

A consensus based template for reporting data on the use of Helicopter Emergency Medical Services in the immediate pre-hospital medical response to a major incident

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AUTHOR

* Indicates response required

Title *

Last Name *

First Name *

Middle Name

Country *

E-mail *

Please provide a short summary of the incident *

HEMS BACKGROUND INFORMATION

* Indicates response required

1.1. How many HEMS units are available 24/7? *

1.2. How many HEMS units are available with restricted working hours? *

1.3. Do the available units have rapid response cars? *

Yes

No

2.1. Is the HEMS unit staffed by a physician? *

Yes

No

2.2. Is the HEMS unit manned by physician with special training in pre-hospital critical care? *

Yes

No

3.1. What, if any, is the pre-planned role of HEMS physician during major incidents? Please tick all options that apply

Medical commander

Treatment leadership

Triage

Provide medical care

Transportation of patient

Other

3.1.1. If possible, please explain other

4.1. What, if any, is the pre-planned role of the HEMS unit? Please tick all options that apply

Provide medical care

Search and rescue

Transportation

Command

Reconnaissance flights

Scene of accident only accessible by helicopter

Other

4.1.1. If possible, please specify transportation (Personnel? Equipment? Patients?)

4.1.2. If possible, please explain other

MAJOR INCIDENT CHARACTERISTICS RELEVANT FOR HEMS

* Indicates response required

5.1. Was the site accessible for helicopters only, within a timeframe considered reasonable according to incident and local resources? *

Yes

No

5.1.2. If possible, please explain why the site was only accessible by helicopter

6.1. Could lack of HEMS resources have changed the major incident operation adversely? *

Yes

No

6.1.2. If possible, please elaborate on how the lack of HEMS resources could have changed the major incident operation adversely

7.1. Were there any hazards at the scene that specifically affected HEMS approach or access to the incident site? Please tick all options that apply

Weather

Visibility

Weapons

Explosives

Fire

CBRN (chemical, biological, radiological, nuclear)

No hazards

Other

7.1.2. If possible, please elaborate other

HEMS RESPONSE TO MAJOR INCIDENT DISPATCH

* Indicates response required

8.1. Time of activation of first HEMS *

8.1.1. Hour

8.1.2. Min

8.2. Time first HEMS arrived on-scene *

8.2.1. Hour

8.2.2. Min

9.1. How was HEMS alerted to respond to the major incident?

- By responsible emergency medical dispatch center immediately after receiving emergency call from bystanders
- Request from the ground EMS team(s) already at the scene
- Request from other rescue organization or institution (e.g. fire brigade, mountain rescue etc.)
- Other

9.1.2. If possible, please elaborate other

10.1. Was HEMS activated as a part of local/regional/national major incident algorithm? *

- Yes
- No

11.1. How many HEMS units were requested? *

11.2. How many HEMS units responded? *

11.3. During the response, how many flights in total were performed? *

12.1. What were the reasons for HEMS response? Please tick all options that apply

- Provide medical care
- Search and rescue
- Transportation
- Command
- Reconnaissance flights
- Scene of incident only accessible by helicopter
- Other

12.1.1. If possible, please specify transportation (Personnel? Equipment? Patients?)

12.1.2. If possible, please specify other

13.1. If HEMS was unavailable or inoperable, what was the reason(s)? Please tick all options that apply *

- Weather conditions
- Other mission
- Distance
- Personal decision
- Communication issues
- Technical failure
- Medical team unavailable
- Helicopter unavailable
- Pilot unavailable
- No landing site
- Other
- Unknown

13.1.1. Did HEMS crew respond by ground vehicle instead of helicopter? *

- Yes
- No
- Unknown

13.1.2. If possible, please specify other

TASKS

* Indicates response required

14.1. Was HEMS the first medical response team on scene? *

- Yes
- No
- Unknown

15.1. Did HEMS deliver the first physician on scene? *

- Yes
- No
- Not applicable (HEMS was not staffed with a physician)
- Unknown

16.1. What were the reasons for HEMS response? Please tick all options that apply

- Purely medical treatment of patients
- Search and rescue
- Patient treatment
- Transportation
- Command
- Other

16.1.2. If possible, please specify transportation (Personnel? Equipment? Patients?)

16.1.3. If possible, please specify other

17.1. Which tasks did the HEMS medical crew perform? Please tick all options that apply *

- Medical incident commander
- Triage officer
- Treating patients on scene
- Treating patients in a designated treatment area
- Treatment area organisation / leadership
- Patient transportation to nearest facility
- Patient transport to secondary / tertiary facilities
- RSI (rapid sequence induction)
- Administering blood products
- Thoracotomies
- Amputation
- Other advanced procedure(s) or treatment(s)
- Other tasks
- None

18.1. What did HEMS transport during the major incident? Please tick all options that apply

- Patients
- EMS physicians
- EMS personnel
- Medical supplies
- Rescue material to be used on ground
- Advanced rescue material (i.e. search dogs, technical devices i.e. infrared camera)
- Support material for rescue teams

18.1.1. Patients: What was the total number of patients *

18.1.2. EMS physicians: What was the total number inclusive own crew *

18.1.3. EMS personnel: What was the total number inclusive of own crew *

19.1. Total number of patients treated and/or transported by HEMS *

19.2. Please describe the categories (age group, severity) of the patients treated and/or transported by HEMS

KEY LESSONS

* Indicates response required

20.1. What, if any, were the safety challenges during HEMS major incident response?

- No challenges
- Aircraft crowding- air
- Aircraft crowding- ground
- Drones or press helicopters
- Difficult landing site
- Darkness
- Other flight hazards
- Use of protective gear
- Working in "hot zone"
- Other challenges
- Not able to comment

20.1.1. Please specify working in "hot zone"

21.1. Please describe other key lessons

Download files

Please download the files for 'timeline of events' and 'flowchart of surge capacity' and provide as much information on these as you are able to. Attach these files to the completed report before pressing send. **TIMELINE OF EVENTS** File type: DOCX File size: 20 kB **FLOWCHART OF SURGE CAPACITY** File type: PPT File size: 86 kB

Upload files

21.1. Attach the file "Timeline-of-events"

21.2. Attach the file "Flowchart"

FINISHED!

That's it! All you have to do now is hit the submit button to send us your reported data. When submitting the form an e-mail with details on your submission will go out to the e-mail address as provided in the form. Thank you for your interest and contribution!