



## INTRODUCTION

This document was created by the Hudson Valley – Westchester Helicopter Committee, an inter-regional advisory group established by the Hudson Valley and Westchester Regional EMS Councils and the local Air Medical Services (AMS). Its purpose is to serve as a guide for all emergency service agencies – law enforcement, fire departments and EMS – in the lower seven counties of the Hudson River Valley (geographically north to south, west to east) – Sullivan, Ulster, Dutchess, Orange, Putnam, Rockland, and Westchester. In today's environment of increasingly scarce EMS resources, appropriate use of air medical services is of the utmost importance. Adherence to the practices included in this handbook will help to ensure that the proper resources are provided to the right patients at the right time while maintaining safe and efficient EMS operations.

### CRITERIA FOR REQUESTING AIR MEDICAL SERVICES

1. The helicopter is an air ambulance and an essential part of the EMS system. It may be considered in situations wherein:
  - The use of the helicopter would speed a patient's arrival to the hospital capable of providing definitive care and this is felt to be significant to the patient's condition, or;
  - If specialized services offered by the air medical service would benefit the patient prior to arrival at the hospital.
  - Air medical services may be considered in situations where the patient is inaccessible by other means or, if utilization of existing ground transport services threatens to overwhelm the local EMS system.
2. The following criteria should be used when considering use of an air medical service:
  - The patient's condition is a "life or limb" threatening situation demanding intensive multidisciplinary treatment and care. This may include but not be limited to:
  - Patients with **physical findings** defined in the adult and pediatric major trauma protocols (see attached)
  - Critical burn patients (see attached)
  - Critically ill medical patients requiring care at a specialized center to include, but not be limited to: acute stroke or ST elevation MI as defined by NYS protocol (see attached);
  - **Patients in cardiac arrest who are not hypothermic should be excluded from these criteria**
3. Any emergency agency may request AMS: Police, Fire, and EMS. Contact the county Emergency Communications Center (see communications section of these guidelines).
4. The helicopter may be requested to respond to the scene when:
  - ALS personnel request the helicopter.
  - BLS personnel request the helicopter, when ALS is delayed or unavailable.
  - In the absence of an EMS agency, any emergency service may request the helicopter, if it is felt to be medically necessary.
5. When use of air medical services is not specifically defined by the protocol, the on-scene EMS provider should establish communication with medical control to discuss the situation with the on line physician.
6. The destination facility will be determined by the AMS crew based upon medical appropriateness with consideration for patient preference and on line medical direction, in compliance with regional protocols.



**DOH**  
New York State  
Department of Health  
Bureau of Emergency Medical Services

**POLICY STATEMENT**

*Supersedes/Updates: New*

No. 05-05  
Date: 9/12/05  
Re: Guidelines for Helicopter Utilization Criteria for Scene Response

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**Purpose:**

Air Medical Services (AMS) are a valuable, yet limited resource in New York State. It is important that Emergency Medical Service Personnel utilize consistent and appropriate criteria when requesting an air medical service for assistance with patient care and transport. The following represents a combination of the current criteria in use throughout the state. These criteria are consistent with national AMS utilization criteria. It is important that review of appropriate helicopter utilization be a part of EMS training, as well as a component of the agency and regional level retrospective quality assurance process.

**Criteria:**

1. The helicopter is an air ambulance and an essential part of the EMS system. It may be considered in situations wherein:
  - The use of the helicopter would speed a patient's arrival to the hospital capable of providing definitive care and this is felt to be significant to the patient's condition, or;
  - If specialized services offered by the air medical service would benefit the patient prior to arrival at the hospital.
2. The following criteria should be used when considering use of an air medical service:
  - The patient's condition is a "life or limb" threatening situation demanding intensive multidisciplinary treatment and care. This may include but not be limited to:
    - ❑ Patients with **physical findings** defined in the adult and pediatric major trauma protocols (see attached)
    - ❑ Critical burn patients (see attached)
    - ❑ Critically ill medical patients requiring care at a specialized center to include, but not be limited to: acute stroke or ST elevation MI as defined by NYS protocol (see attached); and/or
    - ❑ **Patients in cardiac arrest who are not hypothermic should be excluded from these criteria**
3. Dispatch, Police, Fire or EMS will evaluate the situation/condition and if necessary, may place the helicopter on standby.



## Regional Air Medical Services Utilization Guidelines for First Responders and EMS Agencies in the Hudson Valley and Westchester Regions - 2011

4. The helicopter may be requested to respond to the scene when:
  - ALS personnel request the helicopter.
  - BLS personnel request the helicopter, when ALS is delayed or unavailable.
  - In the absence of an EMS agency, any emergency service may request the helicopter, if it is felt to be medically necessary.
  
5. When EMS arrive, they should assess the situation. If the MOST HIGHLY TRAINED EMS PERSONNEL ON THE SCENE determine, that the helicopter is not needed, it should be cancelled as soon as possible.
  
6. When use of air medical services is not specifically defined by the protocol, the on scene EMS provider should establish communication with medical control to discuss the situation with the on line physician.
  
7. Air medical services may be considered in situations where the patient is inaccessible by other means or, if utilization of existing ground transport services threatens to overwhelm the local EMS system.
  
8. The destination facility will be determined by the AMS crew based upon medical appropriateness with consideration for patient preference and on line medical direction, in compliance with regional protocols.
  
9. An EMS service should not wait on the scene or delay transport waiting for the helicopter to arrive. If the patient is packaged and ready for transport, the EMS service should initiate transport to the hospital and reassign the landing zone. The helicopter may intercept with an ambulance during transport at an alternate-landing site.

THIS IS A GUIDELINE AND IS NOT INTENDED TO SPECIFICALLY DEFINE EVERY CONDITION IN WHICH AIR MEDICAL SERVICES SHOULD BE REQUESTED. EMS PERSONNEL SHOULD USE GOOD CLINICAL JUDGEMENT SHOULD BE USED AT ALL TIMES

### **Transfer of Patient Care, Documentation and Quality Assurance:**

- As with other instances where care of a patient is transferred, it is expected that all patient related information, assessment findings and treatment will be communicated to the flight crew.
- At the completion of the EMS call, all of the details of the response, including, but not limited to all patient related information, assessment findings and treatment must be documented on a Department approved Patient Care Report (PCR).
- As with all EMS responses, helicopter utilization, the treatment and transportation of patients will be reviewed as a part of a Quality Assurance process.



05-05

## Guidelines for Helicopter Utilization Criteria for Scene Response

### ADULT MAJOR TRAUMA

1. GCS less than or equal to 13
2. Respiratory Rate less than 10 or more than 29 breaths per minute
3. Pulse rate is less than 50 or more than 120 beats per minute
4. Systolic blood pressure is less than 90mmHg
5. Penetrating injuries to head, neck, torso or proximal extremities
6. Two or more suspected proximal long bone fractures
7. Suspected flail chest
8. Suspected spinal cord injury or limb paralysis
9. Amputation (except digits)
10. Suspected pelvic fracture
11. Open or depressed skull fracture

### PEDIATRIC MAJOR TRAUMA

1. Pulse greater than normal range for patient's age
2. Systolic blood pressure below normal range
3. Respiratory status inadequate (central cyanosis, respiratory rate low for the child's age, capillary refill time greater than two seconds)
4. Glasgow coma scale less than 14
5. Penetrating injuries of the trunk, head, neck, chest, abdomen or groin.
6. two or more proximal long bone fractures
7. flail chest
8. combined system trauma that involves two or more body systems, injuries or major blunt trauma to the chest or abdomen
9. spinal cord injury or limb paralysis
10. amputation (except digits)

### CRITICAL BURNS

1. Greater than 20% Body Surface Area (BSA) second or third degree burns
2. Evidence of airway/facial burns
3. Circumferential extremity burns

\*\*Note that for patients with burns and coexisting trauma, the traumatic injury should be considered the first priority and the patient should be triaged to the closest appropriate trauma center for initial stabilization.

### CRITICAL MEDICAL CONDITIONS

1. Suspected acute stroke
  - Positive Cincinnati Pre-hospital Stroke Scale
  - Total prehospital time (time from when the patient's symptoms and/or signs first began to when the patient is expected to arrive at the Stroke Center) is less than two (2) hours.
2. Suspected Acute Myocardial Infarction
  - Chest pain, Shortness of breath or other symptoms typical of a cardiac event
  - EKG findings of
    - ST elevation 1mm or more in 2 or more contiguous leads
  - OR
  - LBBB (QRS duration >.12msec and Q wave in V1 or V2)



**\*\*\* The Hudson Valley & Westchester EMS Regions have additional criteria to request a helicopter to the scene for CRITICAL MEDICAL CONDITIONS**

**2. Suspected Acute Myocardial Infarction**

- 1) BOTH symptoms consistent with a cardiac event AND electrocardiogram (EKG) changes consistent with an acute myocardial infarction are REQUIRED to consider requesting a helicopter,

\*\*\* AND per Hudson Valley regional protocol

- 2) Transport time by ground from the scene to a percutaneous coronary intervention (PCI) center must be greater than 30 minutes to request a helicopter to the scene.

**OPERATIONAL CRITERIA FOR HELICOPTER TRANSPORT**

The following operational criteria must be met prior to requesting a helicopter for scene response:

1. Ground transportation to the nearest appropriate hospital will exceed **thirty (30) minutes**.
2. The helicopter can be airborne and return to the nearest appropriate hospital faster than an ambulance can transport the patient(s) to the nearest appropriate hospital.
3. A safe helicopter-landing site is available

Ground providers should notify dispatch if more than one patient requires air transport. If available, one helicopter will be dispatched per critical patient requiring air transport.

**Note:** *Patients in cardiac arrest shall not be transported by helicopter - unless a situation exists where air transport would be faster than ground transport to the nearest hospital.*



**COUNTY EMERGENCY COMMUNICATION CENTERS (ECC)**

***NOTE:** Requests for air medical transport should be made through the appropriate County ECC. This allows for coordinated use of resources, prevents duplicate requests for the same scene, and provides for better overall management of local emergency assets.*

<b>County</b>	<b>ECC Designation</b>	<b>Radio Frequency (MHz)</b>	<b>Emergency Phone</b>
<b>Dutchess</b>	Dutchess 911	Tx 465.450 / Rx 460.450 (PL 114.8) - F-15 (Field Ops. Duplex)  Tx / Rx 460.450 (PL 114.8) - F-16 (Field Ops. Simplex)	(845) 471-1414
<b>Orange</b>	36 Control	Rx 46.160 (PL 123.0) - F-1 (Control-to-Mobile)  Tx 46.220 (PL 123.0) - F-1 (Mobile-to-Control)	(845) 469-4911
<b>Putnam</b>	Putnam 911	Tx / Rx 46.38 (PL 123.0) - F-1 (Dispatch)  Rx. 46.44 (PL 127.3) - F-5 (Control-to-Mobile)  Tx. 46.54 (PL 127.3) - F-5 (Mobile-to-Control)	(845) 225-4860
<b>Rockland</b>	44 Control	Tx / Rx 46.18 (PL 131.8) - F-1 (Dispatch/Operations)	(845) 354-9000
<b>Sullivan</b>	53 Control	Tx / Rx 46.10 (CSQ) (Countywide Dispatch)	(845) 583-7100
<b>County</b>	<b>ECC Designation</b>	<b>Radio Frequency (MHz)</b>	<b>Emergency Phone</b>
<b>Ulster</b>	Ulster 911	Tx. 46.34 / Rx. 46.46 (PL 114.8) - F-1 (Mobile to Control)  Tx / Rx 46.46 (PL 114.8) - F-2 (Mobile to Mobile)  Tx / Rx 46.28 (PL 114.8) - F-4 (Often assigned for air operations)  Tx / Rx 46.32 (PL 114.8) - F-5 (Also often assigned for air operations)	(845) 338-1440
<b>Westchester</b>	60 Control	Tx / Rx 46.26 (CSQ) (Dispatch/Operations)  Tx / Rx 46.14 (CSQ) (Command)	(914) 231-1900



## ESTIMATED TIME OF ARRIVAL (ETA) Vs ACTUAL TIME OF ARRIVAL (ATA)

Upon request for air medical transport, the dispatch center will issue an **Estimated Time of Arrival (ETA)** based upon operational startup of the aircraft and travel time from point of origin to the call scene. If the ETA provided by the dispatch center is greater than the time needed to secure and transport the patient to the **nearest appropriate hospital** by ground ambulance, **TRANSPORT SHOULD BE COMPLETED BY GROUND AMBULANCE.**

Once a helicopter is airborne, the pilot will use the aircraft's onboard computer to calculate a more accurate ETA based upon a global positioning system (GPS) coordinates and wind conditions. The crew will attempt to communicate this updated ETA to the scene personnel. In the event that contact cannot be made, the dispatch center will be requested to regain radio communications with the ground units and provide them the updated ETA. If the updated ETA provided by the helicopter crew or dispatch center is greater than the time needed to secure and transport the patient to the **nearest appropriate hospital** by ground ambulance, **TRANSPORT SHOULD BE COMPLETED BY GROUND AMBULANCE.**

The **Actual Time of Arrival (ATA)** is when the helicopter has reached the location of the scene (at high orbit.) All communications and times should be recorded by scene personnel for their records, especially when care of the patient was transferred to the air medical personnel.

## DISPATCH CENTER STAND-BY CRITERIA

A "STAND-BY" procedure may be requested by **any local dispatch center** to the appropriate County ECC based upon the report of the following:

- Gas or other type explosion
- Severe burn injury
- Head-on or "T-Bone" collision of motor vehicles
- Motor vehicle crash involving an all terrain vehicle (ATV), motorcycle, ejection of passenger, or pedestrian struck.
- Any incident with the potential of producing mass casualties

Under these circumstances:

1. The appropriate County ECC will contact the AIR MEDICAL dispatch center to have the air medical crew "STAND-BY".
2. Responding Emergency Services will be advised that a "STAND-BY" has been requested by the ECC.
3. Once Emergency Services have arrived and assessed the need for AMS, a determination to launch or cancel the assigned AMS agency will be made by the highest trained EMS provider on the scene.
4. As soon as it is determined from the scene that AMS are or are not needed, the requesting County ECC shall notify the AIR MEDICAL dispatch center.

## AUTO-LAUNCH PROGRAM

Due to the size of the area covered in the lower Hudson River Valley by AMS, and the increased flight times needed to reach locations at its farthest borders, an "Auto-Launch" procedure will be used based upon the following:

1. Upon request to place AMS on "STAND-BY", the AIR MEDICAL dispatch center will determine the estimated distance (in miles) from the assigned AMS unit to the incident scene;
2. If it is determined that the incident scene is **greater than 25 miles** away from the assigned AMS unit, the AIR MEDICAL dispatch center will automatically dispatch the unit to the scene;

**NOTE:** If the incident is **greater than 50 miles** from the dispatched AMS unit's location, the helicopter **WILL NOT** be auto-launched but handled through normal "Stand-by" procedures.



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3. The AIR MEDICAL dispatch center will then notify the requesting County ECC of the Auto-Launch status;
4. As soon as it is determined from the scene that AMS are or are not needed, the requesting County ECC shall notify the AIR MEDICAL dispatch center;
5. If for any reason the AMS unit arrives prior to this decision being made by the requesting agency, the AMS unit will remain in the vicinity of the scene until the request to have the unit land is confirmed either with the AIR MEDICAL dispatch center or directly with the requesting agency, or upon notification that the unit has been cancelled;
6. As soon as it is determined from the scene that an AMS unit **will** be utilized, the requesting County ECC shall notify the AIR MEDICAL dispatch center of the utilization request and the unit will be advised to proceed to the landing zone under standard AMS request procedures.

### LANDING ZONES

The LZ should be adjacent to the scene to avoid the need for intermediate transport that could prolong a patient's prehospital time. A helicopter should be as close to the scene as possible and practical. When a hospital's helipad is determined to be the most appropriate landing zone to effectuate field transfer of a patient from EMS to AMS, notification shall be made from the County ECC to the hospital as soon as possible.

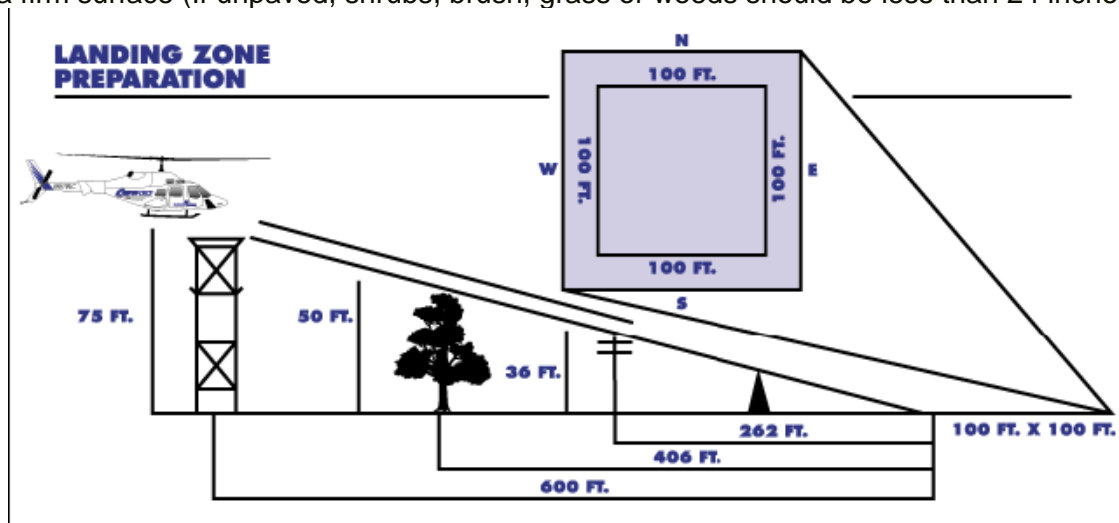
#### LZ Criteria

#### MINIMUM LANDING ZONE AREA

Length	100 feet
Width	100 feet

An LZ must also be:

- Free of overhanging obstructions;
- Generally level (Slope should not be greater than 5 degrees);
- On a firm surface (If unpaved, shrubs, brush, grass or weeds should be less than 24 inches in height).





## MARKING THE LZ

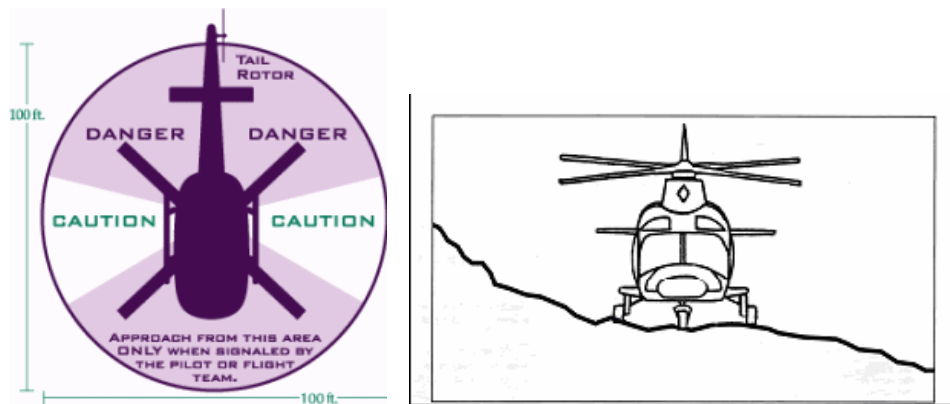
Mark the four corners of the LZ. The use of flares for marking the LZ is discouraged because of the inherent fire risk. The preferred means of LZ marking is by placement of orange traffic cones at each corner. For night operations, a flashlight can be placed in each cone for illumination. The cones will likely blow over as the aircraft makes its final approach into the LZ. This occurrence should not concern the ground providers, as the cones are not light enough to be blown airborne into the rotor system.

## POST-LANDING OPERATIONS & PATIENT LOADING

Once a helicopter has landed, the following should be observed:

- Assure that no one approaches the helicopter or enters the LZ unless directed to do so by the flight team.
- Never allow a vehicle to drive up to the helicopter.
- If you are directed to approach the helicopter by the flight team, **NEVER** approach the rear of the helicopter, only approach from the front. The tail rotors are invisible when spinning.

(See diagrams)



## ASSISTING IN LOADING THE PATIENT

The flight team will ask for four (4) responders to assist in carrying and loading the stretcher into the aircraft after the patient has been prepared. Follow the flight team's direction when carrying the patient toward the aircraft. Please do not allow more than four (4) responders to assist in the carry unless directed to by the flight team. Once the patient has been loaded into the helicopter, exit the LZ by the same direction that you used to enter. Never attempt to operate any of the aircraft doors or the stretcher-securing device.

## PATIENT "HOT" OFF-LOADING

When a patient is off loaded from the aircraft while the rotors are turning and engines remain running, it is classified as a "HOT" off-load and requires the following:

1. Aircraft medical crew determine that a "HOT" off-load will be necessary;
2. Notification is made to the AIR MEDICAL dispatch center from the medical crew that a "HOT" off load will be necessary;
3. AIR MEDICAL dispatch center will alert the receiving hospital Emergency Department of the aircraft's "HOT" off load status;
4. A member of the aircraft crew or medical team must be in position at the tail rotor prior to hospital personnel approaching the aircraft.



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**A patient may be “HOT” off-loaded for the following reasons:**

1. Patient with failed airway;
2. Patient in extremis;
3. Adverse weather consideration;
4. Pending mission;

**AIR MEDICAL BASE OPERATIONS BY SERVICE**

***NOTE:** The location of each base operation is being provided to offer an understanding of the distances covered by each agency. When air medical services are requested, each ECC will attempt to obtain the **CLOSEST** airship available for response to the emergency. Depending on factors such as weather conditions at the base locations or a commitment to another mission, “local” services may be unavailable and an air medical service from outside of the lower Hudson Valley River Valley, or even out of state, may need to be requested.*

<b>Airship Unit</b>	<b>Service</b>	<b>Base Location</b>	<b>Air Medical Dispatch Entity</b>
<b>LIFE NET LN 7-1</b>	<b>LIFENET</b>	Albany Medical Center Albany, NY (Albany County)	LIFECOM
<b>Catskill Regional LN 7-5</b>	<b>LIFENET</b>	Catskill Regional Medical Center Harris, NY (Sullivan County)	LIFECOM
<b>LIFE NET LN 7-2</b>	<b>LIFENET</b>	Glenn, NY (Montgomery County)	LIFECOM
<b>LIFE NET LN 7-4</b>	<b>LIFENET</b>	Kobelt Airport Walkill, NY (Ulster County)	LIFECOM
<b>LIFE STAR 2</b>	<b>LifeStar</b>	Hartford Hospital Hartford, CT	Hartford Hospital ECC
<b>LIFEGUARD</b>	<b>Mobile Life Support Services/NYSP</b>	Stewart International Airport New Windsor, NY (Orange County)	Mobile Life Support Services
<b>LIFEGUARD</b>	<b>Colonie EMS/NYSP</b>	Albany County Airport Albany, NY (Albany County)	LIFECOM
<b>NORTH STAR</b>	<b>UMDNJ / NJS Police</b>	Somerset Airport Somerset, NJ	Regional Emergency Medical Communication System (REMCS)
<b>PENNSTAR 3</b>	<b>University of Pennsylvania / PENNSTAR Flight</b>	Lehigh Valley International Airport Allentown, PA	PENNCOMM



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**911 RECEIVING HOSPITALS BY COUNTY**

**Legend:**

Hyperbaric Medicine	HM
Burn Center	BRN
Helipad	HP
Level 1 (Regional) Trauma Center	RTC
Level 2 (Area) Trauma Center	ATC
Obstetrical Intensive Care	OB
Neonatal Intensive Care	NIC
Pediatric Intensive Care	PED
Stroke Center	ST
Therapeutic Cardiac Cath Center	TC

***NOTE:** The facilities noted in the chart below are accurate as of the date appearing on the front of this guide. Prior to transport, hospital capabilities should be verified by on-scene EMS personnel directly with on-line Medical Control or through the local ECC.*

<b>Dutchess</b>	<b>Location</b>	<b>Trauma</b>	<b>BRN</b>	<b>PED</b>	<b>NIC</b>	<b>OB</b>	<b>TC</b>	<b>HM</b>	<b>HP</b>	<b>ST</b>
Northern Dutchess Hospital	Rhinebeck									•
St. Francis Hospital	Poughkeepsie	ATC							•	•
Vassar Brothers Medical Center	Poughkeepsie				•		•		•	•
<b>Orange</b>	<b>Location</b>	<b>Trauma</b>	<b>BRN</b>	<b>PED</b>	<b>NIC</b>	<b>OB</b>	<b>TC</b>	<b>HM</b>	<b>HP</b>	<b>ST</b>
Bon Secours Community Hospital	Port Jervis									
Keller Army Community Hospital	West Point								•	
Orange Regional M.C. Arden Hill	Goshen								•	•
Orange Regional M.C. Middletown	Middletown						•			•
St. Anthony Community Hospital	Warwick									
St. Luke's Cornwall Hospital - Cornwall Campus	Cornwall									•
St. Lukes Cornwall Hospital - Newburgh Campus	Newburgh						•			•
<b>Putnam</b>	<b>Location</b>	<b>Trauma</b>	<b>BRN</b>	<b>PED</b>	<b>NIC</b>	<b>OB</b>	<b>TC</b>	<b>HM</b>	<b>HP</b>	<b>ST</b>
Putnam Hospital Center	Carmel									•

**911 RECEIVING HOSPITALS BY COUNTY - Continued on next page**



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**911 RECEIVING HOSPITALS BY COUNTY- cont'd**

<b>Rockland</b>	<b>Location</b>	<b>Trauma</b>	<b>BRN</b>	<b>PED</b>	<b>NIC</b>	<b>OB</b>	<b>TC</b>	<b>HM</b>	<b>HP</b>	<b>ST</b>
Good Samaritan Hospital	Suffern	ATC					•		•	•
Nyack Hospital	Nyack	ATC								•
<b>Sullivan</b>	<b>Location</b>	<b>Trauma</b>	<b>BRN</b>	<b>PED</b>	<b>NIC</b>	<b>OB</b>	<b>TC</b>	<b>HM</b>	<b>HP</b>	<b>ST</b>
Catskill Regional Medical Center	Catskill								•	
Catskill Regional Medical Center	Callicoon									
<b>Ulster</b>	<b>Location</b>	<b>Trauma</b>	<b>BRN</b>	<b>PED</b>	<b>NIC</b>	<b>OB</b>	<b>TC</b>	<b>HM</b>	<b>HP</b>	<b>ST</b>
Ellenville Community Hospital	Ellenville									
Health Alliance of the Hudson Valley	Kingston									•
<b>Westchester</b>	<b>Location</b>	<b>Trauma</b>	<b>BRN</b>	<b>PED</b>	<b>NIC</b>	<b>OB</b>	<b>TC</b>	<b>HM</b>	<b>HP</b>	<b>ST</b>
Dobbs Ferry Pavilion	Dobbs Ferry									
Hudson Valley Hospital Center	Cortlandt Manor								•	•
Lawrence Hospital	Bronxville									•
Northern Westchester Hospital Center	Mt. Kisco									•
Phelps Memorial Hospital	Sleepy Hollow									•
Sound Shore Medical Center	New Rochelle	ATC								•
St. Johns Riverside Hospital	Yonkers (North)									•
St. Joseph's Medical Center	Yonkers (South)									•
The Mt. Vernon Hospital	Mt. Vernon							•		•
Westchester Medical Center	Valhalla	RTC	•	•	•	•	•	•	•	•
White Plains Medical Center	White Plains						•			•



## REPORTING INCIDENTS

**Note:** *The New York State Department of Health Bureau of EMS (NYSDOH BEMS) mandates specific incident reporting responsibilities and requirements for all EMS services. Incidents identified must be reported as indicated in NYCRR, Part 800, Section 21(q) 1-5 and Section 21(r), Part 80, 80.136 (k), NYSDOH BEMS Policy Statement 98-11, as well as other applicable state and regional policies and procedures.*

Regional complaints or concerns involving air medical services may be made by a patient, the public, participating organizations or individual providers. All such complaints or concerns should be brought to the attention of the Executive Director of the appropriate Regional EMS Council. Complaints will be forwarded to the Regional Medical Advisory Committee's Evaluation Subcommittee for review. The Helicopter Committee shall review all complaints regarding AMS operational issues and act in an advisory capacity to the Evaluation Subcommittee for all other reviews.