



# UW EMERGENCY MEDICINE INTEREST GROUP

## A GUIDE TO THE BASIC HELICOPTER WORKSHOP

Adopted with permission from the Airlift Northwest webpage [airliftnw.org](http://airliftnw.org)



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### Notifying Airlift and Landing Zone Preparation

A physician, nurse or member of an authorized public safety agency may request emergency air medical services by calling 1-800-426-2430 (from Seattle 206-329-2569).

When Requesting Airlift Northwest

Notify 24-Hour ComCenter of need for helicopter

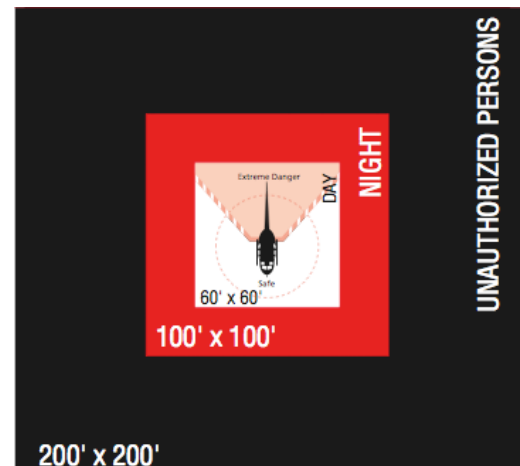
- \* Notify if hazardous materials are involved

Notify 24-Hour ComCenter of planned destination hospital

Airlift Northwest and our aviation partners, CJ Systems Aviation Group, recommend the following guidelines when establishing a landing zone:

Select LZ location at or near incident site

- \* 15' X 15' landing gear touchdown area
- \* 60' X 60' day



- \* 100' X 100' night
- \* Clear of obstructions / overhead wires
- \* Less than 10 degrees slope
- \* Roadway, school, parking lot, or field
- \* If very rural, consider GPS locator

Select ground contact

- \* If not known at time of call, "LZ Command" will be used

Coordinate frequency for LZ command

- \* 800 MHz-State Ops 1 preferred (if available) or
- \* VHF-TAC frequency preferred — primary frequency may be too busy



**What the Airlift Northwest 24-Hour ComCenter Needs To Know For Pre-Hospital Calls (Six Key Questions):**

1. Where is the landing zone?

Is it a non-designated or designated landing zone? A school, parking lot, roadway intersection? This information, along with map page coordinates and GPS coordinates, if available, helps the pilot locate the scene and land safely.

2. Who is the ground contact?

Ground contact is used for direct two-way communication with the pilot and the landing zone coordinator, such as an aide unit or engine company. Preferably, the ground contact should be on site, coordinating the landing zone.

3. What radio frequency can Airlift Northwest use for ground contact?

The pilot will dial in the established radio frequency as the aircraft nears the landing zone. It is important for requestors to know their frequency numbers and if there is a Private Line (PL) associated with it. If agencies operate in the field with a PL and the

pilot does not have that PL, the pilot will not be able to communicate with the landing zone coordinator.

4. What is the response type?

The 24-Hour ComCenter needs only a brief description of the patient and situation for a pre-hospital transport. "Adult trauma... pediatric near drowning... high-risk OB... MVA... gunshot wound" provides sufficient information for dispatch — and gives Airlift Northwest and the receiving facility an idea of what to expect and prepare for. Do they need to call in a neurosurgeon, a cardiologist, a neonatologist?

5. Who is the receiving hospital?

The pre-hospital provider, in conjunction with his or her medical control, should determine the appropriate receiving hospital. Wherever the patient is going, the 24-Hour ComCenter needs to know as soon as possible so the receiving hospital will have sufficient and specialized staff on site, the hospital's landing pad will be ready to receive the helicopter, and ground transportation can be arranged, if needed, from the helipad.

6. What is the weather like at the landing zone?

While it may be clear and dry at the point of takeoff, the landing zone may be fogged or snowed in. Typical weather questions asked by the Airlift Northwest 24-Hour ComCenter are: What is the estimated ceiling? Can you see the tops of the trees? The stars? Is it snowing?



**What the Airlift Northwest 24-Hour ComCenter Needs To Know for Inter-Hospital Transport:**

1. Name of person requesting transport
2. Referring hospital phone number
3. Your telephone number, with area code and extension
4. Referring hospital and physician
5. Receiving hospital and physician
6. Name, age and weight of patient
7. Patient information — Knowing about the patient's diagnosis, vital signs and medications helps Airlift Northwest determine if any special equipment or supplies not

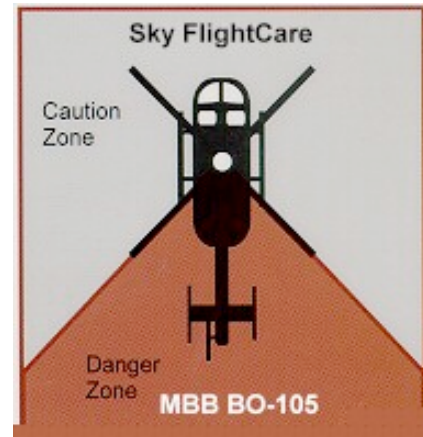
normally carried on the aircraft are necessary (i.e. blood products, an isolette, traction device, pacemaker)

8. Weather conditions at your facility — During certain times of the year, weather conditions can vary and affect the ability to land an aircraft at your facility or a nearby landing area. So the 24-Hour ComCenter may ask for a description of weather conditions at your facility. Is it foggy or snowing? Can you see the tops of the trees, the stars?

Your assistance in providing this essential information will ensure the best possible outcome for patients.

#### Helicopter Safety Zones:

Be sure to only approach a helicopter, rotors moving or stationary, from the “caution zone.” Never approach a helicopter from the “danger zone.” This is because the tail rotor moves very fast and is not always visible.



### **Frequently Asked Questions:**

#### **Who decides if ALNW will accept a flight and how?**

Our aviation partners – CJ Systems Aviation or Executive Flight, Inc work with their pilots to make the decision. They are not told the nature of the call or a patient’s condition, only the destination for pickup and delivery. This helps minimize the pressure to accept a flight because of patient acuity. Instead, the decision to fly is based on the pilot’s assessment of flight conditions and safety.

Weather conditions such as extremely hot or cold temperatures, wind, rain, or cloud cover can limit the ability to respond to a call. We follow strong weather minimums that often exceed FAA requirements. Pilots and 24-Hour ComCenter staff have real-time, satellite weather at all base locations and are now adding it to portable devices.

#### **Can patients go to any hospital?**

Airlift Northwest will deliver patients to any medically appropriate facility upon physician referral and physician acceptance, or at the direction of pre-hospital providers in consultation with their medical control.

#### **How can our agency get our equipment back?**

For agencies outside of King County, Airlift Northwest makes every attempt to return equipment that was used during patient transports. King County agencies can retrieve equipment at Harborview's Emergency Department. For more information, [click here](#).

**Is Airlift Northwest able to transport patients with ongoing CPR?**

Airlift Northwest provides Advanced Cardiac Life Support, including CPR, in flight, when required.

**Is it possible and safe to defibrillate while in flight?**

Defibrillation can and is done safely in flight.

**Is it required that the patient have an IV before Airlift Northwest will transport?**

No, Airlift Northwest flight nurses have intensive training in obtaining a variety of access options and are able to initiate IV access before or during transport.

**Are Airlift Northwest flight nurses able to intubate?**

Yes, specialized training has prepared Airlift Northwest nurses to intubate patients of all ages during all phases of transport.

**Is it required that the patient be on a backboard?**

It is an Airlift Northwest policy that all trauma patients be secured on a backboard with cervical immobilization for transport.

**Can a helicopter land at areas that have not been "predesignated?"**

Helicopters can land at any appropriate landing site. In fact, landing at the scene of an accident often saves time. For more information about landing zone requirements, click [here](#).

**Are some patients too unstable to transport?**

Airlift Northwest specializes in caring for critically ill and/or unstable patients during transport.

**Does Airlift Northwest serve patients without health insurance?**

Airlift Northwest's decisions for air medical services are based on medical need — not on ability to pay.

**Can family come too? (Does Airlift Northwest allow riders?)**

When a helicopter is being used to transport, there is no room for a passenger and Airlift Northwest does not allow "ride-alongs."

When a patient is being transported by fixed wing aircraft, the transport of a family member is at the discretion of the pilot and medical crew, but usually it is acceptable. The referring hospital should notify Airlift Northwest if a family member wishes to accompany the patient when making the initial transport arrangements.

In all cases, the final decision regarding transport of additional passengers is made by the pilot in command of the aircraft and the medical crew.

**What does "stand-by" mean?**

The flight crew immediately goes to the helicopter and waits for notification of takeoff, thereby saving several minutes in response time. Requesting "stand-by" does not reserve the aircraft. If an emergent flight request is received, the helicopter responds to the first "go" request.