

Medical Helicopter Call Out Standard for Utah County

Purpose

To ensure that our patients are cared for and transported quickly and effectively.

To establish the steps for calling and canceling Air Medical Transport Service (AMTS).

General

This Standard applies to all incidents requiring air medical transportation. The Responsible 911 Dispatch Center/PSAP (hereinafter referred to as 'PSAP') will collaborate with the requestor and/or responder to identify such incidents and ensure the nearest, readily available, and most appropriate aircraft is dispatched using real-time location software (e.g., Juvare©), in accordance with Utah Code 53-2d-517. All requests must be handled through the PSAP, therefore a requestor is not to call an AMTS dispatch center directly. It will not be the responsibility of the AMTS Dispatch Center to identify the next nearest, readily available, and most appropriate aircraft if their aircraft is unable to respond. The PSAP will relay the needed information to the incident commander or en-route units.

Who can request a helicopter:

1. An ALS responder.
2. BLS personnel when ALS is delayed or unavailable.
3. Search & Rescue (SAR)
4. In the absence of any EMS responder, any emergency service responder or layperson may request the helicopter if it is believed to be medically necessary. Any request for a helicopter should be relayed to medical responders as soon as they are on the air.

Calling out the Helicopter:

Once a request comes into a PSAP, the dispatcher will locate which AMTS is the closest geographical unit by using real-time location software and dispatch that AMTS to the best of their abilities considering staffing, time constraints, internal policies and state law.

Selection will be made by locating the closest in-service helicopter.

The PSAP center will then contact the AMTS agency and relay the following information:

- The requesting entity
- The location of the call, including GPS information
- Medical type
- Patient status and pertinent information
- Any special capabilities requested
- Which channel should AMTS use for contact
- The radio call sign of the ground contact who will assist in landing the helicopter

After the helicopter has accepted the call to respond:

The PSAP dispatcher will relay the following to the incident commander and responding units:

- Which helicopter service is responding and where it is responding from
- Who requested the helicopter (if it was not the incident commander)
- Estimated flight time to the scene
- Radio channel for ground contact

Canceling a medical helicopter

Utah County EMS protocols indicate the authority to cancel a medical helicopter lies with the responding EMS units, including SAR. If a law enforcement officer requests the cancellation of the helicopter, the PSAP dispatcher will advise EMS responders of the cancellation request and the reason for cancellation. Cancellation must be approved by the EMS responder with the highest level of certification after the responding agency(s) have assessed the patient at the scene, per Utah County EMS protocols. An AMTS request made by an ALS agency or SAR may only be canceled by the same agency.

General call out for Air Support (non-medical responses)

SAR may request AMTS services to assist in searches for lost or missing persons. The dispatcher will contact the specified helicopter service request by the law officers and relay the information given by SAR.

In situations where a hoist and transport are needed, it is recommended to call two helicopters. One to hoist and one for medical transport to minimize scene time.

Operational Capabilities

All AMTS providers have the same or similar operational capabilities with a few exceptions:

	General Medical	Neonatal (< 30 days old)	Pediatric (1 mo - 17 yr)	Hoist	Traumatic Injuries	Search & Rescue	Specialty Team(s) *Not an emergent dispatch
Air Med	X	X	X		X		Field Amputations High Risk OB Neonatal
Air Methods Air Life	X		X		X		
Intermountain Flight & Ambulance Services	X	X	X	X	X	X	High Risk OB Neonatal Pediatric
Utah State Department of Public Safety				X		X	

Flight Boundary

There will be no flight boundaries for AMTS in Utah County. The next nearest, readily available, and most appropriate AMTS will get the flight request.

Current Utah Air Medical Transport Service companies and base locations:

Air Med:

- Park City - Park City AM-18
- Layton - Davis Hospital AM-06
- Tooele - Mountain West Medical Center AM-14
- SLC - University of Utah AM-4

Air Methods (AirLife):

- Brigham City - Brigham City Community Hospital Air Life 1
- Lehi - West Lake ER - Air Life 2

Intermountain Flight & Ambulance Services:

- Provo - Utah Valley Hospital - IH16
- Murray - Intermountain Medical Center - IH14
- Moab - Moab Emergency Operations Center - IH19
- Logan - Logan Regional Hospital - IH15
- Ogden - McKay Dee Hospital - IH12
- Roosevelt- Uintah Basin Medical Center - IH18
- Cedar City - Cedar City Hospital - IH10
- St George - St George Regional Hospital - IH09
- Richfield - Sevier Valley Hospital - IH11

Updated 6/02/2026

Tracking

The Air Medical Transport Committee will review AMTS incidents bi-monthly ensuring that the patients receive the appropriate units and care.

If the closest helicopter model needs to be reevaluated, this Committee will review and renew this policy.

The committee will track and review the following benchmarks.

Benchmarks

AMTS Provider: AMTS on the Incident

Location Responded from: The base or location of the helicopter when dispatched

Location of Incident: General location of the incident. The exact location will be on the report submitted.

Nature of Incident: Nature of illness or injury.

Initial Contact: Time dispatch was contacted by Incident Command or unit in route to incident.

Dispatch made AMTS request: Documentation of the time dispatch requested an AMTS.

Contact Dispatch: Time the AMTS contacts a dispatcher or vice versa.

Flight Accepted: The time flight was accepted by AMTS.

Time to acceptance: The time from the dispatch request to the flight accepted.

Lift off: The time stamp that the helicopter lifted off the pad.

Time to lift off/ lift time: Total time from the time the air company confirms the flight is a “go” or when the medical crew starts to move to the helicopter to lift off.

Arrival on-scene: Touchdown of the helicopter.

Time to arrival: Combined time from when the flight was accepted to when the AMTS arrived on scene. This time should be within 5 minutes (plus or minus) of the reported estimated time of arrival.

Time of air travel: Time from take-off to landing at the scene.

Patient Contact (arrival to patient): When the air medical crew reaches the patient. Used when the location of the patient is not adjacent to the land zone.

Lift off from scene: Time AMTS lifted off the ground.

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On-scene time: Time from arrival to lift off. Our goal is less than 15 minutes. Any time outside of time allowed should be reported. We understand that airway, extrication, or patients arriving at the landing zone area may increase this time.

Hospital transported to: Location the PT was transported to.

AMTS arrival at hospital: Arrival time on landing at the hospital.

Reason for delay: Any delay that slowed response, treatment, or transport.

Total time to definitive care: Time from the initial call to 911 to the time the patient arrived at a hospital.

Was the closest, most appropriate AMTS contacted that was available? (Yes or No)

If no, provide a detailed explanation and cause.

Running count of incorrectly dispatched AMTS denoting which AMTS receives the call.

Request for investigation into AMTS callout process

Due to the complexity, number of potential PSAP & AMTS dispatch agencies involved, and the urgent nature to rapidly call for an AMTS, there may be times that mistakes may arise. To maintain transparency, the PSAP dispatching agency and/or the AMTS dispatching agencies may be called upon to provide data to help in any investigation to ensure the callout process utilized the closest, most appropriate AMTS that was available. A running total of incorrectly dispatched calls will be tracked to improve proficiency.

To streamline the review process, each dispatch agency, AMTS agency, & EMS agency will provide one (1) representative to bring potential issues forth to the Utah County EMS Council Chair as soon as a possible issue is identified. If the representative is unavailable, a backup representative may be used upon request to the Utah County EMS Council Chair. After the investigation is complete and the call was found to have been dispatched incorrectly, a cause will be documented in the "Benchmarks" data and a running count of incorrectly dispatched calls will be recorded along with which AMTS received the call.

The goal is to address concerns as soon as possible and work on ways to mitigate future issues.

Primary Resources

Utah Code: 53-2d-517

https://le.utah.gov/xcode/Title53/Chapter2D/53-2d-S517.html?v=C53-2d-S517_2025050720250507

Effective 5/7/2025

53-2d-517. Air ambulance requirements.

- (1) A licensed air ambulance provider shall provide to all emergency medical dispatch centers the real-time location and availability of the air ambulance using statewide software that updates from a location transponder or computer-aided dispatch interface.
- (2) An emergency medical dispatch center shall dispatch an air ambulance that the emergency medical dispatch center determines:
 - (a) is nearest to the location requiring emergency medical services;
 - (b) is readily available; and
 - (c) is the most appropriate air ambulance provider for the particular emergency circumstance based on the needs of the patient and the capabilities of the air ambulance provider.
- (3) An air ambulance that is currently transporting a patient may not:
 - (a) be dispatched for a different emergency medical situation; or
 - (b) deviate from the current emergency service and patient to respond to a different emergency medical dispatch communication.

Definitions

Acronym	Definition
ALS	Advanced Life Support
AMTS	Air Medical Transport Service
BLS	Basic Life Support
DPS	Department of Public Safety
EMS	Emergency Medical Service
IC	Incident Command
LE	Law Enforcement
LZ	Landing Zone
PSAP	Responsible 911 Dispatch Center/PSAP
PT	Patient
SAR	Search and Rescue