

INCIDENT COMMAND SYSTEM
MULTI-CASUALTY

AIR AMBULANCE COORDINATOR

I-MC-273

COURSE ADMINISTRATOR'S GUIDE
AND TRAINEE WORKBOOK
Self-Paced Instruction

December, 1991
Revised March, 1993

This document contains information relative to the Incident Command System (ICS) component of the National Incident Management System (NIMS). This is the same Incident Command System developed by FIRESCOPE.

Additional information and documentation can be obtained from the following sources:

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AIR AMBULANCE COORDINATOR

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AIR AMBULANCE COORDINATOR

INTRODUCTION

The Air Ambulance Coordinator, I-MC-273, Self-Paced Instruction is a course designed to train individuals at a local level and at their own pace to be able to perform as an effective Air Ambulance Coordinator. The instruction level is targeted towards trainees who have had little or no exposure to the functioning of the position.

This course is presented entirely by self-paced written text. One of the requirements of this course is the trainee's completion of Helispot Manager, I-272, also a self-paced written text. The Helispot Manager self-paced instruction shall be given before this self-paced instruction. Progress Checks test the trainee's understanding as they proceed through each unit. The final examination, a formal closed book examination, is given by the proctor and should measure the trainees' comprehension level of the entire course material.

The Course Administrator has the responsibility to administer this course to meet their agency's training needs.

COURSE INSTRUCTIONS

1. Prerequisites: The trainee must have successfully completed the following courses:
 - a. I-220 Basic ICS
 - b. Medical First Responder
 - c. Helispot Manager I-272

Current certification as an EMT-1 is strongly recommended.

2. Objectives: Course objectives are stated in broad terms that define what the Air Ambulance Coordinator trainee will be able to do upon completion of this course. Specific unit objectives are listed at the beginning of each unit.

Performance objectives are stated in more specific terms. These objectives are:

- a. Upon completion of course instruction, the trainee shall describe how to function as an Air Ambulance Coordinator.
- b. Upon completion of course instruction, the trainee shall describe what Air Operations duties must be performed if there are not any Air Operations personnel at scene.

Instructional Objectives are as listed:

- Unit 1: Upon completion of course instruction, the trainee shall describe what items are necessary to ascertain when checking in and receiving a briefing.
- Unit 2: Upon completion of course instruction, the trainee shall describe the Incident Command Organization for a Multi-Casualty Branch.
- Unit 3: Upon completion of course instruction, the trainee shall be able to describe the general responsibilities of the Air Ambulance Coordinator.
- Unit 4: Upon completion of course instruction, the trainee shall be able to describe how to work with the Air Operations Branch.
- Unit 5: Upon completion of course instruction, the trainee shall be able to describe how to function as Air Ambulance Coordinator when there are not Air Operations personnel at scene.

3. Course Administrator's Guide: This guide must be limited to those involved in administering the course:
 - a. Time Element: Trainees will progress at different rates through this course. As mentioned earlier, trainee preparatory work must be completed prior to accessing the final exam. Remember to allow sufficient time for the Helispot Manager course.
 - b. Equipment and Material: Because of the design of this course, equipment and materials needed are minimal. The Self-Paced Trainee Workbook and pencils are all that are required. The Course Administrator should write their name and telephone number in the space provided in the Workbook Introduction.
 - c. Evaluation; Progress Checks have been provided at the end of each unit. These Progress Checks measure whether the trainee has successfully mastered the unit objectives. Trainees should attain 100% on each progress check before proceeding to the next unit. Once the trainee has completed the Unit Progress Checks the Course Administrator should be contacted. If the trainee has not contacted their Course Administrator in a reasonable amount of time, the trainee should be contacted and progress monitored. The Course Administrator should schedule a convenient time and location in which to present the final examination. The final examination is a formal, proctored, closed book examination.
 - d. Administration: The Course Administrator is responsible for identifying the equipment, materials, and time period to meet both the needs of the agency and the trainees involved. The Course Administrator is responsible for taking appropriate action in case of trainee failure and to properly record successful completion on agency training records. Finally the Course Administrator should issue the certificate of successful course completion.

Air Ambulance Coordinator
Final Examination

1. When receiving a briefing from the Patient Transportation Group Supervisor, list four generic items to cover:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
2. Who will tell you what position in Air Operations you are to coordinate with?
 - a. Air Operations Director
 - b. Multi-Casualty Branch Director
 - c. Patient Transportation Group Supervisor
 - d. Medical Group Supervisor
3. At the start of an incident how would you most likely get the Incident Action Plan?
 - a. Orally from your supervisor
 - b. By radio from the Communications Unit on the tactical frequency
 - c. In writing at the Supply Unit
 - d. Go to the Command Post and ask the Incident Commander for a copy
4. Why does the Air Ambulance Coordinator need to determine the location of the Helispot?
 - a. The Helispot is the Air Ambulance Coordinator's primary work location.
 - b. If Air Operations personnel are not at scene, you may have to give an assistant directions to the helispot so that you can stay at the Incident Base.
 - c. If ground ambulances are to transfer patients from the Treatment Area, they can find their own directions.
5. Why is it important to determine the expected number and type of resources?
 - a. It is important so that you can match your objectives with the quantity of resources. If you do not have sufficient resources at hand you must order more through your supervisor.
 - b. It is not important because the Supply Unit has the final word on who gets what.
 - c. You need to keep track of the cost of using resources.
 - d. The Resource Unit will keep track of resource status so you do not need to be concerned with number or type of resources.

6. Why is it important to determine the anticipated duration/operation period?
 - a. Time is not an important element for the Air Ambulance Coordinator to consider.
 - b. You can only accomplish so much in a given timeframe with the resources at hand, so there is no use in planning for the future.
 - c. You must consider the timeframe to accomplish your objectives. It may be necessary to order or release resources if you are to accomplish your objectives on time.
 - d. Your supervisor will anticipate your needs based on the duration/operation period.

7. You will have to communicate with various positions on an incident. Each incident will have some variation. The positions that you are most likely to communicate with via radio are:
 - a. Patient Transportation Group Supervisor, Medical Communications Coordinator, Treatment Dispatch Manager, and the Air Ambulances.
 - b. Operations Section Chief, Multi-Casualty Branch Director, Air Operations Branch Director, and the Air Ambulances.
 - c. Patient Transportation Group Supervisor, Medical Group Supervisor, Triage Unit Leader, and the Treatment Unit Leader.
 - d. Operations Section Chief, Logistics Section Chief, Planning Section Chief, and the Finance Section Chief.

8. The Multi-Casualty Branch Director is supervised by whom?
 - a. The Patient Transportation Group Supervisor.
 - b. The Operations Section Chief.
 - c. The Air Ambulance Coordinator.
 - d. The Air Operations Branch Director.

9. If there are no Air Operations personnel at the scene, what position in Air Operations does the Air Ambulance Coordinator assume until relieved?
 - a. Air Attack Supervisor.
 - b. Helicopter Coordinator.
 - c. Air Marshall Supreme
 - d. Helispot Manager.

10. Your immediate supervisor is which of the following?
 - a. Ground Ambulance Coordinator.
 - b. Multi-Casualty Branch Director.
 - c. Patient Transportation Group Supervisor.
 - d. Air Operations Director.

11. When the Air Operations Branch has filled positions, which position will you coordinate with?
 - a. Helispot Manager.
 - b. Air Support Supervisor.
 - c. Air Operations Director.
 - d. The position must be ascertained from your supervisor because each incident will have varying Air Operations Branch positions filled.

12. The Multi-Casualty Branch Director supervises how many groups?
 - a. Three groups, Medical Group, Patient Transportation Group, and Air Support Group.
 - b. Two groups, Medical Group and Patient Transportation Group.
 - c. Two groups, Triage Unit Group and Treatment Unit Group.

13. Your supervisor, the Patient Transportation Group Supervisor, has two other coordinators to supervise. What are the titles of their positions?
 - a. Medical Communications Coordinator and Ground Ambulance Coordinator.
 - b. Bandage Coordinator and Triage Coordinator.
 - c. Treatment Unit Leader and Triage Unit leader.

14. On the chart for the Multi-Casualty Branch Full Branch Response Level there is a line of communication between the Air Ambulance Coordinator and the Treatment Dispatch Manager. Why do you think there is a line of communication?
 - a. The line of communication allows the coordination of patient transportation after medical treatment has been completed.
 - b. There are no lines of communication across Groups and Divisions.
 - c. The Air Ambulance Coordinator must coordinate with Treatment Dispatch on all matters.

15. If the Helispot is not near the Treatment Area what would you do?
 - a. Notify your supervisor that your operation is shut down.
 - b. Call on the radio to the Multi-Casualty Branch Director for resources.
 - c. Notify the Patient Transportation Group Supervisor that you will need ground Ambulances to transfer patients from the Treatment Area to the Helispot.

16. Why is it important for you to determine Air Ambulance ETA's to scene? (There may be more than one answer.)
- It is very important that patients depart the Treatment Area only when an Air Ambulance is available for transportation.
 - It takes time to load a patient into an Ambulance and transport to the Helispot.
 - The Treatment Dispatch Coordinator may need some lead time for the Treatment Unit to get patients ready for transportation.
 - It may be detrimental to the patient to be away from the Treatment Area and wait an extended period of time for an Air Ambulance.
17. The Air Ambulance Crews need to know what information prior to departure?
- Who is in charge.
 - The radio frequency of the Medical Dispatch Manager.
 - Hospital name and location with radio frequency.
 - Hospital name and location with radio frequency, if the hospital has been previously contacted about the patients, and information on treatment given.
18. Why is it important to ascertain Air Ambulance ETA to the receiving hospital and forward this information to the Medical Communications Coordinator?
- The hospital can be contacted and therefore be better prepared to receive the patients.
 - The Medical Communications Coordinator needs to keep track of all resources.
 - This is not important because some Air Ambulances have radio communications with most hospitals.
19. If you are in danger of being overworked and not likely to catch up, what would be best to do?
- Contact the Treatment Dispatch Manager and slow down the flow of patients to the Helispot.
 - Notify the Medical Communications Coordinator that you need to take a break.
 - Call the Medical Group Supervisor and request fewer patients.
 - Contact the Patient Transportation Group Supervisor and request an assistant.
20. Why might it be necessary to provide medical supplies at the Helispot?
- If anybody gets injured at the Helispot you want to be prepared.
 - You are responsible for all medical treatment at the Helispot.
 - The Air Ambulances may need to restock.

21. What position determines whom you will primarily coordinate with in the Air Operations Branch?
- Operations Section Chief.
 - Air Operations Director.
 - Helibase Manager.
 - Patient Transportation Group Supervisor.
22. What is the title of the Air Operations position that you will most likely do your primary coordination with?
- Air Operations Director.
 - Helibase/Helispot Manager.
 - Takeoff and Landing Controller.
 - Loadmaster.
23. If you need a helicopter landing pad dedicated to loading patients, which position would be the best to contact?
- Loadmaster.
 - Operations Section Chief.
 - Helibase/Helispot Manager.
 - Patient Transportation Group Supervisor.
24. If you need the ETA's of arriving Air Ambulances, how would it be best to get the information when Air Operations Branch has been filled?
- Ask the Helibase Manager/Helibase Radio Operator.
 - Ask the Patient Transportation Group Supervisor.
 - Call the Air Ambulances on the radio.
 - Ask the Air Operations Director.
25. The Air Ambulance Crews need information on destination hospital location and treatment given to the patients. What positions in Air Operations can help you forward the information?
- Air Operations Director.
 - Air Attack Supervisor.
 - Takeoff and Landing Controller.
 - Helibase/Helispot Manager

26. If you have started a Helispot operation prior to the arrival of Air Operations personnel, what should you do when a new Helispot Manager arrives?
- Tell the new Helispot Manager that you are in charge of everything and stay out of your way.
 - Inform the new Helispot Manager that you will do everything except controlling air traffic.
 - Give the new Helispot Manager a briefing on what you have accomplished in regards to the Helispot operation.
 - Call your supervisor and complain that somebody is stepping in your turf.
27. If there are not any Air Operations personnel at scene, what position in the Multi-Casualty Branch will run the Helispot?
- The Multi-Casualty Branch Director.
 - The Helibase Manager.
 - Medical Communications Coordinator.
 - Air Ambulance Coordinator.
28. Why should the Helispot be reasonably close to the Treatment Area if possible?
- Eliminate the need for the patients being transferred in ground Ambulances.
 - So that you can communicate without radios.
 - It makes it easier for you can see how many patients there are to transport.
 - No reason, just a convenience.
29. What are two serious problems that can be encountered if the Helispot is too close to the Treatment Area?
- The doctors will be thinking about a helicopter ride instead of concentrating on the patients.
 - Debris and noise interfering with patient care.
 - Exhaust fumes and oxygen are a bad combination.
 - The Incident Commander may have dirt blown in his coffee and if he yells nobody can hear him.
30. When possible, a helispot should be established in what wind direction from the Treatment Area?
- Upwind.
 - It makes no difference.
 - Downwind or crosswind.
 - Perpendicular wind.

31. When establishing a Helispot on a highway, which of the following is most important?
- a. Insure that the Air Ambulance lands in the correct traffic lane.
 - b. Recreational vehicles must stop because they cannot drive under the rotor blades. Cars are ok.
 - c. As long as the drivers can see the helicopter there is nothing that needs to be done.
 - d. Insure that the highway is closed to traffic with positive control in both directions.
32. Is it a safety concern to have an Air Ambulance land at the scene without having radio communication?
- a. Yes.
 - b. No.
 - c. Depends upon how good the pilot is.

Air Ambulance Coordinator
Final Examination - Keyed

1. When receiving a briefing from the Patient Transportation Group Supervisor, list four generic items to cover.
 - a. **When to report on progress** _____
 - b. **Channels of communication** _____
 - c. **Objectives your supervisor wants accomplished** _____
 - d. **The time frame to accomplish the objectives** _____
2. Who will tell you what position in Air Operations you are to coordinate with?
 - a. Air Operations Director.
 - b. Multi-Casualty Branch Director.
 - c. **Patient Transportation Group Supervisor.**
 - d. Medical Group Supervisor.
3. At the start of an incident how would you most likely get the Incident Action Plan?
 - a. **Orally from your supervisor.**
 - b. By radio from the Communications Unit on the tactical frequency.
 - c. In writing at the Supply Unit.
 - d. Go to the Command Post and ask the Incident Commander for a copy.
4. Why does the Air Ambulance Coordinator need to determine the location of the Helispot?
 - a. **The Helispot is the Air Ambulance Coordinators primary work location.**
 - b. If Air Operations personnel are not at scene, you may have to give an assistant directions to the helispot so that you can stay at the Incident Base.
 - c. If ground ambulances are to transfer patients from the Treatment Area, they can find their own directions.

5. Why is it important to determine the expected number and type of resources?
 - a. **It is important so that you can match your objectives with the quantity of resources. If you do not have sufficient resources at hand you must order more through your supervisor.**
 - b. It is not important because the Supply Unit has the final word on who get what.
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22. What is the title of the Air Operations position that you will most likely do your primary coordination with?
- Air Operations Director.
 - Helibase/Helispot Manager.**
 - Takeoff and Landing Controller.
 - Loadmaster.

23. If you need a helicopter landing pad dedicated to loading patients, which position would be the best to contact?
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 - Operations Section Chief.
 - Helibase/Helispot Manager.**
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24. If you need the ETA's of arriving Air Ambulances, how would it be best to get the information when Air Operations Branch has been filled?
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 - Inform the new Helispot Manager that you will do everything except controlling air traffic.
 - Give the new Helispot Manager a briefing on what you have accomplished in regards to the Helispot operation.**
 - Call your supervisor and complain that somebody is stepping in your turf.
27. If there are not any Air Operations personnel at scene, what position in the Multi-Casualty Branch will run the Helispot?
- The Multi-Casualty Branch Director.
 - The Helibase Manager.
 - Medical Communications Coordinator.
 - Air Ambulance Coordinator.**

28. Why should the Helispot be reasonably close to the Treatment Area if possible?
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- The doctors will be thinking about a helicopter ride instead of concentrating on the patients.
 - Debris and noise interfering with patient care.**
 - Exhaust fumes and oxygen are a bad combination.
 - The Incident Commander may have dirt blown in his coffee and if he yells nobody can hear him.
30. When possible, a helispot should be established in what wind direction from the Treatment Area?
- Upwind.
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- Insure that the Air Ambulance lands in the correct traffic lane.
 - Recreational vehicles must stop because they cannot drive under the rotor blades. Cars are ok.
 - As long as the drivers can see the helicopter there is nothing that needs to be done.
 - Insure that the highway is closed to traffic with positive control in both directions.**
32. Is it a safety concern to have an Air Ambulance land at the scene without having radio communication?
- Yes.**
 - No.
 - Depends upon how good the pilot is.

**AIR AMBULANCE COORDINATOR
TRAINEE WORKBOOK
Self-Paced Instruction**

AIR AMBULANCE COORDINATOR
TRAINEE WORKBOOK

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INTRODUCTION AND COURSE INSTRUCTIONS

The purpose of this course is to enable you to perform as an effective Air Ambulance Coordinator on a Multi-Casualty Incident. This workbook covers some of the information and skills needed to perform your tasks.

Before beginning, you must have successfully completed the I-220 Basic ICS, I-272 Helispot Manager, and Medical First Responder training. Current certification as an EMT-1 or higher level is recommended. This training guide assumes that you have had this training and some field experience.

In the Table of Contents, the material is presented in units. The last item in each unit is the progress check containing questions related to that unit. The purpose of the progress check is to let you know when you are ready to move on. You can compare your answers with the progress check answer key. Whenever you have answered a question incorrectly, restudy the text to determine the correct answer.

The trainee should become knowledgeable on the course material prior to taking the final examination. If you are conscientious in restudying all of your progress checks, you will be confident of succeeding on the final examination.

Your course administrator will determine how the required final examination will be given. An 80% score on this test is the minimum passing grade. If you have any questions about the test or material, feel free to contact the course administrator. This information is listed below.

Course Administrator: _____

Telephone Number: _____

Course Objectives:

This self-paced instruction text is designed to enable you to perform as an effective Air Ambulance Coordinator. The instruction level is targeted toward trainees that have had little exposure to the functioning of an Air Ambulance Coordinator.

Responsibilities, procedures, and materials involved with the operation of the position are presented. More specifically, the successful completion of this course means that you will be able to accomplish the following listed objectives.

Performance Objectives:

Upon completion of course instruction, the trainee shall describe how to function as an Air Ambulance Coordinator.

Upon completion of course instruction, the trainee shall describe what Air Operations duties must be performed if there are not any Air Operations personnel at scene.

Instructional Objectives:

- Unit 1: Upon completion of course instruction, the trainee shall describe what items are necessary to ascertain when checking in and receiving a briefing.
- Unit 2: Upon completion of course instruction, the trainee shall describe the Incident Command Organization for a Multi-Casualty Branch.
- Unit 3: Upon completion of course instruction, the trainee shall be able to describe the general responsibilities of the Air Ambulance Coordinator.
- Unit 4: Upon completion of course instruction, the trainee shall be able to describe how to work with the Air Operations Branch.
- Unit 5: Upon completion of course instruction, the trainee shall be able to describe how to function as Air Ambulance Coordinator when there are not Air Operations personnel at scene.

UNIT 1: CHECK-IN AND BRIEFING

Objective: Upon completion of course instruction, the trainee shall describe what items are necessary to ascertain when checking in and receiving a briefing.

The first thing you do when you arrive at an incident is to check in. On a small incident you can often check in directly with the Incident Commander or your immediate supervisor. On a large incident you have to report to a standard "ICS check-in location". At a check-in location you should be able to determine the name and location of your supervisor.

Your immediate supervisor is the Patient Transportation Group Supervisor. You need to talk directly with this person and receive a briefing. Items listed below are standard for your position:

1. Incident Briefing Form ICS 201.
2. Instructions concerning work activities.

This would include generic information such as when to report on progress, channels of communication, and what objectives the Patient Transportation Group Supervisor wants you to accomplish. Check on the time frame to accomplish your objectives:

3. Determine position in Air Operations that you coordinate with.

The exact position in Air Operations that you coordinate with is important. You will need to work closely with this person. Some positions in Air Operations are not always filled. Each incident will have some variation in Air Operations needs, so be flexible on whom to coordinate with. Your supervisor will inform you on the individual. If there are no Air Operations personnel at scene you are on your own and will have to coordinate directly with each Air Ambulance:

4. Obtain Incident Action Plan when available.

The Incident Action Plan is usually given orally at the start of an incident. If the incident is long term the Incident Action Plan will be written. Your supervisor can provide you with the information:

5. Location of Helispot.

You will need to determine the location of the helispot since it is your primary work location. In some situations, such as you are at scene before any Air Operations personnel arrive, you may have to select a Helispot location:

6. Expected number and type of resources.

This is important to determine so that you can match your objectives with resources. You may need to order or release resources:

7. Anticipated duration/operation period.

This is important in that it can affect the quantity of resources required. This also relates directly to the time frame that you have to complete your objectives:

8. The need for temporary logistical support.

9. Food delivery.

10. Incident frequencies to communicate with Patient Transportation Group Supervisor, Medical Communications Coordinator, Treatment Dispatch Manager, and the Air Ambulances.

11. Sanitation.

PROGRESS CHECK: UNIT 1

This progress check covers the material covered in Unit 1. Complete the following progress check and compare your answers with the answer key that immediately follows this progress check. If you answer any questions incorrectly, restudy the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. When receiving a briefing from the Patient Transportation Group Supervisor, list four generic items to cover.
 - a. _____
 - b. _____
 - c. _____
 - d. _____
2. Who will tell you what position in Air Operations you are to coordinate with?
 - a. Air Operations Director.
 - b. Multi-Casualty Branch Director.
 - c. Patient Transportation Group Supervisor.
 - d. Medical Group Supervisor.
3. At the start of an incident how would you most likely get the Incident Action Plan?
 - a. Orally from your supervisor.
 - b. By radio from the Communications Unit on the tactical frequency.
 - c. In writing at the Supply Unit.
 - d. Go to the Command Post and ask the Incident Commander for a copy.
4. Why does the Air Ambulance Coordinator need to determine the location of the Helispot?
 - a. The Helispot is the Air Ambulance Coordinator's primary work location.
 - b. If Air Operations personnel are not at scene, you may have to give assistant directions to the helispot so that you can stay at the Incident Base.
 - c. If Ground Ambulances are to transfer patients from the Treatment Area, they can find their own directions.
5. Why is it important to determine the expected number and type of resources?
 - a. It is important so that you can match your objectives with the quantity of resources. If you do not have sufficient resources at hand you must order more through your supervisor.
 - b. It is not important because the Supply Unit has the final word on who gets what.
 - c. You need to keep track of the cost of using resources.
 - d. The Resource Unit will keep track of resource status so you do not need to be concerned with number or type of resources.

6. Why is it important to determine the anticipated duration/operation period?
 - a. Time is not an important element for the Air Ambulance Coordinator to consider.
 - b. You can only accomplish so much in a given time frame with the resources at hand, so there is no use in planning for the future.
 - c. You must consider the time frame to accomplish your objectives. It may be necessary to order or release resources if you are to accomplish your objectives on time.
 - d. Your supervisor will anticipate your needs based on the duration/operation period.

7. You will have to communicate with various positions on an incident. Each incident will have some variation. The positions that you are most likely to communicate with via radio are:
 - a. Patient Transportation Group Supervisor, Medical Communications Coordinator, Treatment Dispatch Manager, and the Air Ambulances.
 - b. Operations Section Chief, Multi-Casualty Branch Director, Air Operations Branch Director, and the Air Ambulances.
 - c. Patient Transportation Group Supervisor, Medical Group Supervisor, Triage Unit Leader, and the Treatment Unit Leader.
 - d. Operations Section Chief, Logistics Section Chief, Planning Section Chief, and the Finance Section Chief.

PROGRESS CHECK: UNIT 1 ANSWER KEY

1. When receiving a briefing from the Patient Transportation Group Supervisor, list four generic items to cover.
 - a. **When to report on progress** _____
 - b. **Channels of communication** _____
 - c. **Objectives to accomplish** _____
 - d. **Time frame to accomplish objectives** _____

2. Who will tell you what position in Air Operations you are to coordinate with?
 - a. Air Operations Director.
 - b. Multi-Casualty Branch Director.
 - c. **Patient Transportation Group Supervisor.**
 - d. Medical Group Supervisor.

3. At the start of an incident how would you most likely get the Incident Action Plan?
 - a. **Orally from your supervisor.**
 - b. By radio from the Communications Unit on the tactical frequency.
 - c. In writing at the Supply Unit.
 - d. Go to the Command Post and ask the Incident Commander for a copy.

4. Why does the Air Ambulance Coordinator need to determine the location of the Helispot?
 - a. **The Helispot is the Air Ambulance Coordinator's primary work location.**
 - b. If Air Operations personnel are not at scene, you may have to give assistant directions to the helispot so that you can stay at the Incident Base.
 - c. If Ground Ambulances are to transfer patients from the Treatment Area, they can find their own directions.

5. Why is it important to determine the expected number and type of resources?
 - a. **It is important so that you can match your objectives with the quantity of resources. If you do not have sufficient resources at hand you must order more through your supervisor.**
 - b. It is not important because the Supply Unit has the final word on who gets what.
 - c. You need to keep track of the cost of using resources.
 - d. The Resource Unit will keep track of resource status so you do not need to be concerned with number or type of resources.

6. Why is it important to determine the anticipated duration/operation period?
 - a. Time is not an important element for the Air Ambulance Coordinator to consider.
 - b. You can only accomplish so much in a given time frame with the resources at hand, so there is no use in planning for the future.
 - c. **You must consider the time frame to accomplish your objectives. It may be necessary to order or release resources if you are to accomplish your objectives on time.**
 - d. Your supervisor will anticipate your needs based on the duration/operation period.

7. You will have to communicate with various positions on an incident. Each incident will have some variation. The positions that you are most likely to communicate with via radio are:
 - a. **Patient Transportation Group Supervisor, Medical Communications Coordinator, Treatment Dispatch Manager, and the Air Ambulances.**
 - b. Operations Section Chief, Multi-Casualty Branch Director, Air Operations Branch Director, and the Air Ambulances.
 - c. Patient Transportation Group Supervisor, Medical Group Supervisor, Triage Unit Leader, and the Treatment Unit Leader.
 - d. Operations Section Chief, Logistics Section Chief, Planning Section Chief, and the Finance Section Chief.

UNIT 2: INCIDENT ORGANIZATION

Objective: Upon completion of this unit, the trainee shall describe the Incident Command Organization for a Multi-Casualty Branch.

The Air Ambulance Coordinator is a ground-based position that works for the Patient Transportation Group Supervisor during Multi-Casualty Incidents. The position is activated when the number of Air Ambulances and patients require detailed coordination in terms of transportation. The Air Ambulance Coordinator is primarily concerned with having the correct number and type of patients delivered to the Helispot/Helibase in a timely manner with a known destination hospital. The Air Ambulance Coordinator may have to secure a Helispot/Helibase location for arriving Air Ambulances and communicate directly with the Flight Crews if Air Operations Branch positions have not been filled.

The Air Ambulance Coordinator works directly for the Patient Transportation Group Supervisor. The Air Ambulance Coordinator is responsible for coordinating patient transportation with the Air Operations Branch. The exact position in Air Operations to contact will be determined by the situation.

- a. Figure 2.1 shows the Command System Organization when the Air Operations Branch has not been filled. This is most likely early in an incident or in an incident that will be of short duration. In this situation the Air Ambulance Coordinator will have the additional duties of Helispot Manager until relieved by Air Operations.

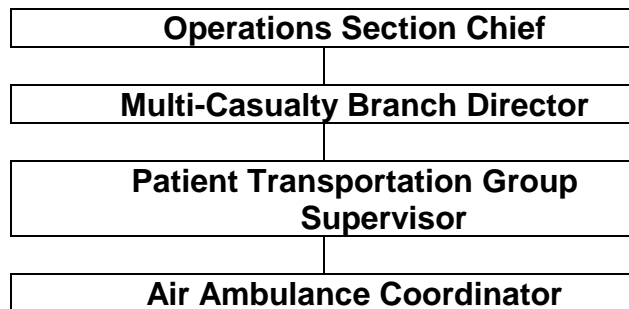


Figure 2.1

- b. Figure 2.2 shows the Command System Organization when the Air Operations Branch has been filled. This is likely on a long-term incident and/or a complex incident. Not all Air Operation Branch positions may be filled. Your point of contact may vary from incident to incident.

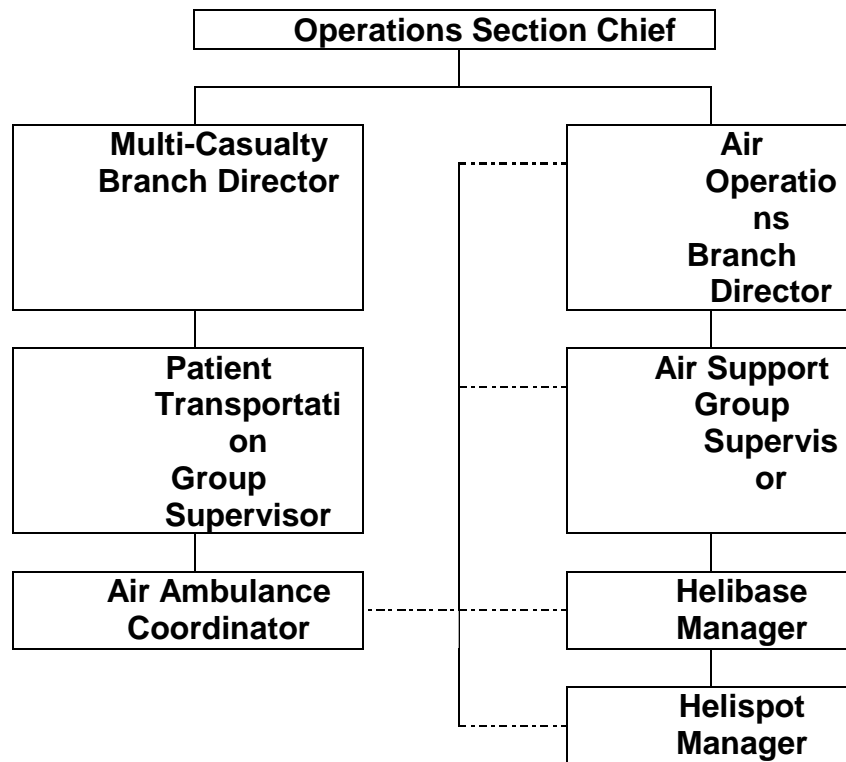
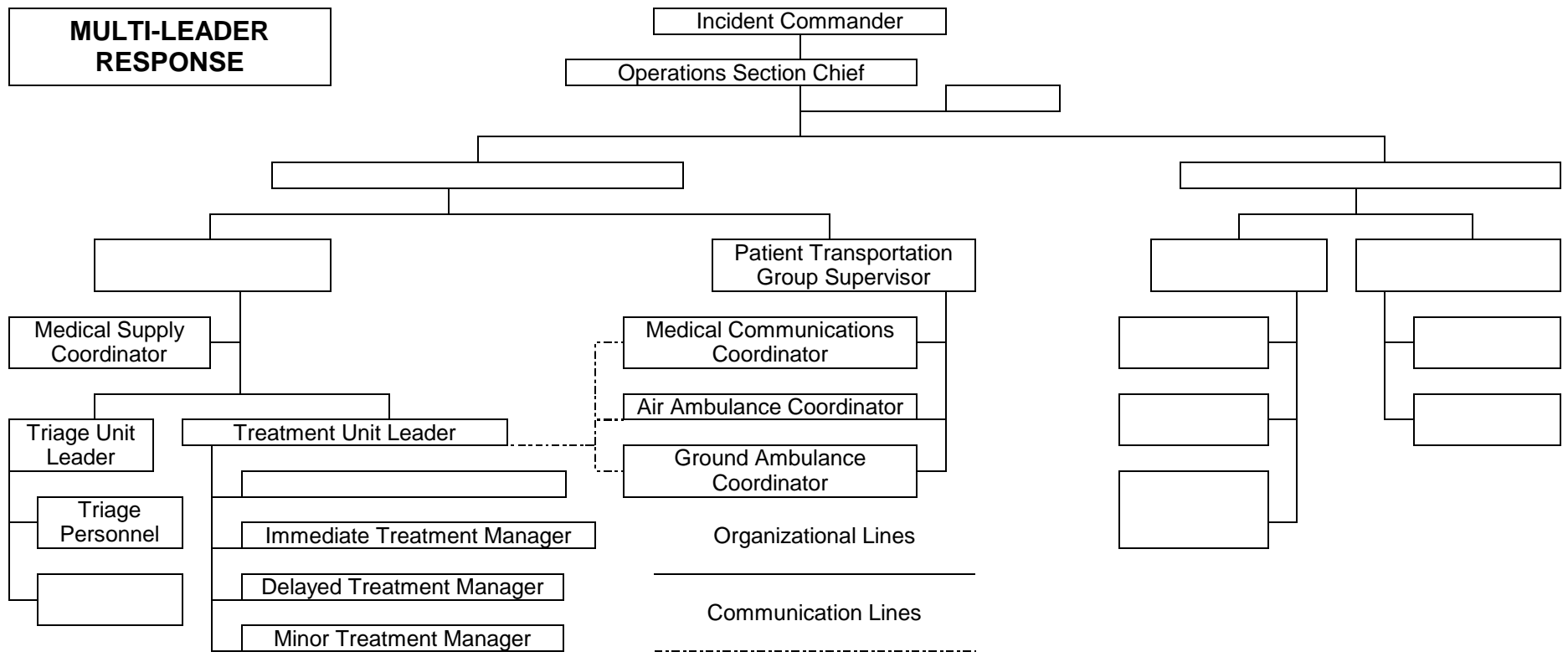
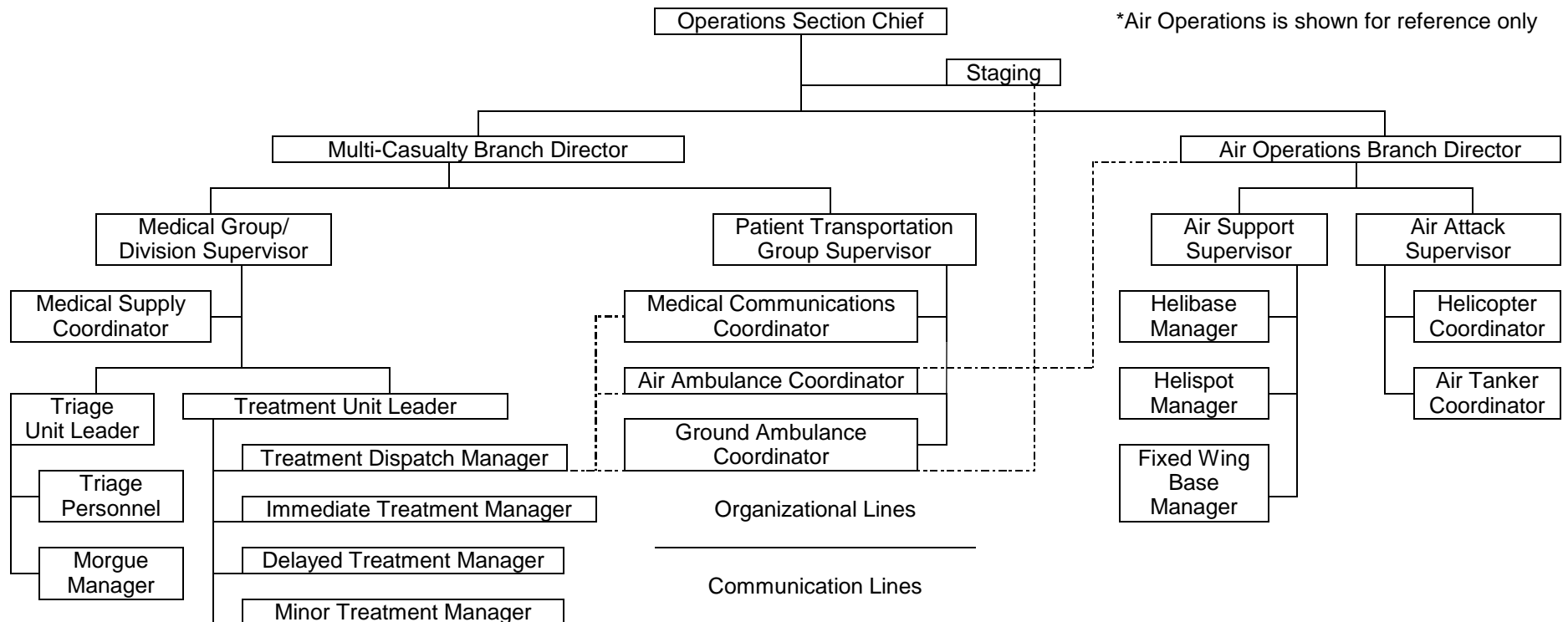


Figure 2.2

- c. The first ICS Organizational Chart shown is for a Multi-Casualty Branch Multi-Leader Response Level. You would encounter this type position staffing at the beginning of a Multi-Casualty Incident or if the Multi-Casualty Incident is not of sufficient magnitude to justify filling all positions. Pay particular attention to the organizational lines and the communication lines. Note that there is not a communication line to Air Operations. The assumption here is that there are no Air Operations personnel at scene. You will have to coordinate directly with the Air Ambulances on all matters. This is one of the reasons that a prerequisite of Helispot Manager training has been established for the Air Ambulance Coordinator position.
- d. The second ICS Organizational Chart shown is for a Multi-Casualty Branch Full Branch Response Level. You would encounter this type staffing on a major Multi-Casualty Incident. Note that your communication line extends to Air Operations. The exact position in Air Operations will depend upon the situation. Once Air Operations has filled the Helispot/Helibase Manager position you will no longer have to concern yourself with any Air Operations function. Be sure to brief the new Helispot/Helibase Manager on what actions you have taken in regard to managing the Helispot.



INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL



PROGRESS CHECK: UNIT 2

This progress check covers the material covered in Unit 2. Complete the following progress check and compare your answers with the answer key that immediately follows this progress check. If you answer any questions incorrectly, restudy the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. The Multi-Casualty Branch Director is supervised by whom?
 - a. The Patient Transportation Group Supervisor.
 - b. The Operations Section Chief.
 - c. The Air Ambulance Coordinator.
 - d. The Air Operations Branch Director.

2. If there are no Air Operations personnel at the scene, what position in Air Operations does the Air Ambulance Coordinator assume until relieved?
 - a. Air Attack Supervisor.
 - b. Helicopter Coordinator.
 - c. Air Marshall Supreme
 - d. Helispot Manager.

3. Your immediate supervisor is which of the following?
 - a. Ground Ambulance Coordinator.
 - b. Multi-Casualty Branch Director.
 - c. Patient Transportation Group Supervisor.
 - d. Air Operations Director.

4. When the Air Operations Branch has filled positions, which position will you coordinate with?
 - a. Helispot Manager.
 - b. Air Support Supervisor.
 - c. Air Operations Director.
 - d. The position must be ascertained from your supervisor because each incident will have varying Air Operations Branch positions filled.

5. The Multi-Casualty Branch Director supervises how many groups?
 - a. Three groups, Medical Group, Patient Transportation Group, and Air Support Group.
 - b. Two groups, Medical Group and Patient Transportation Group.
 - c. Two Groups, Triage Unit Group and Treatment Unit Group.

6. Your supervisor, the Patient Transportation Group Supervisor, has two other coordinators to supervise. What are the titles of their positions?
 - a. Medical Communications Coordinator and Ground Ambulance Coordinator.
 - b. Bandage Coordinator and Triage Coordinator.
 - c. Treatment Unit Leader and Triage Unit leader.

7. On the chart for the Multi-Casualty Branch Full Branch Response Level there is a line of communication between the Air Ambulance Coordinator and the Treatment Dispatch Manager. Why do you think there is a line of communication?
 - a. The line of communication allows the coordination of patient transportation after medical treatment has been completed.
 - b. There are no lines of communication across Groups and Divisions.
 - c. The Air Ambulance Coordinator must coordinate with Treatment Dispatch Manager on all matters.

PROGRESS CHECK: UNIT 2 ANSWER KEY

1. The Multi-Casualty Branch Director is supervised by whom?
 - a. The Patient Transportation Group Supervisor.
 - b. The Operations Section Chief.**
 - c. The Air Ambulance Coordinator.
 - d. The Air Operations Branch Director.

2. If there are no Air Operations personnel at the scene, what position in Air Operations does the Air Ambulance Coordinator assume until relieved?
 - a. Air Attack Supervisor.
 - b. Helicopter Coordinator.
 - c. Air Marshall Supreme
 - d. Helispot Manager.**

3. Your immediate supervisor is which of the following?
 - a. Ground Ambulance Coordinator.
 - b. Multi-Casualty Branch Director.
 - c. Patient Transportation Group Supervisor.**
 - d. Air Operations Director.

4. When the Air Operations Branch has filled positions, which position will you coordinate with?
 - a. Helispot Manager.
 - b. Air Support Supervisor.
 - c. Air Operations Director.
 - d. The position must be ascertained from your supervisor because each incident will have varying Air Operations Branch positions filled.**

5. The Multi-Casualty Branch Director supervises how many groups?
 - a. Three groups, Medical Group, Patient Transportation Group, and Air Support Group.
 - b. Two groups, Medical Group and Patient Transportation Group.**
 - c. Two Groups, Triage Unit Group and Treatment Unit Group.

6. Your supervisor, the Patient Transportation Group Supervisor, has two other coordinators to supervise. What are the titles of their positions?
 - a. Medical Communications Coordinator and Ground Ambulance Coordinator.**
 - b. Bandage Coordinator and Triage Coordinator.
 - c. Treatment Unit Leader and Triage Unit leader.

7. On the chart for the Multi-Casualty Branch Full Branch Response Level there is a line of communication between the Air Ambulance Coordinator and the Treatment Dispatch Manager. Why do you think there is a line of communication?
 - a. **The line of communication allows the coordination of patient transportation after medical treatment has been completed.**
 - b. There are no lines of communication across Groups and Divisions.
 - c. The Air Ambulance Coordinator must coordinate with Treatment Dispatch Manager on all matters.

Unit 3: GENERAL OPERATIONS

Objective: Upon completion of course instruction, the trainee shall be able to describe the general responsibilities of the Air Ambulance Coordinator.

In this Unit we will be covering general operations of the Air Ambulance Patient Coordinator. In Unit 4 we will cover working with Air Operations. In Unit 5 we will cover working without Air Operations. There will be some overlap in these next three units. This is desirable because it will demonstrate the dynamic nature of the Air Ambulance Coordinator position.

We will cover the Air Ambulance Coordinator's Checklist.

AIR AMBULANCE COORDINATOR'S CHECKLIST:

- a. Check in and receive briefing from Patient Transportation Group Supervisor.
- b. If Air Operations Personnel are not at scene establish a helispot.
- c. Coordinate patient transportation activities with Air Operations Branch (when activated).
- d. Request Ground Ambulances to move patients from the treatment area to the Helispot/ Helibase if needed:
 1. Request through your supervisor. You may be directed to contact the Medical Communications Coordinator or the Treatment Dispatch Coordinator.
 2. Have sufficient Ambulances to handle the patient load.
 3. You may have to provide directions.
 4. Insure that the Helispot is accessible.
 5. Avoid having patients delivered from Treatment Unit to the Helispot if there are no Air Ambulances available. **THIS IS VERY IMPORTANT AND PERHAPS THE MOST DIFFICULT ASPECT OF YOUR JOB.** Careful planning and good communications are required.
- e. Determine Air Ambulance ETA's to scene and number of Advanced Life Support (ALS) and Basic Life Support (BLS) patients that can be transported for each Air Ambulance:
 1. If Air Operations is staffed they can provide you with this information.
 2. If Air Operations is not staffed you will have to ascertain this information yourself.
 3. Coordinate the above information with the Transportation Group Supervisor so that patients depart Treatment Areas and arrive at the Helispot/Helibase in synch with available Air Ambulances [This is similar to item (d-5) that was previously discussed. Here we are concerned with the patients, not how they get to the Helispot.].

- f. Provide Air Ambulance Crews with necessary information. The Air Ambulance Crews will need the following information prior to departure. Give the information to the appropriate position in Air Operations. If Air Operations is not staffed you will have to give the information directly to the Air Ambulance Crews yourself:
 1. Name and location of the receiving hospital.
 2. Radio frequency of receiving hospital.
 3. If the receiving hospital does not have a Helispot, provide location of landing area and insure that ground transportation has been arranged to transfer the patients to the hospital.
 4. Advise the Air Ambulance Crews if the hospital has been contacted about the patients.
 5. Provide paperwork and information on patient condition.
 6. Provide paperwork and information on patient treatment to Air Ambulance crews. This comes from the Medical Communications Coordinator.

- g. Ascertain Air Ambulance ETA to receiving hospital and forward the ETA to the Medical Communications Coordinator:
 1. Get information directly from Air Ambulance Crew if Air Operations is not staffed.
 2. The hospitals can be better prepared if they know the ETA, number, and condition of patients.

- h. Maintain records as necessary:
 1. Record actions on Unit/Activity Log (ICS Form 214).
 2. EMS Pre-hospital Aircraft Classification Information:
 - This form can be used to keep track of each Air Ambulance.

- i. Assess resource needs and make requests as appropriate:
 1. Make all resource requests directly through your supervisor unless you have made prior arrangements.
 2. This includes personnel if you need an Assistant.

- j. Provide an inventory of medical supplies available at the Helispot:
 1. This will be especially important if Air Ambulances are making repeated trips and are running low on medical supplies.
 2. During a major disaster non-medically equipped Helicopters may be used. These Helicopters are likely to arrive without medical supplies.

- k. Establish and maintain communications with the Air Operations Branch Director:
 1. Determine radio frequencies.
 2. Establish lines of communications.

- I. Establish safe routes of travel for Ground Ambulances entering and exiting the Helispot/ Helibase:
 - 1. Do this yourself if Air Operations is not at scene.
 - 2. Coordinate with Helispot/Helibase Manager if at the scene.

- m. Establish and maintain communications with the Medical Communications Coordinator and the Treatment Dispatch Manager.

PROGRESS CHECK: UNIT 3

This progress check covers the material covered in Unit 3. Complete the following progress check and compare your answers with the answer key that immediately follows this progress check. If you answer any questions incorrectly, restudy the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. If the Helispot is not near the Treatment Area what would you do?
 - a. Notify your supervisor that your operation is shut down.
 - b. Call on the radio to the Multi-Casualty Branch Director for resources.
 - c. Notify the Patient Transportation Group Supervisor that you will need ground Ambulances to transfer patients from the Treatment Area to the Helispot.
2. Why is it important for you to determine Air Ambulance ETA's to scene (There may be more than one answer.)?
 - a. It is very important that patients depart the Treatment Area only when an Air Ambulance is available for transportation.
 - b. It takes time to load a patient into an Ambulance and transport to the Helispot.
 - c. The Treatment Dispatch Coordinator may need some lead-time for the Treatment Unit to get patients ready for transportation.
 - d. It may be detrimental to the patient to be away from the Treatment Area and wait an extended period of time for an Air Ambulance.
3. The Air Ambulance Crews need to know what information prior to departure?
 - a. Who is in charge
 - b. The radio frequency of the Medical Dispatch Manager
 - c. Hospital name and location with radio frequency
 - d. Hospital name and location with radio frequency, if the hospital has been previously contacted about the patients, and information on treatment given
4. Why is it important to ascertain Air Ambulance ETA to the receiving hospital and forward this information to the Medical Communications Coordinator?
 - a. The hospital can be contacted and therefore be better prepared to receive the patients.
 - b. The Medical Communications Coordinator needs to keep track of all resources.
 - c. This is not important because some Air Ambulances have radio communications with most hospitals.

5. If you were in danger of being overworked and not likely to catch up what would be best to do?
 - a. Contact the Treatment Dispatch Manager and slow down the flow of patients to the Helispot.
 - b. Notify the Medical Communications Coordinator that you need to take a break.
 - c. Call the Medical Group Supervisor and request fewer patients.
 - d. Contact the Patient Transportation Group Supervisor and request an assistant.

6. Why might it be necessary to provide medical supplies at the Helispot?
 - a. If anybody gets injured at the Helispot you want to be prepared.
 - b. You are responsible for all medical treatment at the Helispot.
 - c. The Air Ambulances may need to restock.

PROGRESS CHECK: UNIT 3 ANSWER KEY

1. If the Helispot is not near the Treatment Area what would you do?
 - a. Notify your supervisor that your operation is shut down.
 - b. Call on the radio to the Multi-Casualty Branch Director for resources.
 - c. **Notify the Patient Transportation Group Supervisor that you will need ground Ambulances to transfer patients from the Treatment Area to the Helispot.**

2. Why is it important for you to determine Air Ambulance ETA to scene (There may be more than one answer.)?
 - a. **It is very important that patients depart the Treatment Area only when an Air Ambulance is available for transportation.**
 - b. **It takes time to load a patient into an Ambulance and transport to the Helispot.**
 - c. **The Treatment Dispatch Coordinator may need some lead-time for the Treatment Unit to get patients ready for transportation.**
 - d. **It may be detrimental to the patient to be away from the Treatment Area and wait an extended period of time for an Air Ambulance.**

3. The Air Ambulance Crews need to know what information prior to departure?
 - a. Who is in charge.
 - b. The radio frequency of the Medical Dispatch Manager.
 - c. Hospital name and location with radio frequency.
 - d. **Hospital name and location with radio frequency, if the hospital has been previously contacted about the patients, and information on treatment given.**

4. Why is it important to ascertain Air Ambulance ETA to the receiving hospital and forward this information to the Medical Communications Coordinator?
 - a. **The hospital can be contacted and therefore be better prepared to receive the patients.**
 - b. The Medical Communications Coordinator needs to keep track of all resources.
 - c. This is not important because some Air Ambulances have radio communications with most hospitals.

5. If you were in danger of being overworked and not likely to catch up what would be best to do?
 - a. Contact the Treatment Dispatch Manager and slow down the flow of patients to the Helispot.
 - b. Notify the Medical Communications Coordinator that you need to take a break.
 - c. Call the Medical Group Supervisor and request fewer patients.
 - d. **Contact the Patient Transportation Group Supervisor and request an assistant.**

6. Why might it be necessary to provide medical supplies at the Helispot?
 - a. If anybody gets injured at the Helispot you want to be prepared.
 - b. You are responsible for all medical treatment at the Helispot.
 - c. **The Air Ambulances may need to restock.**

Unit 4: Working with Air Operations

Objective: Upon completion of course instruction, the trainee shall be able to describe how to work with the Air Operations Branch.

If you have been at scene prior to the arrival of Air Operations it is likely that you have started a Helispot operation. Therefore, it is necessary that you give a briefing to the new Helispot/ Helibase Manager.

On a major or complex incident, positions in the Air Operations Branch will most likely be filled. The exact positions and the order of filling will be determined by the situation. You need to check with your supervisor to determine the position(s) that you will coordinate with.

Most likely you will primarily coordinate with the Helispot or Helibase Manager. You may have to do some minor coordination with some of the positions listed below. Insure that the Helibase Manager and you are in agreement on what secondary positions you coordinate with.

On a major incident a complex Helibase operation may be established. We need to cover some aspects of what will go on so that you know how to coordinate your needs better.

There are many positions at a Helibase that can be filled by the Helibase Manager. Most positions listed below report directly to the Helibase Manager. We will briefly cover some of the positions so that you have a feel for what may be going on. Remember not to coordinate directly with these personnel unless the Helibase Manager has given you authorization.

- a. **Deck Coordinator:** The Deck Coordinator is responsible for providing coordination of a Helibase landing area for personnel (patients) and cargo.
- b. **Loadmaster:** The Loadmaster is responsible for the safe operation of loading and unloading of personnel (patients) and cargo at a Helibase. The Loadmaster reports to the Deck Coordinator.
- c. **Parking Tender:** The Parking Tender is responsible for the takeoff and landing of helicopters at an assigned helicopter pad. (There may be many/often designated by use i.e., patients, fuel, cargo, etc.).
- d. **Takeoff and Landing Controller:** The Takeoff and Landing Controller is responsible for providing coordination of arriving and departing helicopters at a helibase and all helicopter movement on and around the Helibase (This position is like a control tower operator.).
- e. **Helibase Radio Operator:** The Helibase Radio Operator is responsible for establishing communications between incident assigned Helicopters and Helibases, Air Attack Supervisor, Air Operations Director, and Takeoff and Landing Controller.

Review these positions in the Field Operations Guide ICS 420-1.

Listed below are some common items that may come up and what positions can resolve the items:

- a. Need more Air Ambulances - Operations Section Chief/Air Operations Director (through the chain of command).
- b. Planning Air Operations activities - Air Operations Director (input through the chain of command).
- c. Need Landing Pads for Air Ambulances at Helibase - Helibase Manager/Deck Coordinator.
- d. Need assistance in loading patients - Helibase Manager/Deck Coordinator/Loadmaster/Parking Tender.
- e. Need ETA's of Air Ambulances - Helibase Manager/Helibase Radio Operator.
- f. Need medical configuration and capabilities of Air Ambulance prior to arrival - Helibase Manager/Helibase Radio operator.
- g. Need Ground Ambulance traffic plan - Helibase Manager/Deck Coordinator.
- h. Give Air Ambulance crews necessary information on hospital and patients - Helibase Manager/Helibase Radio Operator/Deck Coordinator/Loadmaster/or give information directly yourself if possible (Helicopters are very noisy; give information in writing or over the radio if possible.).
- i. Ascertain Air Ambulance ETA to Receiving hospital - Helibase Manager/Helibase Radio Operator/ or yourself if possible (Forward to the Medical Communications Coordinator.).

PROGRESS CHECK: UNIT 4

This progress check covers the material covered in Unit 4. Complete the following progress check and compare your answers with the answer key that immediately follows this progress check. If you answer any questions incorrectly, restudy the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. What position determines whom you will primarily coordinate with in the Air Operation Branch?
 - a. Operations Section Chief
 - b. Air Operations Director
 - c. Helibase Manager
 - d. Patient Transportation Group Supervisor
2. What is the title of the Air Operations position that you will most likely do your primary coordination with?
 - a. Air Operations Director
 - b. Helibase/Helispot Manager
 - c. Takeoff and Landing Controller
 - d. Loadmaster
3. If you need a helicopter-landing pad dedicated to loading patients, which position would be the best to contact?
 - a. Loadmaster
 - b. Operations Section Chief
 - c. Helibase/Helispot Manager
 - d. Patient Transportation Group Supervisor
4. If you need the ETA's of arriving Air Ambulances, how would it be best to get the information when Air Operations Branch has been filled?
 - a. Ask the Helibase Manager/Helibase Radio Operator.
 - b. Ask the Patient Transportation Group Supervisor.
 - c. Call the Air Ambulances on the radio.
 - d. Ask the Air Operations Director.
5. The Air Ambulance Crews need information on destination, hospital location, and treatment given to the patients. What positions in Air Operations can help you forward the information?
 - a. Air Operations Director
 - b. Air Attack Supervisor
 - c. Takeoff and Landing Controller
 - d. Helibase/Helispot Manager

6. If you have started a Helispot operation prior to the arrival of Air Operations personnel, what should you do when a new Helispot Manager arrives?
 - a. Tell the new Helispot Manager that you are in charge of everything and stay out of your way.
 - b. Inform the new Helispot Manager that you will do everything except controlling air traffic.
 - c. Give the new Helispot Manager a briefing on what you have accomplished in regards to the Helispot operation.
 - d. Call your supervisor and complain that somebody is stepping in your turf.

PROGRESS CHECK: UNIT 4 ANSWER KEY

1. What position determines whom you will primarily coordinate with in the Air Operation Branch?
 - a. Operations Section Chief
 - b. Air Operations Director
 - c. Helibase Manager
 - d. Patient Transportation Group Supervisor**

2. What is the title of the Air Operations position that you will most likely do your primary coordination with?
 - a. Air Operations Director
 - b. Helibase/Helispot Manager**
 - c. Takeoff and Landing Controller
 - d. Loadmaster

3. If you need a helicopter-landing pad dedicated to loading patients, which position would be the best to contact?
 - a. Loadmaster
 - b. Operations Section Chief
 - c. Helibase/Helispot Manager**
 - d. Patient Transportation Group Supervisor

4. If you need the ETA's of arriving Air Ambulances, how would it be best to get the information when Air Operations Branch has been filled?
 - a. Ask the Helibase Manager/Helibase Radio Operator.**
 - b. Ask the Patient Transportation Group Supervisor.
 - c. Call the Air Ambulances on the radio.
 - d. Ask the Air Operations Director.

5. The Air Ambulance Crews need information on destination, hospital location, and treatment given to the patients. What positions in Air Operations can help you forward the information?
 - a. Air Operations Director
 - b. Air Attack Supervisor
 - c. Takeoff and Landing Controller
 - d. Helibase/Helispot Manager**

6. If you have started a Helispot operation prior to the arrival of Air Operations personnel, what should you do when a new Helispot Manager arrives?
 - a. Tell the new Helispot Manager that you are in charge of everything and stay out of your way.
 - b. Inform the new Helispot Manager that you will do everything except controlling air traffic.
 - c. Give the new Helispot Manager a briefing on what you have accomplished in regards to the Helispot operation.**
 - d. Call your supervisor and complain that somebody is stepping in your turf.

Unit 5: WORKING WITHOUT AIR OPERATIONS

Objective: Upon completion of course instruction, the trainee shall be able to describe how to function as Air Ambulance Coordinator when there are not Air Operations personnel at scene.

Probably the most common incident that you will function in as an Air Ambulance Coordinator is a small, short-term incident where you will only use one, two or three Air Ambulances.

In such a situation there is not time or the necessity for Air Operations to send personnel. It is for this reason that you have been required to complete the Helispot Managers course. You will be on your own to run the Helispot and function as Air Ambulance Coordinator. You do have the authority to request an assistant from the Patient Transportation Group Supervisor if you feel it is necessary.

We will not go into specifics that have already been covered in the Helispot Manager course. Instead we will cover some items that are more specific to the helispot needs of a Multi-Casualty incident.

In some cases the Helispot location may have been determined prior to your arrival. Insure that it is a safe location for the Air Ambulances and has access to ground transportation if required.

It is desirable if the Helispot location is close enough to the Treatment Area that Ground Ambulances are not required to transport patients to the Helispot.

The Helispot shall never be so close to the Treatment Area that rotor wash can contaminate the patients with debris.

The Helispot location should be downwind or crosswind from the Treatment Area. This will help with the debris problem.

The helispots shall never be so close to the Treatment Area that the medical personnel cannot converse due to Helicopter noise.

In both the above cases a distance of 300 feet should be adequate.

When establishing a Helispot on a highway, accomplish the following:

- a. Insure that the highway is closed to traffic with positive control in both directions.
- b. Plan on the landing area being downwind of the incident. This will allow the Helicopter to land into the wind and have the tail rotor facing away from the personnel at scene. This will also help with the debris problems.

In all cases try to have two way radio communications with inbound Air Ambulances. If the Air Ambulances are not from your agency or local area use the jurisdictional agency Communication Center to give, through channels, your frequency or ascertain the Air Ambulances frequency. For safety reasons you do not want to have Air Ambulances landing at scene without two-way radio communications.

PROGRESS CHECK: UNIT 5

This progress check covers the material covered in Unit 5. Complete the following progress check and compare your answers with the answer key that immediately follows this progress check. If you answer any questions incorrectly, restudy the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. If there are not any Air Operations personnel at scene, what position in the Multi-Casualty Branch will run the Helispot?
 - a. The Multi-Casualty Branch Director
 - b. The Helibase Manager
 - c. Medical Communications Coordinator
 - d. Air Ambulance Coordinator

2. Why should the Helispot be reasonably close to the Treatment Area if possible?
 - a. Eliminate the need for the patients being transferred in ground Ambulances.
 - b. So that you can communicate without radios.
 - c. It makes it easier for you can see how many patients there are to transport.
 - d. No reason, just a convenience.

3. What are two serious problems that can be encountered if the Helispot is too close to the Treatment Area?
 - a. The doctors will be thinking about a helicopter ride instead of concentrating on the patients.
 - b. Debris and noise interfering with patient care.
 - c. Exhaust fumes and oxygen is a bad combination.
 - d. The Incident Commanders may have dirt blown in their coffee and if they yell nobody can hear them.

4. When possible, a Helispot should be established in what wind direction from the Treatment Area?
 - a. Upwind
 - b. It makes no difference
 - c. Downwind or crosswind
 - d. Perpendicular wind

5. When establishing a Helispot on a highway, which of the following is most important?
 - a. Insure that the Air Ambulance lands in the correct traffic lane.
 - b. Recreational vehicles must stop because they cannot drive under the rotor blades. Cars are okay.
 - c. As long as the drivers can see the helicopter there is nothing that needs to be done.
 - d. Insure that the highway is closed to traffic with positive control in both directions.

6. Is it a safety concern to have an Air Ambulance land at the scene without having radio communication?
 - a. Ye
 - b. No
 - c. Depends upon how good the pilot is

PROGRESS CHECK: UNIT 5 ANSWER KEY

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