BCEHS | BC Emergency Health Services

# Helicopter Landing Zone (LZ) Checklist

**Manager** - Assign LZ safety manager from Fire, Police, BCEHS or SAR agency

## Location

- ❒ Plan and set up for helicopter arrival at the scene whenever possible. Pilot has final authority over LZ suitability and will determine alternate site if necessary (most highways will accommodate the helicopter).
- ❒ Use your GPS to determine "where am I" location. Provide the street address and coordinates to BCEHS dispatch.

## Site specifications

- ❒ 40 paces x 40 paces.
- ❒ Flat (less than 10 degree slope).
- ❒ No debris on ground (no barrier, flagging or scene tape).
- ❒ No overhead wires or other obstacles.
- ❒ If dusty, consider wetting down the area prior to the arrival of the aircraft.

## Communications

- ❒ Air-to-Ground communications will occur on the following channels:
  a) ECOMM – Lower Mainland (bounded by North/West Vancouver, White Rock, Maple Ridge, Abbotsford) – Combined Response channel
  b) PEPCORD1 (simplex 148.655) – all other areas of the Province
- ❒ Aircraft will contact LZ safety manager inbound, approximately 5 minutes out. Advise of potential hazards at that time.

## Safety and Security

- ❒ The LZ safety manager ensures that LZ is clear (as above) and that all bystanders are clear of the LZ.
- ❒ The LZ safety manager ensures that all traffic is fully stopped for landing(s) on/near roadway(s).
- ❒ Ensure all bystanders wear eye and ear protection. Advise bystanders that significant rotor wash with flying gravel/debris can be expected.

## Patient Preparation

- ❒ Ensure trauma patient is on a clamshell.

**NEVER APPROACH THE AIRCRAFT UNTIL AFTER THE HELICOPTER ROTORS HAVE COMPLETELY STOPPED TURNING AND YOU HAVE BEEN REQUESTED TO APPROACH BY THE PILOT/S OR THE MEDICAL CREW**

**Emergency: 911 / Toll free 1.800.461.9911 / Cell & Sat Phone 250.374.5937**

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# Auto-Launch Flight Continuance Criteria

**Paramedics can request an Auto-launch if the patient:**

- Has a Glasgow Coma Score (GCS) that is now less than or equal to 13.
- Was unconscious but has not yet returned to GCS 15.
- Has an open or depressed skull fracture.
- Is experiencing respiratory distress/impairment with respiration rate less than 10 or greater than 30.
- Is exhibiting clinical signs of shock and/or the patient's blood pressure is less than 90.
- Has a penetrating injury to chest, neck, head, abdomen, groin or proximal extremity (above knee or elbow).
- Has two or more proximal long bone fractures (i.e., humerus and/or femur).
- Has a major chest trauma (i.e., unstable or deformed chest wall, suspected or multiple fractures with respiratory impairment or distress).
- Had a major amputation of extremity (i.e., amputation of the lower or upper limb above the ankle or the wrist, respectively).
- Has 2nd degree burns on > 20% of his/her body or 3rd degree burns on > 10% of his/her body (> 2% for pediatric patients).
- Has facial or airway burns with or without inhalation injury.
- Received 3rd degree burns around the eyes, neck, hands, feet or groin.
- Received high voltage electrical burns.
- Sustained a spinal cord injury with deficits.
- Has a suspected unstable pelvis fracture.
- Is trapped and prolonged extrication is expected, if there is a major and obviously severe injury but paramedics are unable to fully access, assess or treat the patient.

**Mechanism considerations (in absence of above criteria)**

- Prolonged extrication (> 20 minutes).
- Severe deceleration event.
- Death in the same vehicle.
- Long fall > 9m (30 feet).

**Ground EMS decision options**

- **Cancel Auto-launch** – If the *Continuance Criteria* is not met.
- **Wait on scene** or **intercept enroute to or at local hospital.**
- Paramedics should always transport to the closest hospital if the air ambulance ETA is either unknown or if it is longer than the transport time to the closest hospital. The decisions to stay on scene or to transport the patient to hospital should be made by the responding paramedics in consultation with dispatch and the flight paramedics.