

**STATE TRAUMA ADVISORY BOARD  
RECOMMENDATIONS FOR AIR AMBULANCE TRANSPORT**

**I. SAFETY AND OPERATIONS**

- A. All fixed and rotor wing flight programs - CAMTS certified within two years of operating in Arizona.
- B. Recommendations from the January 25, 2006 National Transportation Safety Board report:
  - 1. All flights - Part 135
  - 2. Develop/implement flight risk evaluation programs
  - 3. Update dispatch and flight following to include weather and assistance within flight risk assessment decisions
- C. Equipment
  - 1. Use of night vision goggles when appropriate for night flying
  - 2. Use of traffic collision avoidance system (TCAS) - (Future consideration)
- D. External Communication
  - 1. Continuous monitoring of air-to-air frequency 123.025
  - 2. Transmission of location and intent when landing at or taking off from uncontrolled airspace (such as hospital or road) as follows:
    - Landing
      - 5 miles out
      - 1 mile out
      - Arrival
    - Departing
      - 1 mile out
      - 5 miles out
  - 3. Streamline dispatch communication processes
  - 4. Use predetermined ground frequency established by the EMS Regional Councils
- E. Sterile Cockpit
  - 1. Sterile cockpit is maintained 5 minutes out, below 300 AGL, or based on pilot discretion so that the pilot is able to transmit and receive vital information and to minimize distractions during any critical phase of flight.
  - 2. No external communications are permitted by the medical team and no patient information is transmitted at this time. The pilot will announce to the medical crew members when sterile cockpit is to start and when it is to end. Pilots will announce his/her intentions – where the aircraft is and where the aircraft is going.
  - 3. One crew member, at a minimum, will maintain outside vigilance during the critical phases of flight regardless of the patient's clinical situation. The crew member will view outside the aircraft on the side opposite the pilot.
- F. Landings - Non-Airport/Hospital
  - 1. All agencies ensure crew members are trained and proficient in landing in the environments in which the crew members provide care.
  - 2. Hospital
    - Cold off-loads only unless extenuating circumstances – patient/pilot condition or ground conditions, etc. Cold off-loads are routine unless circumstances dictate otherwise.
    - For rare situations with hot off-loads at a hospital, hospital staff shall not approach the helicopter unless deemed necessary by the flight medical crew, requested by the flight medical crew, and a flight crew member escorts hospital staff to the helicopter.

**II. MEDICAL**

- A. Helicopter Launch and Standby - Only dispatch, law enforcement, and medical personnel can launch a helicopter or put a helicopter on standby unless there are extenuating circumstances.
- B. Cancellation of Helicopter - Only medical personnel on-scene can cancel a helicopter (standby <> landing) unless there are extenuating circumstances.
- C. Field Triage - Guidelines for Field Triage of Injured Patients should be used.