

## TITLE

**STARS STAND DOWN**

## SCOPE

Provincial: Emergency Medical Services

## DOCUMENT #

D-2021-2

## APPROVAL AUTHORITY

Vice President and Chief Operating Officer, Clinical Operations, Primary Care &amp; EMS

## INITIAL EFFECTIVE DATE

September 16, 2021

## SPONSOR

Senior Provincial Director &amp; Chief Paramedic, Emergency Medical Services

## REVISION EFFECTIVE DATE

Not applicable

## PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

## SCHEDULED REVIEW DATE

September 16, 2024

**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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**OBJECTIVES**

- To support ground Emergency Medical Services (EMS) operations in determining the clinical value of continuing, versus standing down, a **Shock Trauma Air Rescue Services (STARS)** mission after STARS has already been dispatched to the scene of the event.
- To ensure that patients receive the appropriate level of medical care for pre-hospital trauma or a medical scene event.

**APPLICABILITY**

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

**ELEMENTS****1. STARS Helicopter Stand Down**

- 1.1 Where a STARS helicopter is specifically dispatched to the scene of an event and ground ambulance operations, already on scene, verbally request an **EMS Dispatch, Communications and Deployment Centre Emergency Communications Officer (ECO)** to stand down the STARS helicopter, the following process must be followed (see Appendix A: *STARS Stand Down Process Map*):

- a) The ECO must immediately notify the STARS Emergency Link Centre (ELC), a helicopter dispatch agency managed by STARS, of the stand down request.
  - b) STARS ELC must notify as soon as possible, the appropriate **Transport Physician** of the stand down request and present available call details.
  - c) The Transport Physician must evaluate potential risks and benefits of continuing the helicopter mission. Considerations include, but are not limited to, patient needs, available dispatch notes, geographic event location, STARS helicopter response time, and transport distance.
    - (i) If the information gathered in Section 1.1 c) is available and is sufficient for the Transport Physician to make an informed decision, the Transport Physician may:
      - confirm that the STARS helicopter must stand down. STARS ELC must have the STARS helicopter return to base and reply 'STARS copies' to the stand down note in iNET; or
      - refuse the stand down request and verbally direct the STARS helicopter to continue with the mission and proceed to the scene of the event, or rendezvous at a nearby hospital or helicopter landing site, as appropriate.
    - (ii) If the information gathered in Section 1.1 c) is unavailable or insufficient for the Transport Physician to make an informed decision, the Transport Physician may request to be connected with a ground ambulance operations crew member on scene for a consultation. This consult must be facilitated by an EMS Dispatch, Communications and Deployment Centre ECO in collaboration with STARS ELC. Following this consultation, the Transport Physician may:
      - confirm that the STARS helicopter must stand down. STARS ELC must have the STARS helicopter return to base and reply 'STARS copies' to the stand down note in iNET; or
      - refuse the stand down request and verbally direct the STARS helicopter to continue with the mission and proceed to the scene of the event, or rendezvous at a nearby hospital or helicopter landing site, as appropriate.
- 1.2 All STARS stand down events must be tracked by the STARS ELC and reported on a monthly basis to AHS EMS Provincial Air Ambulance leadership. This report must include dispositions for call outcome, date/location, and AHS EMS event number.

- a) Reporting may take into account the information captured in Section 1.1 c) as well as other relevant patient outcomes / contextual parameters (e.g., call type).
- b) Additional information such as call recordings and/or electronic patient care records may be obtained for internal management purposes including but not limited to quality assurance, by specific request. These requests must be in alignment with the AHS *Collection, Access, Use, and Disclosure of Information Policy*.
- c) Privacy considerations must be maintained in accordance with AHS privacy policies.

## DEFINITIONS

**Emergency Communications Officer (ECO)** means an officer who answers, evaluates calls and delivers emergency communications from a caller to the appropriate party following approved guidelines from AHS Medical Direction and the International Academy of Emergency Medical Dispatch.

**EMS Dispatch, Communications and Deployment Centres** means the EMS dispatch centres for AHS.

**Shock Trauma Air Rescue Services (STARS)** means a Canadian non-profit helicopter air ambulance organization funded by individual donors, service groups, corporate donors, and government contributions.

**Transport Physician** means the physician who supports red/critical patient processes and all medical consultation needs for AHS EMS Provincial Air Ambulance.

## REFERENCES

- Appendix A: *STARS Stand Down Process Map*
- Alberta Health Services Governance Documents:
  - *Collection, Access, Use, and Disclosure of Information Policy* (#1112)

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APPENDIX A

STARS Stand Down Process Map

