



MEDICAL STANDARDS FOR MOUNTAIN RESCUE OPERATIONS USING HELICOPTERS

**Official Consensus Recommendations of the
International Commission for
Mountain Emergency Medicine (ICAR MEDCOM)**

Iztok Tomazin, John Ellerton, Oliver Reisten

ICAR Slovakia 2010

THE PURPOSE OF OUR WORK



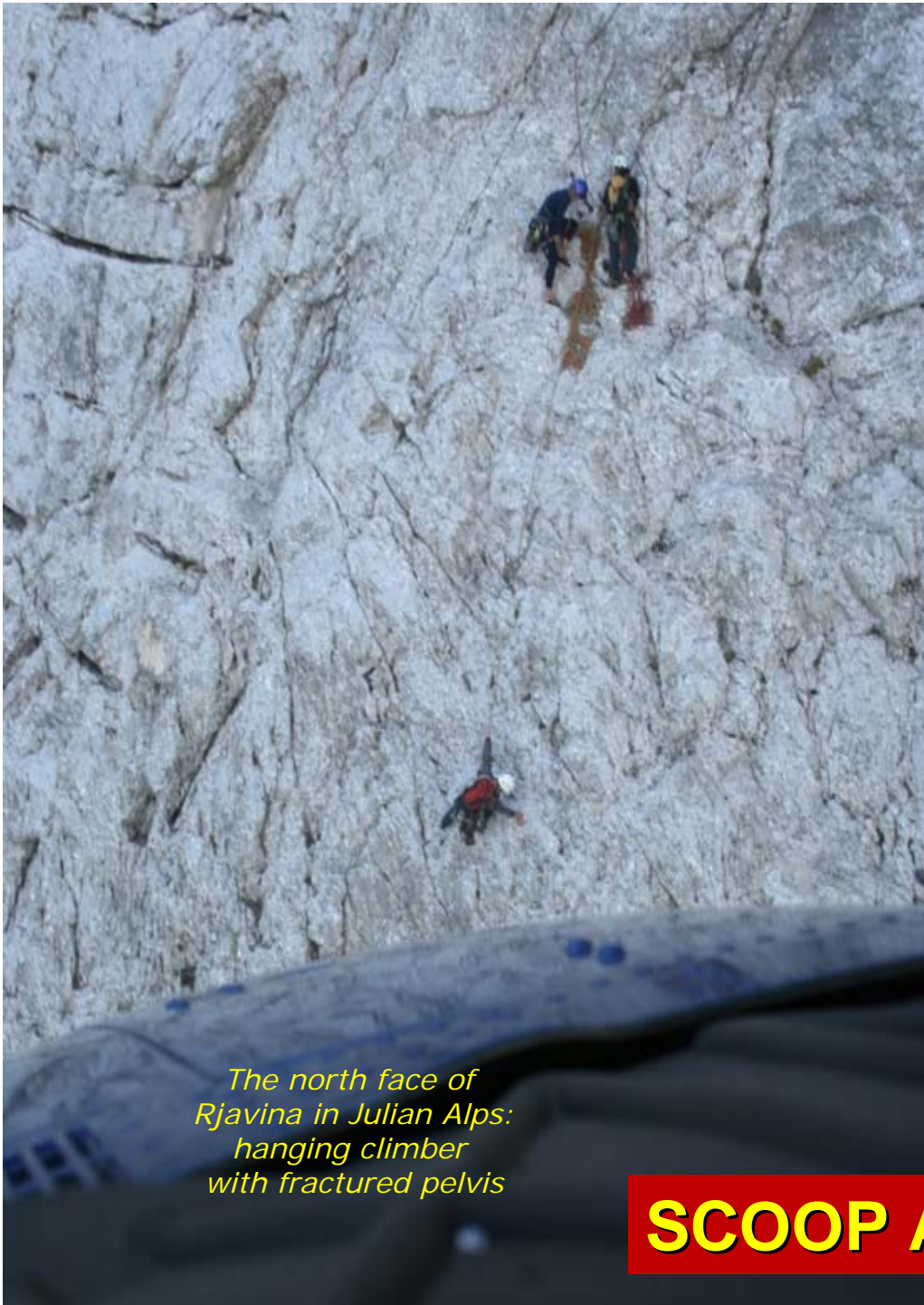
**To establish medical recommendations
for safe and effective
Helicopter Emergency Medical System
(HEMS) in mountain rescue.**

ICAR Slovakia 2010

For the severely injured or ill patient,
SURVIVAL IS TIME DEPENDENT.

Helicopters can provide
significant shortening of the times
involved in mountain rescue.





The north face of Rjavina in Julian Alps: hanging climber with fractured pelvis



SCOOP AND RUN

“STAY AND TREAT”





“STAY AND TREAT”



“STAY AND TREAT”

THE FUNDAMENTAL PRINCIPLES OF (H)EMS IN MOUNTAINS

- **Safety is most important!**
- **Speed and quality** of HEMS are critical factors in patient's ultimate outcome
- **Cooperation** amongst all involved services
- **Helicopter characteristics** for safe and effective work
- Appropriate, light and portable **medical and rescue equipment**
- Appropriate continuous **training and education** of all involved personnel are of utmost importance.
- **“Golden hour”** (time from the accident to the hospital)





ORGANIZATION:

- Helicopter with a mountain rescue competent crew should be **dedicated** to HEMS within a region
- Ideally, every medical emergency within the region should be reached in **less than 20 minutes**
- Role of **Medical Director** (quality management, clinical governance, education etc.)
- UIAA-ICAR-ISMM **Mountain Emergency Medicine diploma**
- Safety Officer responsible for a **Safety Management System**
- **Facilities** for rest, pre-mission planning and training
- Appropriate rescue and medical **equipment etc.**



INTEGRATION AND COOPERATION

- HEMS operating in the mountains should be integrated within the EMS and other emergency systems of the particular area
- Strategies for cooperation across international boundaries are essential.





FINANCE should not compromise safety nor basic principles:

- service is for everyone according to medical and rescue need
- regardless of nationality, insurance or other influences



DISPATCHING

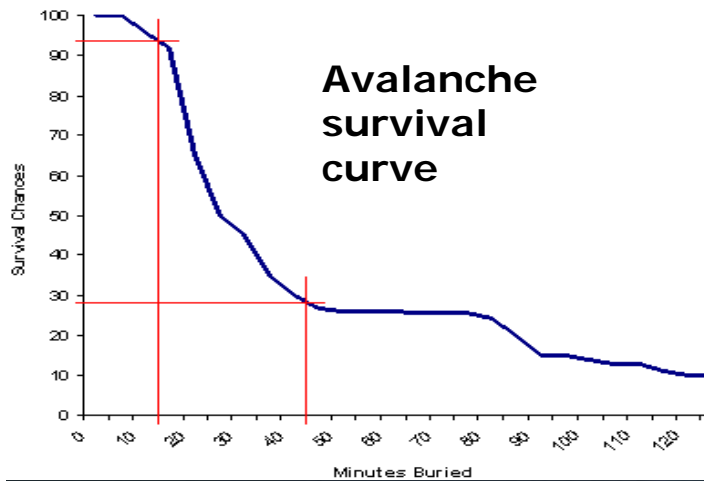
- Dispatch centers should be contacted by a widely publicized **internationally recognized calling number (112, 911...)**
- **Integrated centers** for all emergency medical and rescue calls are recommended
- Dispatcher should be **aware of specific mountain rescue problems**
- Decision to dispatch HEMS should be between the dispatch center and HEMS team, and **should exclude unnecessary bureaucratic steps**
- The **final decision** to perform the mission remains with the HEMS team
- The **nearest qualified HEMS** team to the site of the mountain accident, regardless of administrative boundaries, should be dispatched

MEDICAL STANDARDS FOR MOUNTAIN RESCUE OPERATIONS USING HELICOPTERS:
2010 Official Consensus Recommendations of the ICAR MEDCOM

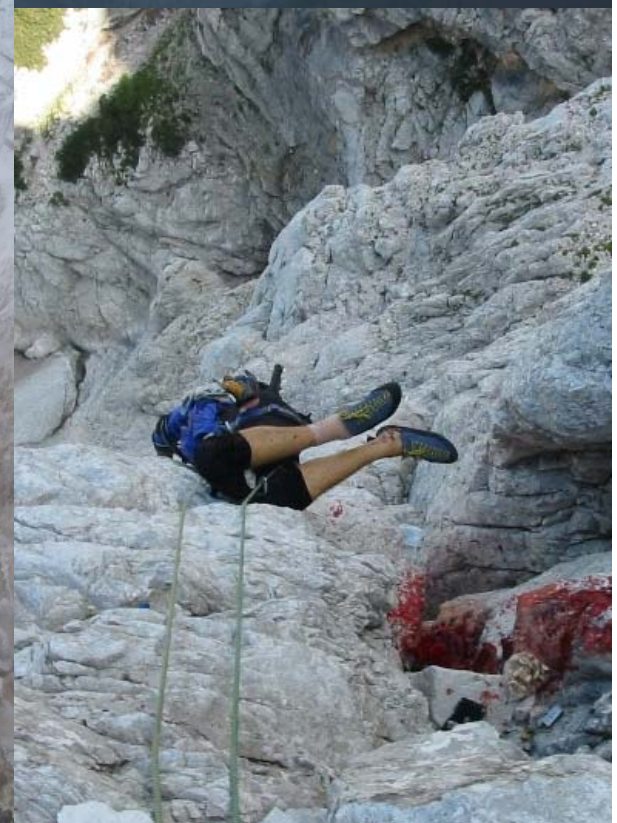


TIME

**Survival is
time dependant!**



TIME IS LIFE





TIME – medical perspective

**Survival is
time dependant!**

- HEMS activation time (from emergency call to take off) of < 5 minutes
- approach time (from emergency call to HEMS team reaching the victim) of < 20 minutes
- minimal standard should be 'as fast as feasible without compromising safety'
- **Safety supersedes medical considerations at all times!**

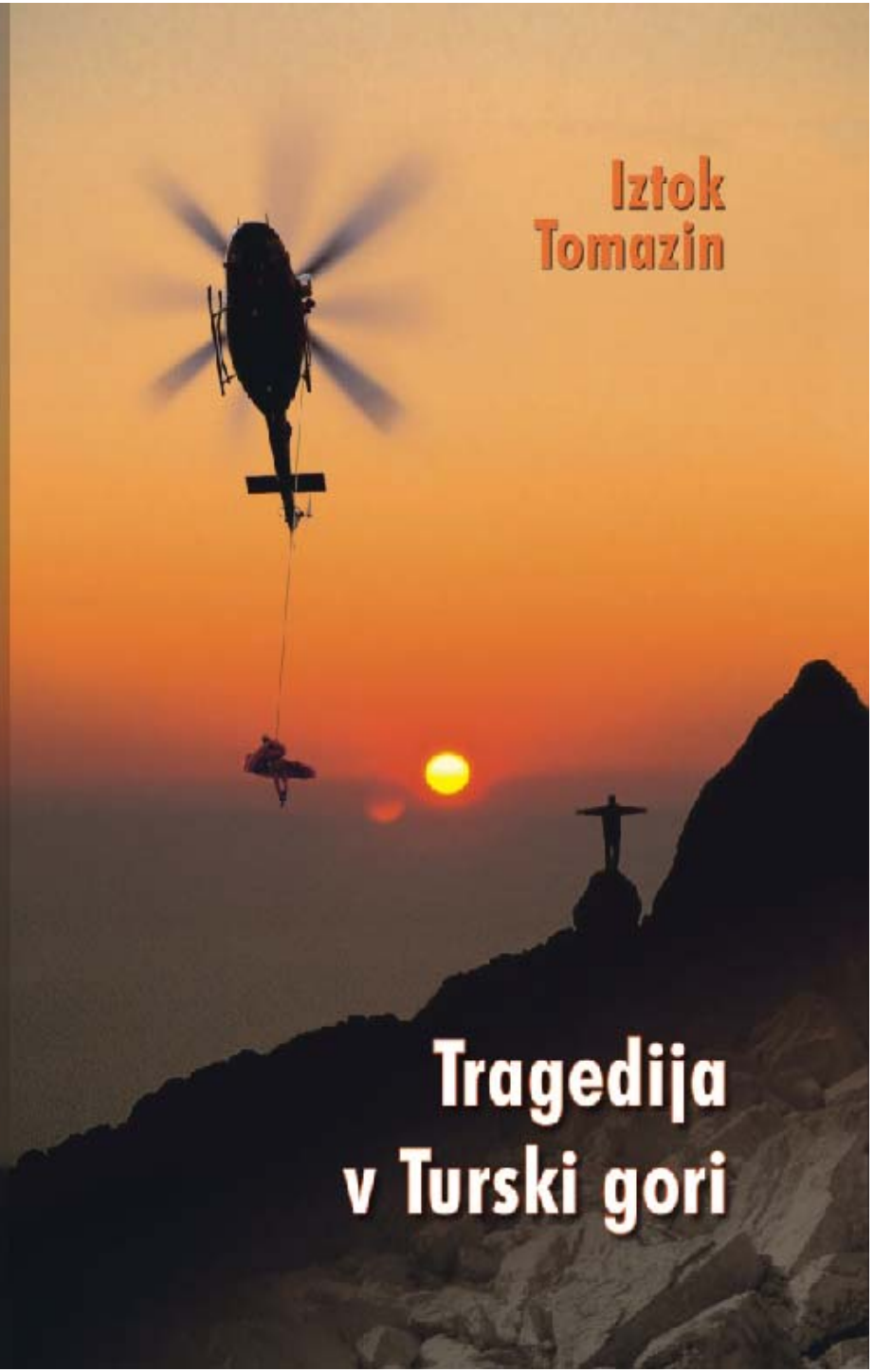


18. junija 1997 se je zgodila najhujša nesreča v zgodovini slovenskega planinskega reševanja, ki je postrela slovensko in mednarodno javnost. Med vajo reševanja v hribovski gorah nad Odrčami se je smrtne posledice got na bližnji poredki reševalci: Mitja Kravčič, Iztok Tomazin, dr. Jani Kalač, Anže Maršič in Karlo Mlakar. Četrtina tragedija v hribovski gorah je posledica sponzorirane operacije in zahtevnosti poti med slovenskih planinskih reševalci. Iskreno in postrežno pripravili ter razložili niso niti izkušeni in odlični ter drugi z reševalci pridobili tudi rano ob postrebi bogatega fotografiranja gostilo postrebo v svoj planinski reševanje. Tragedija izpostavi dovolj ljudi, tudi naj in po njih. Arter križca je prisil. Iztok Tomazin, alpinist, hronolog, gostilo vodnik, izkušni, postreben po gostilo reševalci, niso ni med reševalci in rešila jid izpostavi, hronolog Gornje reševalni center Slovenije. Med 40 reševalci so planinski reševalci, zdravilniki, ki ni postreba hronologije in svojih postrebovalci.



Tragedija v Turski gori

Iztok Tomazin



Iztok Tomazin

Tragedija v Turski gori



COMMUNICATION

- **Robust two-way communication** between HEMS crewmembers, dispatching centres, other EMS and the incident site is essential for safety, efficiency and medical outcome
- **personal helmet** with an integrated two-way radio headset allowing communication at all times.
- international recognized **hand signals**



TEAM - QUALIFICATION

- All members, including medical personnel, should be trained and regarded as members of the air crew
- Leadership qualities in their area of expertise
- Training in all aspects of mountain rescue and safety, and cooperation with terrestrial teams is essential
- The operator should ensure medical staff are trained in its safety management system and CRM
- Local knowledge is essential



TEAM - LOCATION

- Ideally all team members are present at the HEMS base ready for immediate activation
- Minimum standard: it may be appropriate, depending on the service, for rescue and medical members to be on call with an appropriate activation time



TEAM - TASKS

- **“Air rescue optimal crew”** concept allows for different persons to perform the tasks required, permitting flexibility in crewing depending on the nature and complexity of the mission, and the carrying capacity of the aircraft .
- Specific criteria and qualifications are recommended for the tasks
- **It is strongly recommended that medical personnel assess a casualty at the site of the accident** except when the terrain is extremely dangerous and beyond the competence of the medical crewmember

MEDICAL STANDARDS FOR MOUNTAIN RESCUE OPERATIONS USING HELICOPTERS:
2010 Official Consensus Recommendations of the ICAR MEDCOM

'AIR RESCUE OPTIMAL CREW MEMBER' CONCEPT MEDICAL PERSPECTIVE

Task	Crewmember	Qualifications
MEDICAL	Doctor, Advanced Life Support (ALS) paramedics, EMT or nurse. Ideally a BLS-trained EMT, nurse or paramedic should assist the ALS-trained member.	According to relevant regulations and ICAR MEDCOM recommendation no. 3. This includes the ability to perform mountain and mountain rescue techniques as well as appreciate mountain safety. A higher qualification in Mountain Emergency Medicine should be aspired to (MEM diploma).
RESCUE	Mountain rescue (MR) specialist or mountain guide trained in MR. A minimum of BLS-level first aid but preferably higher training should be required.	A high level of experience, knowledge and proficiency in mountaineering and mountain rescue techniques.
SPECIAL TASKS Appropriate activation times should be predefined	Medical specialty personnel...	Regular education and training in helicopter safety and rescue.

Medical personnel (doctor) to the site of the accident !

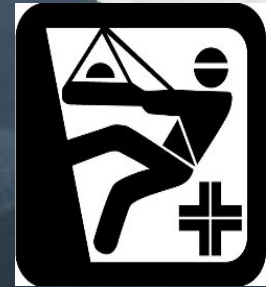




MEDICAL STANDARDS FOR MOUNTAIN RESCUE OPERATIONS USING HELICOPTERS:
2010 Official Consensus Recommendations of the ICAR MEDCOM

QUALIFICATION FOR EMERGENCY DOCTORS IN MOUNTAIN HELICOPTER RESCUE

- Physical and mental fitness
- Trained mountaineer
- Comfortable in exposed situations
- Well trained in mountain helicopter rescue
- Able to work under extreme conditions
- Experienced emergency doctor
- Familiar with mountain medicine





HELICOPTER – MEDICAL PERSPECTIVE

The helicopter must be able to:

- bring the HEMS team to the incident site with all necessary rescue and medical equipment
- pick up the casualty and HEMS crewmember(s) from the incident site
- provide adequate space and equipment for performing medical treatment and monitoring on board



From the medical point of view, helicopter is only flying ambulance vehicle









1. Bring HEMS team to the incident site with all necessary rescue and medical equipment



**2. Pick up the casualty and HEMS crewmember(s)
from the incident site**

**2. Pick up the casualty and HEMS crewmember(s)
from the incident site**





3. Provide adequate space and equipment for performing medical treatment and monitoring on board



MEDICAL EQUIPMENT

- Should meet national and international emergency medicine and other standards
- Must be light, portable (so as to be brought to the patient) and robust
- Must be safely secured during the mission
- Specialist medical equipment and drugs to manage specific mountain related emergencies (hypothermia, altitude illness, snakebite...)
- Ergonomic and compartmentalized medical rucksacks are recommended.



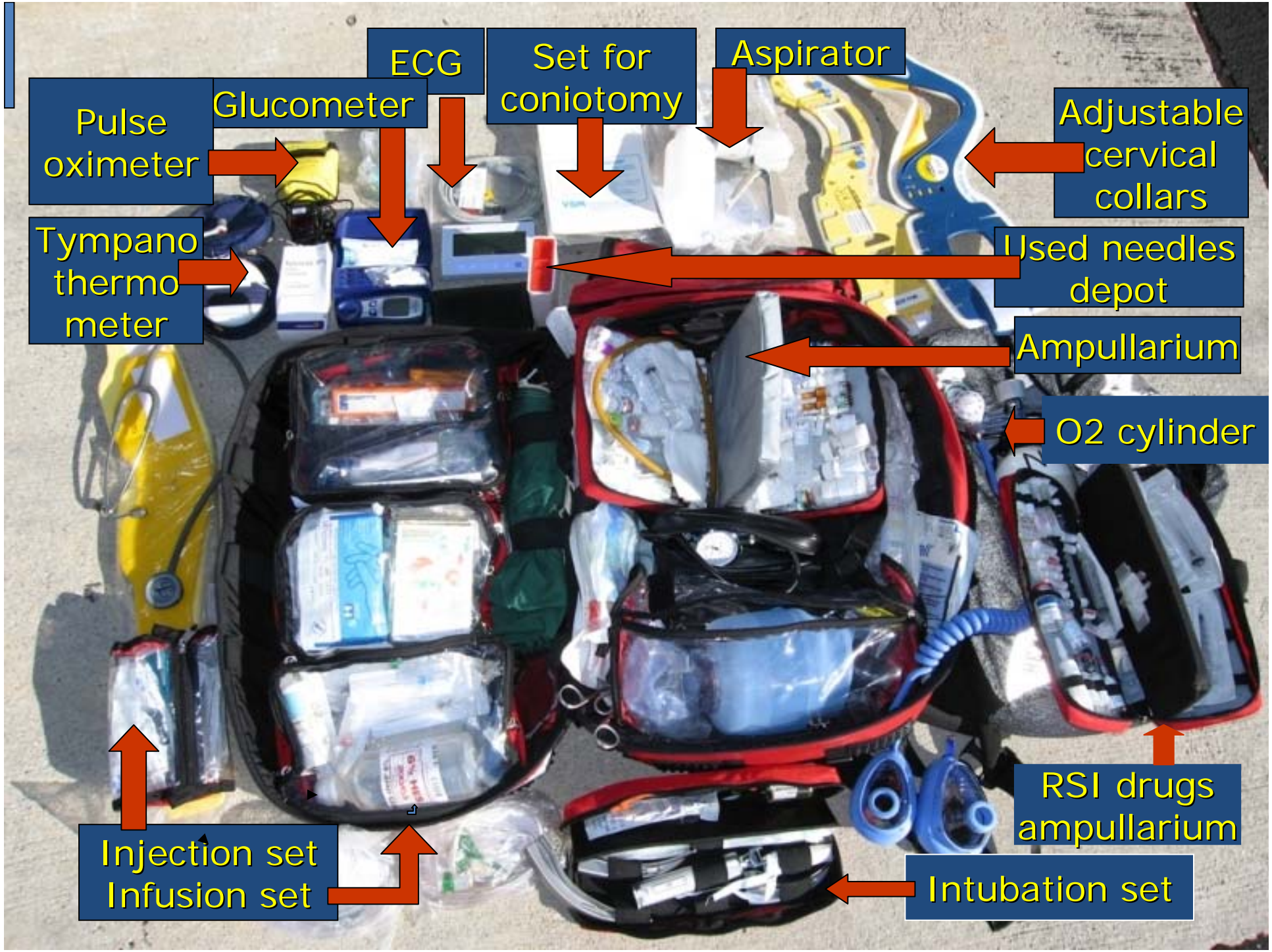


Portable medical equipment

Medical rucksack

Medical rucksack





Pulse oximeter

Glucometer

ECG

Set for coniotomy

Aspirator

Adjustable cervical collars

Tympano thermometer

Used needles depot

Ampullarium

O2 cylinder

Injection set
Infusion set

RSI drugs ampullarium

Intubation set

Stethoscope

Soft cervical collar

Various drugs and other items: intraosseus injection surgical material...

Pneumatic and SAM splint

Suction catheters

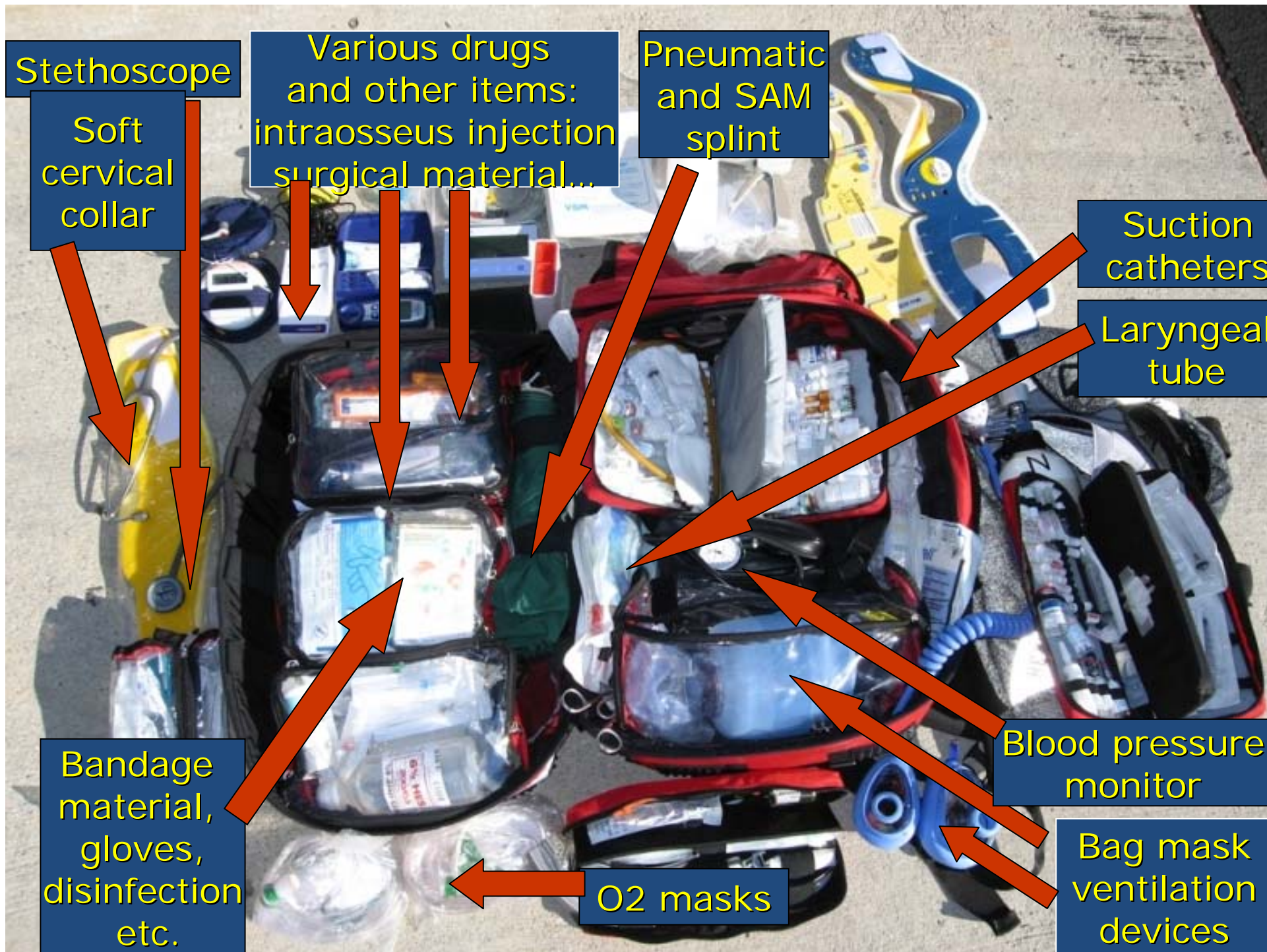
Laryngeal tube

Bandage material, gloves, disinfection etc.

O2 masks

Blood pressure monitor

Bag mask ventilation devices





Drugs



RESPECT



FRIENDSHIP



CONFIDENCE



MEDICAL STANDARDS FOR MOUNTAIN RESCUE OPERATIONS USING HELICOPTERS
2010 Official Consensus Recommendations of the ICAR MEDCOM

Iztok Tomazin, John Ellerton, Oliver Reisten

**THANK YOU
FOR YOUR KIND
ATTENTION**

*Prim. Iztok Tomazin, MD, MSc, mountain guide
ICAR MEDCOM
Mountain Rescue Association of Slovenia*







