

	A12 – AIR EMS PRE-ALERT & AUTO LAUNCH	
	Version date: 2024-12-20	Effective Date: 2025-04-30 (07:00)
EMR / PCP / ICP / ACP	ALL AGES	

NOTES

1. For certain Medical Priority Dispatch System (MPDS) determinants, the Medical Transportation Coordination Center (MTCC) will prealert, and in some cases auto launch, an aeromedical emergency medical service (air EMS). This applies to currently available services including (but not limited to) the Shock Trauma Air Rescue Society (STARS), Lifeflight, and Trauma Flight / Custom Helicopters.

Some of these involve specific care maps (see LINKS / REFERENCES) are will be noted within. Some clinical situations do not have an applicable ERS care map or destination protocol (e.g. back pain with a known abdominal aortic aneurysm) but will still initiate a prealert.
2. MTCC will notify responding ground units whenever air EMS has been pre-alerted or auto launched for the same call. When so notified, paramedics will provide an initial report by radio as soon as possible. The transport physician (TP) will decide to launch or stand down based on this report.
3. If the air asset responds to the call, the TP will be the most responsible physician (MRP) and paramedics will transport and manage (within scope) as directed by the TP.

Paramedics must also call the virtual Emergency Care & Transport Resource Service (VECTRS) as soon as more information is available (or at the direction of the TP) to enable VECTRS to perform the following functions:
 - Trauma team activation or trauma pre-alert
 - Stroke-25 activation or tele stroke pre-alert
 - Consultation with the Code-STEMI physician
 - Consultation with the VAD coordinator or cardiologist

The TP and VECTRS clinician will collaborate in the best interests of the patient, and decide who will provide on-line medical support (OLMS) if necessary to the transporting paramedics.
4. However, if an air asset is not involved, does not launch, or is stood down, paramedics will call VECTRS (as outlined in A07) if clinical advice or destination decision support is required. In these cases, the VECTRS emergency physician (EP) will assume the MRP role, and paramedics will transport as directed by the VECTRS EP or advanced care paramedic (ACP).
5. At their discretion, the VECTRS ACP or EP may conference back in the TP and air medical crew (AMC) for consideration of air intercept and / or subsequent IFT, and paramedics may be directed to an alternate location for rendezvous.

LINKS / REFERENCES
<ul style="list-style-type: none"> • B04.1 – TRAUMA DESTINATION FOR IERHA & SHSS GEOGRAPHIC AREAS • B04.2 – TRAUMA DESTINATION FOR PMH GEOGRAPHIC AREA • B04.3 – TRAUMA DESTINATION FOR NRHA GEOGRAPHIC AREA • C01 – BASIC CARDIAC ARREST FOR EMR • C02 – ADVANCED CARDIAC ARREST • C08 – LEFT VENTRICULAR ASSIST DEVICE • E03 – ANAPHYLAXIS • E04 – ACUTE CORONARY SYNDROME & STEMI & NSTEMI-ACS • E15 – ACUTE STROKE • F02.1 – BASIC TRAUMA ARREST FOR EMR • F02.2 – ADVANCED TRAUMA ARREST

APPROVED BY	
	
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VERSION CHANGES (refer to X01 for change tracking)
<ul style="list-style-type: none"> • New