

CAL-AAMS Hospital Helipad Operations Guideline	
TITLE: Helipad Safety	SUBMITTED BY:

PURPOSE

The purpose of this policy is to establish guidelines for the safe operation and maintenance of the hospital helipads, and to establish procedures for inbound and outbound helicopter operations at the facility helipad.

POLICY

It is the policy of Hospital A to ensure that the helipad is maintained and operated in a safe manner and that helicopter operations are conducted safely.

PROCEDURE

A Approach and Departure Routes – to fly safely and provide noise abatement procedures within the community.

- Insert appropriate approach and departure routes here

B Helipad control frequency

- The contact frequency for this hospital helipad is: _____
- The Helipad control phone number is: _____
- While a helicopter is landing or taking off, the use of artificial light is not permitted for filming or photography; i.e., photo flash bulbs or flood lights.
- All lights on the helipad checked routinely and replaced as needed.
- Helipad windsock should be checked semi-annually and replaced as needed

C. Inbound/Outbound Aircraft

- Public Safety should be present anytime an aircraft is arriving, departing, or blades are turning on the helipad.
- Communication between the aircraft and the hospital helipad control is required for all inbound and outbound aircraft. Care should be taken to ensure that this included all the hospital and not just the emergency department.
- When arriving or departing from a hospital helipad it is essential that pilots and crews remain alert, look for other traffic, and exchange traffic information when approaching or departing any landing site. To achieve the greatest degree of safety, it is essential that all aircraft transmit/receive on a common frequency identified for the purpose of LZ advisories. Use of the appropriate common frequency, combined with visual alertness and application of the following operating practices, will enhance safety of flight into and out of all such LZs. 123.025 is the accepted common frequency unless the LZ is located within the boundaries of Class B, C, or D airspace, or whenever a facility specific frequency is required.

- For Air to Air Communications: No less than 5 miles out ; report name of LZ, altitude, location relative to the LZ, landing or over flight intentions, and the name of the LZ. Example: “John Muir Hospital, (Aircraft Call sign), 1,500’, 7 miles east, landing, John Muir.” Or “Doctor’s San Pablo, (Aircraft Call sign), 1,000’, 6 miles north transiting southeast, Doctor’s San Pablo.”
- Inbound aircraft should notify the helipad control 15 minutes prior to arrival when possible. For example "Loma linda, Mercy 3 inbound with a 12 minute eta, **Are you showing any other traffic to the helipad?**" If during the inbound leg for *that aircraft* another aircraft comes up on the radio as inbound this traffic information needs to be sent back out by the Helipad Control as a radio call to the first and second aircraft. For example: "Mercy 3 and Lifeguard 1 you both show inbound with 8 and 10 minute eta's, advisory frequency for you both is 123.025, acknowledge please."
- Outbound aircraft should notify helipad control 10 minutes prior to departure, again asking: **Are you showing any other traffic to the helipad?**"
- All Helipad traffic should be documented on the helipad log. This will allow accurate traffic information given to all aircraft in the event that several people may be charged with the responsibility of answering the radio (see attached)
- Helipad log should be kept by the helipad control radio and in an area where the radio can be heard and monitored 24/7. An MICN is not required to answer the radio when communicating with aircraft traffic.
- Helipad control should advise all aircraft of other expected traffic to or from the helipad by referencing the Helipad Log.
- If not advised by helipad control the aircraft should ask if there is any other expected traffic.
- If more than one aircraft is inbound, priority should given to the more critical patient. This decision should be made in conjunction with the Emergency Department Physician.

D. Safety Training

All personnel responding to the helipad should have initial helipad orientation training and participate in annual helipad safety training.

Helipad Safety

- a. All personnel responding to the helipad should wait outside the marked safety lines until instructed to enter by the aircraft crew.
- b. IV Poles and gurneys should remain outside the marked safety zone until advised to bring them forward by a crew member. Ensure that the mattress pads, sheets, blankets etc are secured and will not be displaced by the rotor wash.
- c. IV's and equipment should never be lifted over head height
- d. Always approach the helicopter from the front and within the field of vision of the pilot.
- e. Assume a crouching position when approaching the helicopter when the blades are turning.
- f. At no time should anyone be permitted near the tail of the aircraft. A crew member or trained public safety officier should stand guard to avert anyone walking toward an open tail rotor
- g. Smoking is prohibited by all personnel on the helipad.
- h. All personnel responding to the helipad to assist with patient loading and offloading should use appropriate hearing and eye protection.
- i. In the event of compromised vision due to foreign body (ies) in the eyes, that person should kneel on the ground in a stationary position until assisted away from the aircraft by a member of the flight crew or Public Safety

- j. No vehicle should be driven within 50 feet of the helicopter unless under the direct supervision of a crewmember and only when the blades have come to a complete stop.