SUBJECT:	UNIVERSITY AIR CARE/HELICOPTER OPERATIONS	**SECTION:**	302.17
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PURPOSE

A. To identify those situations that dictates using University Air Care to transport patients.
B. To establish guidelines for the safe landing, loading, and liftoff of a helicopter used for medical transport purposes.

WHEN TO REQUEST A HELICOPTER

A. University Air Care should be called to transport a patient whenever:
    1. The time to extricate a critically injured patient is extended.
    2. A mass casualty incident occurs and there are multiple critical patients, or the magnitude of the incident exceeds local capabilities.
    3. Traffic congestion would significantly increase the transport time to a medical facility to the detriment of the patient.

WHO MAY REQUEST A HELICOPTER

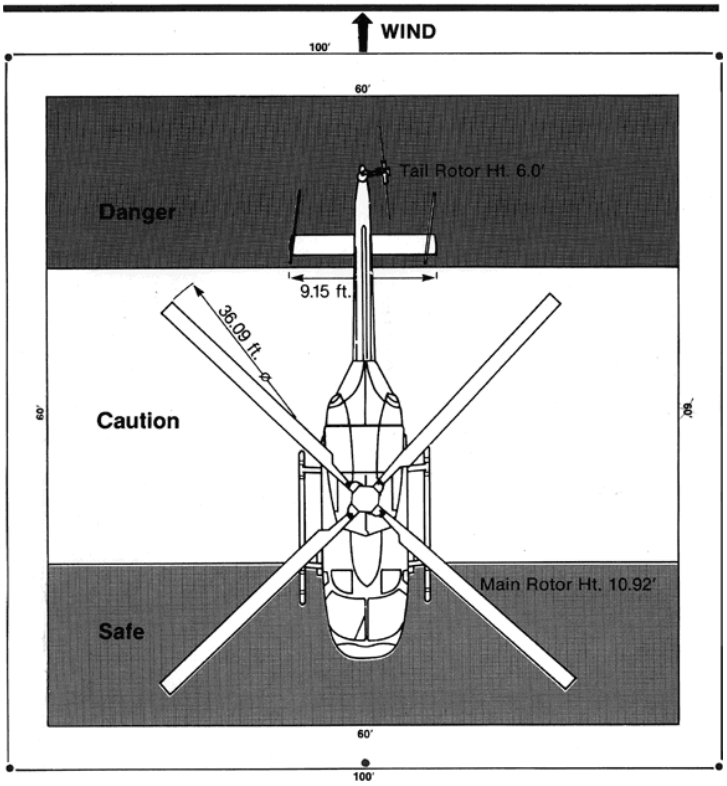
A. Requests to transport a patient by helicopter should be channeled through Hamilton County Dispatch.
B. Reading dispatch may be used if Hamilton County Dispatch is overloaded.
C. The following individuals are authorized to request a helicopter:
    1. An incident commander.
    2. The first arriving officer or paramedic prior to the establishment of command.
    3. A police officer.
D. A helicopter can be placed on standby by the individuals listed above.

PROCEDURE

A. Whenever conditions exist to warrant requesting University Air Care, an authorized individual listed above should notify dispatch to make the request with the following information:
    1. Extent of patient's injuries or illness
    2. Advise them of the nearest landing site (pre-determined landing site if possible).
    3. Radio frequency the helicopter can use for air-to-ground communications at the scene and unit identifier.
    4. Weather conditions

B. A Fire Department recall should also be requested. E283, E84, or a mutual aid company should be directed to establish the landing zone.
C. Establish radio contact with the responding aircraft as soon as possible.
    1. The Incident Commander will also determine the frequency to be used for communication with the helicopter. This primary frequency will be "8 Tac 92". This frequency will be relayed to University Hospital by the dispatcher. All communications with the helicopter should occur on this frequency unless it is unavailable or in use by another department. At that time, an alternative "8 Tac" channel should be used.
    2. To communicate with the helicopter, the mobile or portable radio must be in the "DIRECT" or "SIMPLEX" mode. When the "8 Tac" channel is selected on the display, two vertical lines with an arrow in between the lines should be present on the display to indicate that the radio is in "DIRECT" mode. If this icon does not appear, press the second side button on the radio to make the icon display on the screen.
    3. On the mobile radios, "DIRECT" mode on the "8 Tac" channels is indicated by the listing "DIR" on the console display over the frequency listing. If the "DIR" is not displayed, simply pressing the "DIR" button on the control head will place the frequency in the "DIRECT" mode.
    4. The Landing Zone officer also has the option of utilizing the existing "High Band VHF" channels if the 800 Mhz. system is unavailable. Either channel 1 (158.760) or channel 2 (158.865) can be utilized as a back-up for the 800 Mhz. System.
    5. The company assigned to the landing zone will notify the Incident Commander and dispatcher when University Air Care has landed and taken off from the landing zone.
D. Relay patient information to the aircraft as well as landing instructions.
E. University Air Care may also be placed on standby if there is a potential need for transportation by air but insufficient information is available to warrant an immediate liftoff. The standby mode directs the flight crew to respond to the helipad and to remain in the aircraft for further instructions. The crew can be airborne within two minutes from a standby position.
    1. An authorized person should request that dispatch contact the helicopter's dispatcher and request that a helicopter be placed on standby.
    2. The helicopter dispatcher will confirm the availability and place it on standby. Dispatch should relay this information to the authorized person or incident commander making the request.
    3. If a helicopter is subsequently needed, the incident commander may request the helicopter to respond. If the helicopter is noted needed, the incident commander should notify dispatch to have the helicopter stand down. Give this notification as soon as possible due to limited availability of the helicopter.

ESTABLISHING A LANDING ZONE



A. The landing zone should be as level as possible, open and away from trees and overhead wires, and free of other debris that might endanger the aircraft.
B. A clear zone of at least 100 feet in diameter should be established and maintained. If possible, mark the four corners with flares.
C. An alternative for nighttime operations is to mark the perimeter with emergency vehicles with warning lights operating. Use headlights and telescoping lights to illuminate the area, but do not direct them upward or otherwise interfere with the pilot's vision. Personnel should stand by their vehicles to shut off the lights if so directed by the pilot.
D. The final decision to land shall be the pilot's.
E. A charged hose line should be available, if possible, whenever the aircraft lands or lifts off.

SAFETY GUIDELINES

A. Whenever the aircraft is landing or taking off, establish a clear zone that is at least 100 feet in diameter. This zone shall be off-limits to everyone.
B. Personnel shall not approach a helicopter until signaled to do so by the pilot or a member of the flight crew.
C. Always approach and leave the helicopter from the front.
D. Avoid the tail rotor area.
E. Do not smoke near the helicopter.
F. Do not run near the helicopter.
G. Do not carry IV's or other objects above your head. Carry long objects parallel to the ground.

RESPONSIBILITY

A. The pilot is always in command of his aircraft and is the final authority as to the flight and which, if any, patients are to be transported. The pilot's decisions shall be strictly followed and not questioned.
B. All personnel shall be responsible for complying with the provisions of this standard and shall commit no act that comprises the safety of the patient, aircraft and crew, or another member of the department.