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**Process Area:** Safety & Security  
**References:**

## Chippenham Helipad Operations Policy

### I. PURPOSE

To establish guidelines for safe and efficient use of the Chippenham Hospital primary and secondary helipads.

### II. POLICY

Patients being transported to Chippenham Hospital via Air Medical Transports are at high risk, thus, a coordinated effort between inbound helicopters and the Chippenham Hospital is essential. Further, the transition of care of these patients also poses risk to the crews and the staff participating in this transfer of care, therefore, compliance with specific requirements for the transporting agency and the receiving facility as well as adherence with detailed approach procedures is critical.

### III. DEFINITIONS

- a. **COLD OFF-LOAD:** The process of removing patients or equipment while the rotors are not moving.
- b. **HOT OFF-LOAD:** The process of removing patients or equipment while the rotors are turning and the engine(s) are at idle.
- c. **INBOUND FLIGHT:** Travel of a helicopter towards the Chippenham Hospital with the intent of landing.
- d. **PRIMARY HELIPAD:** The rooftop helipad, located on top of the Levinson Heart Hospital building of Chippenham Hospital: coordinates Latitude 37 30'52.60"N Longitude 77 31'33.50"W Elevation 315 Feet
- e. **SECONDARY HELIPAD:** The remote surface helipad located in front of the Levinson Heart Hospital on the Chippenham Campus: Latitude 37 30'53.07"N Longitude 77 31'38.59"W Elevation 243 Feet
- f. **PENTHOUSE:** The structure adjacent to the Primary Helipad utilized for Chippenham Hospital Response Team staging, fire control, and communications.
- g. **RESPONSE TEAM:** Team consisting of Safety and Security Department and Emergency Department personnel trained in helipad operations and safety, who receive the Inbound Flight helicopter at the primary pad.
- h. **COMMUNICATIONS ROOM:** The room located within the Emergency Department utilized for communications with all EMS and Helicopter traffic.
  - Contact by phone: (804) 327-4199.
  - Contact by radios:

**Med 7:** Rx 436.150 Tx 468.150 Tone 103.5    **Hear:** Rx 155.340 Tx 155.340

### REQUIREMENTS

**A. Safety Requirements:**

1. The safety of Chippenham Hospital Response Team personnel will take priority
2. At no time will the Chippenham Hospital Response Team unload a patient during the aircraft shutdown process. The rotor blades must come to a full stop prior to approaching the aircraft unless performing a Hot Off-load.
3. Personnel who have not been trained, or who have not demonstrated competency must remain inside the Penthouse during aircraft operation.
4. PPE equipment and gear available to the Chippenham Hospital Response Team include: hearing protection, goggles/eye protection, gloves, and gowns. Gowns and hair coverings will not be worn during hot off loads. Shoe covers will never be worn to the helipad.
5. Infractions of these policies will result in the notification of employee's supervisor, suspension or termination.

**A. Training Requirements:**

1. In accordance with Chippenham Hospital Training and Competency, only Chippenham Hospital staff with documented and demonstrated competency will be permitted to approach any helicopter or respond to the helipad. No minors (who are not patients) will be allowed to the helipad.
2. Exceptions: employees orientating to helipad operation and Special Operation Combat Medics with appropriately trained staff.
3. Educational and Safety program will be developed by Chippenham Hospital Safety Department and the staff from Life Evac1, Virginia State Police Med-Flight, and the program will be used throughout the organization. Helipad competencies will be completed yearly by all staff involved with helipad operations.
4. Documentation of these competencies will be maintained in individual personnel training folders in each individual department.

**B. Equipment Requirements:**

1. Penthouse: Medical Equipment stored in the Penthouse will include 1 stretcher, with full oxygen tank, gloves, portable suction device, and a Stryker evacuation chair. An AED will be located in a case in the elevator.

**A. Air Medical Requirements:**

• Administrative:

1. All air medical vendors landing helicopters on Chippenham Hospital helipad must have a minimum of \$50M per occurrence in liability coverage with Chippenham Hospital named as "an additional insured." The Chippenham Safety and Security Director, Engineering Director, Emergency Department Director and Risk Management will be provided a copy of the Certificate of Insurance and will be immediately notified in the event of policy change or cancellation.

• Communication:

1. All inbound civilian, state, and military aircraft, especially medical transporters will have sufficient communication equipment to establish and maintain communication with the Chippenham Hospital Communication Room and Virginia EOC.

2. All aircraft involved in patient movement to Chippenham Hospital will contact Chippenham Hospital's Communication Room and Virginia Emergency Operations Center (EOC) to provide available information upon outbound departure as well as upon departure from the scene and again within 15 minutes of arrival with patient status update.
3. All aircraft with plans to utilize either the primary or secondary helipads will communicate with Chippenham Hospital Communication Room to provide appropriate information as well as to receive any advisories related to either helipad.
4. If there is no radio response from the Chippenham Hospital Communications Room, EOC (Med 7) or AirCom will assist with notification.
5. All communications for imminent landing at the Primary Helipad will be handled on the Med 7 frequency. The Chippenham Hospital Response Team, identified as "Chippenham Penthouse", will be monitoring only this frequency to provide clearance to land.

- **Personnel:**

1. The pilot will be immediately available to relocate the aircraft after off-loading if needed.

## I. OPERATIONAL CONSIDERATIONS

### A. Re-direction of Inbound Aircraft

Chippenham Hospital will not divert helicopters enroute to our facility unless one of the following circumstances exists:

1. Declared Internal Disaster that impacts the ability of Chippenham Hospital to safely receive patients.
2. Security declares that both primary and/or secondary helipads are unsafe or not operational.
3. At any time the pilot communicates a safety concern requiring the need to divert the aircraft.

The only staff authorized to communicate the need to divert air traffic are Security, Nursing Director, on-call and Clinical Administrator after normal business hours, or the Pilot.

- A. Landing at Chippenham Hospital helipads requires clearance from designated Chippenham Hospital personnel stating the helipad is safe and clear for landing. For primary helipad this will be accomplished by Chippenham Hospital Engineering walking the helipad at the beginning of each shift (7:30AM, 3:30PM, 11:30PM).

### B. Helipad Operational Status

1. The decision to close or open the Primary Helipad will be determined by the Chippenham Hospital Safety Officer and/or Director of Engineering.
2. In preparation for an approaching helicopter to the primary helipad, Chippenham Hospital Security will make the decision regarding the safety of the helipad after making a walking inspection of the helipad.
3. On approach to the helipad, the pilot can make the decision that the helipad is not safe for landing, in which case, will divert to the secondary helipad.
4. Under no circumstance will the aircraft land on the pad unless cleared to do so by an authorized person who is posted in the Penthouse.

### A. Landing Sequence

1. Landing order of multiple inbound helicopters will be determined by order of arrival. In cases where multiple aircraft have similar arrival times, acuity of patients will determine the order of landing.

2. The pilots of helicopters along with medical crew on board should determine the highest acuity aircraft and allow them first landing and relay this information to the communications staff.
3. The Chippenham Hospital Emergency Department Communications Room staff will make the final decision on landing order if flight crews are unable to determine.
4. Open radio communication between inbound aircraft crews to facilitate safe operations is needed.

**A. Personnel Safety**

1. Personnel protection supplies and devices will be maintained within the Penthouse and used on every patient debarkation from the helicopter.
2. The helicopter crew will direct movement of support personnel to and around the aircraft.
3. All personnel will be off the rooftop and behind the secured entrance door during landing and take-off.

**A. Weather Conditions**

1. All aircraft on approach to Chippenham Hospital Helipad will be notified by the Emergency Department Communications officer as to the current weather and wind conditions.
2. The option to use the secondary ground helipad by aircraft during high or gusty wind conditions is at the discretion of the pilot in command of the aircraft.

**I. PROCEDURES**

**A. Outbound Communication:**

1. The Chippenham Hospital Emergency Department Communications Room receives notification of Outbound Flight (from Medflight and AirMethods).
2. The Chippenham Hospital Emergency Department Communications Room nurse will initiate documentation on the Helicopter Worksheet for each Outbound Flight notification received. (This form is for use by Chippenham Hospital Emergency Department Communications Room personnel only).
3. Notification is then provided to Telecommunications, the operator will initiate a page that will include (the NAC, the Emergency Department Clinical Coordinator, Chippenham Hospital Safety and Security, and Engineering) as delineated on the Helipad Worksheet.
4. A Chippenham Hospital Security Officer is dispatched to perform a safety inspection of the Primary Helipad and elevator. The officer will notify the Chippenham Hospital Emergency Department Communications Room if the Primary Helipad is safe for landing.
5. If the Primary Helipad or elevator is not safe for landing, the officer will notify the Chippenham Hospital Emergency Department Communications Room for potential diversion of the aircraft to the Secondary Helipad.
6. The Director of Engineering will be contacted immediately to repair the problem found.
7. The officer will then take the appropriate actions to return the Primary Helipad and/or elevator safely into operation.

**B. Inbound Communication:**

1. The Chippenham Hospital Emergency Department Communications Room receives notification of Inbound Flight and estimated time of arrival.

2. The Chippenham Hospital Emergency Department Communications Room personnel will immediately contact the Clinical Coordinator, Security Dispatch, and Telecommunications of Inbound Flight.
3. The Chippenham Hospital Security Officer will proceed to the Penthouse elevator, secure the Penthouse elevator, and await the remaining Chippenham Hospital Response Team.
4. If the helipad and/or elevator had been deemed out of service after outbound notification, Security Personnel will make a check of the current status. If the problem has been cleared, the Chippenham Hospital Emergency Department Communication Room will be notified and the team escorted to the roof. If the problem persists, the Chippenham Hospital Emergency Department Communication Room will be notified and instructed to divert the helicopter to the Secondary Helipad.
5. If at any time the Primary Helipad or elevator issue is corrected prior to the arrival of the helicopter at the Secondary Helipad, it is preferred that the helicopter be allowed to land on the Primary Helipad, provided all policy procedures can be accomplished in a safe and efficient manner. The Chippenham Hospital Security Officer will escort the team to the Penthouse. Once in the Penthouse, the Chippenham Hospital Security Officer will secure the elevator both with the key and with a physical obstruction to the door.
6. The Chippenham Hospital Security Officer will make a final safety check of the Primary Helipad and a member of the Chippenham Hospital Response Team will notify the Inbound Flight helicopter or Chippenham Hospital Emergency Department Communications Room (if no response from the helicopter) that the helipad is "ready for landing".
7. If the helipad or elevator is deemed not safe for landing, the Chippenham Hospital Response Team will notify the Inbound Flight helicopter or Chippenham Hospital Emergency Department Communications Room to divert the aircraft to the Secondary Helipad.
8. The officer will then take the appropriate actions to return the Primary Helipad and/or elevator safely into operation.

**C. Landing and Approach Procedures:**

1. The pilot will have the final decision regarding the safety of landing at the primary helipad.
2. The pilot will control the helipad lighting by utilizing radio frequency 122.800 5 clicks will turn on/off the pad flood light and ramp lights. 3 clicks will turn on green pad lights
3. The Chippenham Hospital Security Officer and members of Chippenham Hospital Response Team will remain at the fire suppression and video monitor system and will monitor the helipad until the aircraft has safely landed. The response team will also have available a hand held radio for continuous contact with all traffic.
4. The Chippenham Hospital Response Team will be notified of the unloading procedure (Cold vs. Hot Off-Load) either by direct communications with the helicopter or from the Chippenham Hospital Emergency Department Communications Room.
5. The team will then proceed under the direction of the flight crew, if requested, to assist with the unloading of the patient. See Section IV B for details of who is permitted to approach the helicopter.
6. Any person approaching a running helicopter will at a minimum be wearing ear and eye protection.

7. No one will approach the helicopter without having been acknowledged and motioned to do so by a member of the flight crew.
8. The operations of helicopter doors are the sole responsibility of the flight crew.
9. At no time will anyone be permitted near the tail rotor of the aircraft, generally avoid the rear of the aircraft.

**D. Take-off of Helicopter:**

1. Returning the helicopter crew to their aircraft will be a priority for the Chippenham Hospital Safety and Security Department to allow the helicopter to return to service as quickly as possible.
2. Chippenham Hospital Security Officer will escort helicopter crew to the helipad in the Penthouse elevator. If the Penthouse elevator is not functional, the crew will be escorted to the fifth floor in another elevator and will walk up the stairs to the Penthouse.
3. The Chippenham Hospital Security Officer or member of the Chippenham Hospital Response Team will remain at the fire suppression and video monitor system of the Penthouse and will monitor the helipad until the aircraft has left the roof.
4. Chippenham Hospital Security Officer or member of the Chippenham Hospital Response Team will notify the Chippenham Hospital Emergency Department communications room once the helipad is clear and available for next aircraft.

**II. PROCEDURE FOR SCHEDULED MAINTENANCE OF HELIPAD, HELIPAD ELEVATOR, ROOFTOP, OR ADJACENT STRUCTURES**

- a. Closure of the Primary Helipad for routine maintenance will occur in accordance to maintenance policy and with prior notification to the Safety Director.
- b. Documentation of periodic maintenance checks will be maintained by the engineering department.
- c. All efforts will be made to reduce the amount of time the Primary Helipad is out of operation.
- d. The Chippenham Hospital Director of Safety will notify Chippenham Hospital Administration, LifeCom, Chippenham Hospital Emergency Department Director, the Clinical Administrators, Virginia EOC, Chippenham Hospital Engineering, Chippenham Hospital Security, and all community helicopter operations of all scheduled helipad closures and openings.

**I. PROCEDURE FOR UN-SCHEDULED MAINTENANCE OF HELIPAD, PENTHOUSE ELEVATOR AND ROOFTOP**

- a. Elevator failure will not exclude the use of the helipad for the transfer of personnel and/or equipment.
- b. All efforts will be made to reduce the amount of time the Primary Helipad is out of operation.
- c. Repair of the Penthouse elevator will be considered priority one to include a 24/7 service contract with response to the hospital within one hour.
- d. Chippenham Hospital Engineering is responsible for notifying hospital security and the Chippenham Hospital Emergency Department Communications Room when unexpected downtimes occur. The Chippenham Hospital Emergency Department Communications Room will notify AirCom, EOC and PHI Air Medical (Aircare and Skystat) of loss of helipad operation. Additionally, the Chippenham Hospital Emergency Department communication room will notify all inbound aircraft by radio and document on the VHHAS-MCI website.

- e. Engineering will notify Chippenham Hospital Safety and Security and the Chippenham Hospital Emergency Department Communication Room when the Primary Helipad returns to normal operation. The Chippenham Hospital Emergency Department Communications Room will notify all frequent air ambulance agencies of return of helipad operation. Additionally, the Chippenham Hospital communication room will notify all inbound aircraft by radio, and the VHHA-MCI Website.
- f. Should the Main Hospital building be utilizing auxiliary power, Primary Helipad operations will continue once Chippenham Hospital Safety and Security personnel have determined that the Penthouse elevator is functional. If the elevator is not functional, Safety and Security will call Chippenham Hospital engineering to ensure the addition of the elevator to the auxiliary power grid.

**I. REFERENCES**

- A. State Law:
  - 1. Code of Virginia 5.1
- B. Policies and Procedures:
  - 1. Chippenham Hospital Training and Competency

**II. RESOURCES**

- A. Emergency Department Director
- B. Safety and Security Department

**III. REVIEW REQUIREMENTS**

- A. Director – Chippenham Hospital Safety and Security Department
- B. Disaster Planning Coordinator – Chippenham Hospital Emergency Management
- C. Director – Chippenham Hospital Risk Management
- D. Director – Chippenham Hospital Engineering
- E. Chief Medical Officer – Chippenham Hospital

**IV. APPROVED: DATE:**

<b>Attachments:</b>	No Attachments	
	<b>Approver</b>	<b>Date</b>
	Mike Beshada: Director, Safety & Security	12/2014