

HEMS SYSTEM

GENERAL OPERATIONS

Date: December 2017, March 8, 2018
Last Revised Date: 1/3/2024

Section: 8-29

General Operations

Purpose: to provide pre-hospital care personnel with the guidance in the pre-hospital treatment of persons who utilize the EMS system. Refer to section II for guidance in the use of the treatment protocols.

Medical Control: Contact shall be made with a HEMS approved medical control hospital, or approved medical control free standing facility, to report patient condition and to receive appropriate instructions from a physician or a physician designee concerning the patient's treatment and/or destination.

Patient Care Record & EPCR and Transfer of Care

See **Documentation and Patient Care Record & EPCR and Transfer of Care**

Initial Patient Assessment

Mechanism of injury – Overview the scene/patient (note age, sex, build, general state of health of patient, check for major visible injuries/bleeding).

Primary survey:

1. Airway/C-Spine immobilization, if suggested by mechanism of injury
2. Breathing
3. Circulation
4. Stop bleeding
5. Assess for shock
6. Chief Complaint

Secondary survey:

1. Head to toe exam including vital signs, level of consciousness
2. History of episode

Radio Communications

An ambulance transporting a patient to a Wayne County facility will contact HEMS via the HEAR radio (340 or 400 VHF), UHF radio < 800 MHZ Trunk System (MPSCS) or E-Bridge system at the earliest opportunity.

For radio report, follow the steps listed below. For E-Bridge contact, follow the prompts on the screen and pick the appropriate selection based on the type of transport. Complete all required elements and include all appropriate information for hospital personnel.

On priority #1 patients, units should contact the hospital while en- route to the closest appropriate facility. On priority #2 and #3 patients, first complete assessment and pre-radio treatment. Then contact the hospital prior to leaving the scene unless an exception

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arises placing crew or patient in jeopardy, (sooner, if conditions dictate).

Radio Traffic Should Proceed As Follows For Priority #1 And #2 Patients:

Ambulance: “HEMS radio, HEMS radio, this is Alpha 725 with priority 2 traffic, how do you copy?”

HEMS: “This is HEMS radio, go ahead A725.”

Ambulance: “HEMS please patch us through to hospital X priority 2”

HEMS: *If the requested hospital is Status B or C announce to the ambulance and ask if a patch to the requested hospital is still wanted or a patch to another hospital.*

HEMS: As necessary request ambulance to switch to a different talk group/med channel.

Ambulance: Confirms switch to talk group/ med channel.

HEMS: “Hospital X, hospital X, I have Alpha 725 with priority 2 traffic how do you copy?”

Hospital: “This is hospital X go ahead Alpha 725”

Ambulance: “Hospital X, this is Alpha 725, how do you copy?”

Hospital: “Copy you loud and clear, go ahead.”

Ambulance: Proceed with patient report

Include: Priority
Age/Sex
Chief Complaint (As appropriate state STEMI, Stroke, Cardiac/Respiratory Arrest, Trauma or Sepsis Alert)
GCS/ Vital Signs/Physical Findings
Other pertinent information (See Mass Causality Incidents and Scene and Patient Management)
Treatment initiated
ETA
Are there any questions or further orders?

Hospital: “We will be expecting your arrival. Hospital X clear.”

Ambulance: “HEMS, HEMS, Alpha 725 is clear at this time. Thank you.”

HEMS: “HEMS radio clear at 14:25, call sign as necessary.”

Priority 3 Radio Report: Radio Format for Priority #3 Patients

Ambulance: “HEMS radio, HEMS radio, this is Alpha 725 with priority 3 traffic, how do you copy?”

HEMS: “This is HEMS radio, go ahead A725.”

Ambulance: “This is (unit #) with priority #3 traffic for (hospital____), with a chief complaint of_____, patient requires (or does not require) a stretcher, ETA_____”.

HEMS: “OK Alpha 725 hospital_____ will be notified of your priority #3 transport and report”. *(If the requested hospital is Status B or C announce to the ambulance and ask if the requested hospital is still*

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to be notified or another hospital.)

Ambulance: “HEMS, HEMS, Alpha 725 is clear at this time. Thank you.”

HEMS: “HEMS radio clear at 14:25.”

HEMS: “Hospital_____this is HEMS priority #3 announcement:
unit_____, chief complaint of_____, patient requires
(or does not require) a stretcher, ETA_____”.

HEMS: “Repeat Hospital_____this is HEMS priority #3
announcement: unit_____, chief complaint of_____,
patient requires (or does not require) a stretcher, ETA_____”.

HEMS: “HEMS radio clear at 14:26”.

The EMS provider may utilize HEMS radio to establish contact with the hospital for providing a direct Priority 3 report.

Patient Prioritization

1. Priority 1
 - A. Critically ill or injured patient with an immediate life-threatening condition.
 - B. Examples include, but are not limited to:
 1. Unstable or deteriorating vital signs
 2. Compromised airway
 3. Severe respiratory distress/failure
 4. Cardiac arrest or post cardiac arrest
 5. Stroke or STEMI
 6. GCS < 10
 7. Significant blunt or penetrating trauma including but not limited to:
 - a. Compromised Airway.
 - b. Respiratory distress
 - c. Signs of inadequate perfusion
 8. Actively seizing patient
2. Priority 2
 - A. Seriously ill or injured patient without immediate life-threatening Condition.
 - B. Examples include, but are not limited to:
 1. GCS 11-14
 2. Medical conditions such as chest pain, suspected sepsis, respiratory distress without immediate threat to life.
 3. Altered level of consciousness, responding to verbal or painful stimuli
 4. Significant mechanism of injury in patient with stable vital signs
3. Priority 3
 - A. Ill or injured patients not fitting the above two categories who require medical attention and do not have a life-threatening problems.