

1. The purpose of the Air Ambulance is to transport a \_\_\_\_\_ patient to a \_\_\_\_\_ center or other specialized medical facility.
2. The Incident Commander (including the 1<sup>st</sup> on-scene \_\_\_\_\_ personnel) should not hesitate to request an Air Ambulance if operational circumstances warrant its use.
3. Helicopter \_\_\_\_\_ is the primary Air Ambulance.

**NOTE:** (5/11/1999 update #2 is primary and #1 is alternate, #3 needs to be reconfigured and they are waiting for #4)

4. If Helicopter 1 is not available, then Helicopters \_\_\_\_\_ or \_\_\_\_\_ are used as Air Ambulance.
5. The normal staffing complement dispatched on an Air Ambulance is \_\_\_\_\_ pilots, \_\_\_\_\_ paramedics and \_\_\_\_\_ Helitac crewmembers.
6. The Air Ambulance can normally carry \_\_\_\_\_ patients per trip.
7. If needed, for high-density transportation of up to \_\_\_\_\_ patients can be accomplished with \_\_\_\_\_.
8. The Air Ambulance can normally receive patients on either side. However the \_\_\_\_\_ side is preferred.
9. The most hazardous parts of a helicopter are the turning \_\_\_\_\_ rotor and the \_\_\_\_\_ rotor.
10. Wires or electrical lines in the \_\_\_\_\_ or \_\_\_\_\_ path are one of the greatest hazards to any Air Ambulance operation.
11. The suggested landing area size is \_\_\_\_\_ feet by \_\_\_\_\_ feet or larger.
12. The **NORMAL landing pad** is \_\_\_\_\_ feet by \_\_\_\_\_ feet.
13. The approach and departure angle should not exceed \_\_\_\_\_ degrees if possible.
14. Parking lots, parks, playgrounds and vacant lots, when free of people, \_\_\_\_\_ and vehicles often are suitable sites.

15. Consider the risk of downwash or wind damage to large area \_\_\_\_\_ in storefronts and residences. Maybe you don't want to have the helicopter land there.
16. The basic landing site criteria is \_\_\_\_\_.
17. The \_\_\_\_\_ will make the final determination regarding landing and takeoff, based on existing conditions.
18. Downwash from the Air Ambulance can produce a \_\_\_\_\_ MPH wind
19. For nighttime, crossed headlight beams from apparatus pointed in the direction the Air Ambulance is expected to land (aimed into the wind towards the path of \_\_\_\_\_).
20. All patients (**with or without trauma**) shall be placed on a \_\_\_\_\_ or \_\_\_\_\_.
21. A \_\_\_\_\_-tag, with all patient information shall be placed securely on the patient. If there is time, the pink copy of the \_\_\_\_\_M shall be completed and given to the Air Ambulance Paramedic.
22. Under normal conditions, the Air Ambulance should be on the ground for **no more** than \_\_\_\_\_ to \_\_\_\_\_ minutes.
23. At night, flashlight and the like, should be held in \_\_\_\_\_ hands.
24. ALL personnel near the landing site shall wear \_\_\_\_\_, \_\_\_\_\_ (with tightened chinstrap!) and \_\_\_\_\_ clothing.
25. Approach and depart the Air Ambulance from the \_\_\_\_\_. If the landing site is sloped, do not approach or depart from the \_\_\_\_\_ side.
26. All personnel shall remain at least \_\_\_\_\_ feet away from the Air Ambulance unless otherwise assigned.
27. Avoid placing feet next to \_\_\_\_\_ as they may spring outward up to \_\_\_\_\_ inches.
28. The designated "\_\_\_\_\_" should assume a position in front of the Air Ambulance and check for \_\_\_\_\_ or other aircraft overhead.
29. When the Pilot gives the "Thumbs-up" signal and the takeoff path is clear, the guide should give the Pilot the \_\_\_\_\_ signal and then MOVE out of the way.