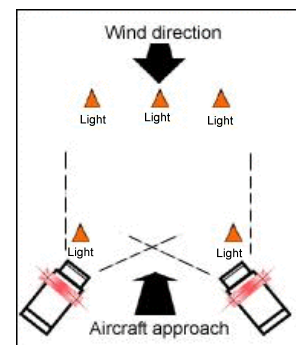


Helicopter Landing Zone Safety and Procedures

1. CALL for helicopter through appropriate agency with the following information:
2. LOCATION: Cross streets, LAT/LONG coordinates, prominent features.
3. COMMUNICATION: Call back number, Radio Frequency (Statewide, etc.) and Call sign of LZ Command.
(Designate only one person to coordinate, set up and communicate.)
4. WEATHER: (Low Ceilings, Poor Visibility, Icing, High Wind)
5. PATIENT STATUS: (Number, Condition, Age, Mechanism, Hazards)
6. SETUP LZ: The Preferred Landing Zone is:
 - A. 100 feet by 100 feet.
 - B. Level as possible (minimal slope - less than 8 degrees).
 - C. Hard surface, Grassy, hard packed snow, Avoid loose dirt, dust, powder or snow.
 - D. Free of overhead obstructions (wires, antennas, poles)
 - E. Area is clear of debris, large rocks, posts, stumps, vehicles, people, animals, and other hazards.
 - F. Clearly marked using five weighted cones, flares, or beacons: one at each corner of the LZ, and one on the side that the wind is coming from. (smoke helpful if remote)
 - G. Plan for alternate LZs (Pilot may determine LZ to be unsafe)
7. HAZ-MAT Always inform pilot and medical crew of HAZ-MAT: When selecting an LZ —find a site up wind from the accident and at least 1/4 to 1 mile UPWIND depending on the type and amount of materials involved.
8. Avoid low areas where vapors may collect. Patient must be removed from the hot zone. All patients must be decontaminated PRIOR to flight.



When the Helicopter is overhead Air Med will establish radio contact on the assigned frequency with LZ Command five to ten minutes out—Describe LZ location, Lighting, Hazards, OVERHEAD Wires, Obstructions, Slope, Surface Condition, Wind Direction and Wind speed. Maintain radio contact at all times until helicopter has landed, loaded, and departed the area.

APPROACH ANGLES OVER OBSTACLES SHOULD BE LESS THAN 20 DEGREES
NIGHT LZs ALWAYS REQUIRE GOOD COMMUNICATIONS, LIGHTING and ALERTNESS.

100' X 100' LZ Preferred

SET UP NIGHT LZ WITH FIVE FLARES OR OTHER SECURED LIGHTS.

ONE FLARE SHOULD BE ON THE SIDE THAT THE WIND IS COMING FROM.

IF NO FLARES ARE AVAILABLE MARK WITH STROBES, OR OTHER LIGHT SYSTEMS.

IF NO OTHER PORTABLE LIGHTS ARE AVAILABLE, CROSS HEADLIGHT BEAMS

INTO THE WIND AT THE CENTER OF THE LANDING ZONE

Always keep LZ clear of people and other potential hazards.

APPROACH FROM 3 AND 9 O'CLOCK POSITIONS ONLY!

Always avoid TAIL ROTOR

ALERT PILOT OF ANY HAZARDS at ANY TIME.

Criteria for Air Medical Transport

Lengthy extrication of the patient from the accident site;
severity of injury requires delivery of critical care team to accident site.

Structural intrusion of patient's space in the vehicle.

Patient ejected from vehicle.

Pedestrian struck at >20mph.

Unrestrained occupant of a vehicle rollover.

Motorcycle accident >20mph.

Front bumper of the vehicle displaced >30 inches to the rear,
or rearward displacement of the front axle.

Fall from a height of >20ft.

Penetrating injury proximal to the knee or elbow.

Amputation or near amputation.

Scalping or degloving injury.

Severe loss of blood.

Hypotension.

Burns >15% BSA, or burns to face, hands, or perineum.

Injury with neurological deficits.

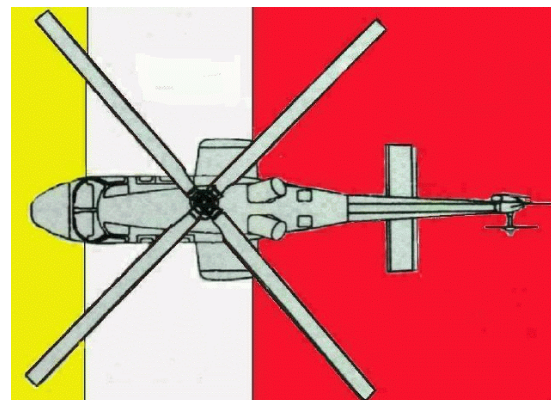
Unstable or potentially unstable airway (Potential for rapid sequence
induction intubation or surgical airway)

GCS 10 or less (or RTS <10)

Age 55 or older with multiple trauma

Adult with respiratory rate 30 or greater, and/or HR 120 or greater.

Terrain or road conditions restrict ground transportation



Approach from sides only! - Avoid tail rotor!