EARLY ACTIVATION OF AN AIR MEDICAL HELICOPTER
And
AUTO LAUNCH RECOMMENDATIONS

Position Statement of AAMS

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BACKGROUND
Minimizing time to definitive care is a fundamental tenet of trauma care that has been recognized
for almost a century.1-3 Most fatal motor vehicle crashes occur in rural areas with substantially
higher death rates attributed, in part to longer notification response and transport intervals.1,4,5
Current literature has demonstrated that an increase use of air medical services can result in a
decrease in mortality and reduction of disabilities.1,6 Auto launch and early activation are
complements which initiate air medical services before primary EMS assessment.1,7

Medical helicopter programs offer a variety of protocols to improve response time. Significant
literature has been published concerning improved outcomes in patients with diagnosis that
require expedient treatment or access to definitive care, such as trauma, stroke and acute
myocardial infarction.1,4,8-15 Response time, as defined by activation to lift, of a medical
helicopter can range from 5-15 minutes. This time delay could prove detrimental to a patient in a
rural area that is unable to access specialty services in a timely fashion without the aid of air
medical services.

When the scene is greater than 20 miles from the hospital, one of the most efficient ways to
transport a critical patient to the hospital is to dispatch the helicopter before the ground EMS
arrives at the scene. Helicopter dispatch can be done simultaneously with the ground unit,
immediately after the 911 call.16 Alternatively, the ground EMTs while on their way to the scene
can do it.

POSITION STATEMENT

• AAMS defines “Early Activation” as departing for the requested scene prior to arrival of the
  first responders, based on a high index of suspicion that specialty services will be necessary.
  This is initiated by the request of the first responders.

• AAMS defines “Auto Launch” as the simultaneous dispatch of air and ground resources
  through a 9-1-1 request for EMS based upon pre-designated trauma and and/or medical criteria
  set up by local or regional EMS systems.

• AAMS supports both an Early Activation protocol and an Auto Launch protocol for areas
  that have a fly distance greater than 10 minutes or 29 miles and/or the patient is further than 20
miles from a specialty hospital and patient criteria is critical in nature. This would include, but is not limited to:

1. prolonged extrication time
2. multiple victim incident
3. ejection from vehicle / patient entrapped
4. pedestrian struck with serious injury
5. death of occupant in same vehicle
6. critical burns >10% TBSA
7. falls with serious injury
8. deep penetrating injury to head, neck or torso
9. unstable vital signs
10. acute stroke

- AAMS supports Early Activation and Auto Launch with the understanding, that it does not obligate the primary responding agency to send the patient by air if the clinical condition does not require air medical services.
- AAMS does not support the use of strategies such as Early Activation or Auto Launch as a marketing tool and or for competitive advantage.
- AAMS does not support Auto Launch without 911 communication and support.

RATIONALE:
Even though Branas\textsuperscript{20} claims that 84% of the population live within 60 minutes of a Level I or II trauma center. Two thirds of serious trauma occurs distant from the residence\textsuperscript{22}. Furthermore, as Davis & Wish\textsuperscript{21} contend, Branas’ assertion of simultaneous dispatch and 3.5 minutes to airborne is not valid. Literature demonstrates that areas with lower population densities tend to have longer notification and response intervals, which leads to a corresponding increase in mortality.\textsuperscript{1,8-15} The motor vehicle crash fatality rate is higher on rural roads, due in part to an increase time to definitive care.\textsuperscript{1,4,13} Early Activation and Auto Launch can substantially reduce time to definitive care in rural areas or locales of inhospitable terrain potentially resulting in improved patient outcomes.\textsuperscript{1,19}

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References
6. Garthe EA, Mango NK. Under triage in Massachusetts (in progress)