HEALTH SERVICE EXECUTIVE

NATIONAL AMBULANCE SERVICE

EMERGENCY AERO-MEDICAL SERVICE

Briefing Document

May 2012.

EMERGENCY AERO-MEDICAL SERVICE

Contents:

EMERGENCY AERO-MEDICAL SERVICE [EAS]

Introduction:

The Health Service Executive, National Ambulance Service and the Irish Air Corps, under the auspices of the Department of Health and the Department of Defence, are shortly due to provide a Emergency Aero-Medical Service. This is a pilot project and will be reviewed after twelve months of operation. The operational capability of the service will be provided by both the Irish Air Corps and the National Ambulance Service.

Provision of Service:

This service will be based and operate from Custume Barracks, Athlone. The service will commence operations from the 4th June, 2012. This service will be provided in daylight hours. The service will operate seven days a week, weather permitting, for the twelve month trial period.

The crewing of the EAS will be composed of: NAS Advanced Paramedic x 1

Air Corps EMT x1

Air Corps Pilot x 1

The Aircraft being utilised is an Irish Air Corps, Euro-copter 135, this aircraft is commonly referenced as the EC135. This aircraft will be marked with the Red Cross symbol on front and side areas of the aircraft. This is the international markings for a military aircraft involved in medical missions.

The service will operate primarily a ten hour day commencing at 08.00 hours, this may be extended during summer hours.

Activation Process:

The activation of the service will be via the local Regional Ambulance Control [RCC], who will then request availability of the EAS through the National Aero-Medical Coordination Centre [NACC], based currently in Townsend Street. The NACC will activate the Aero-Medical resource and will provide the requesting control with an Estimated Time of Arrival [ETA] to the incident site. The NACC will provide EAS with coordinates of a landing site close to the incident site. It may be judged on occasion, that it may be preferable to rendezvous with the land Ambulance at a pre-arranged landing point, than at the incident site. Should this be judged the most appropriate option for the patient, this information will be relayed to the requesting Regional Ambulance Control from the NACC.

The EAS Advanced Paramedic, in conjunction with the EAS Pilot, will designate the most appropriate hospital for the patient's condition and will request, via NACC to the local RCC, that an ambulance be available at the designated Hospital or temporary landing pad.

The NACC will inform the receiving Hospital of the patient's condition and ETA to the receiving Hospital.

Activation Criteria:

A specific activation criteria, has been developed by the project development team and this has been approved by the NAS Medical Director. The purpose of the Activation Criteria is to assist the ground crews in the decision to activate the EAS.

A copy of the Activation Criteria is contained on Page 3 of this document.

Patient Capability:

This aircraft has the capability to carry one stretcher patient. In the event of a paediatric patient, the aircraft has the capability to carry one parent, if deemed appropriate. The Aircraft Commander, ie the Pilot, has final decision on the transportation of relatives, should it be judged that they may provide a danger to the safe operation of the aircraft.

In extreme situations, the EAS Advanced Paramedic may request a member of the land Ambulance Crew to accompany him / her in the aircraft, should the patient's condition warrant a second Advanced Paramedic. This decision will be made by the EAS Advanced Paramedic.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NAS Emergency Aeromedical Service Activation Criteria and Protocol

A. Expected "Leaving Scene" to "At Hospital" time > 45 minutes AND Advanced Paramedic and/or Paramedic on scene, AND one of the following apply:
1. Patient meets criteria for Trauma Appropriate Hospital Access (NAS Procedure - NASCG009) 2. Stroke FAST Positive and transport to centre providing Stroke Thrombolysis within 4 hours of symptom onset by land not possible, but possible by EAS 3. ST Elevation Myocardial Infarction (STEMI) and transport to Primary PCI Centre by land within 90 minutes not possible, but possible by EAS 4. Adult Cardiac Arrest with return of spontaneous circulation (ROSC) 5. Paediatric Cardiac Arrest
B. Expected "Leaving Scene" to "At Hospital" time > 45 minutes AND Paramedic on scene with NO Advanced Paramedic availability AND one of the following apply:
1. Two or more seizures 2. Hypoglycaemia not responsive to treatment with Glucagon and diminished level of consciousness 3. Severe or life threatening asthma Adult or Paediatric (as defined by CPG 5/6.3.2 and CPG 5/6.7.5) 4. Severe Cardiac Failure or Chronic Obstructive Pulmonary Disease (COPD) 5. Symptomatic Bradycardia 6. Septic Shock - Adult or Paediatric (CPG 5/6.4.21 and CPG 5/6.7.12) 7. Prolapsed Cord (CPG 5/6.5.5) 8. Shock from Blood Loss - Adult or Paediatric (CPG 5/6.6.2 and CPG 5/6.7.13) 9. Burns > 10% total body surface area (excluding 1st degree burns)
C. Expected "Leaving Scene" to "At Hospital" time > 45 minutes AND Advanced Paramedic and/or Paramedic Discretion:
The Practitioner on scene may request EAS Activation if the Patient's Clinical Status does not precisely fit any of the above criteria but the Practitioner believes time critical treatment or transport is required and is unachievable by ground transport
EAS Activation Protocol
Subject to Criteria above, request Ambulance Control to request EAS Activation via National Aero Medical Coordination Centre (NACC). NACC will check activation criteria prior to passing request to Aircraft Commander for final tasking acceptance.

Dr Cathal O'Donnell, Medical Director, May 2012.

Seirbhís Náisiúnta Otharchairr
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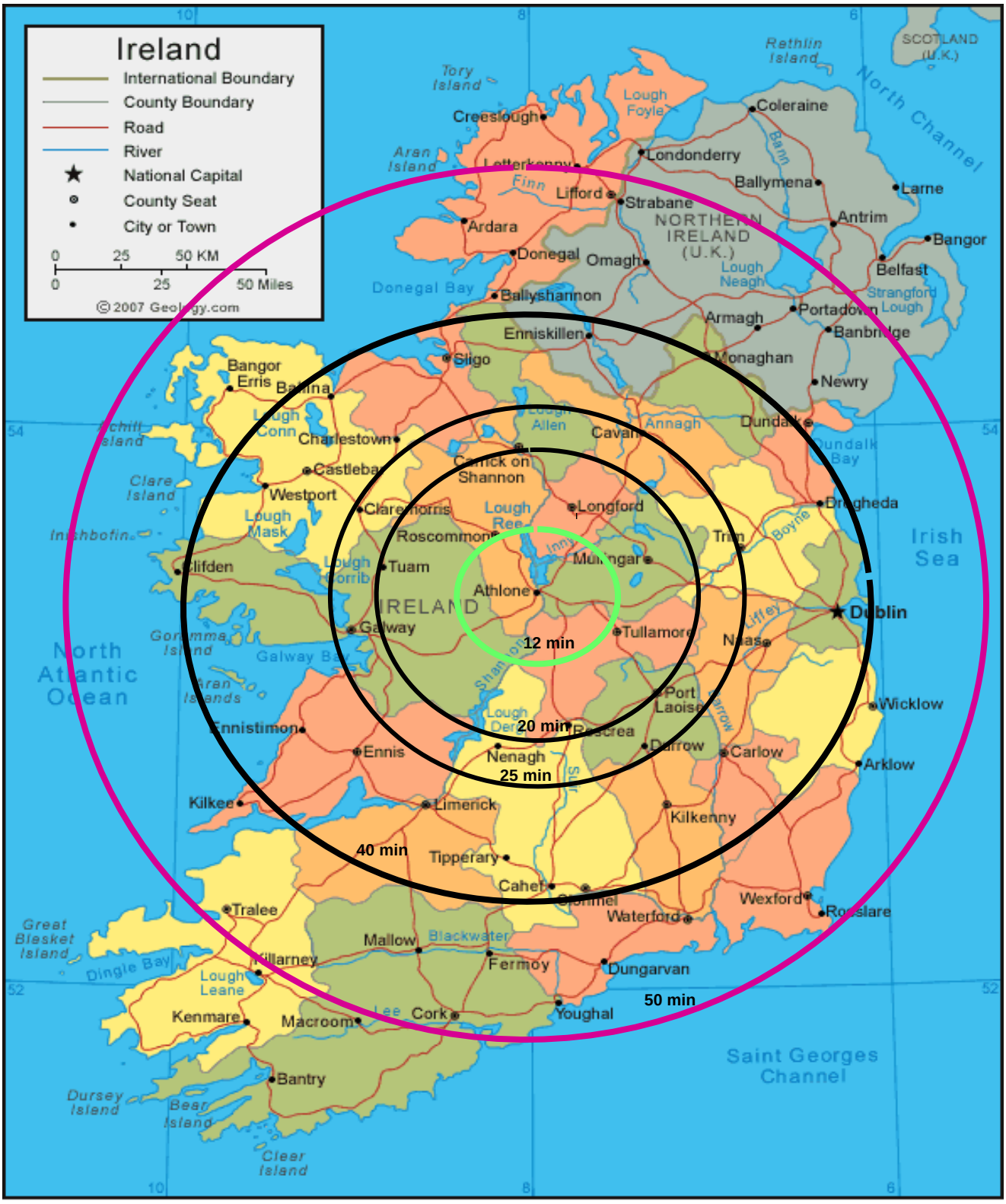
Flying Times from Athlone



HSE Emergency Aeromedical Service (EAS)

Loading of Emergency Aero-Medical Service Euro-Copter 135 Helicopter [EC 135]

This protocol document has been prepared to assist Emergency Services in the loading and unloading of the Irish Air Corps, Euro-Copter 135 Helicopter, when configured to the Emergency Aero-Medical Service configuration.

1. Standard Aircraft Safety Procedures apply during loading / unloading operation.
2. Patients can be loaded in the sitting up position on the EAS Aircraft stretcher or using a Long Back Board / Vacuum Mattress.
3. Patients who are on a Long Back Board or Vacuum Mattress, prior to loading, and should be appropriately secured to the immobilisation device being used.
4. Patient will primarily be loaded through the side door, as per figure 1.
5. Ambulance Crew and EAS Staff should pre-position themselves for loading of casualty as per Figure 2. These positions will apply, whether the patient is sitting up or on a Long Back Board
6. EAS Advanced Paramedic will enter aircraft to receive patient, as per figure 3.
7. The EAS Advanced Paramedic is responsible for ensuring the patient is secured to aircraft stretcher.
8. When both loading and unloading, staff should utilise correct manual handling procedures.

Figure 1. Side Entrance of Aircraft

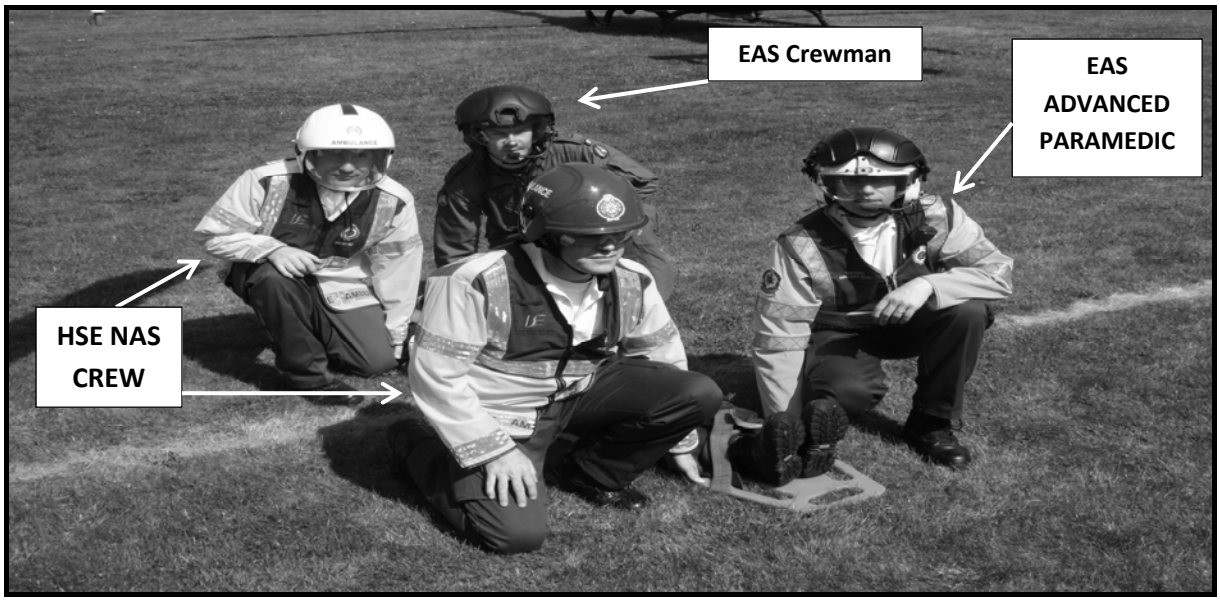


Figure 2. Position of Ambulance and EAS Crew prior to loading Aircraft

Figure 3. EAS Advanced Paramedic is positioned inside aircraft to receive patient