

STATE OF OHIO HAA COMMUNICATIONS PLAN

INTRODUCTION:

In June 2008, a catastrophic mid-air collision near Flagstaff, AZ resulted in the death of two patients, five rotor-wing crewmembers and the destruction of two aircraft. The National Transportation Safety Board has determined that the probable cause of the accident was that both pilots failed to see and avoid the other helicopter on approach to the helipad. Contributing to the accident were the failure of one of the pilots to follow arrival and noise abatement guidelines and the failure of the other pilot to follow communications guidelines.

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In order to mitigate the potential of this occurrence in our state, the Ohio Association of Critical Care Transport (OACCT) developed this document in 2009, and the Air Medical Providers (AMPs), providing helicopter EMS, who are OACCT members agree to its content, in an effort to enhance safety amongst and between helicopters operating in the same geographical region.

In 2014, the Ohio Association of Critical Care Transport (OACCT) elected to revise the State of Ohio HAA Communication Plan.

This communication plan is intended to supplement current FAA regulated procedures, such as ATC contact and airport advisories, and not to alter or replace them.

PURPOSE:

To enhance safety and reduce air-traffic conflicts near hospital helipads and scene locations by:

1. Standardizing communication procedures for all aircraft intending to take off or land at a scene or hospital helipad.
2. Supplementing FAA and Aircraft Operator procedures.

ASSUMPTIONS:

1. The first priority is always the safety of all concerned.
2. No helicopter shall land on or depart from any hospital helipad or scene location unannounced.
3. Part 135 Operators have published Scene and Hospital Communications Procedures contained in their respective General Operations Manual (GOM).
4. The Transferring Facility bears the onus of deciding mode of transfer AND for activating the transferring helicopter program, as is consistent with EMTALA [§489.24(f), paragraph 7].
5. Every aeromedical program coordinates dispatch of its own helicopters.

DEFINITIONS:

1. **Communications Center:** A Part 135 operator or hospital aeromedical program call center responsible for receiving and processing HAA transport requests. The responsibilities of each Communications Center are listed in the Communications Centers Expected Communications section below.
2. **Coordinating Communications Center (CCC):** Any Communications Center for a large metropolitan area who has volunteered to coordinate the flow of HAA traffic into and out of that metropolitan area. The responsibilities of each CCC are listed in the Communications Centers Expected Communications section below.

NOTE: Not all large metropolitan areas will have a CCC.

3. **HAA:** Helicopter Air Ambulance.
4. **Hospital Helipad:** A designated improved landing area intended to be utilized only by HAA aircraft to pick-up or drop-off medical patients at a medical facility/hospital.

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5. **Helipad Operations:** The department/designated point of contact within a hospital/medical facility that is responsible for providing access to the helipad and ensuring that the helipad is ready for use. The responsibilities of Helipad Operations are listed in the Helipad Operations Expected Communications section below.
6. **Part 135:** The Federal Aviation Administration (FAA) Federal Aviation Regulation (FAR) section under which a HAA transport is conducted. Operations under Part 135 require an Air Carrier Certificate issued by the FAA. Page |
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7. **Receiving Hospital:** A hospital or medical facility that an HAA delivers patients into for higher levels of care.
8. **Scene Location:** An un-improved landing area intended to be utilized only by HAA aircraft for the sole purpose of picking-up medical patients. Also referred to as a Landing Zone or LZ. Examples of scene locations include an open field or parking lot.
9. **Shall:** Indicates a mandatory procedure.
10. **Should:** Indicates a recommended but not mandatory procedure.
11. **Transferring Hospital:** A hospital or medical facility that is utilizing HAA to transport a patient out of their facility to a facility that can provide higher levels of care.

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PILOTS

EXPECTED COMMUNICATIONS

Use of VHF 123.025 (Helicopter Air-to-Air):

Pilots *shall* utilize this frequency to announce their position and intentions whenever inbound to or departing from any scene location or hospital helipad. **Pilots shall make all their calls on 123.025 whether or not there is known traffic in the vicinity.** The following information *shall* be given:

- Ten (10) NM from landing
- Five (5) NM from landing
- Final for landing
- Landed safely
- Liftoff (**prior to departure**)
- Five (5) NM from departure site
- Ten (10) NM from departure site
- Clear of the area

Pilots *shall* use the following format for radio calls on the helicopter air-to-air frequency:

- Area of hospital or scene
- Aircraft Call Sign
- Location relative to the hospital or scene
- Altitude
- Landing, departing or over-flight intentions
- Name of the hospital or scene.
- Area of hospital or scene

EXAMPLE: “Columbus downtown traffic, (aircraft Call sign), 10 NM to the east @ one-thousand eight hundred feet, inbound for landing @ OSU, Columbus downtown traffic.”

RECEIVING HOSPITAL HELIPAD PROCEDURES

Inbound to the Receiving Hospital:

Pilots *shall* communicate with their Communications Center **or** with the Coordinating Communications Center (if there is a CCC in the metropolitan area):

- Prior to departing the Transferring Hospital or Scene Location giving an estimated time of departure, destination, and estimated time en-route to the Receiving Hospital.
- While enroute, providing updates or changes as necessary.

In addition to the procedures above, Pilots shall make all the required radio calls on the helicopter air-to-air frequency.

NOTE: Upon landing at the Receiving Hospital the pilot will remain available by mobile phone or portable radio to clear the helipad for other inbound aircraft if necessary.

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Outbound from the Receiving Facility:

Pilots *shall* communicate with their Communications Center **or** the Coordinating Communications Center (if there is a CCC in the metropolitan area):

- **Prior to liftoff** giving direction of departure.
- While enroute, providing updates or changes as necessary.

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In addition to the procedures above, Pilots *shall* make all the required radio calls on the helicopter air-to-air frequency.

TRANSFERRING HOSPITAL/SCENE LOCATION PROCEDURES

If the Scene or Transferring Hospital is located within the boundaries of an airport traffic area, Class B, C, or D airspace, the pilot shall use the appropriate airspace frequency. If the Transferring Hospital has procedures for radio communications prior to landing (contacting security via radio etc.) those procedures should be followed. Pilots should also utilize the helicopter air-to-air frequency for additional safety.

If a scene is located outside the boundaries of an airport traffic area, Class B, C, or D airspace, the pilot shall use the helicopter air-to-air frequency to communicate their position and intentions as outlined above.

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COMMUNICATIONS CENTERS

EXPECTED COMMUNICATIONS

Inbound Procedures:

Inbound Helicopter's Communications Center:

Shall communicate with the Receiving Hospital's Helipad Operations and/or the Coordinating Communications Center (if there is a CCC in the metropolitan area):

- As soon as possible with information provided by their inbound aircraft.
- When updates or changes occur.

Shall communicate with their aircraft:

- Information received from Helipad Operations and/or the CCC.
- When updates or changes occur.

Coordinating Communications Center:

Shall communicate to the Inbound HAA aircraft's Communications Center or directly with the aircraft if applicable:

- Any known hazards including if there are other aircraft on hospital helipads in the metropolitan area.
- Information received from other HAA Communications Centers concerning HAA aircraft operating into or out of the metropolitan area.
- When updates or changes occur.

Outbound Procedures:

Outbound Helicopter's Communications Center:

Shall communicate with the Receiving Hospital's Helipad Operations and the Coordinating Communications Center (if there is a CCC in the metropolitan area):

- As soon as possible with information provided by their outbound aircraft and
- When updates or changes occur.

Shall communicate with their HAA aircraft:

- Information received from the Receiving Hospital or CCC.
- When updates or changes occur.

Coordinating Communications Center:

Shall communicate to the Outbound Helicopter's Communications Center or directly with the aircraft, if applicable:

- Any known hazards including if there are other aircraft on hospital helipads in the metropolitan area,
- Information received from other HAA Communications Centers concerning aircraft operating into or out of the metropolitan area and
- When updates or changes occur.

Should monitor the helicopter air-to-air frequency if possible.

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HELIPAD OPERATIONS

EXPECTED COMMUNICATIONS

Helipad Operations is expected to notify the Communications Centers in their area of any change in the status of their helipad as these changes occur. Communications Centers must also be notified of all hazards such as construction, slick surfaces, etc. as soon as possible.

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Inbound Aircraft Procedures:

When an aircraft is inbound to a hospital the Communications Center of the inbound aircraft or the Coordinating Communications Center (if there is a CCC in the metropolitan area) will contact Helipad Operations at the receiving hospital to alert them about the inbound aircraft. During this communication, Helipad Operations *shall* communicate to the Inbound Aircraft's Communications Center or the CCC:

- Any changes in helipad status (i.e. closures/maintenance)
- Any known hazards associated with the helipad. Examples of hazards include, but are not limited to: construction cranes in the vicinity, slick surface due to ice etc.

Outbound Aircraft Procedures:

When an aircraft is departing the hospital Helipad Operations *shall* communicate to the Outbound Helicopter's Communications Center or Coordinating Communications Center if applicable:

- Any known aircraft inbound to the helipad with ETA
- Any known changes since landing.

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PROCESS MEASURES:

1. Feedback from programs will be solicited at OACCT meetings or when deemed necessary.
2. Follow-up from programs will be forwarded to the respective programs.

INTERFACES:

1. OACCT Safety Committee
2. Respective aircraft operator groups
3. Respective Part 135 operators flight communications procedures
4. Airman's Information Manual (AIM) Chapter 10-2-4

RESPONSIBILITY:

1. Pilots are expected to follow this procedure any time they fly in the State of Ohio.
2. Program Directors and Pilot supervisors at each program should educate crews on the procedure and assure compliance

AUTHORITY:

The OACCT General Membership with recommendations from the Safety Committee and Communications Committee has the authority to update and make changes to these procedures.

REFERENCES/RESOURCES:

1. CAL-AAMS Air to Air Communications
2. Minnesota Air Medical Council Communications procedures
3. TAAMS – HEMS Communications and Coordination
4. Middle Tennessee area communications plan
5. NEMSPA recommended practices
6. CareFlight Deconfliction Plan
7. Airman's Information Manual Chapter 10

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