



HealthNet I 1-800-255-2146
HealthNet II 1-800-346-4206
HealthNet III 1-800-747-2244
HealthNet IV 1-800-747-2244
HealthNet V 1-800-346-4206



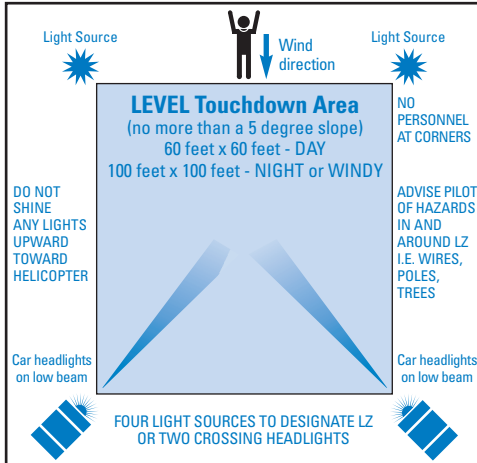
Landing Zone Safety Rules

LANDING ZONE PREPARATION AND SAFETY

Light sources to mark the Landing Zone (LZ):

(All light sources must be well secured.)

- **Strobes with amber or red light**
- **Illuminated cones**
- **Flares** - these may be used to mark the corners of the LZ **ONLY** when the safety of the personnel and the LZ are assured. Please anchor flares and take the necessary precautions to prevent grass or vegetation fires.



Landing Zone

- An area clear of wires, trees, towers, and other obstacles is required.
- DAY: 60 feet x 60 feet NIGHT: 100 feet x 100 feet
- Surface should be as smooth and level as possible with no more than a 5 degree slope.
- Crowds/News Media must be kept back a minimum of 150 feet from the helicopter at all times.

Final Approach/Landing

- Stand with your back to the wind when signaling where the helicopter should land.
- Do not shine any lights up at the helicopter.
- **Depart LZ when helicopter is on final approach but maintain radio and eye contact.**
- Rotor wash can produce high winds during landing and take-off. Wear hearing and eye protection, secure loose equipment, headgear, and vehicle windows and doors.

Approaching Aircraft

- **NO** vehicles within 50 feet of aircraft when the rotor blades are turning.
- **NO** smoking or running within 50 feet of aircraft at any time.
- Approach from the front of the aircraft when directed to do so by a flight crew member. **NEVER FROM THE REAR.**
- Approach aircraft from downhill side if on sloped terrain.
- Carry all equipment below the waist.
- **DO NOT** assist flight crew with opening or closing doors.
- The flight crew may designate someone as a **tail guard**. This person should keep ground personnel and bystanders away from the back of the helicopter and tail rotor. The tail guard must be within the pilot's field of vision and well outside the rotor disc area.

Loading or Off-Loading

- The flight crew is responsible for all loading and off-loading of patients and equipment.
- If help is needed, the flight crew will instruct those personnel designated to assist.
- Wear hearing and eye protection when assisting in a hot load/off-load. If wearing a helmet it must be secured.



HealthNet I 1-800-255-2146
 HealthNet II 1-800-346-4206
 HealthNet III 1-800-747-2244
 HealthNet IV 1-800-747-2244
 HealthNet V 1-800-346-4206

REQUESTING HEALTHNET

The following information will be needed:

Prior to Launch:

- Identity and agency of caller
- Radio frequency with PL
- Incident site location: county, city, town, township closest to scene
 - Orient by compass - N/S/E/W
 - Major highways/intersections
- Call back number
- Number of helicopters needed
- Type of call/Mechanism of Injury (MOI)

En route to Scene:

- More detailed Landing Zone (LZ) information
- Hazardous materials involved
- Name of department/agency crew will communicate with at scene
- Additional patient information:
 - Weight, if available
 - Age, or Adult/Pediatric
 - Airway Status
 - Conscious/Unconscious

Stand-By:

Call and place HealthNet on stand-by whenever air medical care appears to be most appropriate. If the helicopter is not required, simply call and cancel. No cost is incurred.

1. Air Medical Helicopter Services should be considered when:

- A. Time of transport by ground to an appropriate facility poses a threat to the patient's survival and recovery.
- B. Critical skills/equipment will improve the patient's outcome.
- C. Number of patients needing care exceed local available medical resources.
- D. Extrication/traffic/terrain problems would significantly delay a patient obtaining needed care.

II. Pre-Hospital Trauma Center Triage Decision:

- A. Always take patient to highest level trauma center within region when assessment reveals any one of the following:
 1. GCS < 14
 2. Systolic Blood Pressure mmHg < 90
 3. Respiratory Rate /min < 10 or > 29 (< 20 in infants less than one year)
 4. Penetrating injury to the head, neck, torso, & extremities proximal to elbow and knee
 5. Flail chest
 6. Two or more proximal long-bone fractures
 7. Crush, degloved or mangled extremity
 8. Amputation proximal to wrist and ankle
 9. Pelvic fractures
 10. Open or depressed skull fracture
 11. Paralysis
- B. Transfer to closest appropriate trauma center when mechanism is:
 1. Falls > 20 feet in adults (children > 10 feet or 2-3 times height of child)
 2. High-risk auto crash
 - a. Intrusion: > 12 inches occupant site; > 18 inches any site
 - b. Ejection (partial or complete) from automobile
 - c. Death in same passenger compartment
 - d. Vehicle telemetry data consistent with high risk of injury
 3. Auto vs. pedestrian/bicyclist thrown, run over, or with significant (> 20 mph) impact
 4. Motorcycle crash > 20 mph
- C. Contact medical control and consider transport to trauma center:
 1. Age
 - a. Older adults: Risk of injury/death increases after age 55
 - b. Children: Should be triaged preferentially to pediatric-capable trauma centers
 2. Anticoagulation and bleeding disorders
 3. Burns: With trauma mechanism - triage to trauma center; without trauma mechanism - triage to burn facility
 4. Time-sensitive extremity injury
 5. End-stage renal disease requiring dialysis
 6. Pregnancy > 20 weeks
 7. EMS provider judgement