



Medevac has been activated for a sick patient in a village, but LifeMed cannot accept the flight.

Is the patient in danger of losing life, limb, or eyesight (LLE)?

Yes

No

### Explore other options:

- Ask health aides about transport to SRC or other villages with more resources or better accessibility.
- Explore if chartering a plane is an option.
- See if travel by boat, snow machine, or ATV is possible.
- Ask LifeMed dispatch to talk to the local crew about other creative ideas.
- Discuss with seasoned YK providers to ask for ideas.
- Discuss options with ER physician.

No other option is viable

- Notify Clinical Director (CD) on call and discuss transport options.
- Is activating the Rescue Coordination Center (RCC) appropriate?

Yes

Call the RCC at (800) 420-7230 to begin the process of activating military transport.

Call LifeMed Dispatch to ask if LifeMed crew will be able to go with the military on the flight.  
**DO NOT CALL THE CREW DIRECTLY.**

Can LifeMed crew go?

Yes

Communicate with LifeMed per usual procedures.

No

Ask RCC about medical capabilities of the anticipated crew.  
GET DETAILS.

Do arrangements sound appropriate to deliver the necessary level of care?

Yes

Proceed with plan per RCC. Communicate appropriately.

No

- Discuss with CD on call.
- Consider sending YKHC clinical staff.
- If approved, ask for volunteers with appropriate backgrounds.
- Strongly consider calling local LifeMed crew to help assess the risk and safety of the plan.

- Make a plan with the health aides to provide appropriate care for the patient until a regular transport can be safely arranged.
- Plan for frequent reassessments.
- Prepare to change the plan if the patient's status deteriorates.

### Things to Consider

The local LifeMed team can sometimes go on a military flight. This decision is up to the local team and their administration and depends on many factors.

If the transport team is all military:

- Will military transport inappropriately lower the level of care the patient is receiving?
- What are the capabilities of the military team? Are they pararescue jumpers (PJs), paramedics, EMTs, etc.?
- What kind of equipment will the military team have?
- Does the military team have pediatric experience and equipment, if applicable?

If you are sending a team from YK:

- Will sending a team of YK employees impact the normal operations of the hospital? (You should avoid sending anyone scheduled to work the current or next shift.)
- An ideal YK team includes an ER RN and/or paramedic. Transport/EMS experience is a must.
- **A YK team must be entirely voluntary.**
- Ensure the team will have all appropriate drugs, weight-based equipment, monitors, pumps, stretchers/backboards, etc.
- Make a plan to keep the patient warm – the military will usually not supply blankets, Doctor Downs, etc.
- **If military transport is used, no YK trainees (residents, students, visitors, etc.) or other “ride-alongs” are allowed to go.** Ride-alongs may only go on LifeMed transports with the local team on their fixed wing aircraft.

### Things to Know

- The RCC coordinates military missions. They will connect you with the appropriate people from the branch responding, which may be the National Guard, the Coast Guard, or the Air Force.
- You may have to retell the story to several people, including people with minimal medical knowledge. It helps to involve another provider to help coordinate the many phone calls without negatively impacting patient care.
- **The process often takes 6-8 hours or more.** If the Blackhawk and a full crew are not physically in Bethel, the military may have to send aircrafts from elsewhere in Alaska, which can lengthen the process to 10-12 hours.

### Definitions

LLE: life, limb, or eyesight in danger

CD: clinical director

RCC: Rescue Coordination Center

PJ: pararescue jumpers. These are military medics with ACLS and ATLS training who are not trained to provide further critical care. (For example, neonatal care, ventilator management, and infusion of medications are not typically part of their scope of practice.)

The form to activate the RCC can be found [here](#).

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 1/19/24.

Click [here](#) to see the supplemental resources for this guideline.

If comments about this guideline, please contact [Ellen\\_Hodges@ykhc.org](mailto:Ellen_Hodges@ykhc.org).