIC MAJOR TRAUMA

1. Pulse greater than normal range for patient's age
2. Systolic blood pressure below normal range
3. Respiratory status inadequate (central cyanosis, respiratory rate low for the child's age, capillary refill time > 2 seconds)
4. Glasgow coma scale < 14
5. Penetrating injuries of the trunk, head, neck, chest, abdomen or groin.
6. Two or more proximal long bone fractures
7. Flail chest
8. Combined system trauma that involves two or more body systems, injuries or major blunt trauma to the chest or abdomen
9. Spinal cord injury or limb paralysis
10. Amputation (except digits)

CRITICAL BURNS**

1. **>** 20% Body Surface Area (BSA)
2. 2nd (Partial thickness) or 3rd (Full thickness) degree burns
3. Evidence of airway / facial burns
4. Circumferential extremity burns

Note that for patients with burns and coexisting trauma, the traumatic injury should be considered the first priority and the patient should be triaged to the closest appropriate trauma center for initial stabilization.

Per the NYS BLS Protocols, if a patient does not meet the above criteria for Adult Major Trauma, but has sustained an injury and has one or more of the following criteria, they are considered a "High Risk Patient":

- Prone to bleeding disorders (i.e. hemophilia, taking anticoagulants)
- History of cardiac and/or respiratory distress disease
- Insulin dependent diabetes, cirrhosis, or morbid obesity
- Immunosupressed patients (i.e. HIV disease, history of organ transplants or taking chemotherapy treatment)
- Age >55

In these circumstances EMS should consider transportation to an area or regional trauma center and/or contacting medical control. For additional transport directives, please see **Appropriate Facility Transport Algorithms** found in Appendix C.

> ***NOTE:*** *Traumatic cardiac arrest and patients with an unmanageable airway will be transported to the* ***closest appropriate hospital***[7]***.***

WEATHER CONDITIONS

AMS agencies abide by strict weather minimums to ensure the safety of their flight team and the patient. However, ground emergency service personnel generally underestimate the aircraft's flight abilities during inclement weather. Aircraft, such as helicopters, are capable of safe flight through mild to moderate rain, snow and winds.

Weather requirements are primarily based upon the following indicators:

- CEILING: Height of the clouds above the ground.
- VISIBILITY: Distance visible in front of the aircraft.

Also, the "LOCAL" flying area encompasses the lower seven counties of the Hudson River Valley (geographically north to south, west to east) – Sullivan, Ulster, Dutchess, Orange, Putnam, Rockland, and Westchester. (Anything outside of this area would be considered "CROSS-COUNTRY"). Atmospheric conditions on scene may be quite different than those at the dispatch point of the aircraft.

> ***NOTE:*** *For all of these reasons, emergency service personnel at the scene are encouraged* ***NOT*** *to make weather decisions on their own.*

If the air transport of a patient is being considered, ground emergency services should contact the appropriate County ECC who will advise whether or not the air medical transportation service is available.[8]

DISPATCH CENTER STAND-BY CRITERIA

A "STAND-BY" procedure may be requested by **any local dispatch center** to the appropriate County ECC[9] based upon the report of the following:

- Gas or other type explosion
- Severe burn injury
- Head-on or "T-Bone" collision of motor vehicles
- Motor vehicle crash involving an all terrain vehicle (ATV), motorcycle, ejection of passenger, or pedestrian struck.
- Any incident with the potential of producing mass casualties

Under these circumstances:

1. The appropriate County ECC will contact the AIR MEDICAL dispatch center to have the air medical crew "STAND-BY".

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[7] See **APPENDIX C**
[8] See **APPENDIX D**
[9] See **APPENDIX A**

2. Responding EMS crews will be advised that a “STAND-BY” has been requested by the ECC.
3. Once EMS have arrived and assessed the need for AMS, a determination to launch or cancel the assigned AMS agency will be made by the highest trained EMS provider on the scene.
4. As soon as it is determined from the scene that AMS are or are not needed, the requesting County ECC shall notify the AIR MEDICAL dispatch center.

AMS (HELICOPTER) AUTO-LAUNCH PROGRAM

Due to the size of the area covered in the lower Hudson River Valley by AMS, and the increased flight times needed to reach locations at its farthest boarders, an “Auto-Launch” procedure will be used based upon the following:

1. Upon request to place AMS on “STAND-BY”, the AIR MEDICAL dispatch center will determine the estimated distance (in miles) from the assigned AMS unit to the incident scene;
2. If it is determined that the incident scene is **greater than 25 miles** away from the assigned AMS unit, the AIR MEDICAL dispatch center will automatically dispatch the unit to the scene;

   NOTE: *If the incident is **greater than 50 miles** from the dispatched AMS unit’s location, the helicopter **WILL NOT** be auto-launched but handled through normal “Stand-by” procedures.*

3. The AIR MEDICAL dispatch center will then notify the requesting County ECC of the Auto-Launch status;
4. As soon as it is determined from the scene that AMS are or are not needed, the requesting County ECC shall notify the AIR MEDICAL dispatch center;
5. If for any reason the AMS unit arrives prior to this decision being made by the requesting agency, the AMS unit will remain in the vicinity of the scene until the request to have the unit land is confirmed either with the AIR MEDICAL dispatch center or directly with the requesting agency, or upon notification that the unit has been cancelled;
6. As soon as it is determined from the scene that an AMS unit **will** be utilized, the requesting County ECC shall notify the AIR MEDICAL dispatch center of the utilization request and the unit will be advised to proceed to the landing zone under standard AMS request procedures.

LANDING ZONES

The landing zone (LZ) is an area intended for the purpose of landing and taking off in the most commonly used AMS aircraft, a helicopter. The preparation of an LZ is one of the primary functions of the ground personnel. Proper preparation is essential to the safe operation of an air-medical mission.

The LZ should be adjacent to the scene to avoid the need for intermediate transport that could prolong a patient's prehospital time. A helicopter should be as close to the scene as possible and practical.

When a hospital's helipad is determined to be the most appropriate landing zone to effectuate field transfer of a patient from EMS to AMS, notification shall be made from the County ECC to the hospital as soon as possible.

LZ Criteria

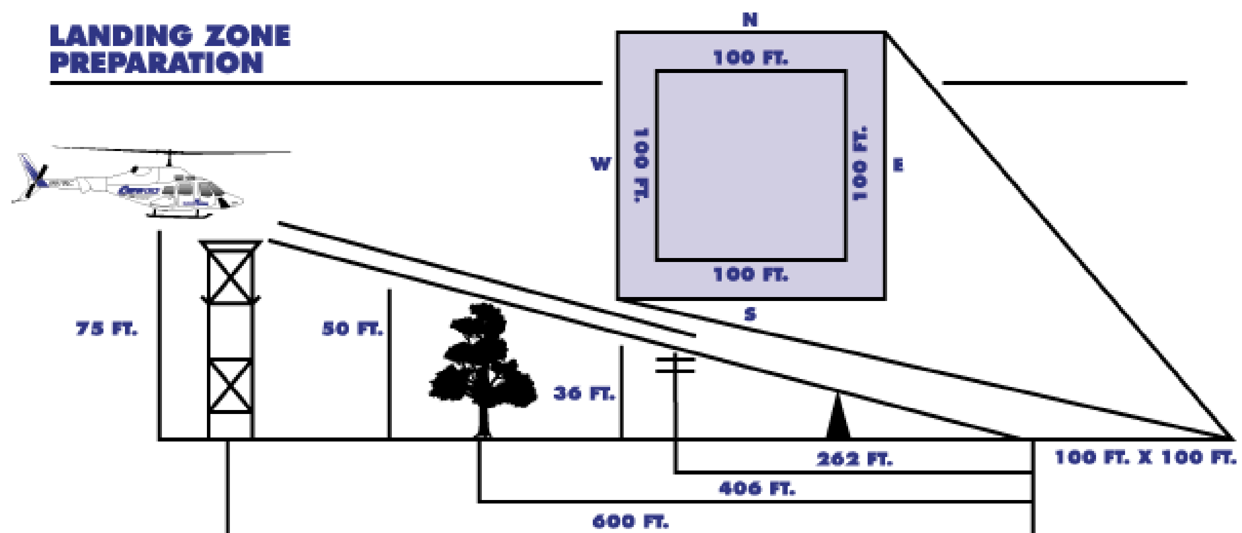
The minimum area of the LZ should not change:

MINIMUM LANDING ZONE AREA	
Length	100 feet
Width	100 feet

Although past local practice has been to allow for a smaller LZ during the day, due to the possibility of requesting AMS from other neighboring areas with larger airships, having one uniform size is preferable.

An LZ must also be:

- Free of overhanging obstructions.
- Generally level. (Slope should not be greater than 5 degrees)
- On a firm surface. (If unpaved, shrubs, brush, grass or weeds should be less than 24 inches in height.)



Marking the LZ

Mark the four corners of the LZ. The use of flares for marking the LZ is discouraged because of the inherent fire risk. The preferred means of LZ marking is by placement of orange traffic

cones at each corner. For night operations, a flashlight can be placed in each cone for illumination. The cones will likely blow over as the aircraft makes its final approach into the LZ. This occurrence should not concern the ground providers, as the cones are not light enough to be blown airborne into the rotor system.

RADIO CONTACT

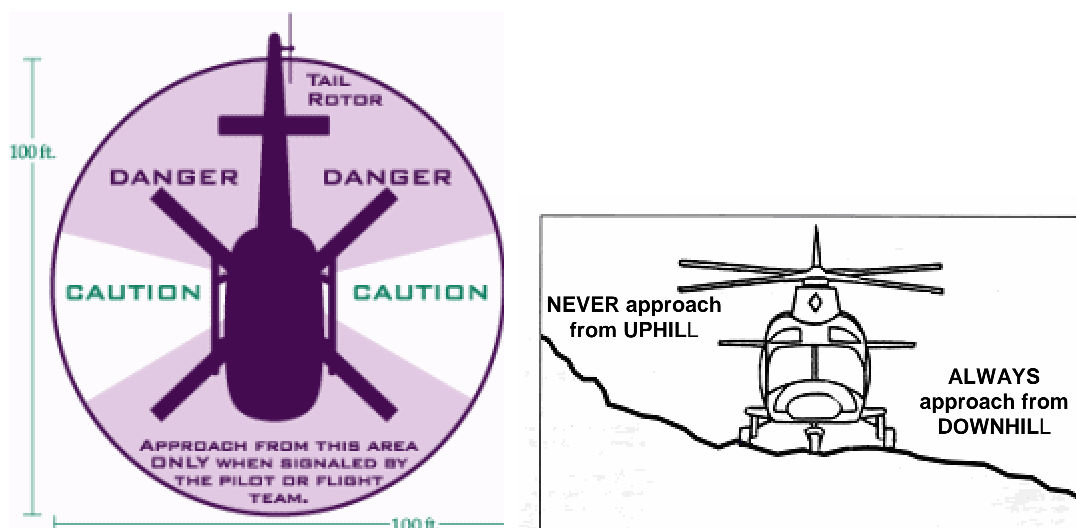
As the flight team approaches the LZ, they will contact you on your own radio frequency. When radio contact is made, it is imperative that the flight crew communicates with the Landing Zone Officer, the one person assigned to establish and secure the landing zone. The LZ Officer should describe the LZ, any hazards in the area, wind direction, condition of the touchdown surface, and security information *(i.e. crowd is secured and traffic is stopped).*

> ***NOTE:*** *Pay special attention to looking for overhead wires and reporting their location to the pilot when the helicopter arrives overhead.*

POST-LANDING OPERATIONS & PATIENT LOADING

Once a helicopter has landed, the following should be observed:

- Assure that no one approaches the helicopter or enters the LZ unless directed to do so by the flight team.
- Never allow a vehicle to drive up to the helicopter.
- If you are directed to approach the helicopter by the flight team, **NEVER** approach the rear of the helicopter, only approach from the front. The tail rotors are invisible when spinning. *(**See diagrams**)*



Assisting In Loading The Patient

The flight team will ask for four (4) responders to assist in carrying and loading the stretcher into the aircraft after the patient has been prepared. Follow the flight team's direction when carrying the patient toward the aircraft. Please do not allow more than four (4) responders to assist in the carry unless directed to by the flight team. Once the patient has been loaded into the rear of

the helicopter, exit the LZ by the same direction that you used to enter. Never attempt to operate any of the aircraft doors or the stretcher-securing device.

Patient "HOT" Off-Loading

When a patient is off loaded from the aircraft while the rotors are turning and engines remain running, it is classified as a "HOT" off-load and requires the following:

1. Aircraft medical crew determine that a "HOT" off-load will be necessary;
2. Notification is made to the AIR MEDICAL dispatch center from the medical crew that a "HOT" off load will be necessary;
3. AIR MEDICAL dispatch center will alert the receiving hospital Emergency Department of the aircraft's "HOT" off load status;
4. A member of the aircraft crew or medical team must be in position at the tail rotor prior to hospital personnel approaching the aircraft.

A patient may be "HOT" off-loaded for the following reasons:

1. Patient with failed airway
2. Patient in extremis
3. Adverse weather consideration
4. Pending mission.
5. All scene calls arriving at Westchester Medical Center's ER Heli-stop

REPORTING INCIDENTS

Note: *The New York State Department of Health Bureau of EMS (NYSDOH BEMS) mandates specific incident reporting responsibilities and requirements for all EMS services. Incidents identified must be reported as indicated in NYCCRR, Part 800, Section 21(q) 1-5 and Section 21(r), Part 80, 80.136 (k), NYSDOH BEMS Policy Statement 98-11, as well as other applicable state and regional policies and procedures.*

Regional complaints or concerns involving AMS may be made by a patient, the public, participating organizations or individual providers. All such complaints or concerns should be brought to the attention of the Executive Director of the appropriate Regional EMS Council.[10]

Appropriate grounds for Regional AMS complaints or concerns include:

1. Deviation from accepted standards. (e.g. protocols, advisories, policies, procedures, equipment and medication schedules).

   Note: *Especially those practices specifically related to air medical operations such as the provision of accurate ETA information so that appropriate patient transportation decisions may be made by ground crews.*

2. Unprofessional conduct (Including but not limited to: disrespect towards patients, families, fellow providers, intoxication while on duty, breaking patient confidentiality, etc.)

[10] See **APPENDIX E**

3. Practicing without proper NYS or Regional certification
4. Immoral or indecent behavior
5. Fraud, falsification of records, unauthorized possession or misappropriation of property
6. Insubordination (The scope of which rose to a level that threatened patient care and/or patient or provider safety.)

In order to handle complaints or concerns regarding the delivery of emergency air-medical services, the following procedure has been established. Additionally, all deviations from or complications to effective transfer of care from ground EMS to AMS will be reported to the Regional Helicopter Committee for evaluation[11]:

Complaints or concerns will be handled by the following process:

1. Complaint or concern is brought to the attention of the Executive Director of the appropriate Regional EMS Council, who may request written documentation of the complaint or concern.[12]
2. Executive Director confers with the appropriate authorized representative of the involved organization(s) and, if applicable, the EMS Provider(s), Nurse(s) or Physician(s) identified in the complaint.
3. The Executive Director sends written notification of the alleged infraction to the Regional Medical Director, the Regional Helicopter Committee, and the appropriate authorized representative of the involved organization(s).
4. The alleged infraction will be brought before the Regional Helicopter Committee for investigation and discussion. The Regional Helicopter Committee will report back to the appropriate Regional Executive Director its findings and suggested corrections.
5. Based upon the complaint and the report from the Regional Helicopter Committee, the Executive Director in conjunction with the Regional Medical Director may choose any of the following options:
    a. Decide the complaint or concern is unwarranted, and report the matter concluded to the Regional Emergency Medical Advisory Committee (REMAC).
    b. Decide the complaint or concern is warranted, and refers the matter to the Evaluation Committee of the REMAC.
    c. Decide the complaint or concern is warranted, resolved by discussion amongst, Executive Director, Regional Medical Director, Evaluation Committee Chairperson, party making complaint, and involved individual / agency.
    d. If there is a serious infraction, the Executive Director may confer immediately with the Regional Medical Director, and Evaluation Sub-Committee Chairperson, then hold a meeting of same with the named party and one representative of his/her organization. The Regional Medical Director, in conjunction with the Executive Director and Chairman of the Evaluation Sub-Committee, may suspend the named *party's Regional credentials, if applicable.* The Evaluation Sub-Committee will meet within fourteen (14) days to issue a formal finding.

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[11]See **APPENDIX E**
[12] See **APPENDIX E**

6. If the credentials of any agency have been suspended, all Medical Control Hospitals, EMS agencies, and Emergency Communication Centers (ECC) will be notified in writing of the party's suspension. Only the Executive Director will notify the same in writing when the party has been reinstated.
7. If the credentials of an individual have been suspended, all Medical Control Hospital and EMS agencies will be notified in writing of the party's suspension. Only the Executive Director will notify the same in writing when the party has been reinstated.
8. The Evaluation Sub-Committee will review, at their next scheduled meeting, complaints processed through steps 4 A-C above.
9. In cases where it is the consensus of opinion of the Evaluation Sub-Committee that no follow-up action is warranted, the Chairman of the Evaluation Sub-Committee, or the Regional Medical Director, shall communicate that opinion in writing, to the complainant, the named party, and the named party's supervisor at his/her field agency or organization.

APPENDIX A – COUNTY EMERGENCY COMMUNICATION CENTERS (ECC)

NOTE: *Requests for air medical transport should be made through the appropriate County ECC. This allows for coordinated use of resources, prevents duplicate requests for the same scene, and provides for better overall management of local emergency assets.*

County	ECC Designation	Radio Frequency (MHz)	Emergency Phone
Dutchess	Dutchess 911	Tx 465.450 / Rx 460.450 (PL 114.8) - *F-15* (Field Ops. Duplex) Tx / Rx 460.450 (PL 114.8) - *F-16* (Field Ops. Simplex)	(845) 471-1414
Orange	36 Control	Rx 46.160 (PL 123.0) - *F-1* (Control-to-Mobile) Tx 46.220 (PL 123.0) - *F-1* (Mobile-to-Control)	(845) 469-4911
Putnam	Putnam 911	Tx / Rx 46.38 (PL 123.0) - *F-1* (Dispatch) Rx. 46.44 (PL 127.3) - *F-5* (Control-to-Mobile) Tx. 46.54 (PL 127.3) - *F-5* (Mobile-to-Control)	(845) 225-4860.
Rockland	44 Control	Tx / Rx 46.18 (PL 131.8) - *F-1* (Dispatch/Operations)	(845) 354-9000
Sullivan	53 Control	Tx / Rx 46.10 (CSQ) (Countywide Dispatch)	(845) 583-7100
Ulster	Ulster 911	Tx. 46.34 / Rx. 46.46 (PL 114.8) - *F-1* (Mobile to Control) Tx / Rx 46.46 (PL 114.8) - *F-2* (Mobile to Mobile) Tx / Rx 46.28 (PL 114.8) - *F-4* (Often assigned for air operations) Tx / Rx 46.32 (PL 114.8) - *F-5* (Also often assigned for air operations)	(845) 338-1440
Westchester	60 Control	Tx / Rx 46.26 (CSQ) (Dispatch/Operations) Tx / Rx 46.14 (CSQ) (Command)	(914) 231-1900

APPENDIX B – 911 RECEIVING HOSPITALS BY COUNTY

Legend: **(For 24hr Emergency Services)**

Burn Center	BRN
Helipad	HP
Hyperbaric Medicine	HB
Level 1 (Regional) Trauma Center	RTC
Level 2 (Area) Trauma Center	ATC
Neonatal Intensive Care	NIC
Obstetrical Intensive Care	OB
Pediatric Intensive Care	PED
Re-Implantation	RI

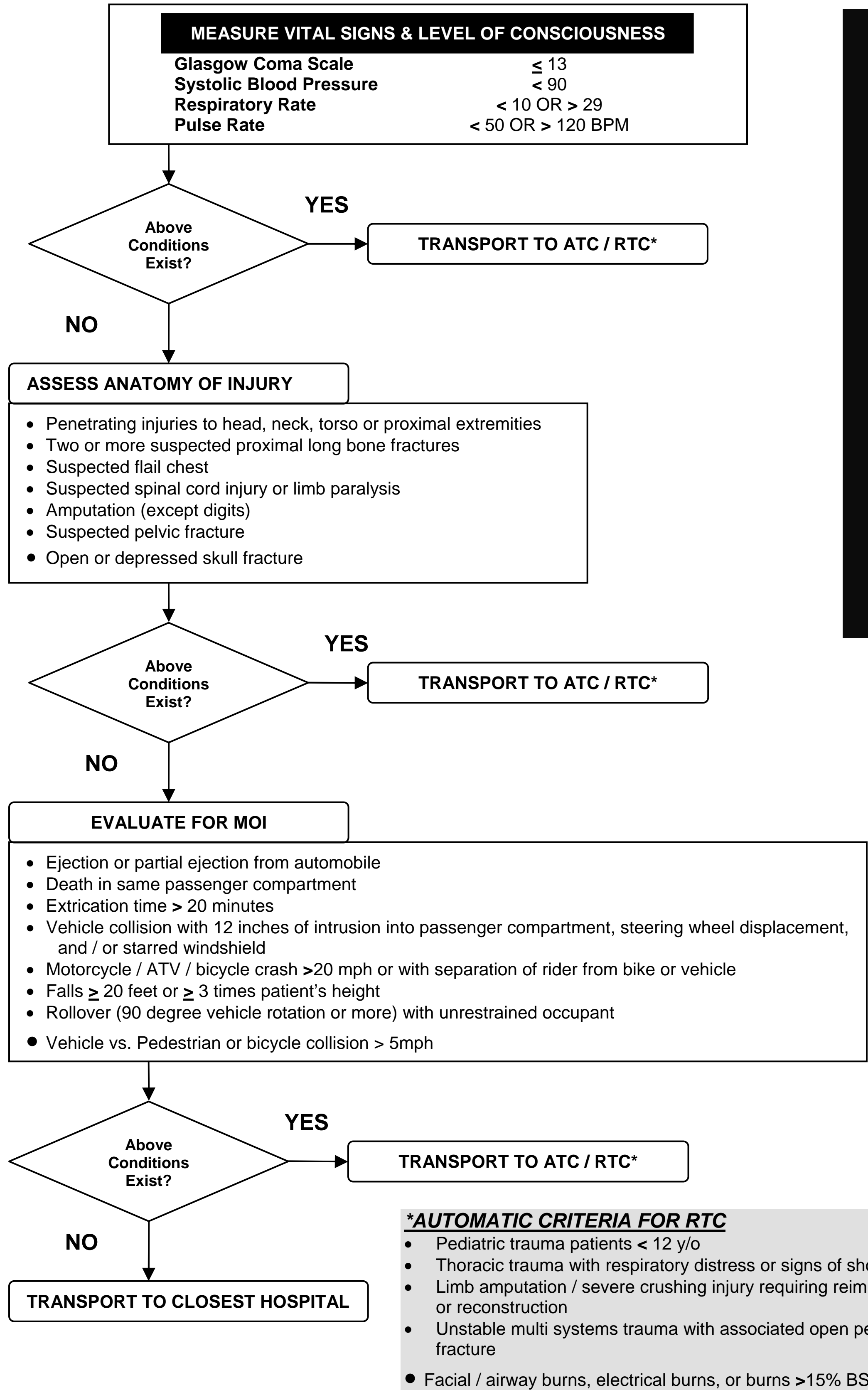
NOTE: *The facilities noted in the chart below are accurate as of the date appearing on the front of this guide. Prior to transport, hospital capabilities should be verified by on-scene EMS personnel directly with on-line Medical Control or through the local ECC.*

Dutchess	Location	Trauma	BRN	RI	PED	NIC	OB	HB	HP
Northern Dutchess Hospital	Rhinebeck								
St. Francis Hospital	Poughkeepsie	ATC							◆
Vassar Brothers Medical Center	Poughkeepsie					◆			◆
Orange	**Location**	**Trauma**	**BRN**	**RI**	**PED**	**NIC**	**OB**	**HB**	**HP**
Bon Secours Community Hospital	Port Jervis						◆		
Keller Army Community Hospital	West Point								◆
Orange Regional M.C. Arden Hill	Goshen						◆		◆
Orange Regional M.C. Middletown	Middletown						◆		
St. Anthony Community Hospital	Warwick						◆		
St. Luke's Cornwall Hospital - Cornwall	Cornwall								
St. Lukes Cornwall Hospital - Newburgh	Newburgh					◆	◆		
Putnam	**Location**	**Trauma**	**BRN**	**RI**	**PED**	**NIC**	**OB**	**HB**	**HP**
Putnam Hospital Center	Carmel						◆		
Rockland	**Location**	**Trauma**	**BRN**	**RI**	**PED**	**NIC**	**OB**	**HB**	**HP**
Good Samaritan Hospital	Suffern	ATC				◆	◆		◆
Nyack Hospital	Nyack	ATC				◆			

APPENDIX B – 911 Receiving Hospitals By County *- Continued on next page*

APPENDIX B – 911 Receiving Hospitals By County- *Cont'd*

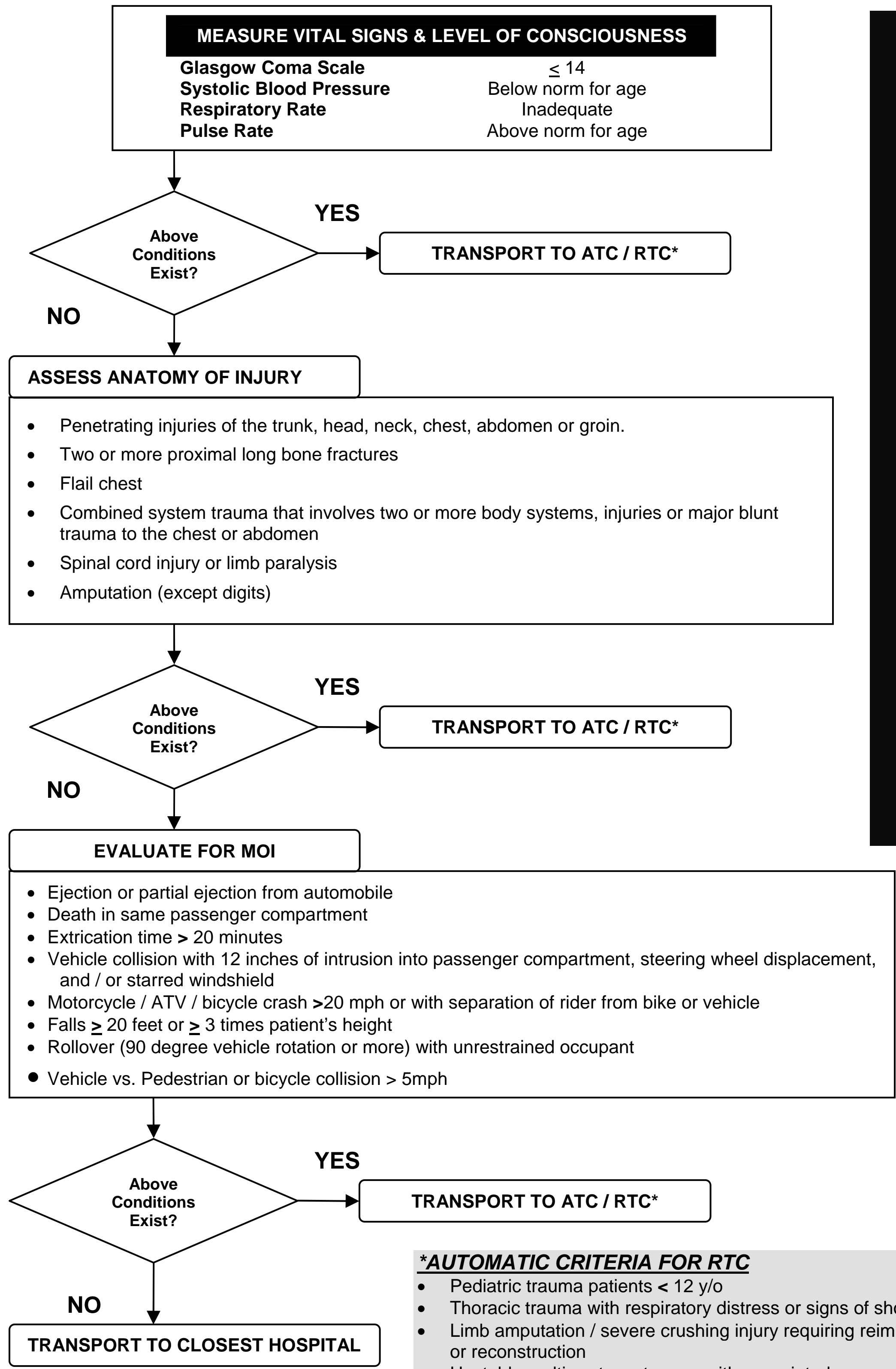
Sullivan	Location	Trauma	BRN	RI	PED	NIC	OB	HB	HP
Catskill Regional Medical Center	Catskill						◆		◆
Catskill Regional Medical Center	Callicoon								
Ulster	**Location**	**Trauma**	**BRN**	**RI**	**PED**	**NIC**	**OB**	**HB**	**HP**
Benedictine Hospital	Kingston						◆		◆
Ellenville Community Hospital	Ellenville								◆
Kingston Hospital	Kingston						◆		
Westchester	**Location**	**Trauma**	**BRN**	**RI**	**PED**	**NIC**	**OB**	**HB**	**HP**
Dobbs Ferry Community Hospital	Dobbs Ferry								
Hudson Valley Hospital Center	Cortlandt Manor					◆			◆
Lawrence Hospital	Bronxville					◆			
No. Westchester Hospital Center	Mt. Kisco					◆			
Phelps Memorial Hospital Center	Sleepy Hollow								
Sound Shore Medical Center	New Rochelle	ATC							
St. Johns Riverside Hospital	Yonkers (North)								
St. Joseph's Medical Center	Yonkers (South)								
The Mt. Vernon Hospital	Mt. Vernon								
Westchester Medical Center	Valhalla	RTC	◆	◆	◆	◆	◆	◆	◆
White Plains Medical Center	White Plains				◆	◆			
Out of Region	**Location**	**Trauma**	**BRN**	**RI**	**PED**	**NIC**	**OB**	**HB**	**HP**
Albany Medical Center	Albany County	RTC	◆	◆	◆	◆	◆	◆	◆
Jacobi Medical Center	Bronx County	RTC	◆	◆	◆	◆	◆	◆	◆



AUTOMATIC CRITERIA FOR RTC

- Pediatric trauma patients < 12 y/o
- Thoracic trauma with respiratory distress or signs of shock
- Limb amputation / severe crushing injury requiring reimplantation or reconstruction
- Unstable multi systems trauma with associated open pelvic fracture
- Facial / airway burns, electrical burns, or burns >15% BSA

APPENDIX C –Appropriate Facility Transport Algorithm - *Continued on next page*



PEDIATRIC TRAUMA

AUTOMATIC CRITERIA FOR RTC

- Pediatric trauma patients < 12 y/o
- Thoracic trauma with respiratory distress or signs of shock
- Limb amputation / severe crushing injury requiring reimplantation or reconstruction
- Unstable multi systems trauma with associated open pelvic fracture
- Facial / airway burns, electrical burns, or burns >15% BSA

APPENDIX C –Appropriate Facility Transport Algorithm - *Continued on next page*

APPENDIX D – AIR MEDICAL BASE OPERATIONS BY SERVICE

NOTE: *The location of each base operation is being provided to offer an understanding of the distances covered by each agency. When AMS are requested, each ECC will attempt to obtain the* ***CLOSEST*** *airship available for response to the emergency. Depending on factors such as weather conditions at the base locations or a commitment to another mission, "local" services may be unavailable and an air medical service from outside of the lower Hudson Valley River Valley, or even out of state, may need to be requested.*

Airship Unit	Service	Base Location	Air Medical Dispatch Entity
Albany Med Flight LN 7 - 1	**LIFE NET**	Albany Medical Center Albany, NY (Albany County)	LIFECOM
Catskill Regional LN 7 – 5	**LIFE NET**	Catskill Regional M.C. Harris, NY (Sullivan County)	LIFECOM
LIFE NET North LN 7 - 2	**LIFE NET**	Glenn, NY (Montgomery County)	LIFECOM
LIFE STAR	**LIFE STAR**	Hartford Hospital Hartford, CT	Hartford Hospital ECC
LIFEGUARD	**Mobile Life Support Services / NYS Police**	Stewart ANG Base Newburgh, NY (Orange County)	Mobile Life Support Services (MLSS)
LIFEGUARD	**Colonie EMS/ NYS Police**	Albany County Airport Albany, NY (Albany County)	LIFECOM
NORTH STAR	**UMDNJ / NJS Police**	University Hospital Newark, NJ	Regional Emergency Medical Communication System (REMCS)
PENNSTAR 3	**University of Pennsylvania / PENNSTAR Flight**	Lehigh Valley Int'l Airport Allentown, PA	PENNCOM
STAT Flight Air 1 LN 7 - 3	**STAT Flight (LIFE NET)**	Westchester Medical Ctr Valhalla, NY (Westchester County)	LIFECOM
STAT Flight Air 2 LN 7 - 4	**STAT Flight (LIFE NET)**	Kobelt Airport Wallkill, NY (Ulster County)	LIFECOM

APPENDIX E - AIR MEDICAL SERVICES (AMS) INCIDENT REPORT FORM

This form is to be filled out and forwarded to the appropriate Regional EMS Council in the event that there is a deviation or complication to effective transfer of care from ground EMS to AMS.

Contact Information

Name		**Title**	
Contact #		**Email**	
Signature		**Date**	

Incident Information

Date of Incident:				**NYS PCR #:**	

Air Medical Service Involved:	
Other Agencies / Parties Involved:	
Requested By **(i.e. EMT, Fire Chief etc.)**	
Requesting Dispatch Entity	
Location of Incident:	
Destination **(If known):**	

Describe Incident : ***(Attach additional information if necessary)***

Call Times

Time of Incident:				
AMS Requested:				
AMS Enroute:				
AMS Orbiting Scene:				
Flight Crew Began Care:				
Patient Loaded on aircraft				
AMS Enroute to Hospital:				

ETA of AMS Given:	( ) Minutes
ETA to Hospital by Ground:	( ) Minutes

For Regional EMS Office Use Only

Date Received:

Reviewed By:

APPENDIX F – REGIONAL EMS OFFICE CONTACT INFORMATION

Hudson Valley Regional EMS Council

259 Route 17 K
Newburgh, NY 12550
Voice 845-567-6740
Facsimile 845-567-6730

Westchester Regional EMS Council

c/o Westchester County Department of Emergency Services
4 Dana Rd.
Valhalla, NY 10595
Voice 914-231-1616
Facsimile 914-813-4161