



Southern Minnesota Regional Trauma Advisory Committee (SMRTAC)

Regional Practice Management Guideline

Auto Launch Criteria

Combined Adult/Pediatric Practice Management Guideline	Effective: 02/2017
Contact: SMRTAC Coordinator	Last Reviewed: 02/16/2017

Auto Launch – simultaneous dispatch of air and ground resources through a 9-1-1 request for EMS based upon pre-designated trauma and/or medical criteria set up by local or regional EMS systems. (Wish, 2005:24)

Purpose

To outline the criteria for patients that may require critical care air transport which are defined below and within boundaries of each primary service area. The best outcome for the injured patient is time sensitive, the less time elapsed from time of injury to definitive care improves patient outcomes.

Definitions

1. Level of Consciousness (LOC) – an individual’s degree of awareness in response to internal/external stimuli
2. Acute- Abrupt onset or rapid progression of symptoms
3. Hypothermia- a condition that occurs when a person’s body loses heat faster than it can produce heat, causing a dangerously low body **temperature**.
4. Hyperthermia- a condition that occurs when a person's body temperature rises and remains above the body’s normal temperature.
5. Co- Morbidity- is the presence of one or more additional disorders co-occurring with a primary disease or disorder.
6. Pediatric trauma patient – any patient < 15 years of age who had sustained an injury.

Policy Statements

1. When available, provide the following information to aero medical transport; Location (GPS coordinates if available), type of incident, landmarks, landing zone information, designated ground contact, talkgroup to perform communications and patient condition(s)
2. The coordination of information and situational awareness are critical to assure scene safety.
3. Once aero medical transport has been activated, only a responder or representative on scene authorized to cancel responding helicopter.

Procedure Statements

A telecommunicator shall be authorized to request an air ambulance service for any of the following reasons or if requested by an emergency responder.

1. **Trauma** to include the up and walking at the scene if they meet criteria
 - Pedestrian or Bicyclist hit by a vehicle traveling 20 mph >
 - Adult Fall (> 20 feet)
 - Child Fall (> 2x height)
 - Motor Vehicle Crash (Major Auto Deformity/ Fatality Inside Same Vehicle(s))
 - Motorized Vehicle Ejection, including ATV, motorcycle, scooter
 - Motorcycle/ATV Crash
 - Penetrating Injury of Chest, Abdomen, Head, Neck or Groin: Gunshot Wound, Stabbing, etc.
 - Logging, Farm or Industrial Accident
 - Drowning
 - Head Injury with Altered Level of Consciousness or (LOC)
 - Multiple Victims with Serious Injuries
 - Spinal Cord Injury/Paralysis
 - Amputation, Crushing or Degloving Injury above the Knee or Elbow
 - Major Burns (including facial or airway compromise)
 - Tourniquet application to control bleeding

2. **Medical** Response to medical situations vary by region. Consult with your local medical direction for your local protocol(s).

Radio Procedure

ARMER Standards require all aero-medical units that require a landing zone to conduct communications on one of the STAC talkgroups. The StatusBoard application shall be used to manage and track the assignment of the selected talkgroup.

Resources/Links

Wish, J. a. (2005:24). Auto Launch/Early Activation: A Survey of AAMS Members and Literature Review. *Air Medical Journal*, 283-288.

Prepared by: Jill Bondhus, SMRTAC 9-1-1 Dispatcher Representative; SMRTAC leadership

Approvals: SMRTAC Committee; 02/16/2017
--

Disclaimer: This is a general guideline and is not intended as a substitute for clinical judgment or as a protocol for the management of all trauma patients.