

Operational Guideline

<p>Title: Hospital Helipad Safety and Operations</p>	<p>Submitted By: J. Humphries, J. Marshall, R. Fay</p>
	<p>Revised: February 1, 2023</p>

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) to ensure that the helipad is maintained and operated in a safe manner and that helicopter operations are conducted safely.

PROCEDURE

Operations

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: _____
- Radio frequency and “Mic keying” for helipad lighting _____

C. Lighting and Fixtures

- 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

D. Inbound/Outbound Aircraft

- Security 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.

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- 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. To achieve the greatest degree of safety, it is essential that all aircraft transmit/receive on a common frequency. 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 site is located within the boundaries of Class B, C, or D airspace, or whenever a facility specific frequency is assigned.
- For Air-to-Air Communications: No less than 5 miles out; report name of hospital/site, altitude, location relative to the hospital/site, landing or over flight intentions, and repeat the name of the LZ. Example: “John Muir Hospital, (Aircraft Call sign), 1,500’, 7 miles east, landing, John Muir.” Or, “Santa Rosa Memorial, (aircraft call sign), on the pad, Santa Rosa Memorial.”
- 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 is 123.025, acknowledge please.”

NOTE: Use caution; the medical report frequency might be different than the Helipad control frequency.

- 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. When more than one aircraft is known to be inbound:
 - Landing priority should be given to the aircraft with the more critical patient. This decision should be made in conjunction with the receiving department(s).
 - Unless there are multiple helipads, the first aircraft pilot must safely clear the helipad as soon as possible, and communicate departure route to helipad control and the other aircraft crew.

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- After arrival, pilots must maintain communications with helipad control and be able to depart reposition as required to accommodate another arriving aircraft.

Safety

A. Training. All personnel who respond to the helipad should have initial and annual refresher helipad safety training. Topics should include the following:

B. Procedures

- All personnel should wait outside the marked safety lines until rotors are stopped and instructed to enter by the aircraft crew.
- 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.
- IV's and equipment should never be lifted over head height
- Always approach the helicopter from the front and within the field of vision of the pilot.
- At no time should anyone be permitted near the tail of the aircraft. A crew-member or trained helipad responder should stand guard to avert anyone walking toward a tail rotor of any style.
- Smoking is prohibited by all personnel on the helipad.
- All personnel responding to the helipad to assist with patient loading and offloading should use appropriate hearing and eye protection.
- 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
- No vehicle should be driven within 50 feet of the helicopter unless under the direct supervision of a crew-member and only when the blades have come to a complete stop.

Vigilance is a key element of the Helipad safety program. All helicopter operators and hospital employees are encouraged to immediately report conditions that are deemed to be unsafe or questionable and to routinely make recommendations intended to increase safety or improve efficiency, patient services or operating conditions. All communications related to the Helipad or operating procedure should be directed to _____.

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